



Soteria and community mental health

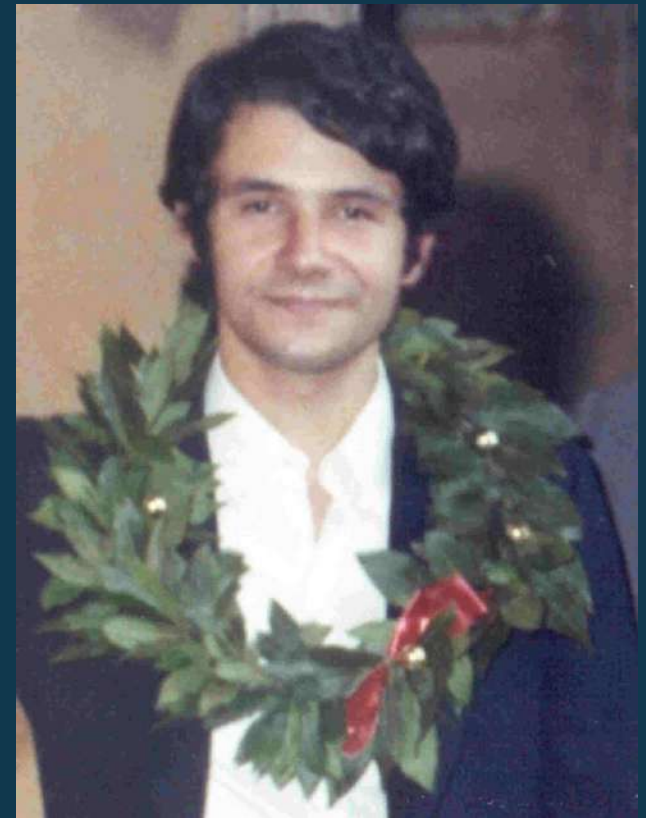
... of ideals, humane
alternatives, reforms...

