

léargas

Erasmus+

Meeting Erasmus KA220YOU Well-being July 24-28, 2023 Dublin, Ireland

Table of Contents

The Past and Present

Introduction: Psychiatric reform Public law 180, Italy

Closing of Psychiatric Hospitals

Escape to Wellbeing in psychiatric institutions

The Road to Well-being

Foundations of democratic psychosocial rehabilitation

The beginning of a new era in mental health services

Rights for a personalized treatment program

The New Methodology

- **Alternative Rehabilitation facilities**
- **The search for a congruent treatment Model**
- **The Spivak Model of Psychosocial Rehabilitation**
- **Social Competency Building – No failure experience**
- **Non restrictive measure**
- **Counteracting chronic processes as a conseguence of mental illness**
- **Instrumental competency based treament activities:**
- **Art, theater, cooking, social farming.**
- **Psychological Psychotherapy**
- **Family therapy**

What is Well-being in Mental Health Shared concepts in Rehabilitation

- Many descriptions of well-being, it has many components such as:
- Mental
- Psychological
- Social
- Emotional
- Spiritual

World Health Organization

Describes well-being as a resource for healthy living and positive state of health.

Well-being is described as enabling people to develop their potential, work productively, and creatively, form positive relationships with others and meaningfully contribute to the community.

Types of Well-being

- Social well-being is a sense of belonging to a community and making a contribution to society
- Emotional well-being means feeling good. Being happy, experiencing positive emotions like love, joy or compassion and feeling generally satisfied with life.
- Spiritual well-being can include feeling connected to a higher power, a sense of meaning or purpose or feeling of peace or transcendence.

Types of Well-being

- Psychological well-being includes a number of different aspects:
- Autonomy: the freedom to make your own decisions.
- Self-acceptance: satisfaction or happiness with oneself. This includes an awareness of one's strenghts and weakness.
- Mastery: the ability to manage everday situations.
- Positive relationships with family, friends and or others.
- A sense of purpose or meaning in life.
- Personal growth: facing challenges and developing new skills.

Chronic processes within Mental Health. Where does well-being fail.?

- The model here presented is used for conceptualizing and treating chronic processes with psychiatric patients, but is extendable to all other human interactions including children, the elderly, or professional organizations.

Chronic processes Model

- The model integrates behavioral, social, competence approaches and systemic interactive ones.

Chronic processes that undermine well-being. Pathways in chronicity through mutual distancing.

- The events that originate and sustain dysfunctional behaviors involve a cycle of repetitive
- failure, rejection
- hurt,
- self-isolation
- segregation form others,
- mutual guilt
- anger,
- psychiatric labeling, and giving up.

Pathways: reciprocal interactions between patient and others

Patient feels	Significant others feel
Failure	Frustration disappointment
Hurt	Rejection
Avoidance and withdrawal	Isolating the patient
Anger and Guilt	Anger and Guilt
Internalization of labeling	Labeling unchangeability
Pessimism about treatment	
and possible change	
Giving up	Gives up also

The goal of Well-being when working with others.

Patients or others must meet and relate establishing relevant affective,

instrumental,

communicative and

organizational interactions.

Within the range of current social normative acceptance:

What is acceptable in Italy may not be the same in another country.

Necessary for at least minimal successful interactions.

Steps to be taken to overcome chronicity

- Engaging the patient or other: countering isolation and pessimism
- Countering avoidance and uncertainty of rejection
- Overcoming disorganized responses to contact
- Providing for a nonthreatening involvement
- Protected social exposure: countering personal and social constriction
- Invalidating chronic expectations about self and others
- Rebuilding competences. Countering recurrent failing

Steps to be taken to ensure well-being in mental health

- Bettering social articulation in his or her environment as the goal of rehabilitation or well-being in Mental Health.

- This involves:
- The ability to fulfill or relate to explicitly or implicitly to:
- Personal
- Social
- Financial or instrumental demands or needs.

Steps to be taken to ensure well-being in mental health

- The patient or those with whom he or she lives
- must learns to negotiate transactions or relational issues in an
- Appropriate or
- Adequte manner.

LIFE SPACES TO BE ANALYZED IN BUILDING SOCIAL COMPETENCY

- We ask ourselves:
- HOW DO PATIENTS FUNCTION IN the following areas:

- LIVING ARRANGEMENTS
- WORK
- PEER AND FAMILY
- SELF CARE AND INDEPENDENT LIVING
- SOCIAL AND RECREATIONAL ACTIVITY
- Treatment program build around the competencies present or not present in the various life spaces

Open dialogue and socializing interactions - A New Approach to Mental Health Care

- Developed in Western Lapland in the 80's.
- Involves a consistent family/social network approach to care,
- in which the primary treatment is carried out through meetings involving the patient together with his or her family members and
- extended social network.

