democratic psychiatry

DEMOCRATIC PSYCHIATRY

A recorded discussion between people from Psichiatrica Democratica, Italy, and the local association for mental health - Mind, Manchester. Monday 26 March 1984, Manchester Health Education Centre.

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BROAD THEMES:

The views expressed are those of the individuals concerned, and not necessarily those of either organisation.

Manchester MIND Policy Group

NOTES for a meeting with members of Psichiatria Democratica

We would like to use our meeting with the members of PD to assist our work in developing features for a new mental health service. We therefore wish to use the opportunity to discuss the wider issues involved in fighting for change within the psychiatric system. The following questions are intended to provide a focus for our meeting.

A THE ROLE OF MIND AND OTHER SOCIAL CHANGE ORGANISATIONS

MIND is campaigning for a model of community based care based on assumptions of human dignity and rights to personal autonomy. National MIND has focused its campaign on policy makers and management (most recently in the publication of Common Concern). We believe there is a need for a broader campaign involving everyone working in the existing mental health services (as well as the community) if change is to be brought about.

1. How are you achieving this in Italy ?
2. Who do you influence ?
3. Who do you involve ?
4. Which arguments are effective ?
5. What about support from political parties ?
6. What about alliances with other organisations ?

B THE NEEDS OF EXISTING WORKERS WITHIN MENTAL HEALTH SERVICES

1. What are the needs of the workforce faced with a radical change in work practices and conditions of service required by the development of a community based mental health service ?

2. How is it possible to energise and enthuse workers and managers to adopt change within a system that is generally demoralised by lack of resources, poor working conditions and uncertainty facing the future of mental health services ?

3. How did PD involve the labour movement (ie here, trade unions, the Labour Party) and particularly health service unions in the development of a community based mental health service (ie, union and party leaders, full-time officers, shop stewards and membership) ?

4. The current UK psychiatric service is characterised by the competing needs of the various professional bodies working within it; administrators, nurses, doctors, ancillary staff and social workers are organised in separate unions and professional associations and are sometimes in conflict with each other. How does PD relate its work to the different needs of these groups ?

5. What are the general staffing levels within the Italian system ?

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6. Trade unionists argue that it is easier to organise workers within a centralised workplace like a hospital. Decentralisation and the establishment of community based services could lead to a more isolated workforce which may make it more difficult to fight redundancies and take direct action to protect worker's rights. How did you overcome this problem in Italy ?

7. A community based mental health service would require a change of attitude amongst workers. This would require consultation processes and retraining. How did you meet the training needs of workers, and what about training generally ?

8. The UK NHS is heirarchically structured. Policy decisions are made at the top and this leaves many workers feeling powerless. How would you democratise such a structure to encourage collaboration and consultation ?

9. Have you developed a critique of professionalism, and if so, what changes in attitudes and structures would you consider as necessary ?

C THE COMMUNITY AND USERS OF THE SERVICE

1. How do you consult and involve consumers of mental health services over proposed changes ?

2. How receptive was/is the community to your ideas, how do you overcome opposition, how do you harness community support, where was your support and opposition rooted (particularly opposition to community integration) ?

3. Women are traditionally the main group in society with responsibility for caring for sick relatives. How are Italian women affected by the deinstitutionalisation of mental health services ?

D THE ITALIAN EXPERIENCE

1. How did you arrive at your analysis for change ?

2. How far do you think you have got towards your goals, what mistakes did you make ?

3. Where next - what do the "moral majority", the psychiatrists and the drug companies think of the changes ?

4. How did you make mental health an important social and political issue ?

5. How did you challenge the existing medical model and physical treatment consensus (what about those psychiatrists and drug firms again - how do you contain opposition) ?

6. What condition were the Italian psychiatric hospitals in; the UK experience has been one of liberalising the institutions thereby weakening the arguments for their closure - what about in Italy ?

7. Which were your first steps - hospital closure, development of your community alternatives, or an integrated replacement programme ?

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8. What were your working models for change (were there existing community psychiatric services, for example) ?

9. How is the Italian health service funded and organised, what is its relationship to the private sector and the church ?

10. Is your service anything more than a regional example of excellence ?

11. Was your development essentially opportunistic - going for the line of least resistance ?

12. What about the role of psychiatric prisons, and general prisons ?

13. Does your use of co-operatives involve integration, or are they sheltered workshops ?

14. Have you changed any of your planned structures after your experiences of supporting people in their community ?

15. Do you have a diagnostic model, for example on medication, who decides who takes medicine, is their individual or group feedback ?

16. Is there a non-statutory sector in the Italian mental health service ?

17. How have civil rights and democracy been incorporated in your changes ?

18. How do you evaluate these services (eg, research, empirical, people's experience, self reports) ?

E POLITICS OF CHANGE

PD is a socialist group. You clearly describe your mental health service changes and work from a socialist perspective. We want to explore how your socialism influenced your responses to the development of a community based mental health service.

1. Do you see your work as challenging existing political hegenomies, is it contained within the needs of mental health services ?

2. Socialism includes topics such as internationalism and multinational capital. Is there any relevance here to your work ?

3. Does your analysis cover forms of oppression, for examples women's oppression and feminism, ethnic minorities and nationalism ?

4. The language used for mental illness is a vehicle for an ideology such as the medical model. How do you challenge this ?

5. Do you see any particular therapeutic approach as being rooted in socialism or feminism ?

6. Looking at collective needs against individual needs, and the various roles of psycho-therapeutic practice, what practical impacts has this issue had in your work ?

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7. What have been your particular socialist repsonses to the need for noncoercice action, and categories of mad, bad, deviancy and inadequacy ?

8. What other activities are you particularly involved in within social policy and social change ?

9. What about centralism versus regionalism ?

10. Looking at the reconstruction of public services (eg, anti-individualist, pro-collective) what does your socialist argument bring to these issues ?

11. Are there any interelationships between progressive psychotherapy and your ideas for a socialist or collective response to mental health problems ?

