

Democratic Mental Health
*Relational Practice & Therapeutic Communities:
future directions*

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1 Ham Common, Richmond, London TW10 7JF

Simone Bruschetta

**Psychotherapist PhD Researcher - Director of Visiting DTC Project
Catania - Italy**

Community-Focused Multi-Family Psychotherapy Group

An experience of 'supervision democracy-oriented' of the Argentinian Multi-Family Psychoanalysis model in an Italian local community-based mental health service, in Sardinia, provided by National State Health Service and a social cooperative enterprise.

Multi-Family Psychotherapy Group

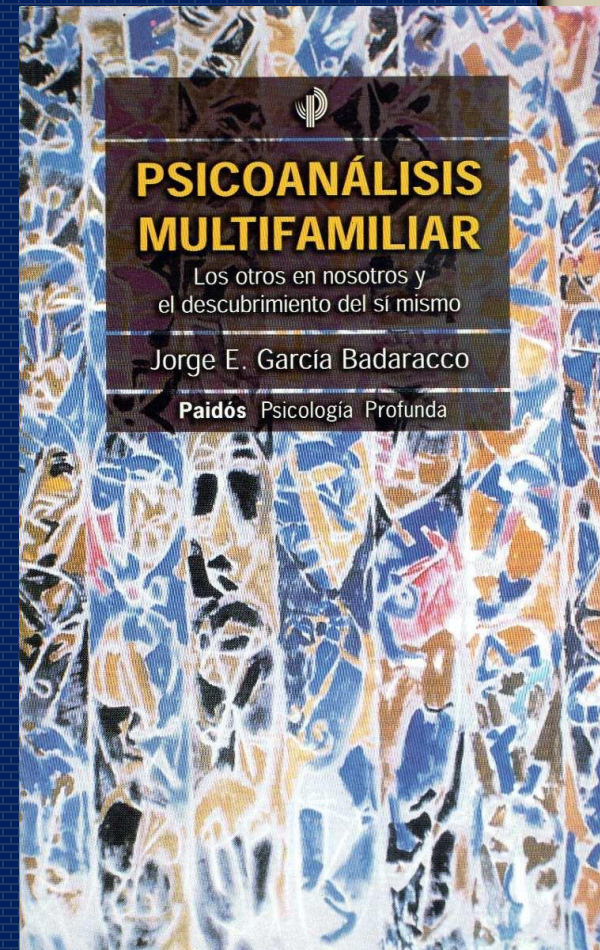
Developed from Argentinian psychoanalysis, specially by Jorge E. García Badaracco

In MFPG shared emotional atmosphere generates a type of '**democratic mental field**' between all members, whether users or familiars, practitioners or managers.

Group's core qualities are trust, security, respect, solidarity, sharing of accountability and culture of inquiry. This facilitates the listening of members, enables tolerance of disturbance and insanity, and allows new ways of relating to each other.

The '**mini society**' that is formed within the group helps to transfer these benefits to the outside world and It has been shown to reduce readmission rates.

2001



1990

Italian local community-based mental health service provided by National State Health Service

In a Community-Based Mental Health Services, Community-Focused Psychotherapy is the basic treatment and Social Cooperative Enterprise is the best type of local organization stakeholder in mental health.

Community-Focused Psychotherapy is born from the application of the English Group Analysis to the reform of Italian mental health services carried out by Franco Basaglia.

In Community-Focused Psychotherapy, people and local mental health organizations build a network of social support in the environments around users, through the use and construction of specific therapeutic, working and living groups.

Members of the groups are not only the users of the mental health service, but also the family members, staff and managers of the local organizations stakeholders in community mental health.



2010



2017

Community-Focused Multi-Family Psychotherapy Group in a local community-based mental health service

Activated in a Healthcare Area by “Local Mental Health Service of Sanluri”, close to Cagliari chief town of Sardinia region.

“Sanluri Local Healthcare Area” is spread over an area of 1500 Km² with 28 Municipalities and a population of 90.000 inhabitants, divided into two districts, served by two Mental Health Centers.