and a friendship

by Lorenzo Burti



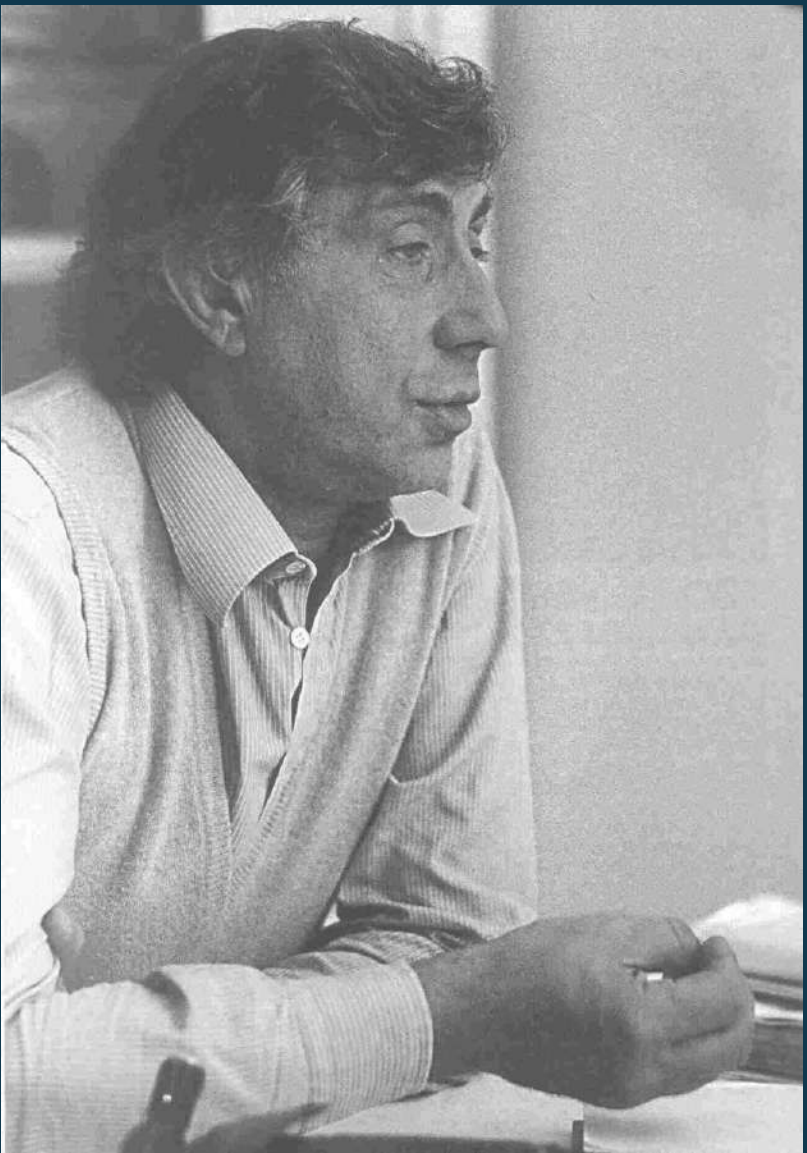
DMSP-PSY



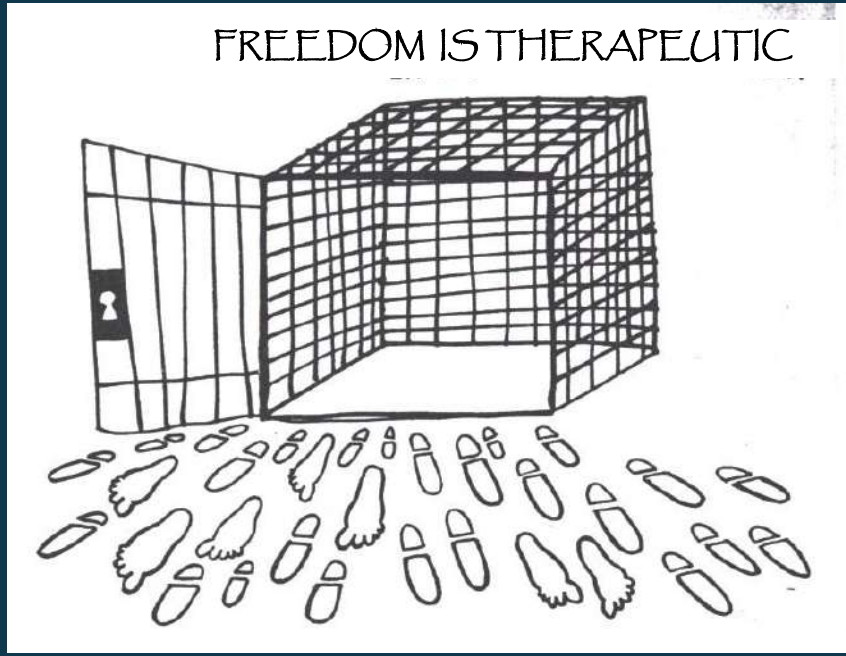
The Soteria Paradigm: Reframing schizophrenia. In Memoriam of Loren Mosher. Hamburg, Nov. 6-7, 2004



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Dismantling the state hospital from within



Dinosaur or astronaut? The



- First episode subjects
- schizofrenia
- Therapeutic community

— non professional staff

— No neuroleptics

— Absence of formal therapy

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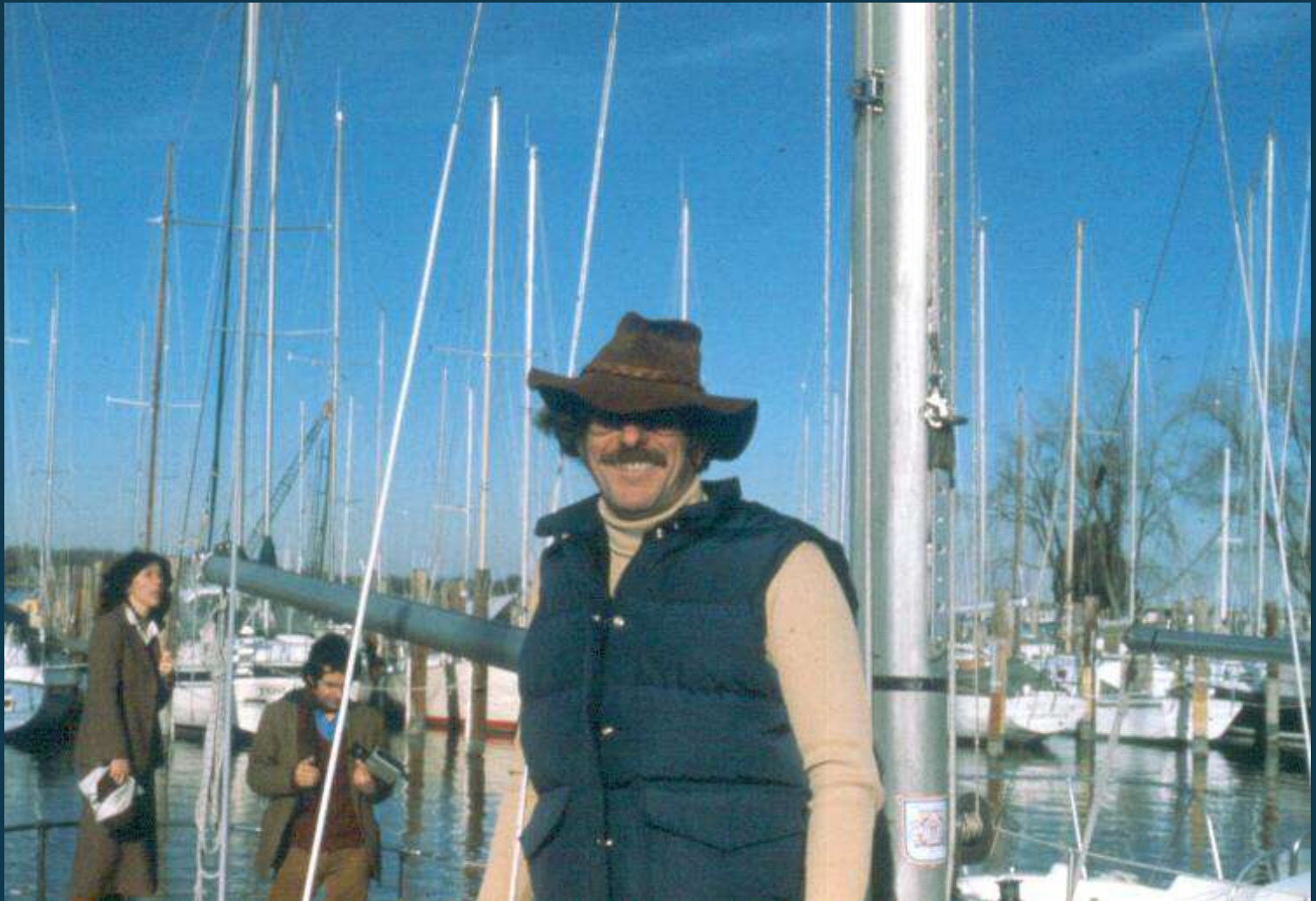