To assist this detailed discussion we hope that we will have read some of the articles about Psichiatria Democratica's work prior to the meeting.

PB/TB
21.3.84.

S T A R T:

MM Most of the time you have been in Manchester you have been talking about the nuts and bolts of the service. We would like to spend some time talking about your politics, your socialism, and how that affects the way you work as a group. So what we thought we would do is to start with the last section - the politics of change - and since one of the main arguments in this country is, whether you start with what you have got or you start from some position, some ideal, and try to reach that ideal; ask you some questions about that. It is clear from your literature that you see yourselves as marxist, as socialist - is that fair ?

PD When you say PD is a socialist group, I have to ask you what you mean by socialist ? And when you say we work from a socialist perspective, it is the same. The movement of PD - democratic psychiatry - the origin, the beginning, and not yet now, is a political movement, in the terms we use political party, socialism and political in the way you do. The origin of democratic psychiatry you can find in many very large and not definable movements; in the psychiatric institutions in one hand, and in the other in the workers' movement during the sixties, when we had in Italy our economic boom. At the end of the fifties we discovered the problem of welfare, and we discovered the problem of health, the health in the factories, the health in the districts, the health in the town, and so on. But the original analysis of psychiatric staff working in hospital, started in practical criticism about the institutional life, about the hierarchy, about the function of a psychiatric hospital in this society, and discovering and crossing the problem of the history of psychiatry, starting from the original contradiction, the problem of custody and care.

Practically, we had two or three experiments in two psychiatric hospitals, one in the south of Italy and another one in the north. In the beginning the practical work was influenced by the experiment of a therapeutic community in Scotland by Maxwell Jones, and some other experiment in France, about psychotherapy in the institutions, about the working out of psychiatric hospitals into the community, and so on. Quickly, these experiments were able to link the problem, social problem, and to link the movement growing up at that moment about many other problems of life in Italy - for examples the problems of health, the problems of the woman, the problem of the reorganisation of school, the educational system in Italy, the change of the university, the problem about the rights of the family connected with the problem of the woman; and I think the problem was not given to the psychiatric hospital some peculiar analysis in terms of psychiatry with a technical image. But finally, these professionals: social workers and others, were able to give some context, easily understandable for a lot of people.

Another question is why only this little movement was able to involve many other people. The problem, I think, it is my personal opinion, is that the condition of life in psychiatric hospitals in Italy was getting very bad. The poverty of these institutions was very clear with many problems in supporting the poor people, the handicapped people, the mentally ill people, were in that moment the competence of many mammoth institutions, and a lot of these private institutions such as religious organisations and so on.

(PD) And so, to discover, to open the door of psychiatric hospitals, to open the door of these institutions was very shocking for public opinion because they finally discovered what can happen if we do not look after these problems, do not watch this problem. Many other professionals were involved in this; and journalists, photoreporters, TV and radio - the media in general. The characteristic of the PD movement is in the left, but in a very large meaning of left. Many workers, professionals, who are working in PD and psychiatry come from the catholic area, and from radical and many others. The common characteristic at the moment is to discover and fight the meanings of psychiatric hospitals; because this slogan - to close psychiatric hospitals - is a slogan, but is also a very full, meaningful slogan for many.

MM How large is PD ? What kind of forum is PD ? Does it employ workers ? Does it have a political organisation ? What kind of organisation is it ?

PD That is difficult. It is an association of workers, relatives, students; it is not specific, and this association involves volunteers. We have no money - nothing! - and everything in PD is a voluntary contribution; also the money is by voluntary contribution. We try to use some resources of the services where we work to copy something or to phone or so on.

MM Do you have a membership ?

PD Yes. The movement and its origin at the end of the sixties was not called PD - it did not exist. After 1968 and when many other legal experiments were growing up in Italy, we felt the necessity to begin the have meetings monthly, to know ourselves south, north, east, west and so on, and to connect and link many other needs coming from many other parts of the country. From 1968 to 1970, the origins of PD, there were three or four years about, and at this moment the main activities were to know ourselves, to have many, many meetings, to discover many other possibilities, to analyse this problem. In this moment, from 1968 to 1972, the left parties look at us not with friendly, not with much confidences, they look on it as a radical and intellectual movement. It was in 1974 we had the first national meeting in (Gorrizia ?) - this was the town in the sixties where was born the first experiment and symbolically we had there our meeting - and this is the first moment that came to our meeting also many representatives of the left parties, and mainly the Communist party, and at this moment they opened many other possibilities to our work. I mean that, in Italy, many local, regional government workers came to that province. In Italy, many of these do not have the same government, the central government, so the administrators and politicians are from socialist, communist, radical and so on. When the Communist party, the Socialist party, and a part of the left, also the Christian Democrats: this knowledge between our movement and the political parties opened up many other ways to work and to offer the possibility to work to this kind of professional.

I would say also that in this movement the attention of the administrator was no more to organise the services, like a container in respect of the law, but they began to look at the organisation, also about the contents

(PD) of this organisation, and this was another important moment because it is different to plan psychiatric services and to plan the contents of psychiatric services. We can be agreed on many kinds of organisation of mental health services, but we have to see what happens in this - which kinds of culture, which technology and so on. At this moment we had some elected representatives (MPs) at the top of PD, like a national committee, and we had many other regional committees, I think like your organisation - Mind. The problem is that, it is not that PD lives a very calm life, because it is not an organisation out of the problem of psychiatry, other professional nurses; so PD is involved in the crisis movement, or improvement movement, the psychiatric movement in the totality. And then there were, and is today, the risk to organise something as a political party. I see other trades unions divided from the reality of work, so there were many political lines on this, but we often try to stop this growing of a hierarchy in PD and a separation between PD and the reality of the movement. And now there is a crisis in PD because now we have a law, and our movement is no longer against, but is in the law, and this is a little different. The many in PD, there is not a situation of homogeneaty, there are different lines; and between Trieste, where we are coming from and other situations; and on the other side, some other situations there is a practical and sometimes theoretical difference; meaning Trieste does not want to act any more as a new psychiatric group. So there is a tendency according to what we can say from some people who are in PD to build a new psychiatric science: a sort of mixture between marxism and social psychiatry. So this is one of the main differences in the meetings and every now and then you can see the conflicts, because Trieste tends more to go beyond any kind of psychiatry and in this way Trieste pretends to be more polital.