OPEN DIALOGUE

- **KEY ELEMENTS**

1. **GRADUAL MATURATION OF A DIALOGUE FROM THE USE OF OBJECTS, TO SIGNS, AND THEN TO LANGUAGE.**

Example:

The mothers voice is gradually internalized by the child, forming an inner speech through which it regulates emotions and behaviours.

Words are the bulding blocks for complex, higher mental functioning which regulates emotions and behaviour.

Our language, our thoughts and our world is constructed largely through our interpersoanl relationships, rather than on empirical truths.

OPEN DIALOGUE
Risks and Limits

- EMOTIONAL TRAUMA OFTEN RESISTS CONVERSATION
- When a person is traumatized, his or her emotions become unbearable.
- Such as in traumatic events, environmental catastrophes, war scenarios, mass killings, etc.
- It may be impossible to put the experience into words, such that the person has difficulty in understanding himself and in making himself understood by others.

OPEN DIALOGUE

- In Open Dialogue, the aim is to replace symptoms observed within a social network with a shared language – and therefore a new, shared understanding.

OPEN DIALOGUE

- The emphasis in Open dialgue is on the generation of a dialgue, rather than on promoting change directly.
- The aim is for the dialogue to allow the members of the network to summon their own psychological resources with which to deal with the problems.
- If the dialogue is to be transformative, the clinican must remain within the living moment.
- The starting point is the actual language used by the family to explain the problems.
- The clincial team listens to the words that are used and encourages their flow.
- No interpretations and hypotheses which can silence a new voice.

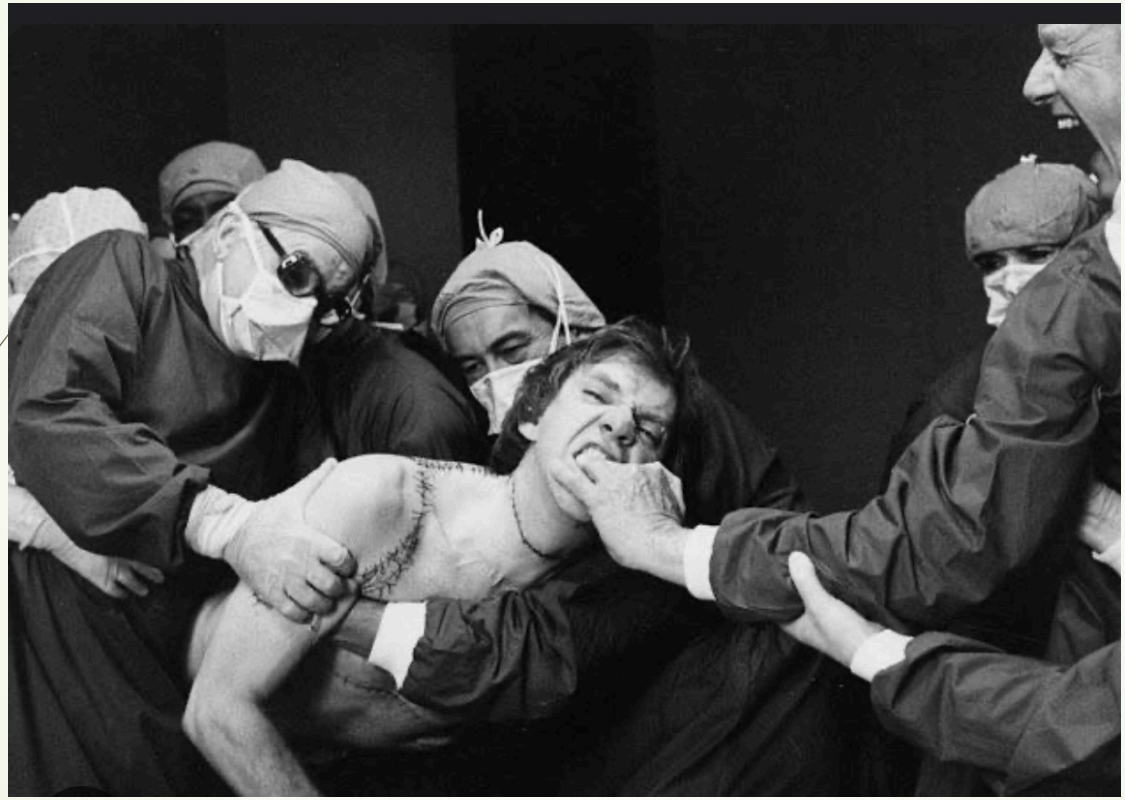
OPEN DIALOGUE



Open Dialogue

- Healing occurs when the speaker is moved.
- If the clinican remains in the moment,
- open to authentic human warmth, present in Bakhtin's "once occurring participation in being, he or she will be sentive to the moment of aliveness in which a participant is touched by something new and potentially transformative.

HEALING



“The truth that comes out of the well“, by Jean-Léon Gérôme

