

## **Presentation in Finland 1th of November 2011**

### **“What is Needed to Meet the Patient’s Needs?”**

#### **or “Isn’t he a bit like you and me?”**

#### **My sources of inspiration for this presentation**

##### **Anthropology**

With its focus on participating observation - 10 years in a mental health day centre

##### **20 years as teacher**

Mostly with youth in need of a special social pedagogical focus

##### **The local community approach**

12 years within a national project trying to give the municipality power/authority and resources to deal with mental health problems.

##### **The Bible**

How Jesus meets people and the way he tells stories.

**All these aspects will be reflected in the presentation below.**

#### **Patients**

I have met a lot of people at all ages struggling with depression, anxiety, being close to committing suicide. I have listened to a lady without the filter I have to sort out impressions when she walks down the local street, registering 100 times as many details as me. I have listened to stories about the everyday hardship and stress, visible for nobody but themselves.

But I never had a patient; they have been pupils, participants, users, grandmothers, sons, neighbors and friends.

I even believe that patient is a category many want to escape from. Why?

When I go to see my doctor, I am a patient for 15 to 20 minutes, or one day when I have a serious examination, or one week when I am hospitalized for appendix operation.

But, struggling with mental illness, the word patient marks you with a sign, a stigma that tends to transform itself to an identity that is difficult to get rid of. The tendency **to be your illness, to become your diagnoses**, as a lasting characterization, is evident for more than one.

## Distance and power

Good and relevant treatment is a blessing, but.....

The more special you make the patient, the greater distance you create between **them and us**, and the more specialised knowledge you need to treat them.

And when more power is loaded into the relation between those who treats and those being treated, and at a lower specialised level, between those who organise and those being organised for, it becomes dangerous. The tendency to objectification of the patient may open the road to experimentation, to make the patient exposed to all kinds of decisions, manuals, schemes, techniques and medicines, forgetting the patients' real needs, and without letting the patient feel the joy of being asked. Norway was the unchallenged master of lobotomy.

Being engaged in mental health work, my aim and ambitions are to reduce the distance between "them and us" and to advocate this as a joint (human) venture

***"Isn't he a bit like you and me"***

## The needs

For an anthropologist working in Lørenskog municipality at a mental health centre, it seems that the needs of my users, members, participants are strikingly similar to those of my own. The 12 years' national project of diverting more authority and resources to the municipal level has revealed, surprisingly to some, but as an obvious conclusion to others, that our concerns should first and foremost be directed toward proper housing, work, clothing, food and nutrition, meaningful daytime and leisure time activity, security, family and friends and toward strengthening social networks. These elements must be in place to make you able to cope with the difficult periods.

***"Isn't he a bit like you and me?"***

For the specific treatments we rely on the **common practitioner** and if it is needed, on the specialist mental health care, at the regional and national level.

## Meet/What heals

The Swedish author, Ann Heberlein, herself with bipolar diagnoses, has written a book about what constitutes the good life. She states, after having consulted numerous philosophers and theologians, that the most important factors are relations and to be useful, and she adds on her own: autonomy, to feel that you are in charge of your own life, your history and even to a certain extent, your future-

Alain Topor and Marit Borg have been for years engaged in these issues. They have asked patients in mental hospitals what helps, what have been the most helpful elements during their treatment periods. The answers focus on everyday values and everyday relations like kindness, sincere, genuine and gentle curiosity on the person

as such. They have also positive findings when patients experience exceptions from rules and codes, and when personnel breaks rules or codes, written and unwritten, to serve them.

This strikes me as a fundamental, underlying, struggle between system and individual.

Systems and bureaucracies tend to uphold themselves, to be self sustaining, to overtake the power, to assert itself as more important than the individual. So, breaking rules and codes signify a priority. I am worth it; I am more precious than the system, the bureaucracy. According to Topor and Borg the healing/curing effects are obvious, also scientifically measured.

The tendency to be treated differently by different personnel was also mentioned. And according to Topor/Borg this diversity should be looked upon more as a resource than a problem. I am one of five siblings, and I can still remember the joy and delight when I was lifted up, taken out of the row and given some special privilege.

Let me draw your attention to a famous painting

**Rembrandt** - The prodigal son, and a bible story told by Jesus himself.

Two brothers lived with their father, we never meet the mother. But one day the youngest son asked for his share of the family wealth. He got a lot of money, left his father's house to create his own fortune/future. After a short story of success, he was taken by a serious crisis, no job, no friends, poor and miserable, and to make it short, he ended up taking care of a peasant's pigs, surviving by eating what they got. He was no longer a human being, satisfying himself with the leftovers from the pigs' food.