MM If there is a crisis in PD between the criticism that you have of existing services, but also now being providers of services, that you are in two situations; what has that meant for PD challenging existing ways of running services, and challenging the existing political structures ? You are upsetting things, the status quo in many ways.

PD Even if you can find conflicts on practice and on final task, but in a practical relationship with the public on planning of psychiatry, there are a few strong ideas now; like against psychiatric hospitals; fighting against and change in the present law. So in these moments we stay together again. But we think a part of PD sometimes in practical, every day life they pretend to -- there are two practical lines which means that Trieste for instance, is from this very radical, is more political, anti-psychiatrist. But at the same time it says the practical, political line is to work inside, to build new structures - it is the place where it works, mental health centres. Another part of PD is still attached to the concept, radical but not so much, words like anti-institutional. They failed, they did not achieve, they did not want to build new strong services, and this has been, according to me, one of the reasons that the Italian law has been criticised, from people who dod not have any strong situation in case you need psychiatric help.

MM One of the points we are trying to make in this section of the discussion is that, it is argued that some of the problems people have, are things like poverty. Real situations caused by the political system, by the way society is currently organised. Do you find that those principles, fundamental things affect the way your organisation thinks ?

PD Political - we do not like to distinguish the politics of misery and the politics of affecting situations. Perhaps later we go on with this subject. I saw many things like families, I do not mean to distinguish, to separate.

MM Is there anything particularly socialist about the way you approach treatment ? Are you more geared towards group treatment, for example ? You spoke about the therapeutic community and I wondered if you saw group psychotherapy, or psychotherapy with a particular content, as more appropriate for a new psychiatric service ?

PD The problem for us is we have to discuss more about the concept of psychiatric hospitals and the function of psychiatric hospitals. A kind alternative, a very very therapeutic movement is to fight against psychiatric hospitals. It is not conceptist - it is practice. If you are able to think that we can live without psychiatric hospitals, we have to activate in our minds, in our society, many other resources, many other levels of change, of linkage, of solidarity. But it is impossible to know the function of psychiatric hospitals without closing them. It is impossible - it is not a problem of how deep ideology is, and so if you work with this background, and you know in practice what a psychiatric hospital means, and I say it means a psychiatric hospital hides the needs of people, is a symbolic function in our society to divide normality and abnormality, to give and be sure ourselves that we are normal. It is the material symbol of the particular application that we can give to psychiatric problems, to therapeutic problems in psychiatry. The presence of psychiatric hospitals means that only part of the problems of people are being valued, and psychiatry is felt only of the psychiatrist: and to put, to commit, to admit people in the psychiatric hospital we have to have a diagnosis; and to give the people, the citizen in the end to the psychiatrist. If we try to think that we can close this, we look and we are able to see many other problems, and many other ways to approach these problems. If we are able to look at the problem of psychiatry with the biological senses, the natural senses, we can find many other ways, so when you work in a mental health centre in the community, the community is not only an idea, you can cross and stay in the community, and you can know that the community is a reality, of resources, of relationships, between people and so on. The psychiatrist, the psychotherapist, are not able to know this, to discover this, because for psychiatry the problem is not the community, the needs of people, but is the sympton of the people. The problem for the psychiatrist is to care for the patient, the client. Also if they know they are not able to care, because the result of psychiatry is 100 people committed and locked in psychiatric hospital, and this is the failure of the psychiatrist. When you are finally able to discover the community, the therapeutic movement, we do not look at the therapeutic movement like an individual relationship or in the use of a special kind of therapeutic movement like an individual relationship. We look at the therapy and say everything can be used if these things are not violent, and not used to dominate other people; I mean ECT, psychosurgery and so on. We can look at everything, but it is important for us to give to the patients, clients, the posiibility to have contact with us, and to have ourselves to go to patients and not wait for them in our hospitals or out-patient service.

(PD) And so the therapeutic movement is this - is to live and be available 24 hours in the day to meet the needs of patients, and fighting every day against the inertial movement you can find in every kind of work, and fighting against the bureaucracy of the admission of patients, to have a simple contact, and this is difficult, and is for us one of the most important problems during the day.

Another is to give the communication, to change the organisation of the staff, to give the possibility to everyone to have the same communications, the same information. For example, for me that I am a consultant psychiatrist, the problem is that every day my role is where many communications arrive because the people want to talk to you because you are the doctor. For me, the problem, the therapeutic problem is to give, to share this information. And so all the staff, all the group, and patients too, can understand what is happenning in that moment.

It is difficult for us to understand progressive psychotherapy, the way you put it. The way we work now, seeming to start from a far away place of psychiatric hospital, now in this service you have the way to act in a political way because you do not have any ideological, separate space for the patient, so you are bound to them, is a real political place, is a service, a real political service because you cannot go far away from the patient. You have to answer, you are there. You have to share in the working meeting and meeting with patients. So we do not have a problem about progressive psychotherapy or group therapy because you start in a different way for every single patient, so you never know where you will arrive. This is practical and theoretical. Often it happens that you stay there with them and give a shot - a drug - you do not have any precise theory of the practice you are going to do so you can speak, stay two hours, what you call psychotherapy - staying and talking with them, but you cannot go to them and say, let's go for one hour; because they handle, they own the play, they are master of the situation because the service is made that way. They act, and with the service you can only follow them. This is the main political thing.

MM Do you train staff in psychotherapy ?