Two psychodynamic group-psychotherapists founded two years ago the MFPG for users of Local Mental Health Service. A psychotherapist is a psychiatrist manager of a Mental Health Centers, the other is a practitioner of a Therapeutic Community, managed by a social cooperative enterprise. Two psychiatric nurses and a social worker joined as the group's leading Staff.

Users were citizens with their families, with severe mental suffering, sent by the two Mental Health Centers to support the care, and by the Therapeutic Community to support the discharges. Afterwards, some other workers from MH Centers and TC also joined as members.

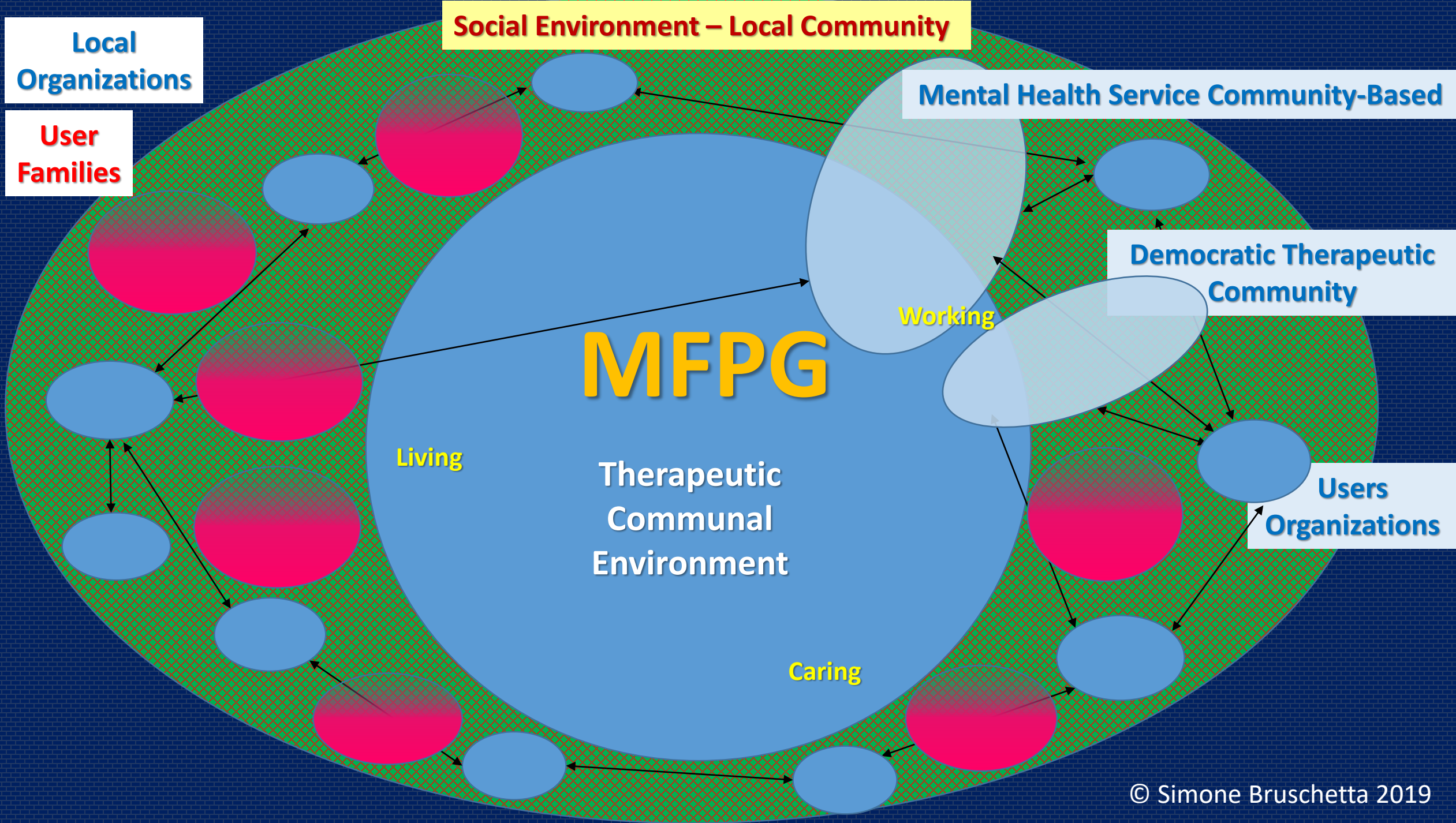


Community-Focused Multi-Family Psychotherapy Group as Communal Therapeutic Environment

Last year I started with the Staff a 'supervision democracy-oriented' carried out in the staff meeting once a month, to develop the democratic community function of MFPG.