DMS-P-PSY





DMSP-PSY



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DMSP-PSY

Providing alternatives to hospitalization

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Reasons to limit the use of psychiatric hospitalization

- **Decontestualization:** when the person is removed from his usual physical and interpersonal environment
- **Dehistorification:** the hospital routine violates the person's sense of individuality
- **Further decontestualization:** the diagnostic process transforms the "problem" into a "disease"
- **Negative attributions:** the diagnostic and treatment process is based on negative attributions



Reasons to limit the use of psychiatric hospitalization

- **Humanitarian:** the institution treats persons like objects
- **Moral:** hospitals are known to cause the iatrogenic disease “institutionalism”
- **Economic:** inpatient care consumes 70% mental health dollars
- **Scientific:** 19 of 20 studies comparing inpatient psychiatric hospitalization with a variety of alternative forms of care found the alternatives as effective and less costly



Soteria: results

- **Comparable reduction of psychopathology at 6 weeks in both groups**
- **Psychosocial adjustment at 2-year follow-up. Experimental subjects:**
 - Higher occupational status
 - More independent living arrangements
 - Fewer hospital admissions
 - Considerably lower neuroleptic drug treatment
- **Comparable costs**

Therapeutic process at Soteria: results

- **Therapeutic environment:** Soteria resulted superior to the hospital in involvement, support and spontaneity (Was and Copes scales)
- **Staff attitude:** Soteria staff were more intuitive, flexible and tolerant, and paid more attention to residents' feelings,
- **Therapeutic relationship:** at Soteria it allowed the discovery and understanding of meanings in one's psychotic experience; residents were encouraged to recognize precipitating events and emotions and reframe them in the continuity of their lives

Mosher & Burti, 1989, 1994





Essential therapeutic ingredients in community mental health: South-Verona

1. **Multi-disciplinary team-work**: the **team** model is **peer-oriented**. Hierarchy is minimized and personal competence is valued irrespective of role
2. **Continuity of care**: same staff remain in charge of the same users through different treatment environments
3. Long-lasting **personal relationships** between staff and users are highly valued and encouraged
4. **Ongoing responsibility** towards users: *once in charge, in charge forever* policy
5. **Commitment to the more disturbed users** in the least restrictive environment: community services *replace* the mental hospital; they are not an add-up to treat less disturbed users
6. Meeting **users' needs**: all needs, including basic ones
7. **Contextualization**: a family and ecological approach is used
8. **Crisis intervention** to prevent hospitalization: community team-work, home visits, community mental health center
9. **Crisis prevention** through ongoing follow-up: users are seen on a regular basis and assertive community treatment is used when needed