PD I do not say we are against culture of psychotherapy or any books or any thing. Also for staff, if the nurses who work with us - do not read psychoanalysis because we are against it, we do not say this. They like to read, to know everything, but it is the practical situation of meeting a patient there which makes you realise that it is ridiculous to approach a patient with a set of rules - psychotherapeutic approach. ~~Afterwards, you can use as a general cultural ... this is very important, in this way it is collective~~. You know psychiatry is really everything, helping people change, political change is everything, so in that case you can find a staff or nurse who is much better than you or me, because we ~~are starved~~ or something. So this is collective in a certain way and a new practical science in the real meaning.

[~~So when you say, the~~ meeting every day, this is knowledge, this is science, this is new practice. This is the reason we point out continually, [~~no matter, is the fact~~] that you do not have a mental hospital where you can lock people, where you can lock the hardest patients, and after you decide, you choose, you discuss. If you do not lock, then the patient is there,

(PD) so we started with the hard core, and for us we can think that also here in England there are many psychotherapeutic schools and many psychotherapists, in the public and in the private services, and more is psychotherapy in our society - so it is really a problem in Italy now. Many people, many professionals, are attracted to this way - "we can do many things with psychotherapy". But the experience is that the ~~psychotherapist work and the psychiatric hospital work and~~ psychiatric hospital I think needs the psychotherapist, and the psychotherapist needs the psychiatric hospital. That is the problem.

there is

MM You have in certain areas closed the hospitals and you now have community mental health centres. Are there particular forms which emerge again and again ? Are there practices which have been thrown up in relation to your work with patients which perhaps did not happen before, as a consequence of closing hospitals ? Such as models of good practice.

PD In some ways it was something completely new, a new practice. If you mean by models a repeating situation, then mental health centres are half way to liberation from psychiatry and psychic stress. It is not the final task for people who come there, and for us, it is a place which lets you work without a closed institution, but it does not mean you have, with the patients and other people who work with you, the power of changing the town. It means there are some situations which repeat themselves. These mental health centres, for their districts they are the only public services which exist. You have to cope with all sorts of problems, in practice you have to give yourself, your work; you give all instruments - money, everything, but you do not have the power to make all the people who arrive there happy or change their life or social situation. ~~The beginning, it was~~, now you ~~have some chronic situation completely different from the mental health hospital but waiting for a better situation, in that case you have to~~ get more involved with the town. The town is happy when you close the mental health hospital, but they do not follow you as far as you, or the patient, would like to arrive. Every single situation is political in a real meaning - not only the economic side but also the social power ~~what you have developed in England, abroad, the situation of psychic distress and social changing.~~

You have to get more involved in the town

MM How do you prevent your community mental health centres from becoming institutions ?

PD I think, for us it is ridiculous to now criticise mental health centres. I say, even if I pretend to be rather radical, we have to build these new structures and institutions. We need them. In the future you can get involved in how to go beyond them. The first thing we need now is a new mental health service. I cannot insist on the concept of closure. If you look at the pathway of psychiatric need, then psychiatric hospitals, institutions, is like a key to this pathway, a very important station. We try to express our concept of psychiatric ideology: endemic health in the area is connected with the existance of psychiatric hospitals. If you have a psychiatric hospital, from it comes the needs of a psychiatric hospital. If you try to take out this station, the pathways are like a network, so the other services on this pathway have to try ~~for another level, an adjustment.~~ The prevention of mental disease is to touch, to take away this key, mental hospital. Because a mental hospital is a culture. We can talk until this evening about this problem !

to adjust

MM We have given this section quite a long way, and it is obviously inter related with the closure of hospitals, it is central. Maybe we should move on to some of the more practical solutions.

PD I want just a moment to finish this problem. When we take away the psychiatric hospital and we look at the community and work in the community. If we do not have a final solution, the problem is our problem, it is like a mirror. The possibility to be chronic exists, but if we try to criticise myself everything. If I do not say, this patient is acute, they are not able to stay within my services, they need other things. If I say now, I am unable, incapable of staying with them, I try to change my organisation today or tomorrow. A very difficult problem to - not to resolve, but to live with every day the same problem to say, I am not able to resolve. Is this what you wanted to know ? It is important, what did you mean with your question ? It is also important for us.

MM I wonder if we are asking the wrong question.
I think the answer has been given (so do I): the answer is, the model is an individualised service which is responsive to the needs of each person, and you must make the service fit the person. It may mean making use of the church on Sunday afternoon, making use of the shopkeeper, going out to the street to visit the family. It has to meet the needs of that one person, that is what the model is, and in the broadest sense of the word institution, not a place or a particular facility, but institutionalising that kind of practice.
Yes, psychotherapy could be getting another house for somebody.
But there is no incompatability between an individualised service, because it will throw up particular patterns which reoccur, such as staff going out into the community to link people with the church on Sunday, shopkeepers. Or spending many hours one to one with someone.
Or having particular groups which people may want to enter to discuss problems. What I am looking for is these particular forms which have superceded the previous.
Can I suggest we move into another section of the discussion ? I think it turns quite neatly into the needs of workers within the existing services. It seems the patterns and issues you are throwing up affect the existing working practices of nurses and psychiatrists and other people working in hospitals, and affects them greatly. Maybe if we look at these series of questions it might help us to see how you are doing what you are doing, and the kind of impact it has on people. For example one of the things which affected me was, if you are treating workers equally and seeing that each worker has an equal value, do you pay them equally ? Does a psychiatrist get paid the same as a nurse ?

