Mental Health Takes A Holiday

The Consumer Movement in Copenhagen, Paris and London As Viewed by a Consumer Director of a U.S. Peer Run Drop-In Center

By Donald M. Fitch, M.S.
The Center for Career Freedom

When the Tech stocks peaked over a year ago, I booked a three-week tour of Copenhagen, Paris and London. Although top on my vacation venue was to visit my son and his family in Copenhagen, I intended to also use my time abroad to visit and learn about their system of consumer-run agencies. After all, as a consumer-director of a drop-in center here in the U. S., I was curious to learn about the way Europeans viewed mental health issues, what their approaches to treatment are and what we might learn from them that could apply to our own systems here in America.

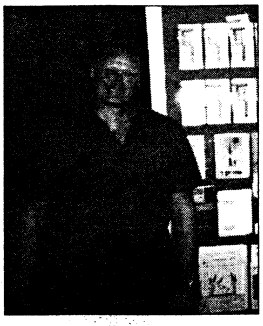
Moreover, what issues were they struggling with and what practical cost-effective solutions did they arrive at? I hoped to find a few answers to our own rehabilitation and recovery efforts here in Westchester as well as some understanding of the Danish, French, and British Consumer movements.

With characteristic *New York finesse* I logged onto the Internet before my trip to find and set-up appointments to fit my busy schedule. My first snag was that two of the telephone directories were in a foreign language! So I wrote to a London based agency with a consumer sounding name, asked my son Christopher in Copenhagen to set up an appointment there and wondered to myself *how do you say consumer in Danish?* I finally gave up reading the Paris phone book and decided to deal with it once I got there.

I traveled light but came loaded with the complete lexicon of our American mental health language. Can you say mission statement? Service delivery models? Advocacy? Stigma ? Government regulations? Entitlements ? Values? (and let's not forget) Fundraising?

My first stop was Copenhagen, a magical city that my son Chris and his lovely Danish wife Suzanne call home. Chris set up a two-hour interview for me with Kim Andersen, Director of The Danish Society for Mental Health, also known as SIND. SIND is the largest mental health agency in Denmark. When I asked Mr. Anderson what SIND translated into English meant, he said *Mind* – silly me.

Meeting Mr. Anderson was quite interesting and I learned that the Danish concept of advocacy for victims of mental illness was *to make sure that the local communities become worthy of receiving the mentally ill and his or her relatives and to emphasize individual self-determination and participation.* Kim said, "Those who receive help often have to pay for it by losing the right to self determination, and by having to assume oppressive roles of clients or patients."



Kim Andersen, Director
Danish Society for Mental Health

Denmark has a population of around 5 million people and within this population an estimated 20% suffer from some form of Mental Illness. Kim told me that they utilize a combination of medical treatment (with I was sad to learn *a tendency to overmedicate*), and recovery models formally organized into "an epicenter from which all help to disabled people radiates." Interestingly, most of their psychiatric hospitals have been closed, and like here in the U.S., most of the savings that those closings yielded to the states, did *not* follow patients into the community (the money went to schools, roads etc.). Enough was used to bolster local services to cope with the need. Most survivors live alone and are treated primarily with psychotropic medications dispensed at their local clinics. Self-help groups rather than individual and/or group therapy are popular.

Denmark has less than six provider organizations which offer mental health services. This results in a highly integrated, uniform and robust level of care with little capitation. Parity is a non-issue in Denmark.

Whether it's the high level of wrap-around services or the civil Danish persona, *advocacy, as we know it is rare in Denmark.* As Kim put it, "When we strengthen the individual, we strengthen the community. There is no inextricable contrast between freedom and solidarity. We do not believe in a society in which only the strong survive while the weak perish. It is morally necessary that each of us aspires to a high code of ethics."

Some of the nuts and bolts of their program and services include: in-patient discharge to competitive employment, warm lines, Copenhagen House (similar to Fountain House), drop-in centers, "Big Brother/Big Sister," a social network which pairs up consumers with non-consciousness a few hours per week, Education; Little Schools for Adults and Friday Clubs; evening schools, sheltered workshops; and Adult Service Centers.

Advocacy in Denmark utilizes concepts like "Discussion," "Solidarity," "Teamwork" and "Collective Responsibility," which are the operating principles that drive their social services system.