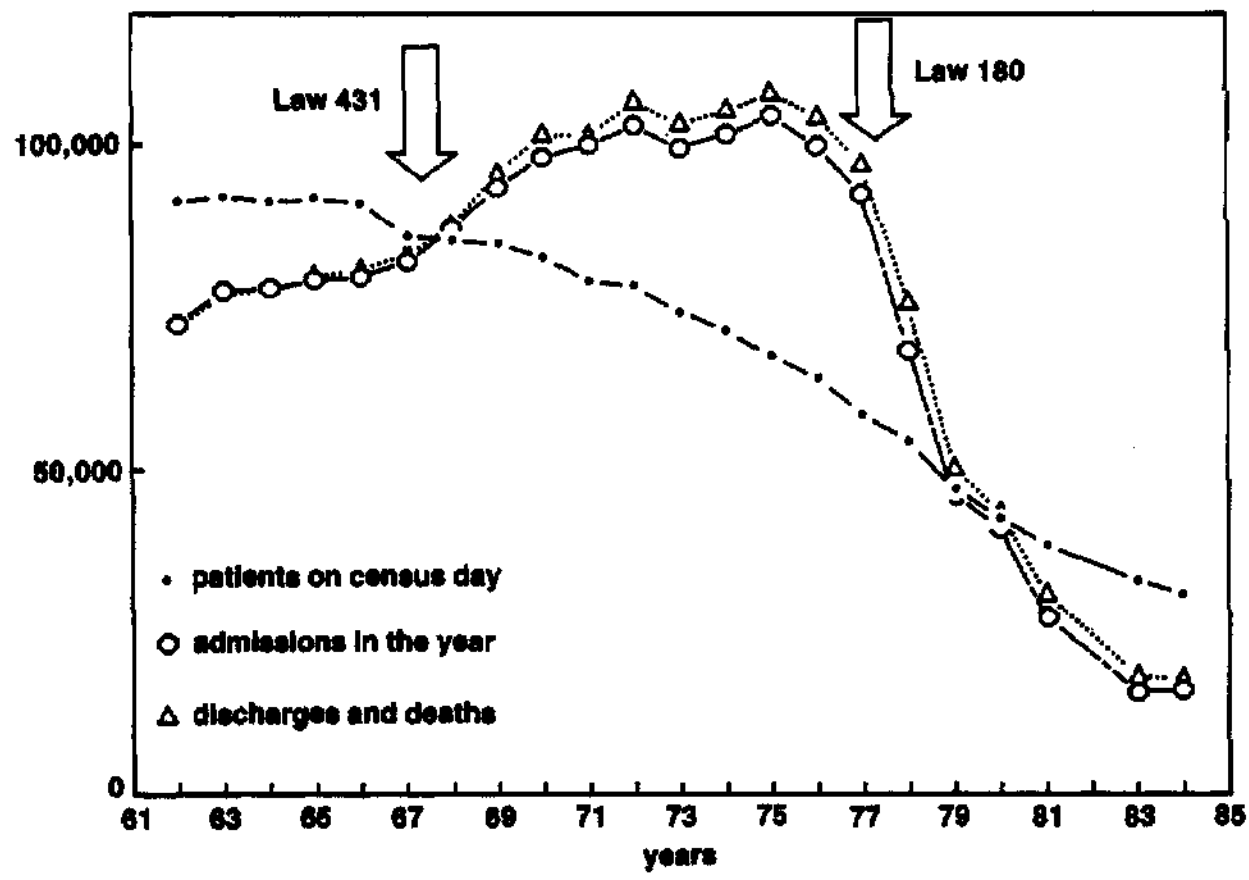


The Italian psychiatric reform: Law 180

- Prohibition of all admissions to state
- Implementation of community-based
 - Voluntary and involuntary hospitalisations only in emergency situations, in small units (no more than 15 beds) in general hospitals.



Effects of Law 180 (1)

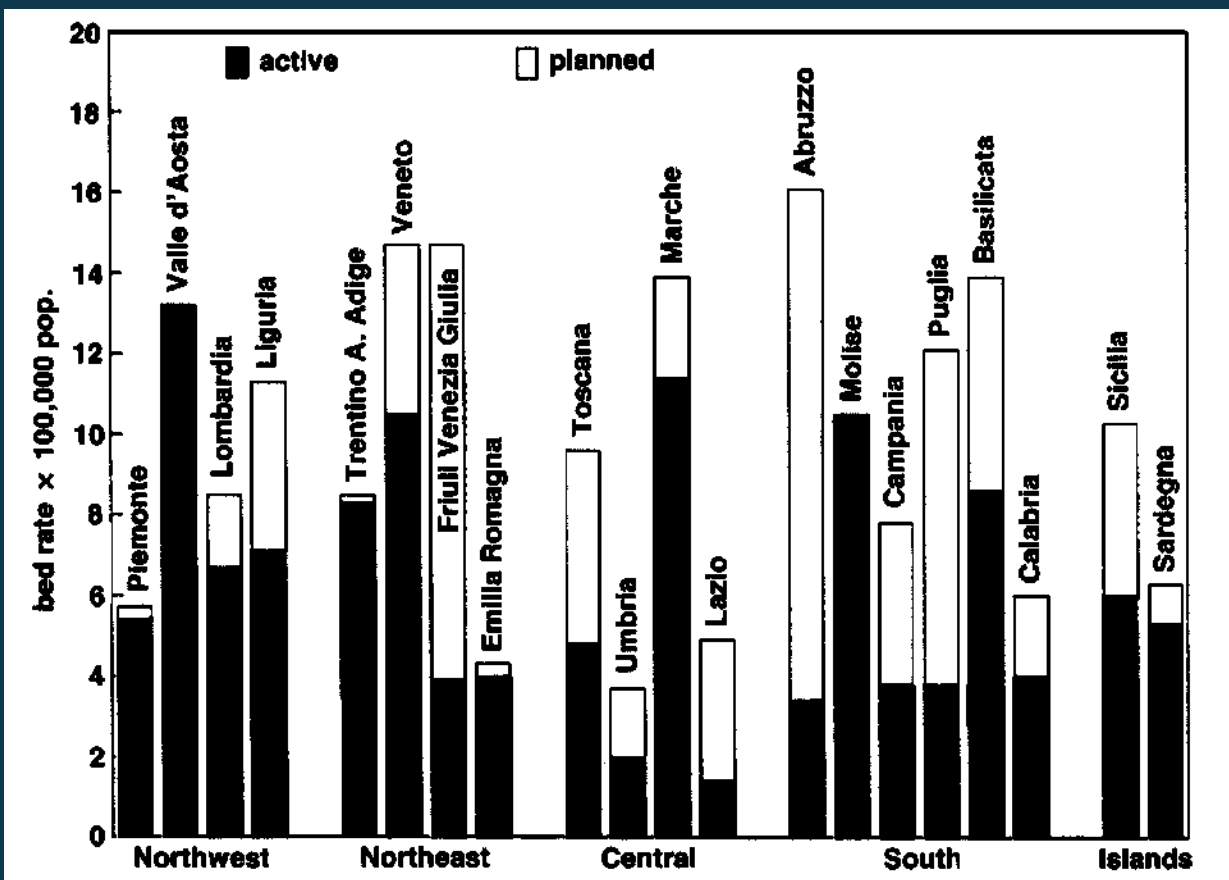


Data from ISTAT, 1964-1986.

FIGURE 13.3
Italy: State Mental Hospitals (1962-1984)
Indices of Hospital Activity



Effects of Law 180 (2)



Data from CENSIS, 1985.

FIGURE 13.6
Psychiatric Units in General Hospitals by Region
Italy (Dec. 31, 1984)