PD No. In practice you have the situation ~~that~~ of different roles: doctor, psychologist, social worker, nurses; the collective work makes possible that everybody [shows themselves] as best as they can. There are people who are better than a doctor with a patient. It is important that people can choose the preson or group of people to ask to be together, to have a relationship. ~~[When things work it means that the differences, first the money, I get more money than he does, and secondly there is a balance between collective work and institutions which exist.~~ The consultant doctor is still the institutional centre, ~~a collective work mixing together with institutional work,~~ the more the collective works the less space is left for the institution to work. This arises from the fact, which we are proud of, that this is the [centre] public service, not run like a place, it is run in public. If you say every radical space is in the public you have to fight continually. This is the specificity, and with this, all these plans, collective, liberation and institutional, and over money, say, if nurses want more money because they realise they do the same job and sometimes are upset, they can stop and become angry for change. I do not care if they want to change, they are going to do it, what can I do, I do not give them their money. ~~[For us,~~

(PD) differences over money, say, if nurses want more money because they realise they do the same job and sometimes are upset, they can stop and become angry for change. I do not care if they want to change, they are going to do it, what can I do, I do not give them their money. For us even your professional life is different from usual. You are more, you know you do not have a technical basis from which to assert your power. Every day your power, your role changes continuously, so it is not easy work.

MM As part of the institution that is there, are you as psychiatrists still responsible for people you call patients ?

PD Yes, there is a public institution and it happens that in this, all sorts of people arrive there, heavy patients, patients with police. It is a central, unique place in that district. So it means that you have the responsibility, everything of radical or political ideas you can put there, because it is in the heart of the institution. The responsibility in what you do is to make less heavy the bureaucratic, what happens about patients, instead of calling them with a heavy diagnosis, or admission, you treat them as a normal person. It could happen that you have a really heavy crisis and stay one month there, you go out without diagnosis. It is public, you have your responsibility, but it is shared, it is collective, but it is more on the doctor.

MM Despite the fact that there is a collective responsibility, in the eyes of the law or government, are you still more responsible than the collective ?

PD Yes ... the problem of responsibility is on professionals in case when a patient can have some troubles, some difficulties with the law, like crime or some other, yes, the problem ...

MM Ok -

PD Its not ok, I am going to answer.

MM I thought you had forgotten the question.

PD The question is very important, because it is of the responsibility of the professional and the responsibility in front of the law for mental patients, and it is the origin of psychiatry -

MM And its the basis of psychiatric hospitals that people are not responsible for themselves when they are called patients.

PD And so now, in general in Italy, starting from the criticism, the concept of dangerousness connected with mental illness, and starting from the contradiction between custody and care, the new law among other things says now we have to look at the mental illness dividing the concept and the reality of mental illness from the social dangerousness. This is an important concept because the question is how we support a mentally ill patient and not how we contain them in custody, but it clear that if we

(PD) do not support, do not give the possibility to live to our patients, the lack of our support can be dangerous for them. The problem is if we lack in supporting the patients, if we do not give them the possibility to live and to have a good relationship in the social organisation. On this there is much resistance from the professional psychiatrist, because though they do not say that they are responsible in the community but say that they have to do something in their room, the problems. We now worked together, Mario and I, for four years in the jail of our town. To look at this problem, the support of patients who have a bad behaviour, a criminal behaviour in the town, and to support prisoners who can get mentally ill in the prisons, we are interested in the problem of special hospitals, it is the same conflict as using the normal psychiatric hospital. And so we try to filter and stop the stream going to special hospital from our own town. It is impossible to say that you work well in your community if at the end one or two or three; or even only one patient goes to a special hospital. We can say in our area, that if you are able to go to your patients, to give many opportunities to the people, to citizens, or the community, and if you are able to go into the jail, to touch, to intervene in the main areas where the problems grow up, it is possible to prevent the dangerousness in society and is possible to prevent the dangerousness for patients - if they go to a special hospital it is dangerous for them.

MM Who makes the decision about going into special hospital ?

PD The judge. The judge and psychiatrist with expertise; the psychiatrist makes a report and the judge decides about this. Our intervention is, we look to the judge, the court, the jail, and we try to give the judge some alternative to the sanction. We try to propose to the judge like a mental health service, some support for this patient, some alternative, and so often the judge agrees with us because it is better to decide without special hospital if we give some opportunities to do this.

MM Can you describe in detail what that may mean for an individual ?

PD For example, if you are upset and break a window or if you steal from some place (I just give you the easiest examples) so the service works with the strength of public service, the practical strength to say something, and you avoid the criminalisation on one side, and on the other side you avoid the psychiatric criminalisation, so if someone breaks a window your action is to find a lawyer, and also with the judge and the person who has broken the window to go back from this behaviour situation, or potentially psychiatric situation, to go back to what is the real situation - which means that often, without being extremist, you break a window when you are upset. In other words, using technical words, you are right to say that that person has done a political act and has done right so we should tell them they were good - it does not happen like that, but I have given you the easiest example. An example about this is a woman, 45 years, in a situation of manic excitement - stabbed with a knife a man, they say without reason, in a moment of hard argument. This woman was a client of one of the mental health centres, and the police took this woman and put her in jail, but she had a maniac moment grow more and more.

(PD) In the morning we went to the jail and tried to talk with this woman, we ask the permission of the judge, because we work in the jail we have this permission permanently to go there. We tried to discuss with this woman and to start a little drug treatment, talking with the nurses who work with us in the jail, and in the same moment we went to the judge to say that this woman is a client of the mental health centre; they know many things about this woman, they can explain many things about this patient; and so the judge needs to have a report about this problem, and gives to do this report to a psychiatrist of the mental health services, public. This moment daily, we went to talk to this woman in jail because the dangerousness was that the jail could discharge her into a special hospital, and the sisters who worked in the jail quickly asked the director of the jail to discharge this woman because it was not possible to keep and to take care of her in the wing of the jail. We discussed with the sisters and gave more support to this woman with nurses and a daily visit. In a situation that is always calm, it is natural to ask the director to discharge, to say our jail exists is not able to take care of this woman. Some contradiction can grow up because some sister says, it is impossible to stay, but some doctor says we can if we come here in the morning, the afternoon, tomorrow morning, help ourselves to help this woman. We went to the judge and said they want to discharge, but it is not useful for the woman because we can treat here. After two or three days the mania went down, with drugs and treatment and the relationships with other people, also explaining what makes this mania problem, reassurance to the other jail workers. After seven or fifteen days it was possible for the judge with the weekly report of the psychiatrist and the report of the police, to say that this woman can go out of the jail, and is waiting for the trial. At the moment the mental health services take care of this woman, and the mania goes down and it is possible for this woman to go in the car and explain by herself the reason to the judge. This is to respect the dignity of this woman and to give her the possibility to use her freedom, but also to go into jail as you or I would.