When he came to himself he remembered his father's house where even the slaves had a better life. He raised and returned home. Even when he was still far off, his father saw him and was filled with **compassion**. He **RAN** and put his arms around his son.

The parable and the painting are meant to portrait and emphasise aspects of God, but for me it is also a story of the dynamics of being a man, a human being. It challenges us to acknowledge the deepest life crises, all the losses in life, be it health, work, network and friends, money and wealth.

And at the same time, acknowledge our ability to comfort, to stand up for someone, to reach out our arms. The story offers us the possibility to see our self both in the son and in the father; to be the one in need, and the one to comfort

- **with compassion**.

We are dependent upon someone, and someone is dependent upon us.

The father could have confirmed the system, his power and his superiority by closing the gates, by commenting on how the son had ruined everything, being dirty, maybe on heavy drugs, but he ran toward him **with compassion**.

I want to continue by sharing my experience from a project relating to the day centre where I work.

**“Silence is not golden” (A proverb saying that talking is silver, but silence is golden)**

I have cooperated with a psychologist giving continued education in different mental health topics to social workers in Lørenskog. Every day during the training the social workers get a visit. I come there together with one of the members from the mental health daycentre, where I work, to teach them, or more correctly, to give them a story, part of a life story, where experiences in coping with mental health problems at an everyday-level is told by the real expert, the person living with it, knowing it in details.

To give you an impression about the volume of the activity:

25 persons have been challenged to educate others

75 meetings/

1200 listeners

The project offers an alternative to confirm yourself as something else than a patient. It offers an opportunity to develop a repertoire in ways of looking at yourself, to evolve and stimulate a curiosity on yourself, to explore sides and opinions of yourself, to dare to acknowledge that your own life story may have some significance to others.

Maybe this knowledge makes a difference and creates useful insights.

Maybe the social workers also need to expand their views on those struggling with mental problems. Maybe it is possible to adopt a new idea about those having mental problems; maybe this new idea could include and generate new ideas, new thoughts, about their family, their neighbour, and eventually about themselves.

The word empowerment seems to be useful here, and I assume/I am sure this type of approach makes it more difficult to uphold the conception of them and us.

***“Isn’t he a bit like you and me”***

**To be a 100% human being**

implies to insist on the specific combination that constitutes you, your combination of your weak and your strong sides, your combination of having resources and struggling with your dark sides.

If this attitude had been more generally accepted, Elisabeth, one of the users from the day centre, didn't need to stand in front of the TV-screen to rehearse and to train to be someone else in the way of speaking, moving and dressing herself. She felt it was not good enough to be just Elisabeth.

Atle, living for more than 15 years in a mental hospital, was once asked in a radio program:

"What is your diagnosis, Atle?"

"I, I have 1000 talents."

And this is how he was known to us at the day centre.

## **To sum up**

For me mental health work seems like a huge solidarity project.

***"Isn't he a bit like you and me"***

## **But before I leave the podium, let me bring you a greeting from Håkon**

He knows that I am here, and he has gone through and accepted the manuscript. Håkon was hospitalized almost 10 times in the 90s. But when Lørenskog municipality developed its mental health service to its inhabitants, Håkon welcomed this service and he took actively part in designing the day centre. He became a student and he became teacher more than a patient, and maybe as a result of this, let's call it, change of metaphors, from illness/disease to education, he has not been hospitalized the last 10 years.

I want to close my presentation by showing you 2-3 minutes of a ProShow presentation Håkon made a year ago, music: Sorrow by Pink Floyd. This is the greeting from Håkon.

## **"Sorrow "**

A ProShow-presentation from one of the users/members /participants of MAI-centre, made after a course in the centre

**Where could we look for new fields of resources as an alternative or as a supplement to dominating ideas in our approach to mental illness, problems, and life crisis?**

**NGOs – organisations working with health and aid-relating development**

Life skill training, right-based approach, where focus is made on the balance between right holders and duty bearers, that means to encourage a better balance between receiving and contributing/being useful.

Their focus on accountability downwards is also worth copying.

**Innbygger som alle, noen behov for ekstra støtte i perioder**

**Bevisstheten om hva vi setter inn er viktig i forhold til hvilken identitet vi bekrefter**

**Tilrettelegging—organised, arranged, adapted**

**The joy of being asked**

**Samspill med andre samspillet med andre konstituerer oss som mennesker**

**Krisene har Verdi, de mobiliserer**