Outreach takes the form of press releases, feature stories, local radio station broadcasts, picture books with mental health themes and messages, brochures, etc. Picture postcards, featuring consumer artwork, are distributed and sold in restaurants sponsored by corporations. The proceeds got to SIND.

When it comes to stigma, they say "taboo." It exists but at lower levels than us. There appears to be a greater acceptance that mental illness exists and is part of life—not to be walled off from society. For example, SIND's postcards, which pose a series of questions to the reader, are designed to raise awareness about mental illness.

A booklet called *Why is mommy sad?*

Samples of their types of government regulations include measures similar to Kendra's Law, with a five person review panel represented by the National Handicap Council, a physician, a consumer, a county official, and a social worker. Treatment decisions can be indefinite. A few cases are referred to group homes for a three-year placement.

Entitlements in Denmark are rather generous; about $1700 U.S./month but, you pay 1/3 rd tax on it! Plus there's a housing allowance of about 70%, similar to Sec. 8, drugs, counseling, health care, education, job-training, leisure activities, etc. are free. No food stamps exist, however. Local government pays employers 50% of minimum wage, with no caps.

Fundraising in Denmark consists of government grants, which constitute the majority of funds. In addition funds are generated by individuals, family members, physicians, etc. through inheritances/ wills of cash and property. Few foundation grants are given and membership fees are a common way for organizations to raise extra dollars. Interestingly, they do not fundraise or have dinners; handout plaques/awards or name rooms/programs after donors. They explained this by a widespread Danish belief that *One person should not be above another and that giving is the result of Community Conscience.*

Finally, SIND has several current objectives. Among them are: limitation of compulsory treatment, humanization of psychiatric wards, more collaboration between government agencies, more local psychiatric centers (one per 30/40K of population), better housing, meaningful work, and more social clubs.

Paris

My next stop was Paris. There are 137 psychiatrists (M.D.) in the Paris phone book. A similar number of psychoanalysts (no credentials required), 116 psychotherapists (four years at a university), 82 psychologists (Ph.D.s) and 6 community mental health agencies; to severe a population of 2 million in the City (there's another 5 million in the suburbs)

Finding *Le Fil Retrouve, Asociation de Patients et Ex-patients en Psychiatrie* in the phone book was easy. One of the members, Melle Valerie, spoke English and I had my appointment ("Rendevous") to meet with the Administrator, Karim Khair. His assistant and caseworker, Michele Caborderie, and several members. It was located a few blocks from the Folies Berger in the Jewish Quarter. They were delightful, we talked for hours about the Consumer Movement, drank tea and ate pastries. They have a passion for the truth and justice I haven't seen since the 1960's. Their integrity and innocence was remarkable. They explained: *our objectives are to: encourage solidarity, speak freely of our experiences, facilitate reintegration into society, favor expression of creative peoples, and encourage respect for the individual, and be vigilant about ethics.*

Le Staff at Le Fil Retrouve *(The Thread)*

Paris has a population of about 2 million. Its services are comprised of a combination of medical and recovery models, which are decentralized into twenty semi-autonomous districts. Policies regarding in-patient admission/facilitated care/discharge standards vary widely. Their health system is socialized with an estimated 80% SPMI patients taking medications. Hospital admission evaluations take 1-3 days with patients undergoing observation clothed in a medical gown only, in a small room with 3 small windows. Much like the *Bastille*,

see *Holiday* continued on page 24

Mental Health Holiday from page 17

these patients sleep on the floor, and the in-patient units consist of open wards with no limit on the number of patients per ward. It can be difficult to get out once admitted; patients have few rights, and few visitors are allowed. A new model is under pilot study which consists of 5 Crisis Centers (Respite) around Paris (4 day stay programs), with 4-5 to a room. Self-help groups are popular and group therapy is rare. Individual therapy (patients care) is quite common—often accompanied by another consumer. It sounded like a sort of consumer couples therapy.

The Paris peer-run program boasts activities which include: a hotline, dance, yoga, relaxation, choral, poetry, a newspaper, a *visit people who are in-patient's* program, accompaniment to social security, housing, food, how to cook, country walks, kayaking on the Seine, English, socialization, and smoking is permitted.