MM So it works both ways, there is no special treatment, in terms of she stabbed somebody, and because of the way the community mental health system works, she will go to trial in the same way as anybody else who stabs somebody ?
She may not have done it.

PD The political side of this situation, where you cannot say easily it is still somebody's right who is not a mental patient, even in this situation where there are many moments of real illness, you cannot say this is deviant, she is what you can call a mental patient. Speaking from a political attitude to this situation, means that in every situation like this, even if you could use technical - as he says, you arrive to know the lady, you knew her before, you know who she is, you know who is the other one who was stabbed after they met together, and you are right to take away every easy label which is used by the town system. If it did not happen that way, she was going to a special hospital; special hospital for a special illness, but in fact it was going to be quite a simple operation, so I think in every situation you can use this political attitude. It means that you have no previous technical explanation to face the situation. She was really crazy. But it happened that the nurse with the radio and cigarettes - if you become a maniac in some way it is possible inside the prison for ten

(PD) days, it happens that she went down in a rush, and I would like to point out what you can mean by political, because it is important to relate the political attitude as you usually mean, because I have met many people abroad from a practical point of view, it seems we are so inside the institution. I think it would be nice when we arrive to discuss this place, going through the situation without, we saying you are radical or you saying we are inside the institution. To go through the mental illness with a political attitude; I think this example you have given is important because it is not easy to make it deviance.

MM One of the problems we were concerned with was the starting point. You suggested that your community mental health centres served as a focal point for public services in a particular town. Your hospitals before closure were in a very bad state. If you go into a traditional hospital in England you will find a lot of bad things going on, a lot of bad practice, but you would not find the kind of decay which was to be found in Italian hospitals before closure, which makes it a little more difficult for us to say that the hospitals should be closed down, because of the absense of any comprehensive community alternatives, we still have hospitals where basic care is provided, there is still an occupational therapy department with psychologists, nurses are there for one to one interviews and so on. There are a lot of good psychiatrists and qualified medical people in the hospitals, so it is not easy for us to say, close the hospitals. You might disagree with me, how do you feel about that ? The starting point is different. In the sixties they liberalised the institutions, they opened and kept the hospitals.

PD This is the main operation of giving an alibi, giving it a human face, as in France they kept the hospitals and axed other services, it has been done here, especially in social services you are really advanced. It is true what we said about Italian hospitals, but in the Trieste hospital it was not true because it was well managed, it was from Austria, a good hospital. So the only possibility we had to go on is that this is really a political vision, otherwise you do not get out of the situation, because if you are on a technical side you keep being on that side. This is the same with psychotherapy and every technical side. If you are not political, not only generally, but political for every patient, if you do not have a political situation of his side in distress, you do not have a solution. That is what makes for me Trieste different. I can speak like this because I do not work there anymore, but what makes Trieste different from any other psychiatric experience - every experience, therapeutic community, Lang, French, every experience, was that they were never happy about it. They never stopped and said, this is the new science, the new model, never. The only model was practice spreading out from every patient and this is political. Otherwise it is difficult to say Italy - England, here the hospitals are social work; it is not enough. Italy is the same as here from many points of view. Here you like progressive psychotherapy and progressive hospitals, but we are not against your culture.

MM If we started a PD in this country, there are two problems: At the moment, generally speaking, people working within hospitals are demoralised, they feel that decisions are made and imposed upon them, that they have not enough resources to handle the kind of hospital population they have to deal with now, so they are not happy with their working conditions, they are not energetic, enthusiastic ....

PD There are many points you can say now. We are discussing the locked psychiatric hospital, and you spend much money on psychiatric hostitals, also on the treatment inside psychiatric hospitals. I think it is very expensive to use ECT for 200,000 patients in years. It is illegal along with psychosurgery. It is difficult to understand how it is possible that people do not speak about it - nothing. In the meetings we have had here, all this week, and before in London, nobody spoke about psychosurgery.

MM So in Italy now you do not use those things at all ?

PD Please, do not use Italy and England, it is ridiculous; some places in Italy yes, and some places not. The place where I work is much worse than any other hospital. I want to make a point. Often in the two weeks I have been speaking here, while the discussion with an English friend is fine, at the end many of them say, now we are very sad because we do not know what we should be doing to change something in our life, in our work. I speak about psychosurgery in this way - I do not want to say English people are so bad, or Italian people are better, it is not a football match. We want to find a possibility of resisting together against this violence, because it is in England, France, Germany, Italy and so on. I want an answer from you, why nobody speaks about about this, nobody ? We bought an expensive book in England about psychosurgery and ECT, and they say in the last four years there were 3,500 people treated with psychosurgery, and 250,000 treated with ECT, and there are 90,000 people locked in psychiatric hospitals. I say it is possible to start from this reality. Why can we accept psychosurgery ? Why are we unable to fight and discuss this ?

MM I think it is because the English system is so well entrenched; so many faces of the psychiatric hspitals have been liberalised; attitudes are so stuck; hierarchies are so rigid; and medical power is so great. The BMA are one of the strongest lobbies in the country and it is very hard to confront that at all levels. The argument generally takes place around cost. We have got a right wing government since 1979 that has tried to cut back on the health service, to save money, and every couple of million pounds is looked at. They do come in and say, we are happy with hospital closures, it is a great thing, because it saves them money. They do not want to look at community alternatives. On the left wing the argument then becomes, well we have to have something measurable, a community psychiatric service that we can cost, in order to defend the healthservice, so we can know when we look at what is being spent we are getting the same kind of service, the same slice of the cake. That is the difficulty, it seems to me, that your kind of community psychiatric service is not easily evaluated, costed, especially the cost to families, to women.
I think in Britain our drugs bill could support goodness knows how many community mental health centres. It is not just psychosurgery, just ECT, it is medication where people cannot think what they are doing from one day to the next.

