FINAL REPORT ON THE MISSION

AT THE LEROS PSYCHIATRIC HOSPITAL

LEROS II UNDER E.U. REGULATION No.815/84 - Measure 1

March 1993 - April 1995

INTRODUCTION

The Italian team selected by Dr. Franco Rotelli, director of the Research Centre for Mental Health of the Autonomous Region Friuli Venezia Giulia was made up of:

Thomas Emmenegger, psychiatrist Maurizio Costantino, psychologist, Stella Mans Pinheiro, occupational therapist, Ana Foschini, occupational therapist, Izabel Mann, social worker, Piero Specia, psychiatric nurse, Françoise Soubeyran, specialised trainer, Marina Colja, psychiatric worker, Carlotta Baldi , psychiatrist.

The above-mentioned operators were not simultaneously present in Leros, since five were available at the same time from March 1993 to December 1994, and three from January 1995 to April 1995.

Furthermore, the team availed itself of Dr. Mario Tommasini, regional councillor for psychiatric services of the Emilia Romagna Region. He was present on the island for a week in May 1994.

1

The Italian team was absent from Leros from 25th April to 14th July 1993 since it was looking for the solution of some problems which had emerged and were known by everybody.

The Italian team working within the Leros II programme in Leros intervened in Pavilion 16 and in the new hostels created after its Closure, in Pavilion 11, in the large and the small villas (namely, two small structures inside the hospital, which were originated by the Closing-down of one ward in Pavilion 11), in the group homes and in the cooperative societies. Each of these interventions will be dwelled upon in the following sections of this paper.

The team co-operated for the staff training programmes both in Leros and Trieste, for social, recreational and cultural activities organised in Leros; particular attention was paid to an awareness process aimed at the islanders concerning the Hospital transformation process.

The year 1993 witnessed many difficulties: the team could not fully carry out the programmed activities due to the well-known and serious problems and, therefore, all the "structures" (wards, hostels, group-homes, agricultural co-operative society) subject to Measure 1 were in a state of abandonment and regression.

At the end of 1993, the new Administration, the return of the previous Scientific Direction, the employment of a higher number of new Greek mental-health professionals, and a new atmosphere - far more open to exchanges and discussions - finally enabled the Leros II programme to start.

PRESENT SITUATION

As regards co-operative societies, some premises and a shop have been rented for the production and sale, respectively, of the products made by the pottery co-operative society (which includes the former ergotherapy structure producing carpets and embroidery) outside the hospital in the small village of Lakki.

The agricultural co-operative society has been working properly and is now successful in producing and selling. In 1994 it opened a large greenhouse where patients and professionals are working together.

However, the income from the sales can be hardly reinvested. The reason for this problem is the absence of an autonomous legal status for co-operative societies: the goods and income from sales still belong de facto to the hospital, which cannot carry out an entrepreneurial activity.

With reference to group-homes, they amount to nine. They are well-integrated in the Leros community. The objective of Measure I Concerning group-homes was fully accomplished in 1994 thanks to the remarkable investment of human and material resources of the working team.

As regards Pavilion 11, a ward with 46 people had already been closed down in 1992; after a long rehabilitating
process, they moved to two structures inside the hospital (a small villa with 8 beds and a large villa with 12 beds) and to four group-homes.

In the 1993-95 period, 50 inmates moved to five more group-homes in various villages on the island. At present there are still 145 inmates in Pavilion 11. They will soon move to the new

facilities which are being built.

Pavilion 16 no longer exists. Its closing-down has led to the organisation of two hostels.

INTERVENTION DEVELOPMENT: WORKING PRACTICES AND PROCEDURES

Pavilion 16

Measure I envisaged the closure of Pavilion 16 and the setting-up of two external group-homes and four small internal housing structures hand in hand with the hospitalised people's process of individual rehabilitation and social re-integration. Unfortunately, the well-known serious situation, which emerged Owing to the 1993 Administration, prevented the implementation of the project.

In 1994 the new Administration faced a very difficult situation. The extremely poor structural condition of the pavilion and the difficult living conditions of the inmates there influenced the Administration's decision to intervene and modify them as soon as possible. Therefore, the closure took place as follows:

a) two buildings (one at the Lakki General Hospital was opened in April 1994, and the other at the Lepida Psychiatric Hospital was opened in May 1994) were restructured as hostels to offer hospitality to 11 and 12 patients, respectively;

b) two patients have been living in an external flat in the Alinda area since mid-May 1994;

C) some patients (6) live in other wards of the psychiatric hospital, since there are no other structures available for them.