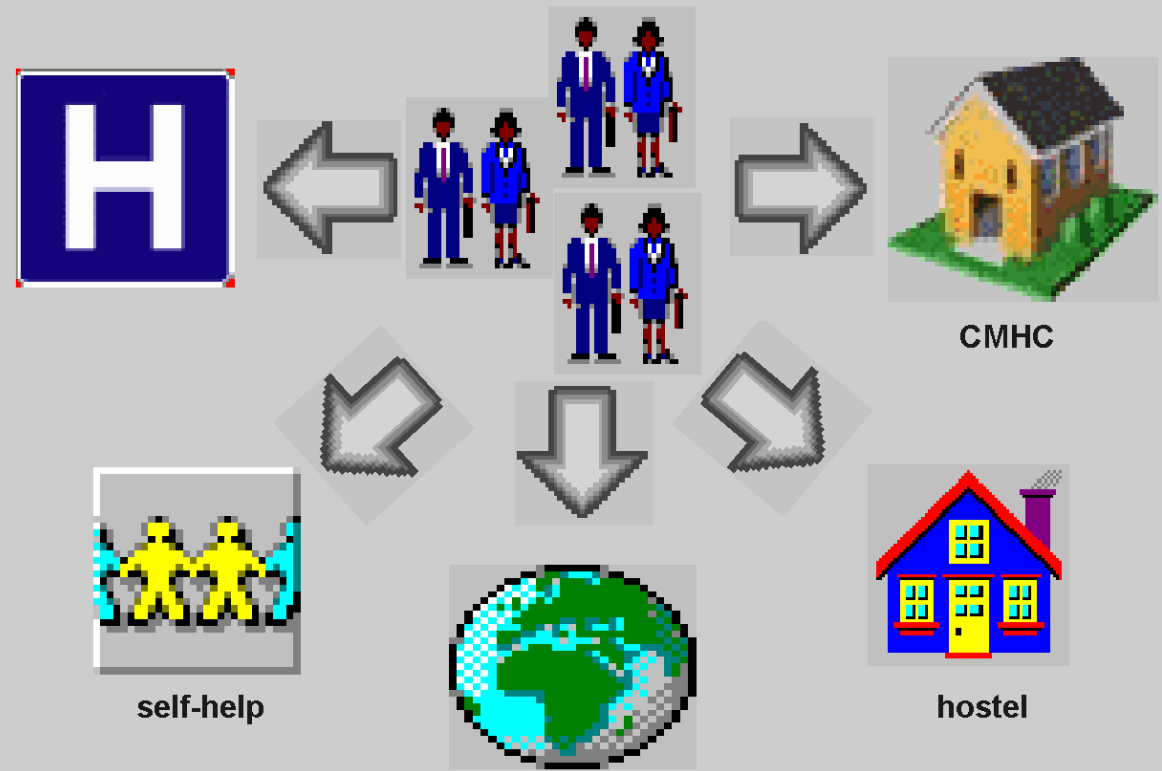
Assuming responsibility for a Catchment area

DMSP-PSY





The team across settings





Essential therapeutic ingredients in community mental health: South-Verona

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Mosher & Burti, 1989, 1994

Therapeutic ingredients of Soteria relevant for community work in South-Verona

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

More traditional medical orientation, but basic commitment to the more disturbed users in the

Continuity of care: same staff remain in charge of the same users through different treatment environments

Meeting users' needs: all needs, including basic ones

Contextualization: a family and ecological approach is used

Crisis intervention to prevent hospitalization: community team-work, home visits, community mental health center

Crisis prevention through ongoing follow-up: users are seen on a regular basis and assertive community treatment is used when needed



S. Legarreta



Am J Psychiatry. 1982 Feb;139(2):199-203.

Am J Psychiatry. 1986 Dec;143(12):1580-4.

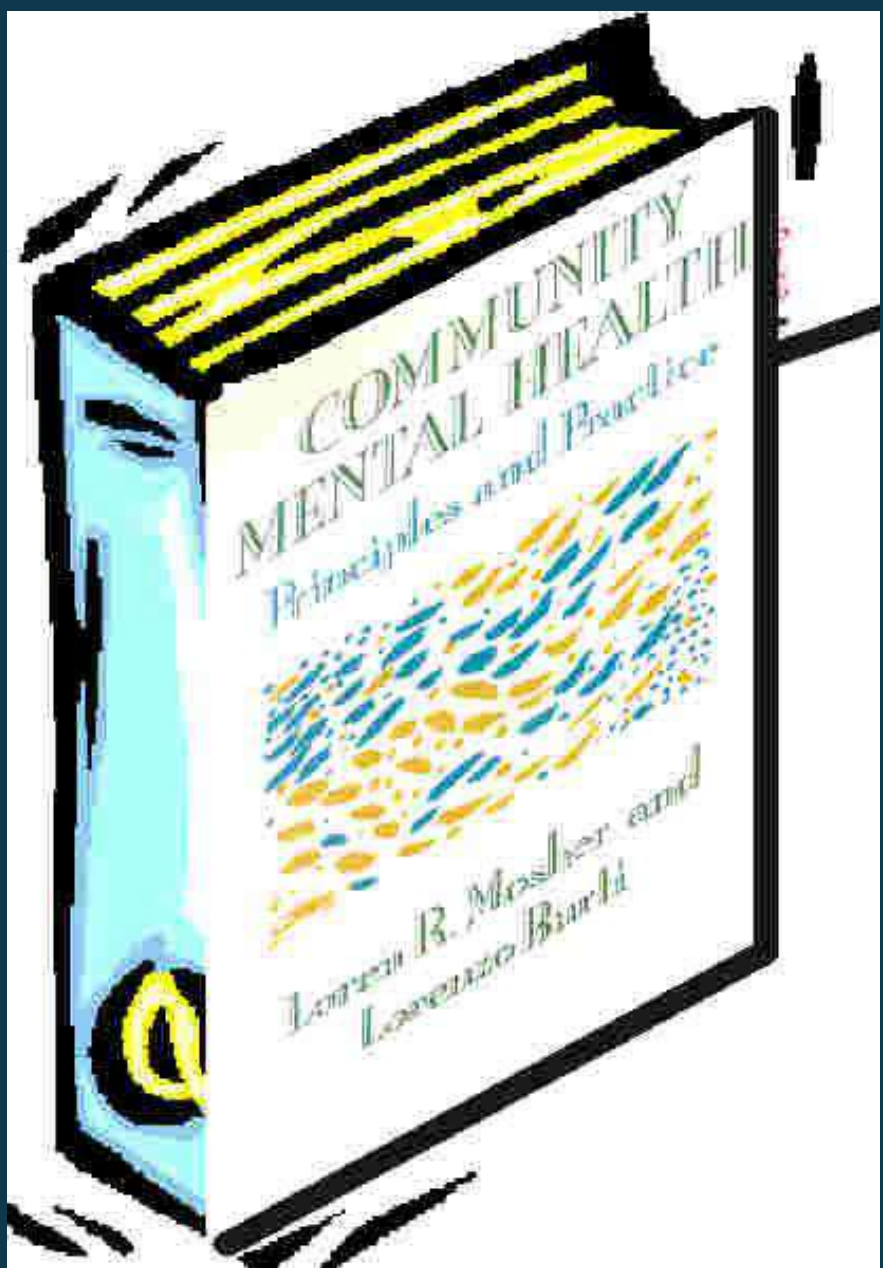
Training psychiatrists in the community: a report of the Italian experience.

