MAD MENTAL HEALTH MARKETS AND RESIDENTIAL FACILITIES FOR SERVICE USERS

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Black Box R & D project (2014-2016)

FUNDAMENTAL QUESTIONS:

What has happened to residential facilities for mental health and substance users?

Can – and should – one become rich by providing these services? -> Which kind of society allows this?

RESEARCH MATERIAL:

18 residential facilities in three different provinces (80 000 – 250 000 inhabitants)

Focus on big (multinational) enterpreneurial corporations.

Eight facilities in cities; three in relatively small towns and five in rural areas.

Thematic interviews:

Commissioners (4); entrepreneurs (18); regional managers (4); facility managers (18); basic staff (18 group interviews); residents/users (c. 100).

RESEARCH GROUP:

Two researchers by experience: Tomi Kallio & Nina Peltola (City of Tampere);

Two investigative journalists: Antti J. Järvi & Anu Silfverberg (Long Play Oy);

Two professional sociologists: Markku Salo & Tuukka Tammi.

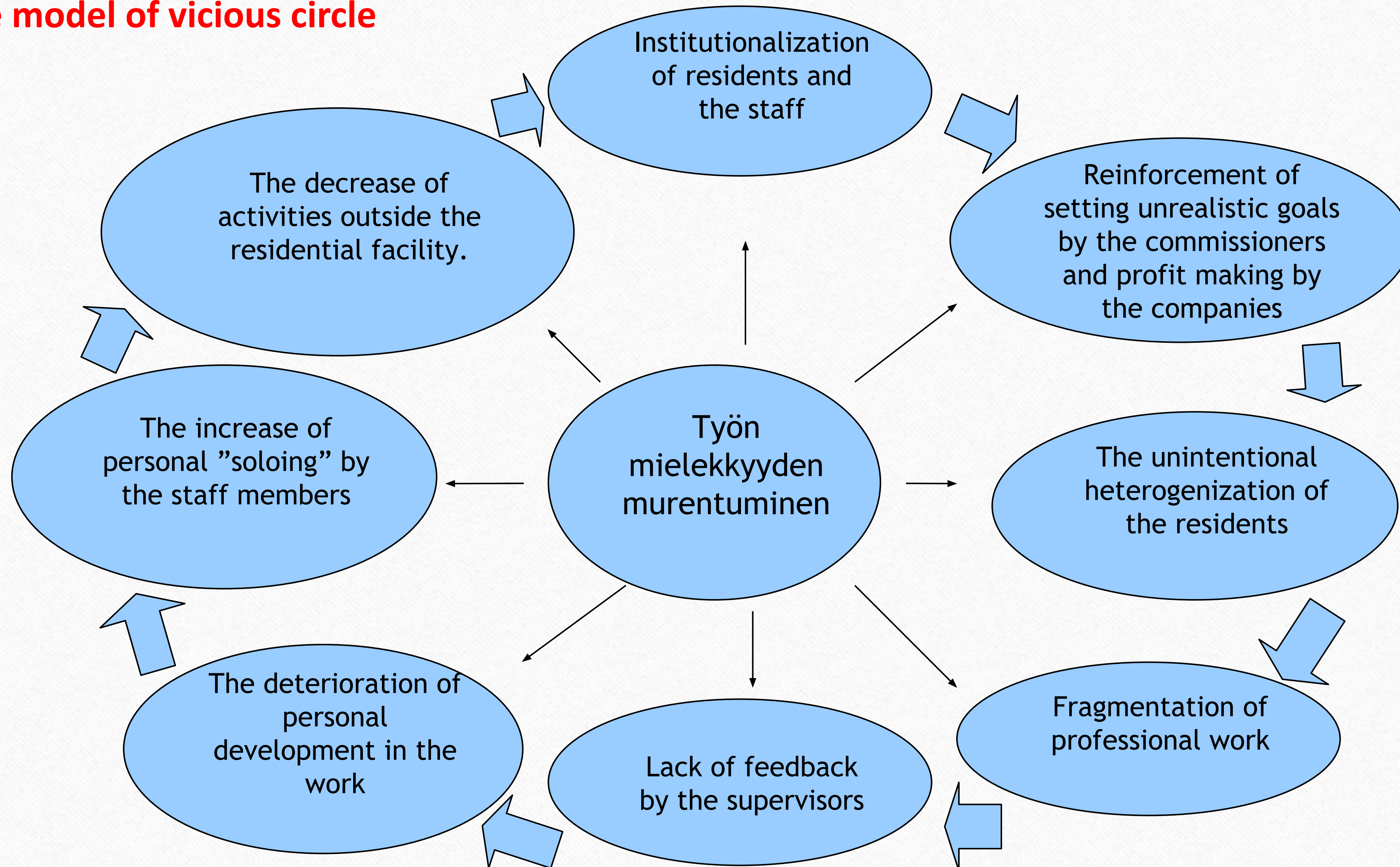
The institutional changes of psychiatric ”housing rehabilitation” in Finland (1971-2019)