Pavilion 11

The 145 inmates living in Pavilion 11 at present shall all move to the new facilities which are being built. Every new residential unit shall host about 10-12 people and its organisation (including cleaning, food supplying, laundry, clothing, etc.) shall be autonomous. The people sharing the same residential unit shall do so taking into account their needs, age, degree of autonomy and personal relations. Personnel shall be available according to the specific needs of each unit with flexible shifts of 6, 12 or 24 hours.

The organisation of these small units within the Hospital is crucial in the transformation process of the Mental Hospital. They are designed like any ordinary flat outside the Hospital and actually overcome segregation - thus recycling the former internment areas for the social aims of the community. The creation of open unit-groups, the
going-out at night, parties, social and cultural activities inside and outside the Hospital mean the end of isolation and separation - although it should not be overlooked that this Hospital, which offers hospitality to 600 inmates, is still physically separated from the rest of the island.

The construction of new residential units is rather belated since Pavilion 11 is supposed to close down by the end of June at the latest. Furthermore, the lack of available residential units clearly implies some difficulties as regards the rehabilitation projects for individual people, whose personal rhythms and experiences should be dealt with due respect.

However, the accomplishment of the objective is still a very meaningful fact, that meets the

requirements set at the beginning of the four-year period as the basis for the operative practice of the whole technical-scientific intervention group of Measure 1; that is to say that the meeting of needs, freedom and right's protection of the inmates can be accomplished by combining the programme on housing improvement and humanisation with a more global process of deinstitutionalization.

It should be noted that the intervention approach of the teams operating in some other wards of the Hospital was different, since their operative practice aimed at the humanisation of the department and the modernisation of the Mental Hospital. The existence of these two different approaches caused some difficulties to the planning aims of the Hospital's transformation, since intervention objectives were contradictory and often favoured the "braking" role played by that part of the Administration staff who was less sensitive to the inmates' interests.

However, starting from the very work carried out in Pavilion 11, at the end of the four-year period, it is indeed positive that the contacts and confrontations with the operative practices of the intervention teams operating in other sectors have led an increasingly higher number of operators to be more willing to relinquish the old logic of the mental hospital.

Looking beyond the results already achieved, we can see a new path leading to the accomplishment of a programme opening the Mental Hospital's areas (in a systematic and global way) to the Leros people - on the one hand, by making these areas alive, active and operative for the social life, relations and exchanges of all inhabitants and, on the other hand, by providing the Hospital with permanent facilities for recreational, sports, social and cultural activities that lack on the island and with hotel facilities and co-operative societies that could be fruitfully connected with the development of the island's economy and tourism.

A clear planning and allocation of financial resources in this direction could support a real

and complete transformation process in the Hospital, starting from the empty pavilions and the surrounding park.

The small villa inside the hospital

It hosts some people who have serious psychic and treatment problems. This structure has been the most hindered by the previous Administrations, due to its implications in the hospital1s transformation. Indeed, the closing-down of the B2 Ward in Pavilion 11 was the first step taken in order to transform the hospital and overcome the mental hospital's mentality. The concepts of irrecoverableness and dangerousness, which had always justified the necessity of internment and separation, have been overcome by the work carried out in the structure and by a practical criticism, which enabled these people to finally recover their human dignity.

Indeed, the small villa also hosts two young people who, before coming from Pavilion 11, had been in the notorious Ward 7, and a person who is considered one of the most dangerous inmates of Pavilion 11. These people have very serious psychic and physical problems.

Many human resources have been invested by the Italian team too, since sometime two or even three Italian operators were simultaneously present.

However, many human resources of the Greek and Italian professionals have also been used for the intense programmes tailored for each individual guest.

In 1993 the intervention came to a halt, thus stultifying all the work previously carried out.

Therefore, the inmates experienced a serious state of abandonment and regression.

The intervention carried out in 1994 involved a reorganisation of staff and a redefinition of individual responsibilities and tasks.