Burti L, Mosher L.

They describe a model program and training design of a 4-year residency in which psychiatrists learn the skills for community work while actually working in the community. The residency differs from most U.S. residencies in having trainees responsible for patients wherever they are being treated (residents are not rotated between services), its strong team orientation, and the value placed on community work.

PMID: 3789212 [PubMed - indexed for MEDLINE]





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Nonspecific factors in psychosocial treatment

1. **Healing context:** the client perceives the helper and the facility as helping or providing context where the client can help himself
2. **Confiding relationship with helper:** building a working alliance
3. **Plausible causal explanation:** clinician and client evolve a shared definition of how and why the problem developed. This should lead to consensus about goals and strategy to achieve them
4. Therapist personal qualities generate **positive expectations:** therapists conveys clear, consistent, realistic, positive expectations
5. Provision of **success experiences:** the helping process starts by remoralizing the client and provide opportunities of success

Mosher & Burti, 1989, 1994



Relational principles

(in parenthesis the paired nonspecific factor/s)

1. ***Atheoretical Need to Understand*** (Plausible Causal Explanation): to encourage relationships that are open, non-judgemental, tolerant, and respectful
2. ***Continuity of Relationships*** (Confiding Relationship): a team of three or more persons should be each client's primary therapeutic case manager/consultant
3. ***Response Flexibility*** (Confiding Relationship, Success Experiences): workers alert and responsive to changes in the client/situation
4. ***Being With*** (Confiding Relationship): positive, attentive presence without an expectation of doing something to the client.

Mosher & Burti, 1989, 1994



Relational principles (2)

(in parenthesis the paired nonspecific factor/s)

5. **Concrete Problem Focus** (Success Experiences. Plausible Causal Explanation): it will also provide successes that are remoralizing and relationship building through gratitude (“doing with”)
6. **Consultation** (Healing Context. Positive Expectations): focus is on a return to functioning rather than a “cure”; it is collaborative, self-help, and peer-oriented
7. **Partnership** (Success Experiences): to develop *reciprocal* relationships over time. It preserves client power and minimises the staff's role as “experts.”
8. **Expectation of self-help** (Healing Context): clients are encouraged to evolve problem-solving strategies themselves and are helped to try them

