

The Challenge of Educational Work in the Italian Psychiatric Services

Maria Benedetta Gambacorti-Passerini¹

Phd Student in Education

University of Milano-Bicocca

Abstract

The Basaglia psychiatric reform (1978) revolutionized psychiatric care in Italy, leading the organization of the Italian mental health services to become a model for the international psychiatric sector. Thirty-five years later, efforts are underway to conduct a preliminary evaluation of the current situation in the mental health services: the reorganization required by the reform took about twenty years and, since then the social, cultural and political context has greatly changed with respect to the period in which Basaglia developed his ideas. It is therefore of key importance to initiate reflection on the work and management of the mental health services today, thirty-five years on from the Basaglia reform. The current paper focuses on the multidisciplinary teams that manage these services, with particular emphasis on the work of educational professionals, who are increasingly present in psychiatric contexts.

Keywords: Italian psychiatric reform, mental health services, educational work in mental health.

Introduction

The Basaglia reform brought social and institutional change to the Italian psychiatric sector, providing innovation leadership at the international level also. The movement driving the reform also led to a rethinking of mental illness itself: following Binswanger's phenomenological view of psychiatry (Binswanger, 1957), mental pathologies began to be viewed as not only related to biological aspects, but as connected with patients' existential and formative histories.

This perspective underpinned the intent to bring about a valuable synergy between psychiatry and other disciplines such as pedagogy and philosophy, through which mental health services were to be designed as places of care that focused not only on illness, but mostly on the existential link between life and mental health. This goal was to be pursued by the creation of multidisciplinary teams, psychiatrists, nurses, social workers, psychologists and educators being the main professional figures involved in such work groups.

Thirty-five years after the reform was introduced, some aspects have changed: the approach to mental suffering is again at risk of becoming increasingly focused on biological and medical dimensions, and mental patients may be treated as an issue of law and order, which effectively implies giving psychiatry a mandate for social control (Micheli, 2013; Tischler, 2010). Furthermore, the social and political impetus that drove the formation of multidisciplinary teams in the early years of the reform is no longer present, compelling fresh reflection about the meaning of the contributions of the different professional figures within the Mental Health Services.

¹Email address: mbenedetta.gambacorti@gmail.com; tel: +349-6809149.

A preliminary evaluation of psychiatric care in Italy in the wake of the Basaglia reform

The work of Basaglia, based on the thinking of Binswanger (Binswanger, 1957), Goffman (Goffman, 1961) and Foucault (Foucault, 1973), laid the ground for the concrete legislative outcome of Law 180 of 1978, which established that psychiatric services were to be incorporated into the National Health System, psychiatric hospitals abolished and a network of local mental health services developed. This law reflected a transformation in the very conception of mental illness and its management: the new perspective was based on values of freedom and the attribution of rights, effectively engaging the whole of society in the creation of a new imaginary about madness.

On these bases, the entire Italian psychiatric system was reorganized, with the aim of progressively de-institutionalizing patients; the 1978 law was only the starting point for this process, with the concrete and organizational changes taking place subsequently.

In addition to specialized hospital units, a territorial circuit of services (counselling and support, community day care and residential centres) was planned based on a psychological-social-educational logic and focused on rehabilitating patients.

These changes in institutional care management compelled the professionals working in the sector to redefine their practice in key ways. There was a significant increase in patients' levels of involvement and freedom and this radically modified the role of carers (Carli, Paniccia, 2011, pp. 98-100). The combination of the organizational changes and the shift in how mental health was conceptualized, placed Italy among the nations with the most advanced mental health care systems in the world.

Any preliminary evaluation of the changes enforced must firstly note the improvement in mental health care conditions that ensued on them: monitoring of patients transferred from psychiatric hospitals to the new care management system has shown that they enjoyed gains in both their mental health and their quality of life (Barbato, 2004, pp. 67-70).

Due to the focus on patient rehabilitation, health professionals were no longer the only figures involved in the mental health services: the new system's multidisciplinary teams included nurses, psychologists, educators and social workers, in recognition of the existential link between mental illness and life. Thirty-five years on, some criticisms have been advanced in relation to these multi-professional groups: specifically, that there is a lack of regard for the role of certain professional figures and difficulty in recognizing their specific competences (Micheli, 2013). A further related criticism concerns a departure from the idea of multidisciplinary groups as intended by the Basaglia reform, insofar as the role of health professionals is once more at risk of becoming dominant. The current trend is towards a renewed medicalization of the sector, on the basis that it offers a sense of health, therapeutic and social protection (Shorter, 1997; Saccottelli, 2009). This risk is also related to the growing privatization and business orientation of health management in Italy: such a process is leading to fragmentation of the care process, making it easier for the medical dimension to retain a strong role (Micheli, 2013).