Tailor-made programmes used to include some training on basic skills, with a particular attention to personal care as an element to recover one's personal image and identity. Socialising programmes were based on going out together and organising picnics, parties, drama activity, trips and holidays.

The large villa inside the hospital

As regards the large villa, activities and attention have been focused on the following:

- the adaptation and personal use of internal areas on the part of guests (e.g. the rearrangement of the kitchen and meals)

- the restructuring of common areas (e.g. the bathroom and its accessories), so that each guest has a place (e.g. a cabinet) where he/she can keep any personal belongings;

- personal care;

- individual free time, spent in an absolutely independent and unconditioned way;

- the participation in group activities (i.e. pottery, drama, etc.) ; and

- the idea of planning and making trips to one's native town (for those who wish to do so), holidays, etc.

The above-mentioned initiatives have all produced tangible results for the rehabilitation activity and personnel training.

Group-homes

All the inhabitants of the group homes lead decent lives. Freedom and autonomy, respect for the individual needs and rhythms of each person are the key words in the daily rehabilitation work. The relationships with the local district are serene; much attention is paid to the relationships with neighbours.

Owing to the greater availability of material resources, we succeeded in introducing an important element, that is the partially decentralised management of the structure. Besides the supply of furniture, clothes and food directly provided for by the hospital, an autonomous budget is allocated for specific expenses: small daily purchases, purchase of personal clothes, diverse food, and pocket money for those who have neither a pension nor a job in the co-operative society. Money is managed according to the needs and in agreement with the members of the team so as to increase each person's sense of responsibility and to create a mutual control on the transparency in the use of economic resources. In other words, team work replaces the figure of "one person responsible for everything" in the choices and decisions Concerning the guests' needs. As much creates a greater involvement in the other staff members.

Such an organisation and the relative practice are producing striking results: one the one hand, they improve the house guests' quality of life and accelerate their rehabilitation and integration process, on the other, they enable the personnel to get trained in and to experiment new ways to approach the relationship with the guest, in the name of the defence of their needs and rights, without which no rehabilitation action can be defined as such.

The need is to achieve a decentralised management of the group-homes by means of a reconversion of the hospital budget with reference to the above-mentioned single items. As we all know very well, centralised systems - given the new methods of work which are developing - certainly do not promote patients' rights in general.

A further subject is the legal status of the group-home inhabitants. To date, they cannot be discharged because they would loose all their means of nourishment. A proposal put forward in a document of Measure 1 envisages the creation of the figure of "Guest". A Guest is a person who lacks means of nourishment (house, money, job) and, although discharged, is supported by the hospital until alternative solutions are found (particularly at legal level) granting him or her - at least - bare subsistence level. As much would overcome the contradiction according to which people who have reached a satisfying psychic balance and who have already been living in the Community for some time are still recorded as hospitalised patients.

Social and cultural rehabilitation activities

The intervention of the Italian team has been characterised by a sharp increase in the number of activities organised, thus offering an increasingly higher number of patients the opportunity to exercise their artistic-expressive skills. Painting, clay, "papier-mache" and theatre workshops have been set up by the team working in Pavilion 11 with the involvement of artists,

psychiatric professionals and volunteers. As much has created an atmosphere of socialisation and exchange with the community and therefore favoured the patients' rehabilitation processes and the overcoming of the separateness and prejudices on the part of the islanders.

The exhibition of artistic works opened in the Agia Marina school was highly successful and was also visited by the numerous tourists crowding the island.
The participation of the theatre group in the festival of the Aegean islands theatrical companies (which took place in Leros in the first decade of September 1994) was an important and positive initiative.
The monthly paper is a great success. It is a laboratory activity involving patients and operators. It has a circulation of 500 copies and is regularly distributed also on the island. It collects patients' and professionals' writings and poetry, interviews with entrepreneurs, salesmen, political figures; it informs the community about the life inside the hospital, about present and future projects and comments upon the relevant news within the community, its economic, tourist and commercial developments, upon political and cultural events.

Within this atmosphere full of socialising experiences, we have witnessed a multiplication of parties, outings, holidays, tours, and patients' visits to their home villages after decades of absence.

Personnel training

Seminars and lessons both for the personnel working in group-homes and the wards and for Administration groups regularly took place.