Mosher & Burti, 1989, 1994



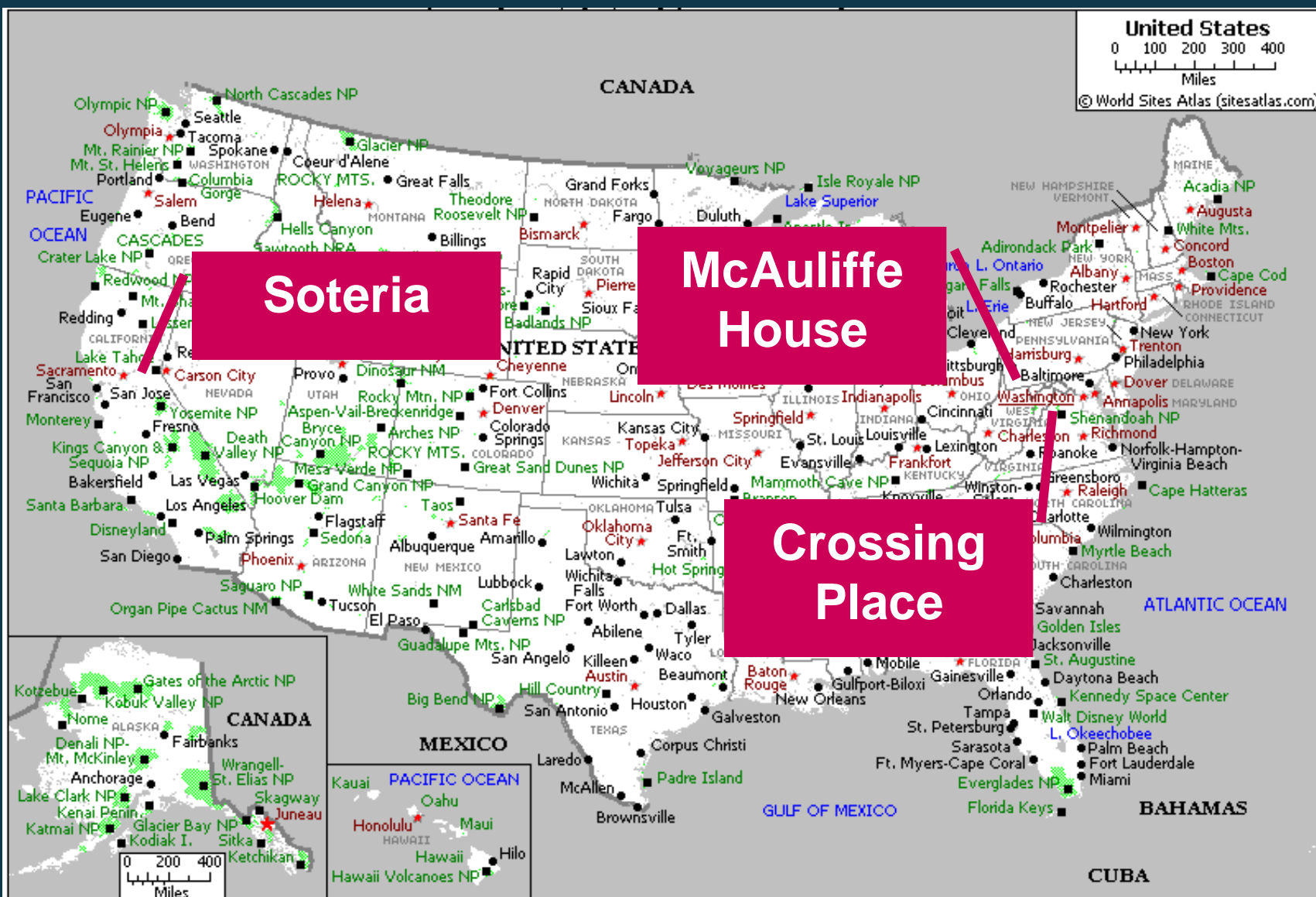
Replications of Soteria

The Soteria model has been replicated in Europe (Soteria Berna, by Luc Ciompi) and has been employed by Mosher himself for veteran clients as well (*the chronic ones*: Crossing Place e McAuliffe House





D MSP-PSY



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Effective milieus for alternatives to hospitalization of veterans (“chronics”)

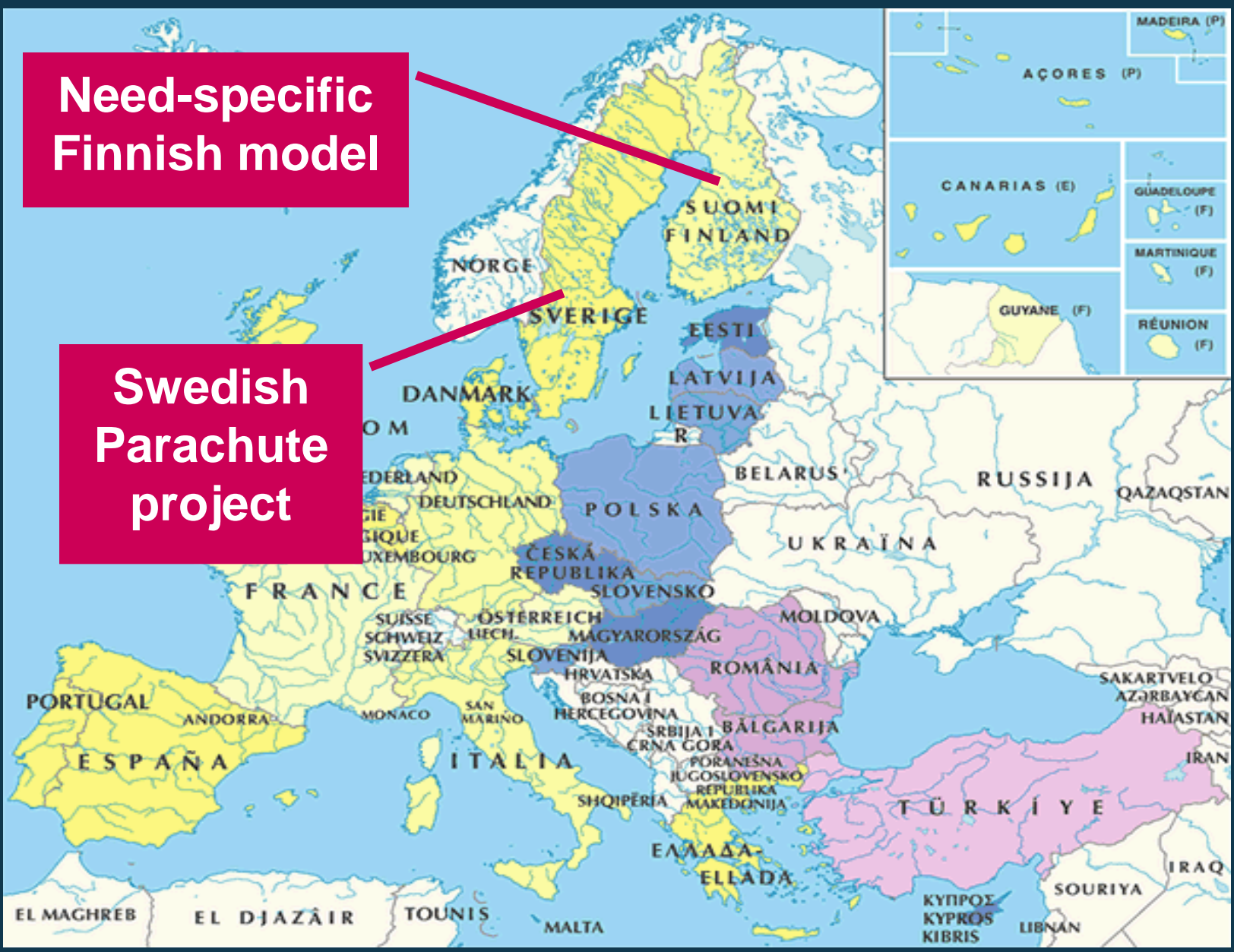
- **Clearly defined, specific behaviors requiring change**
- **Action, (not explanatio) oriented, structured program**
- **Reasonable, positive, *progressive*, practical expectations with increasing client reponsibility**
- **Continuation of residential treatment program into in-vivo community settings**
- **Continuity of persons**
- **Extensive use of groups to facilitate socialization and network-building**