MFPG's Psychodynamic Setting,

- is founded on group and social multi-belonging,
- is led by a multi-affiliation and multi-professional Staff group,
- activates a therapeutic mental field,
 - which extends its functioning beyond the therapeutic environment of the group, in the local community,
 - supporting the development of enabling environments of living, working and caring, to which its members belong.



Start of the MFGP

- n. 5 members of Group's leading Staff
 - n.2 **Psychotherapists**
 - n.4 **Practitioners** from MH Centre + n.1 **Practitioner** from TC
- Three other type of membership
 1. **Users** of Mental Health Centres and Therapeutic Community
 2. **Family members** of Users (relatives)
 3. **Practitioners** of Mental Health Centres and Therapeutic Community.
- session frequency every two weeks
- session duration 1 hour and a half
- a staff meeting of 1 hour and a half in the week when the group does not meets

Organizations

Social Environment – Local Community

Mental Health Service Community-Based

Democratic Therapeutic Community

Users Organizations

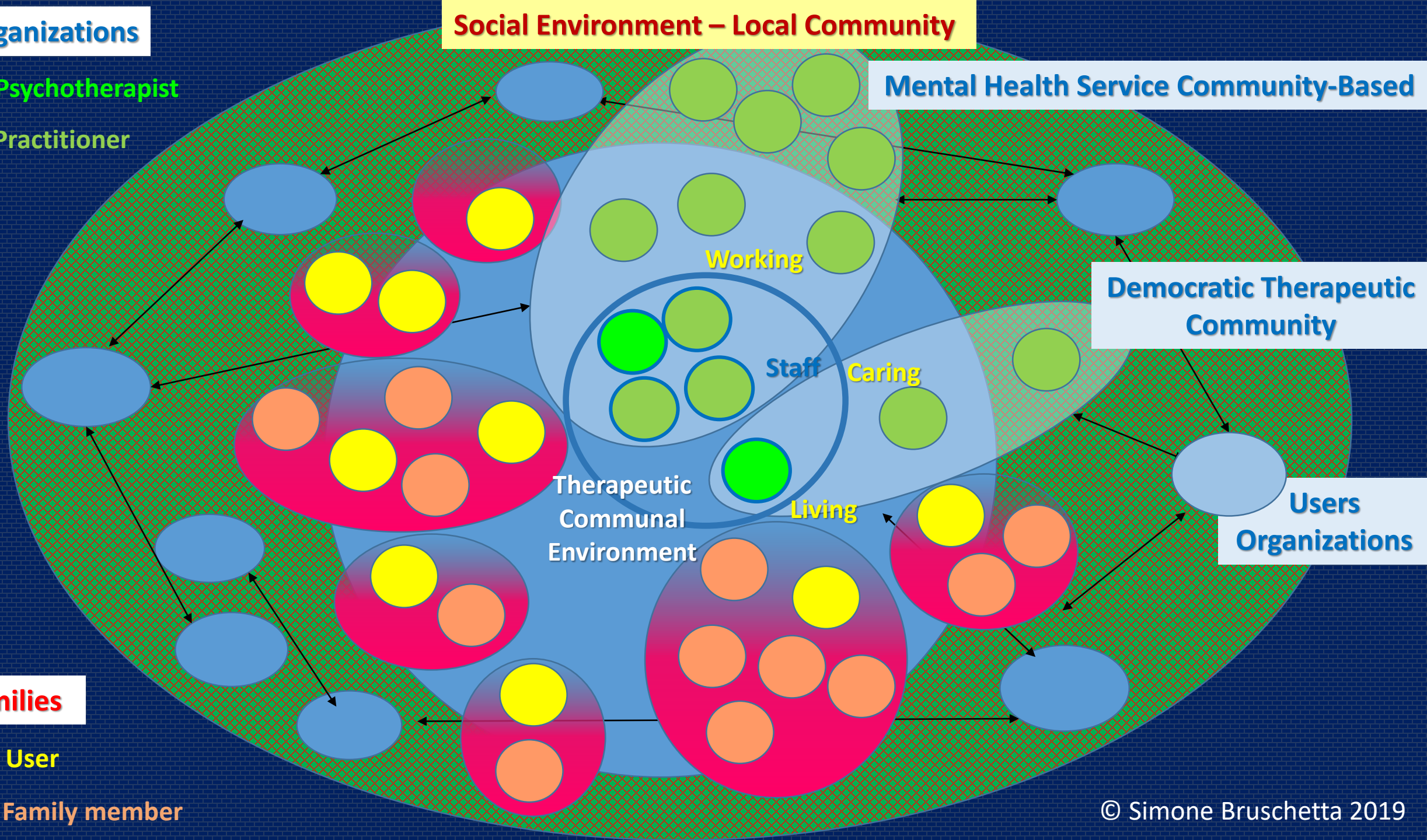
Families

● **Psychotherapist**

● **Practitioner**

● **User**

● **Family member**



Democratic Development of MFGP

- Members of Group's leading **Staff**
 - At least two founders **Psychotherapists**
 - All members who have done enough work in group, must ask to continue the group as staff members and the group as a democratic community has approve.
- Five other type of membership
 1. **Users** of Mental Health Centres and all Residential Services of Area
 2. **Family members** of Users (relatives and friends)
 3. **Practitioners** of Local Community Mental Health Services and others healthcare organisations (including TCs).
 4. **Users Expert by Experience** members of User Organizations
 5. **Managers** of Local Organizations stakeholders of mental health (group as a democratic community must approve their entry, except managers of two organization that founded the group: Local MH Services & Social Cooperative Enterprise)

