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Recovery and Reform

European Conference on psychosocial rehabilitation and community care

Prague, June 2 – 4, 2005

From 2 to 4 June 2005 the European conference on Recovery and Reform took place in the city of Prague, capital of the Czech Republic. The conference was organised by the Dutch organisation STORM Rehabilitation, in co-operation with, among others, the Academy for Mental Health Reforms, the Czech Centre for Mental Health Care Development and the European Network for Mental Health Service Evaluation.

The aim of the conference was to exchange knowledge and experiences with regard to recovery and concerning the reforms required to attain more recovery-oriented care. The organisation did not lack ambition. In two and a half days more than 40 presentations were given. Furthermore, on the second day attendants could undertake a site visit to Czech mental health care institutions. The many lecturers and workshop leaders came from diverse countries as England, Tajikistan, Lithuania, New Zealand and the United States of America. The total number of visitors was somewhat disappointing. No more than about two hundred people attended what was meant to be a groundbreaking conference.

The conference kicked off with a recovery story by Jeannette Harding, Independent Service User Consultant from Cambridge, United Kingdom. Harding reflected on thirty years of experience with suffering a bipolar disorder and with having been hospitalized several times as a result. She elaborated on the factors which have contributed to her recovery. She owes her recovery only partly to professional caregivers and the mental health care system; of much greater importance was her involvement with the user movement in the United Kingdom. This involvement built up her self-esteem in a significant way, especially since she has a job as an experiential expert.

After another experiential story of recovery, this time from the perspective of a mental health care professional (Detlef Petry, psychiatrist at Maastricht), Jean Pierre Wilken (STORM Rehabilitation) gave a more theoretical account of the meaning of recovery and of research into recovery processes. He repeated the well-known definitions by Pat Deegan and William Anthony of recovery as a unique, individual process, which is aimed at discovering and achieving ones own goals. According to Wilken, research into recovery processes has identified a number of crucial factors for recovery: motivation, competence, taking on meaningful roles and activities, and external support factors. Wilken argued that the concepts of recovery and rehabilitation should

be linked; rehabilitation should evolve into more recovery-oriented care. It should do so 1) in the attitude of individual professional caregivers, 2) in the content of care programs and 3) on the level of care facilities. The link between recovery and rehabilitation should be empowerment. Personally I consider this a little tricky. Wilken seemed to suggest that professional caregivers can empower their clients, whereas empowerment typically belongs to the domain of users themselves.

The lecture of one of these users, Gábor Gombos, Hungarian co-ordinator of the Mental Disability Advocacy Center, showed how in Eastern European countries the strife for empowerment and recovery still concerns very basic issues. For now, the battle is still being fought primarily on the level of defending the human rights of psychiatric patients. Although since the demise of the Soviet Union, there have been developments in the direction of community care in Eastern Europe as well, psychiatry in these countries is still dominated by clinical care in large, poorly-equipped psychiatric institutions. Furthermore, coercion is still daily practice. Thus, in several Eastern European countries cage beds are still being used.

As far as recovery is concerned the main obstacle, according to Gombos, is stigmatization. Stigmatization leads to social exclusion of people with mental disorders. It should be counteracted with the use of mass media, accompanied with legislation outlawing discrimination.

Human rights, stigmatization and social exclusion also played a part in the presentations of lecturers from Slovenia, Tajikistan, Lithuania, Estonia and the Czech Republic. An attorney working with the aforementioned Mental Disability Advocacy Center (MDAC) explained how national legislation in many Central and Eastern European Countries hardly protects psychiatric patients against human rights violations such as coercion and degrading treatment. The MDAC follows the course of strategic litigation, either in domestic courts or in the European Court of Human Rights. By extracting relevant jurisprudence, gaps in national legislation might be filled.

The remaining lectures and workshops covered de-institutionalization and the transition to community care, the need to work more rehabilitation-oriented, rehabilitation techniques and their implementation in different countries, research into the effects of sheltered living and "problem groups". Robert van Voren, Global Initiative on Psychiatry (GIP), talked about the activities of this organisation in pursuit of the eradication of the political abuse of psychiatry in Central and Eastern Europe. After the fall of communism, the GIP shifted its attention to the promotion of mental health care reforms in this region. Jaap van Weeghel, researcher at the Trimbos Institute, the Netherlands Institute of Mental Health and Addiction, argued that assertive community treatment, highly praised in the West, fails to meet the standard of rehabilitation-oriented care. Helma Blankmann, also from the Netherlands, extolled the virtues of the Liberman modules and Dirk den Hollander and Jean Pierre Wilken, together with some Eastern European colleagues, presented the comprehensive rehabilitation method called CARE.

Graham Thornicroft (King's College, London) supplied a number of strategic pointers to bring about the necessary reforms in both the minds of professionals and structures of the mental health care sector. His compatriot Geoff Shepherd (London University) emphasized that in all this pursuit of structural reform one should not forget the importance of changing minds and attitudes on the level of the primary process of care. And Petr Nawka from Slovakia confronted Western Europe with its

own problems by pointing at the problem of a new form of institutionalisation in the community. What he meant was the continuance of the powerful needs and interests of institutions and of the unequal balance of power between users and care providers within the system of community care.

The conference had the nature of a three-fold encounter: between recovery and rehabilitation, between East and West and between the West and itself. The encounter between East and West showed that the mental health care reform movement within Europe does not synchronize. Eastern Europe is still in the stage of the battle for a humane psychiatry and defence of patients' rights. I wonder, therefore, whether our Eastern European friends have much use as yet for the Western European lessons on rehabilitation techniques and reform strategies. Additionally, the encounter between the West and itself amply showed that Western Europe still has a lot to learn in the areas of rehabilitation and community care. We are certainly not in a position to preach the Gospel to Eastern Europe.

Among the three encounters, the one between recovery and rehabilitation puzzled me the most. Although at different points during the conference it was recognized that recovery and rehabilitation are different concepts, both notions frequently blended into one another. Recovery, it should be stressed, is a concept of the user movement, in reaction to the rehabilitation concept of care providers, which is felt as limited and patronizing. Users give their own meaning to recovery, as evidenced by two workshops on user-run recovery programmes during the conference. The link between recovery and rehabilitation suggested by Jean Pierre Wilken still raises numerous questions. Many lecturers seemed to try to make the connection by pointing as often as they could to the need for "user involvement" in mental health care. This almost felt like a new brand of political correctness, which might mean little in the end. One can also wonder whether the organisers of this conference have not tried to surf along on the wave of present-day success of the concept of recovery. Only to continue by talking mostly about rehabilitation. The title of the conference was revealing in that respect: Recovery and Reform. European conference on psychosocial rehabilitation.

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