Mosher & Burti, 1989, 1994



Need-specific
Finnish model

Swedish
Parachute
project





- **It is especially intriguing why this approach was not implemented in Italy where a substantial network of residential home-like facilities already exists for medium to long-term stays, that could be easily adjusted to admit acute cases.**
- **Possible reasons for this are the prevailing medical orientation in the care of acute cases, including early psychotic ones, an excessive reliance on standard community care in the prevention of chronic psychosis and a lack of incentives to divert funds from hospitals to alternative, community based, treatment programs and facilities**



Involving patients in their own care

- The Verona Partnership Program between psychiatric services and a consumer-run self-help group and cooperative

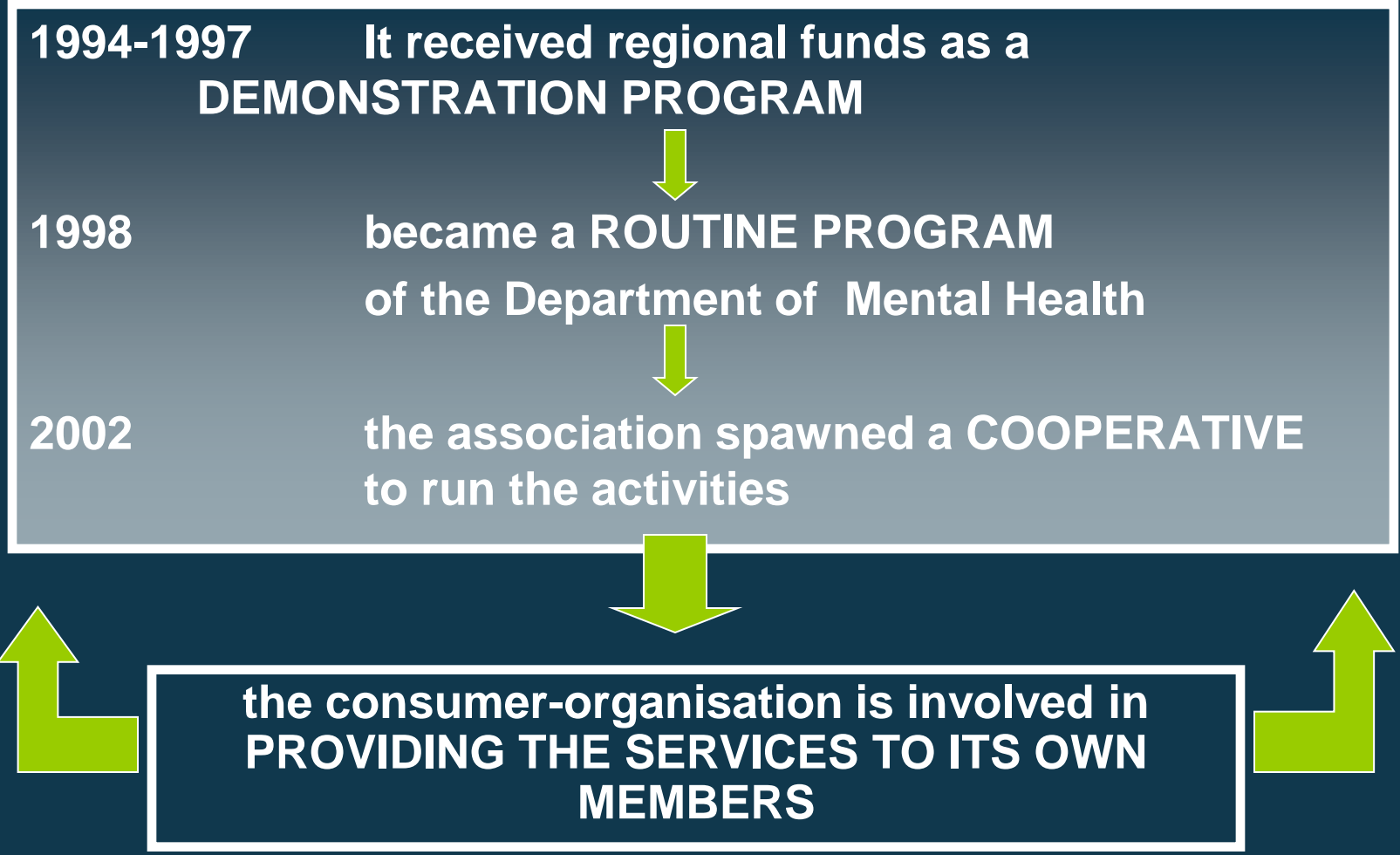


The Verona Self-help group (1)

- **1990: initially established**
- **1995: became an association**
- **1997: it runs a conjoint rehabilitation program with the Department of Mental Health**



The Verona Self-help group (2)





“

You are only young once



but you can stay immature indefinitely

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