Organizations

- Psychotherapist
- Practitioner
- User E. by E.
- Manager

Social Environment – Local Community

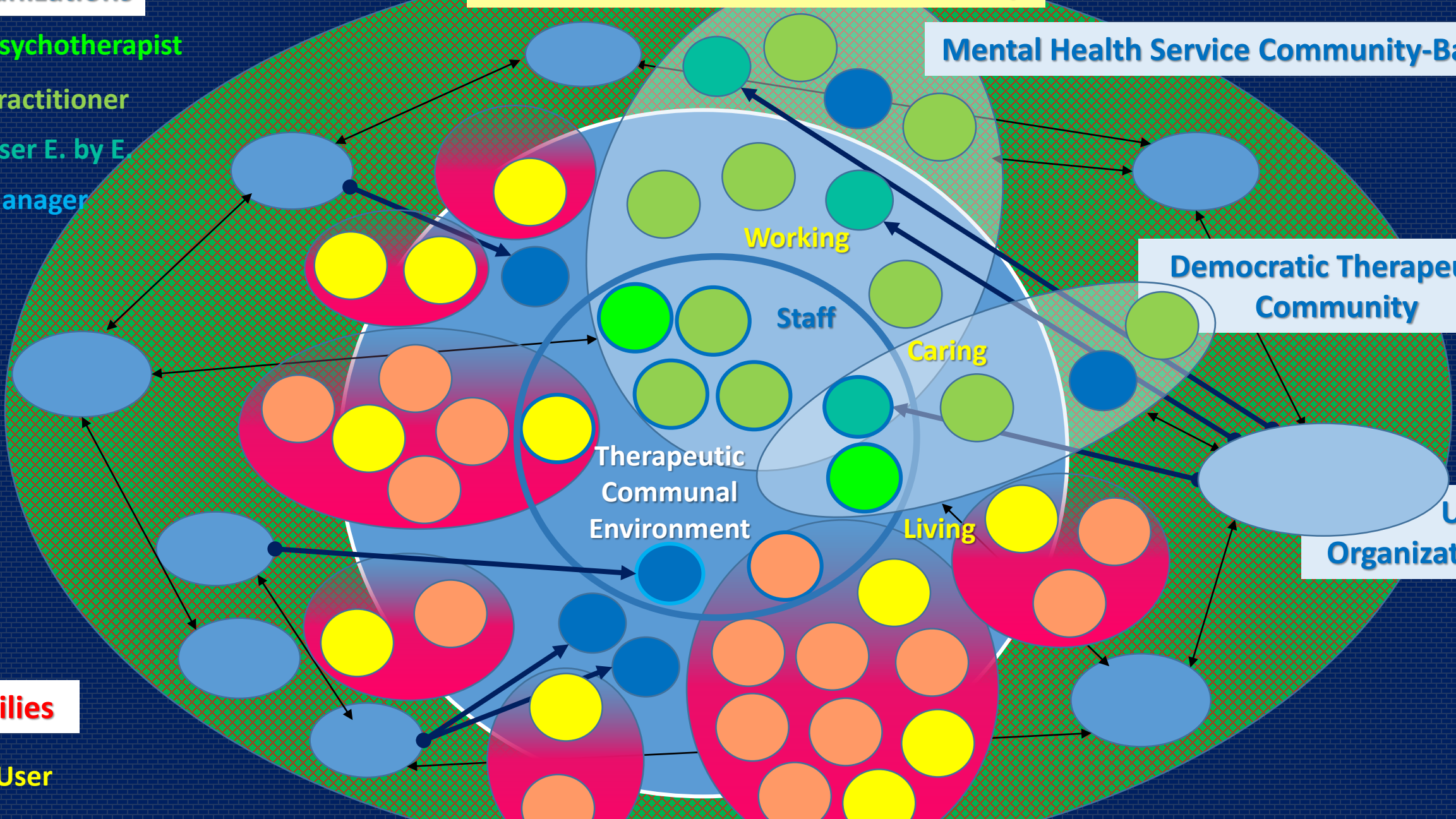
Mental Health Service Community-Based

Democratic Therapeutic Community

Users Organizations

Families

- User
- Family member



My tasks of supervisor,
to be transferred to the Staff and,
through the staff,
to be transferred to the group.

Basic Methodology

- Group as a **psychodynamic large group**, normally consisting of more than 30 members.
- Users make a therapeutic journey measured in terms of years, but they are **free to go out and come back** whenever they want, as well as their families.
- Great value of group stems from **heterogeneity** (are not built according to diagnosis, age groups, or social backgrounds), because it focus on what everybody shares rather than on differences.
- Members take turns to talk, should **not give advice ore judge others**, but are prompted to talk about themselves.
- Emotions arise in each member as they can relate to what others say; those **emotions are connected with each member's story**.
- Members can **experience founding moments for psyche of their own Family or their own Social Organization**, and share emotions generated by it.

Therapeutic Principles

- The group is presented as **a “mini society” or a “big community”, where difficulties and discomforts with others are unveiled**. When experienced only in the own family or organization, they remain difficult to think; otherwise, when shared with others groups the opportunity to process them becomes available.
- Besides making healing emotional experiences available, atmosphere of the group works as **a great processor of insanity and violence**. Everything that is deemed to be insane outside the group, is naturalized within it and understood as a call for help.
- This task is allowed in the context of the group, given the heterogeneity brought by the variety of outlooks. Likewise, **enigma of madness can be observed through contact with others**.

Others tasks

- To creating an intersubjective matrix of re-signification of mental and social events at the base of users' discomfort, giving space to **build a shared language between all members**.
- To develop a methodology to allow the **democratic sharing of decisional power** (about relations inside the group) as part of the treatment.
- To activate a '**group-community mental field**' in degree to contemporarily engrave
 - on the family and on the social context of reference of each user, and
 - on the organization and on social context of reference of each practitioner.
- To explore the psychodynamic of the “Local Community of the Group”, led by an **authentic culture of enquire**.