PD I do not believe medication is the same. It is better.

MM I think it is the same kind of violence, just less dramatic.

PD But psychosurgery is not reversible.

MM But there are toxic effects on people.
The figure you gave of 3,500 people getting psychosurgery, that really surprises me. I thought it was much less than that, a handful of operations from the late seventies, when there were a few hundred.

PD No, it is 800 a year, very high.

MM Yes but if you look back at the figures over the last ten, fifteen years, it has gone from a very high figure to a low figure, and I think we will eventually wipe it out. Most people in Britain feel we have won the psychosurgery argument. ECT still remains a great problem. We had a recent discussion group on ECT, in the whole group, and the only two people in the group who were in favour of it had had ECT themselves. With people intellectualising about the experience, how dreadful it is, and here two people came along and said, I have had ECT, it is ok, it helped me.
It is difficult to confront that.
I would like to hear your argument about cost, when you have a right wing government cutting a health service, how do you defend a health service and at the same time create a community psychiatric service, how do you measure and cost it ?

PD Yes, now we go on to discuss the cost and other financial problems of a mental health centre. It's ok. I do not insist on the problem of psychosurgery, but when I try to discuss these problems .... not about the mechanism and techniques, but I would like to talk about the symbolic meaning of this treatment for people here in England. Because when you say, now we will look at the cost of a mental health service, it is just another little problem. Here it says, please do not smoke - a smoke free zone. I am suffering in England because I smoke. But many people know that it is dangerous to smoke so they can accept this concept. If we have to think it is dangerous to smoke, and we are not lung specialist doctors, so many people know this, can get this information. If we think it is not dangerous for our mind, psychosurgery, for our mind, we can think that someone being treated with psychosurgery is not my problem. But if we know it is dangerous to smoke, it is dangerous, psychosurgery, for myself, and ECT is dangerous for myself - I don't know, I go on ...

MM And drugs are dangerous.

PD Yes! Everything! Psychotherapy is dangerous. But why is it easier for people to discuss psychotherapy - they say a progressive individual or group - and never discuss psychosurgery ? It is dangerous, it is a pollution, psychotherapy (I excuse myself to psychotherapists and psychologists), people are not able to manage themselves, they need therapy. When we go to watch a Woody Allen movie, we laugh, but then when we leave we say, yes, we can use psychotherapy. I can be a psychotherapist. I think it is more dangerous than the pollution in Manchester during the industrial development, psychotherapy. But we can speak about it: people can say I am for or against it, for the individual, for the group, for women, for men, for children, for the elderly and so on. The problem is the same, it is as dangerous as drugs, everything, psychotherapy, ECT, psychiatric hospitals and psychosurgery. All are a problem and we can watch them with a particular knowledge, but there is a hardship, because if you go to a psychotherapist it is not th same as if you go to a psychosurgeon.

(PD) If your GP gives you two pills of Valium it is not as if you go to a psychosurgeon. If they give you one week at home psychodrugs, it is not the same as going for three weeks to a locked psychiatric hospital. From my experience there is a hierarchy in these dangers.

MM But the problem remains unresolved because they are replacing psychosurgery and ECT with "better" drugs, and this means that you do not have to do the obvious thing of cutting people's heads open, or making them lie on a table and zapping them, it is the same process at work. If they can do that, they do not have to spend money on the real answers, which are about relationships, about people being able to make decisions for themselves. Drugs are used in that way, instead of a hammer.

PD It is something to do with our intelligence to follow the different oppressions from psychosurgery to different drugs to progressive psychotherapy. In an association like Mind, or like PD, or any movement which goes beyond psychiatry. We are together to follow all the different masks of psychiatry, and at the same time we should say what to do now, because we cannot speak only from a general point of view. What you are doing is very important, because it is true that a psychiatric association in England is very powerful, but it is also true that from a scientific point of view they fear that they will become stupid. So an association like Mind which takes every move to resist, to let people know, to denounce the stupidity of these psychiatrists. There are different phases. We as a group meet to understand better, to discuss; and on another side we use a political group and parade on May Day in Rome. When I came here from the small town in which I work, I think I am in a worse situation than any of you. So I use the fact that I was coming to England to meet people, and to study going beyond psychiatric hospitals, so when I go back I can say that in England there are many people who - not just help each other - it is a political movement, for our intelligence, otherwise risk becoming depressive. As an example to show that there is something deeper than just money problems. I have been visiting a nursery school in Manchester, a private school and the people working there are volunteers, not paid. It is an integrated nursery school of about 100 children in the ages of three to five. There are seven handicapped children there with different problems: spina bifida, psychological. This is an interesting fact but no-one knows of it.

MM That is the problem. No-one knows of this.
It is worse than that. This school exists, it helps, it has got new ideas. But how do you get those ideas copied ? How do you network those ideas so that they are picked up generally ? It is attractive, imaginative, a good idea but it is not being picked up. No-one is picking it up. They are running nurseries for special needs - splitting - they are still doing that.

PD Through newspapers, associations, meetings, families. It is possible to start speaking about it - people at th school said no-one comes here and looks. So one hundred metres from there was a special nursery school where children aged three are packed together with any kind of handicap - the opposite. If one goes there and looks, it is clear that the behaviour of the children in the speoial school is much worse. You just have to look; anyone, a porter, a professor, a milkman, can look and see but no-one wants to look. There is another fact that is quite impressive, I met a lady with

(PD) a handicapped child who went through five years of normal classroom in primary school, now the child has to go to secondary school and the head teacher is saying, it is difficult, we do not want this child, they are a problem. This child has been in a normal classroom for five years, so it is quite clear to other teachers and public opinion that this child can stay in the normal classroom. If people started to discuss this problem with letters to the newspapers, to meetings, with parents, I think someone will start saying, we cannot accept this fact, a boy has been five years in a normal classroom, we can try to have him in a normal secondary school. The problem is to have public attention on these facts.