Year	**Social services**	**System and provision of services**	**Mental health services**
1971-1988		Districts of care for mentally ill (consortium of municipalities)	Rehabilitation homes/Family care (Geel!) (under hospital administration) Psychiatric social work
1988-	Social care legislation Rehablitation/care: ”Outpatient care” in social services = Transinstitutionalisation	Diversification of service provision: Associations/Companies/Public care system -> inequalities in the quality	Depsychiatrisation: residents outside psychiatric care (and rehabilitation)

The institutional changes of psychiatric ”housing rehabilitation” in Finland (1971-2019) (II)

Year	Social services	System and provision of services	Mental health services
2003-		The era of Commissioning -> Merchandising of services	Reinforcement of the diversification of services
		Contracts lead to ”standardized” services.	
2008-		Public cutbacks ->	The diversification of services goes on…
2012-	”Public war” on homelessness	The monopolization of service provision -> the minimization of rehabilitation and user participation.	and on…

The Erosion of Meaningfullness in the Work of ”Ground Floor” Staff, ie. ”(practical) nurses”):



The nucleus of the problem does not lie in the privatization of the services, but…

- In the institutional governance of mental health problems (=transinstitutionalisation).
- The unbearable constancy of institutionalism (vs. services for physically disabled)

- The decontextualization of the resident from:

- her/his life story (debiografisation)
- her/his family and other social relationships.
- her/his aspirations, hopes and dreams -> the societal production of a sub-population: mental ill persons
- The current financial capitalistic service production enhances the renaissance of institutional governance and institutionalisation -> service for the profit makers = disservice for the residents and persons in need of empowerment and future for their lives.

Comments and Questions I

Your turn, please!

The Radical Divergence

- Commissioners: experts in administration and management, not in mental health.

  Their role: playing and supervising the game called ”commissioning”.

- The representatives of big companies: experts in entrepreneurial management and profit-making: no experience in mental health rehabilitation nor citizenship/user participation.
- Their role: playing and supervising the game called ”Monopole”.
- Leading supervisors/regional and instutional bosses: responsible for achieving the goals of the company according to managerial principles.
- Their role: executing the game called ”Monopole”.

The Radical Divergence (II)

- Immediate superiors: seem not to be knowledgeable of fragmentation of professional work at the ground floor.
- Their role: Bridging profit-making and supervising the work of their subordinates.

- Ground floor staff: Fragmentation of professional work -> Crisis of mental health leads to survivalism: ”making days go by inside the residential units”.
- Their role: The daily routines of ”service” provision.
- Residents: Decrease of participation, increase of institutionalisation, dignified life slips further, day by day…
- Their role: Factor of production, fuel for profit-making, but a participatory citizen??

A Million Dollar Question

- *The psychiatrist working for our company has been in this field for 40 years. He asked me: "**Hey, listen what's the aim of all this rehablilitation for these people?!"** We work as subcontractors*

- *under the public social services. But what is the goal of these social services? And what is our real goal in this work?*
- *So, everything we do here, should be carefully reassessed and rethought: what are the goals here in general and in relation to very resident. It should be much more conscious. Now we have a bit og housing, and a bit of this and that.*
- So, what's the goal of all of this?

Solutions to the Crisis

Cooperation.

- ”Cooperation beats always competition”

1. Cooperative model of commissioning.
2. Co-production of services.
3. Cooperation to tackle quotidian institutionalisation.

- Recovery
- The centre of cooperative action are the residents, groud floor staff and citizens.

Empowerment for personal, institutional and societal transformation…

The Many Faces of Recovery

- 'Personal transformation' (*recovery*) mans different things to different actors!
- a) Clinical: life without symptoms and managent of symptoms – Diagnostics (control)

- b) Psychological: psychic integration – Dialogue (communication)
- c) Social policy: independent housing - Demarginalisation (normalisation)
- d) Politics by experience: *I am the master of my life* Dignity (empowerment)
- e) Systemic: bridging recovery, redistribution, recognition &
- representation Deinstitutionalisation (transformations)

Some Implications for RMH

- Why are service users in rural communities still in worse conditions?
- Because there are no chances to participate in peer group activities

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- Because ”the services” are more invisible and more easily left to economical and psychological abuse of the residents.
- And something else!!!

Comments and Questions II