Minimal outreach is done aside from hospital visits. There is an annual conference consisting of six "Paris" and seven "En Province" mental Health Organizations. Individual agencies usually meet two Saturday's a month for community meetings/self-help and to plan activities. About once a year, a talk is given at the university and the Health Ministry. The agencies refuse to go on TV, talk to business, talk to the public, give interviews, write press releases, fund raise, etc. Advocacy work is also minimal. The passion is there but they don't seem to know how to channel it. There's also appears to be an attitude of despair in negotiating their system.

Stigma, as in Denmark, is referred to as "Taboo," and is reportedly pervasive. "There's no social conscience for mental illness in France—they won't give money for recovery." Again, there seems to be a defeatist attitude preventing them from mounting a campaign.

As far as government regulations, there's nothing like Kendra's Law and patients have a choice in gaining admission to in-patient care. Though arduous, admission is easy. Apparently, the problem is getting out—which makes people in crisis reluctant to go to the hospital E. R., which then creates problems in the community. It's all or nothing. Entitlements account for about $500/month plus $300/month for housing ($800 total/month). No food stamps, clothing or transportation allowance. Free medications and healthcare. Funding takes place solely through government (Health Ministry) hospitals and it has been that way for the past 100 years: They consider taking money from pharmaceutical companies as unethical with the idea that *they make profits on the backs of the Mentally Ill.* The big issues on the Paris mental health scene are Money, alcohol, street drugs and AIDS.

London

Since I hadn't received any response to my Internet sourced letters, I once again consulted the phone book. And again found a very small number (6) of Mental health Agencies listed. After speaking with several, I made an appointment with a three year old, small, well organized, rapidly growing consumer run agency called *Loud and Clear.* I met with Tony McHale, Alphonsa Alby, A.S.W. (Approved Social Worker) and Karen who graciously provided me with a great deal of information and statistics on London's Mental health Programmes.

Loud and Clear folks practices a purer form of hi energy, street smart Peer advocacy and outreach under overwhelming conditions created by recent deinstitutionalization, waves of immigration, insufficient funding and incredibly slow and a complex social service systems.

Loud and Clear's mission seeks to combat all forms of discrimination, including discrimination against people using mental health services and less favorable treatment on grounds of gender, age, race, ethnicity, culture, religion, sexual preference or disability. *We seek to be fully representative of the diverse communities in Brent and Harrow and welcome members, workers, volunteers and directors from all communities.*

I kept jotting down quotes from those I met at Loud and Clear and thought you might find them as interesting as I did. They are: We recognize that people have different needs...If you would like to see a male or female advocate or someone specific from a specific ethnic background please tell us...We wish to provide a good service...We welcome your comments and complaints...We have too many token meetings here—it's the result of the troublemakers getting booted-off the committees and replaced with someone more cuddly.

Service areas served by the center are—within two counties - Harrow and Brent, Loud and Clear Advocacy venues include three hospitals serving nine wards, three community drop-in centers, eleven community residential homes and numerous private homes.

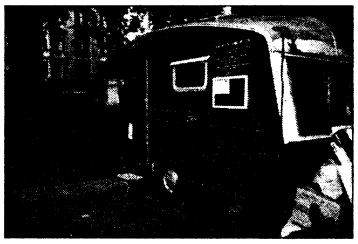
In London, an estimated 25% of the population suffers from a "mental health problem" within a year. Service models incorporate a blend of medical and recovery models. Socialized medicine is decentralized, and a 10-hour wait for mental health services is not uncommon, with triage putting Mental Illness at the bottom of the stack—often resulting in a crisis. Most referrals are through the General Practitioner, "severe mental impairment" defined as *mental illness, arrested or incomplete development of mind, which includes severe impairment of intelligence and social functioning and is associated with abnormally aggressive or seriously irresponsible conduct on the part of the person concerned.* Mental Health Groups are currently lobbing for a centralized team approach to services delivery. Ninety-five percent of people receiving treatment in a mental hospital or psychiatric unit are informal patients (voluntary). The other 5 percent are compulsory and lose some of the rights enjoyed by informal patients. In-patient Admission via ER, (M.D.) Constable (Police), "nearest relative" or approved social worker. Two M.D.'s required for admission; 72-hour maximum assessment, 28 days (usual stay), six months detention renewable for another six months, then annually thereafter. Discharge by RMO; (responsible medical officer), MART; Mental Health Review Tribunal, hospital manager or nearest relative (RMO can override a relatives decision). Treatment Plans emphasize medication, in-patient care and basic entitlements, little individual or group therapy compared to here in the States.