In addition, the contemporary social, political and cultural mood is not characterized by the political and ethical will to care for people with mental suffering that was present in Basaglia's day. That particular social

and cultural mood drove the psychiatric reform, but its absence today makes the search for meaning in mental health care especially important.

The challenge for educational work in the Italian mental health services

The following reflections arise from a qualitative pedagogical research project conducted with two different mental health services, both residential, in Northern Italy, involving twenty-three participants, including eleven educators. The project was not focused specifically on educational work, but in the course of our interaction with these multidisciplinary teams, the role of educational professionals emerged as an interesting area deserving of reflection.

The presence of a range of different professional figures in the mental health services is called for in the Mental Health Plan for Lombardy, the region in which the study was undertaken (Percudani, Cerati, Petrovich, Vita., 2013; Gasperi, 2007, p. 297)

PROFESSIONALS OPERATING IN THE REGIONAL (LOMBARDY) PUBLIC MENTAL HEALTH SERVICES IN 1999 AND 2005 (www.sanita.regione.lombardia.it)

	1999	2005
Doctors	737	747
Nurses	2609	2374
Health Care Assistants	744	779
Psychologists	179	176
Social Workers	176	155
Educators	295	397
Administrative Staff	n.r.	94
TOTAL	4740	4722

In the context of the research project, we observed the work of these multidisciplinary teams for about three months, noticing that the role and practice of educational professionals displayed very peculiar characteristics. The team generally develops a rehabilitative or therapeutic plan for each patient: the psychiatrist is responsible for the pharmacological or therapeutic dimension, the psychologist is focused on providing psychological support, the social worker manages relations with schools, workplaces and social services, while the educator is in charge of the educational aspects of the plan. But what does this mean?

In the course of our research, we asked educators the following question with a view to analyzing their professional practices: *Can you tell me about your last workday?* (This question was part of a longer interview). We collected answers similar to the following examples, which we report here as key to informing reflection on educational work:

«I went to the open-air-market with G.; we bought chicken for lunch. This meant that G. got to go out; she also bought a lipstick. We went back to the house and set the table. G. helped me. After lunch I spoke with my colleagues who had just arrived. Then I helped L. to study, but I had to keep breaking off because the telephone rang several times. At about 5 o' clock, when F. arrived, I went home.»

«As soon as I arrived, an educator from another centre phoned me because she had a problem with the drain pipe of the sink, so she was looking for a man to help her. I went over there and then came back. I didn't cook, because my colleague looked after that. We had dinner. Then, in the evening we planned to go out for a walk with M. He wanted to go into Milan, behind the Cathedral, where Writers usually meet to break dance. He wanted to see them, so we planned to accompany him. That evening it was raining hard, so in the end we didn't see anybody, but we had a walk together, we chatted and had a coffee. We came back at about 10 p.m. and then I went home».

These two brief narratives immediately allow us to observe an important link between the work of educators and aspects of daily life, which are in turn related to the existential dimension of subjects. This leads us to recall the idea that education is connected with life (Massa, 1986).

With respect to the work of educators on a multidisciplinary team, such as those in the mental health services, this link between educational aspects and daily life requires close and careful attention. If education is intended to promote the development and discovery of possibilities for subjects (Dewey, 1929), we can surely accept that this development takes place through, and is related to, daily existence. Furthermore, focusing on the care of these aspects brings us close to the notion of authentic educational care, following Heidegger's concept of authentic care with its emphasis on the empowerment and autonomy of subjects (Heidegger, 1972).

Based on these reflections and on the educators' narratives cited above, we are bound to note that on multidisciplinary teams, such as those operating in the Italian mental health services, great attention must be paid to the educational work, in order to continuously enrich it with the dimensions of thinking and giving meaning to practice. Without these mindful components, the work of educators, and their knowledge and practices are in danger of shrinking to a role that we could term "technician of daily life", which is almost solely based on acting out concrete practices, with the dimension of thinking and knowledge being left to other professionals (psychiatrists, psychologists...). In the words of one educator:

«In our work practical action is very pressing and urgent, spending time with adolescents, doing things with them. Yes, we think about our work, mostly together with the team, but the thinking and reasoning part is contributed by the psychiatrist and psychologist, because of the specific nature of their role and work».