MM But people do not want to see those things, because it means they are going to have to get involved and do something, and I think that is what our problem is - that we do not want to get involved. People do not want to know about psychosurgery because it is too frightening, and if they begin to think about it they might have to do something. They might have to be noticed.
And even that is incomplete, because there are often exposes of these kinds of issues on the television at peak time, and I remember a programme on psychosurgery recently, but nothing happens. Nothing resolves itself, or if it does it is slowly. It is not what I would call a social and political issue which people have got to stand up about. They do not; you can avoid it, they will come up with some very bureaucratised answers, often from people who are in positions to make decisions, who will say existing services are fine, we are trying to make changes of course, and you know our problems of no money so things stay the same.

PD This is not a problem of money, it is a problem of attitude.

MM There is a great deal of bureaucratic resistance to change.

PD But if attention is bought to these issues - are we sure, there is only bureaucratic or political resistance to change ? It is difficult to change ourselves. It is easy to say bureaucratic, professional, political, trade unions, railway drivers and so on. An association like Mind is well trained (I presume, I do not know Mind) to denounce and say. A real problem you have here and we have in Italy in the majority of situations is how to go against the technical power of doctors. We have to use every situation like this week visiting, because even the government has said that with these doctors they cannot manage. If we can work from this contradiction it would be better, necessary, and this is the main technical point, to make people know the technical people who run the psychiatric assistance are stupid, they are not able any more to give psychiatric assistance. The government in a way, for its reasons, --

MM But there are people in this room who work for these institutions who would not like to be called stupid.

PD Now then, wait a moment. I said that the psychiatric theory that supports psychiatric assistance in hospitals, or even more, something from a scientific point of view is lacking, does not exist, is collapsing, this is real. Also the famous psychiatrists started feeling this. You cannot find a famous consultant who is as proud of being a psychiatrist compared

(PD) with a heart surgeon. We are in a moment of scientific weakness, especially in traditional biological psychiatry. One way would be to denounce this repeatedly because England, as any nation, likes to be modern and up to date. I said in my town I am coming to England to reinforce this, together, with people who want changes beyond psychiatric techniques. Which gives you the will to change, so you change from one to another, but if you are prepared to change you accept the nicest one, you do not fight people working in mental hospitals, otherwise you could not do the progressive psychotherapy. So this is what I mean by change for coming here for me, from one side to exchange experience, from the other side to see together how to defeat the psychiatric institution. Of the people here, from a professional point of view, who is the psychiatrist ? So from a professional point of view a social worker should pretend to be more intelligent than a traditional psychiatrist, having understood what mental illness is.

MM I think one of the uses of this discussion is for people to examine ways in which in their own work, when they have separated, going away from this meeting, that they can make small changes, and then when they come back to a group meeting like this, discuss what they have done, to examine other ways in which they as individuals can make small changes, and to keep track of how the small changes increase or collect, so that you do not feel as if you are the only person doing something, and you can feel part of lots of change going on at the same time. It is incumbant on each individual to look at themself in the work situation.
That is why I feel there is a need for a PD in this country, which is about tackling, how do you energise workers in existing psychiatric institutions ?
But why don't you use Mind ?
Because Mind is identified as a pressure group which is not working for the workers.
But you are individuals in Mind. You can make your mind which you want to be.

PD Also PD is made from different people.

MM Mind is compromised because most of its funding comes from the government. If it becomes a radical instument for change within services it will get bounced on.
But you know how far you can push it. You don't have to push it all the way.

PD It would be much better if you were compromised with institutional power. This is one of the ways to attack from inside. Otherwise what can you do ? I take many things from abroad, meeting people like you, radicals, but if you do not stay inside institutions what can you do ? Small groups against heavy institutional centres. You have to work on different lines, for instance, we say the politics of the Italian experience, but politics means power, so in Italy they were not ashamed of using institutional power which in the end can be used. If you are a politician, it does not only mean small change or environment changes, you need to use every weapon, any means that you need for change. If you find in England, for instance, we hope that in Sheffield there is perhaps one person we find in a big institutional position, it could be one way to break through, to show to people what psychiatric service is now.

MM I wonder how many people in England; who is thinking like you in a position of authority ? Is it impossible to meet these people or is it that they do not exist ?

PD In Italy the medical class is against the situation, is against the political view of what we are saying this afternoon, because they would have to be against themselves. So this is the reason it is so difficult, acting in a political way means that when we go around, who understands us ? Nurses, social workers, we know this because changing beyond psychiatry needs to destroy the technical heart of psychiatry. If you are political, you want to win, we want to win. Now they are trying to change the law in Italy but they know that there are many people in Europe who look at the Italian as something so beautiful from a liberal point of view and they have to face the European consensus. This is why I think it is so important that PD or Mind are here to discuss and link stronger. When I go back I will say I have been discussing with English people, and I have one more chance to change the locked wards, and I think it should be the same for everyone at their own level, otherwise we run the risk of discussing and getting depressed.

MM You must be tired now ... you need a break and a meal soon. Thank you very much.

PD I want to apologise for the cigarette !
We think it is possible to be together, we need to be together, in Europe. We live in Europe.

MM I'd just like to say just one thing. I work in a mental hospital, and I do not think liberalisation is an issue really. Things have changed, obviously, but if you look at the individual lives of patients on the wards, many have left now, then not a lot has changed and in some ways it is worse. But look at writings from the 1800s, the early 1830s to 1850s; the history of psychiatry and what was happening then. People were mechanically restrained, on straw mattresses, chained to cots for four days at a time, living in their own excrement, bled, cut, made to vomit as a treatment. There has been some liberalisation, some improvements.
But it is just more refined cutting, a superficiality.
Hello - what are you doing ?
We've just wound up.
Fine.