Programs are largely hospital based Advocacy Volunteers (a combination of Peer advocates, paralegals, and peer case managers); accessing services, resolving complaints, negotiating; debt, lease, benefits, claims, in-patient advocacy: patent's rights, discharge, discrimination (particularly young black men and Irish women), Mental Health Act, drug/alcohol misuse, etc., operation of psychosocial clubs (they weren't aware of Fountain House).

Outreach includes hundreds of homes, hospitals, libraries, nursing home staff, visits/meetings/training sessions; attend ward rounds in hospitals; active in UK Advocacy Networks, Mind, Mental Health Foundation. They distribute leaflets in English, Urdu, Gujarati, Hindi and Somali. Fifty-five percent of the *partners* (consumers) are identified as belonging to an ethnic minority group, regularly lobby parliament. The two other outreach efforts include: hospital based emergency outreach teams consisting of an M.D., ASW and RN and a walk-in counseling trailer in several church yards around London. (see photo)

The small trailers are open weekdays. They are attended by Social Workers and Counselors completing their internships—appointments and drop-in are free. Tea is available (very civilized therapy). The program is run by the *Caravan Counseling Support Service.*

I found Loud and Clear to be the model of grass roots peer advocacy. *"I would say that every intervention, however small, may change the course of events—leading to individuals gaining access to services, getting their voices heard, being taken seriously and having the right to exercises their rights. If this happens then the mammoth task has been worth all the blood, sweat and sometimes tears" Wendy Quantyne, Chair.*



Church-yard Counseling Trailer-London

While Stigma exists, it appears to be overshadowed by the racial discrimination and tensions produced by the almost fifty percent immigrant population now struggling to get resettled in the City in the last 10 years. I saw evidence of strong competition for a limited supply of resources; health care, housing, jobs, training, etc. among various groups.

Regulations on ECT are for example: "Except in emergencies." ECT can be administered without the patients consent on the recommendation of an "independent doctor after consultation with a nurse and non-involved caregiver e.g. ASW." The Mental Health Act Commissioner is the independent oversight body which reviews all aspects of the care of formal patients including complaints, second opinions and codes of practice.

Entitlements are covered by a complex system of income streams: Income Support, Job Seekers Allowance, Disability Living Allowance, Invalid Care Allowance, Housing Benefits, Tax Credits, Loans, Health Services, etc. If disabled there is no charge for prescriptions, dental, eye, transplantation, etc. if medical. There's no Medicare. Typical SSD monthly income is about $1,000 plus about $450 for housing and there's no Food Stamps.

Some of their major issues include an extraordinary demand for services due to deinstitutionalization and immigration. Professional turf issues, recruiting multi-ethnic staff, treatment, waiting times (the National Health Service operates a waiting time hotline for local clinics).

In reflection, while I didn't find any easy answers, I did find much to admire, hope for and encourage here at home; British fortitude and determination in the face of incredible challenge, French passion for liberty and integrity, and the Danes mature acceptance of their responsibility to attend to their less fortunate brethren with refreshing modesty.

As an American and a provider I was often times embarrassed and at a loss to explain why, as one of the richest and most powerful nations in the world we chose to deny and cap services to people with mental illness. None of my counterparts (nor I) could understand why we place a greater value on defensive shields than human suffering.

While the cost of living in the three cities is comparable to Westchester, consumers there receive significantly more financial aid. It's as if we combined Medicaid with SSD, abolished Medicare and doubled SSI. The superior quality of U.S. Medical / Psychiatric / Psychopharmaceuticals was universally acknowledged throughout.

Government's role and responsibility in providing social services is significantly larger in these countries than the U.S. and, correspondingly, the tax rates are about double (70% vs. 38%). The number of community agencies is significantly smaller; about 6 per city vs. 30 plus for Westchester to serve twice our population (1 million vs. 2 million). This suggests to me that mergers and acquisitions could result in a more efficient delivery of services, if government could take on a greater share of the challenge.

While I have to wait for the market to come back in order to plan my next trip, I hope others will pack a recorder and search the phone book on their next vacation destination. If you would like to contact any of the programs I visited, E-mail me at donmarden@aol.com and I will give you their mailing addresses. Bon Voyage!