Visits abroad were particularly significant. Approximately eighty nurses visited Trieste and had

the opportunity to discuss their working practice with those experts who had previously worked in Leros. Therefore, they were able to make a fruitful comparison on deinstitutionalization processes and outcomes. However, we underline that the daily practice of work in the wards and group-homes, in particular, is a highly formative experience in itself. Hence the necessity to acquire the resources necessary to carry out the patients' rehabilitation process hand in hand with the progressive psychiatric personnel's involvement.

Unfortunately, the mechanisms for resource allocation to the wards have not changed. The organisation of the hospital is still centralised and far from meeting the needs of individual inmates. It is very difficult to tailor interventions, which are supposed to be fundamental in order to improve the quality of inmates' lives.

The transformation of the guardian's role into the therapeutic operator's role - including an active participation in planning and directly managing inmates' tailored rehabilitation process together with the other professionals (physicians, psychologists, social operators, etc.) - can only occur if personnel is given greater autonomy in their relations with the inmates and entrusted with greater responsibilities to manage the structures and resources needed to implement projects.

An educational and professional training process of operators in this area cannot exist without the awareness that autonomy and responsibilities are as important as the acquisition of technical skills.

Obviously, this cannot exist without a direct access to the necessary resources especially in view of the implementation of tailored projects.

Therefore, the administrative support is indispensable in the training process, through an administrative and political will to decentralise and render the management of resources

autonomous.

The co-operative societies

The most serious and still unsolved problem is that of the legal status of the co-operative society.

The lack of an autonomous standing as enterprise limits, not to say prevents, the planning and development of activities and, consequently, the patients' opportunities for access, training and income.

As much is even more serious given the patients' economic, entrepreneurial and training capacities, which clearly emerged in the carrying out of this activity.

The Hospital's transformation is strictly linked with the need to have a global planning for the economic reorganisation of the island. In the light of the present concerns on the economic future of the island, we should focus on the difficulties that the Leros people are gradually becoming aware of, despite the reluctance of those who benefit very much from the supply business involved in a "separated" Mental Hospital. Thanks to the creation of co-operative societies, the resources which are still allocated to the Hospital only could be made available to the whole island in a more general and effective way. This would certainly contribute to a balanced development of the island's economy, trade and tourism without destroying the cultural and traditional patterns of the population.

FINAL CONCLUSIONS

The issue of the anomalous role of today's Mental Hospitals world-wide has found in the Leros Hospital its most extreme operating expression.

It is well-known by now that the current raison d'etre of mental hospitals has nothing to do with the treatments that can be properly carried out in more suitable places. It has nothing to do with the health system which needs efficient and effective services. Furthermore, it has nothing to do with the systematic infringement of patients' rights there. Most Mental Hospitals are places of social exclusion, where autarchic regimes are set up with anomalous rules, anomalous powers and anomalous economies. These autarchic regimes are bound to produce and reproduce regressive and unacceptable cultures.

The very existence of a Mental Hospital such as the Leros Hospital, built in the inner part of a small island far from the mainland, has meant social exclusion and deportation. It has represented an extreme attempt, which aimed at annihilating and removing a large number of psychiatric patients from other hospitals rather than really guaranteeing the survival of people who had been refused by any other institutions.

It is true that there are some scientific and administrative responsibilities which brought about this situation in the '60s and '70s, led to a certain resistance to change in the '80s and still remain to be identified.

Against this background$_1$ it is now possible to draw the following conclusions.

The joint undertaking of responsibilities, as shown by the European Union bodies, E.U. officials, Greek Government officials and Leros Hospital managers, has allowed Greek professionals to be employed in order to break the above-mentioned autarchic and self-referring culture forever -also in co-operation with Italian and Dutch professionals. This has led to a final breaking down of walls and institutional borders in the former Mental Hospital of Leros and levelled the lives of patients and the Hospital regulations with the ordinary rules of coexistence, human rights' protection and specific undertakings. The Leros Hospital is no longer unrelated to the culture and practice of democracy, on the one hand, and to technical skills, on the other hand, as used to be in the near past.

Since this has been achieved in Leros, it could be certainly applied more easily to many other "total" institutions which still exist in the European Union member states.

The Trieste team is pleased to have somehow contributed to the outcome of the above-mentioned programme.

The Co-ordinator of the Italian Team
Dr. Franco Rotelli