In delegating the "thinking part", educational work loses its key characteristic of attributing meaning and sense to practice: without meaningful thinking, focused on empowering subjects and maximising the possibilities for them to become more autonomous, educational work may be reduced to a daily enacting of practices.

In our view, not allowing this to happen is a key challenge for educational work in the Italian mental health services; a challenge that requires effort, both on the part of educators in terms of not delegating the thinking component to other professional figures, and on the part of the multidisciplinary team in terms of creating the time and space for educators to engage in this educational reasoning .

Conclusions

Coming back to our reflection on the evaluation of the Italian Mental Health Services thirty-five years after the Basaglia reform, we therefore conclude that to truly preserve the idea of multidisciplinary management in these contexts, effort must be invested in thinking about and attributing meaning to the role of each of the different professional carers involved.

This dimension of thinking and sense-making is particularly relevant to educational work, which, given the current waning of the political, cultural and ethical spirit of the Seventies that inspired the Basaglia reform, is at risk of losing its original aim of working towards the autonomy of subjects, with professional practice being reduced to routine daily actions driven by immediate practical requirements.

If such an outcome is to be avoided, in the first instance educators themselves must take action by calling for their professional action and specialized educational knowledge to be recognised. In addition, team coordinators may play a key role by creating conditions for group work that accord space and recognition to each of the professional figures involved.

References

- [1] A. Barbato *et al.*, *A study of Long-Stay Patients Resettled in the Community After Closure of a Psychiatric Hospital in Italy*, *Psychiatric Services*, (2004), 55, 1, 67-70.
- [2] F. Basaglia, *L'istituzione negata*, Baldini Castoldi, Milano, 1968.
- [3] L. Binswanger, *Der Mensch in der Psychiatrie*, Günther Neske Verlag, Pfullingen, 1957.
- [4] R. Carli, R. M. Paniccia, *La cultura dei servizi di salute mentale in Italia. Dai malati psichiatrici alla nuova utenza: l'evoluzione della domanda di aiuto e delle dinamiche di rapporto*, Franco Angeli, Milano, 2011.
- [5] J. Dewey, *My pedagogical creed*, in *Journal of the National Educational Association*, vol. 18., n. 9, 1929.
- [6] M. Foucault, *Le pouvoir Psychiatrique. Cours au Collège de France 1973-1974*, Ed. Jacques Lagrange, Seuil/Gallimard, Paris, 2003.
- [7] L. Gasperi, *L'integrazione sociosanitaria in psichiatria*, in G. Bissolo, L. Fazzi (a cura di), *Costruire l'intergazione sociosanitaria. Attori, strumenti, metodi*, Carocci, Roma, 2007.
- [8] E. Goffman, *Asylums. Essays on the social situation of mental patients and other inmates*, Anchor Books, Doubleday & Company, Inc., New York, 1961.
- [9] M. Heidegger, *Sein und Zeit*, Niemeyer, Tübingen, 1972.
- [10] R. Massa, *Le tecniche e i corpi. Verso una scienza dell'educazione*, Unicopli, Milano, 1986.
- [11] G. A. Micheli, *Il vento in faccia. Storie passate e sfide presenti di una psichiatria senza manicomio*, Franco Angeli, Milano, 2013.
- [12] M. Percudani, G. Cerati, L. Petrovich, A. Vita (a cura di), *La psichiatria di comunità in Lombardia. Il Piano Regionale per la Salute Mentale e le sue linee di attuazione – 2004-2012*, Mc Graw-Hill Education, Milano, 2013.

- [13] G. Saccottelli, I servizi di salute mentale oltre la logica dell'ambulatorio. Note a partire da un seminario tra operatori della salute mentale, in *Animazione Sociale*, Dicembre 2009, anno 39, nr. 238 (seconda serie).
- [14] E. Shorter, *A History of Psychiatry: from the era of the asylum to the age of Prozac*, Free Press, New York, 1998.
- [15] V. Tischler, *Mental Health, Psychiatry and the Arts. A teaching Handbook*, Radcliffe, Oxford, 2010.