



THE MADNESS OF PSYCHIATRY IN 21ST CENTURY UK

WFMH Argentina August 2013

Respondent feedback report

Dr Jenny Willis

Respondents were asked to complete an interactive questionnaire at specific stages of the workshop. This was designed both to engage them in critical reflection, challenging their knowledge and views, and to enable the co-ordinators to compile comparative data for feeding back to participants, and to assess the response to the workshop.

A total of 29 returns were made, though attendance of the workshop exceeded 50 people. Some returns were incomplete, therefore totals vary by question.

This report is being emailed to those who provided an address, and is posted on our no2stigma website, no2stigma.weebly.com. Please feel free to share it with other interested parties. If you wish to contact us, we can be reached by email at drnynathan@blueyonder.co.uk.

A. Respondent biodata

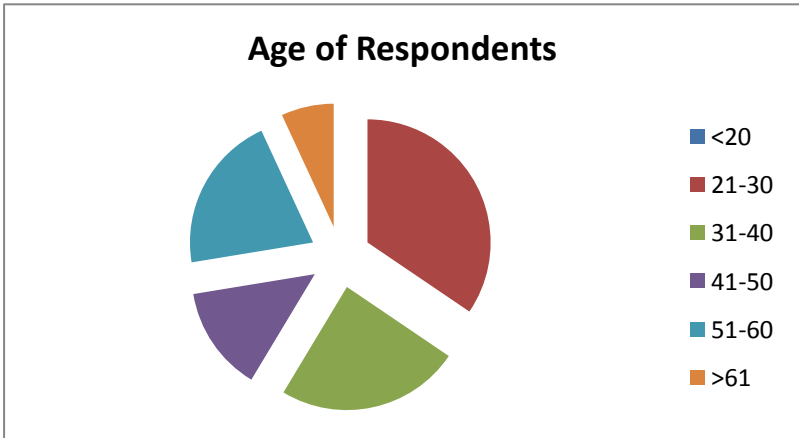
1. Gender

Female outnumbered male respondents at 20:9 respectively, but this does not accurately reflect the people attending the workshop: there was a more balanced gender representation.

2. Age

Respondents were aged from 21 to 61+ years, with the largest subsets being age 21-30 years, 31-40 years and 51-60 years. This is characteristic of their professional status (question 4), with most attendees being students or experienced mental health professionals.

Figure 1



3. Nationality

Figure 2 summarises the nationality of respondents. Only 2 were not from a South American country; one of these was from Europe.

Most respondents were therefore native speakers of Spanish which necessitated the use of simultaneous translation. They completed the questionnaire in Spanish: the analyst has translated returns into English for this report.

Figure 2

Nationality of respondents	Number
Argentinian	20
Peruvian	3
American	1
Dual Argentinian/American	1
Brazilian	1
Chilean	1
Colombian	1
Spanish	1

4. Profession

All respondents were health professionals, and included students of psychology, psychologists, psychiatrists, a nurse and other medical doctors.

We were informed that Argentinian practice follows a linear career path through medicine/psychology/psychiatry.

Figure 3

Profession of respondents	Number
Psychologist	11
Psychiatrist	8
Student	7
General physician	2
Nurse	1

B. Mental health provision in respondents' countries

1. Do you have asylums in your country?

One of the aims of this workshop was to compile comparative data on mental health services in each country represented. We began by asking about asylums, and found that only 2 respondents stated there were no asylums in their country. These were an Argentinian and an American. Since the other Argentinians said that they do still have asylums, we conclude that practice varies by province.

Figure 4 Do you have asylums in your country?

Yes	26
No	2
Don't know	1

2. If you answered YES to question 1, approximately how many were built and for how many patients?

Comments by country:

Peru

3 asylums, 1000 patients

1 built in c1916, other 1963. Previously asylums were called LOQUERIOS

Oldest housed c1500 patients

Colombia

About 36, 1 in the capital

Chile

4

Brazil

Many asylums. House 50+ patients in each. Now called CAPS3

America

All closed

Spain

Built in 1917, housed 2000 patients

Argentina

More than 5, housing 300 patients in each

About 3

Not given importance in provinces

About 10, each with around 20 patients

In 1930, were 2 hospitals, 1 for men, 1 for women, each around 200 patients

Maybe 10, numbers of patients vary

Currently 12 of 20 remain, bigger asylums took up to 2500 patients

Conclusions

- Awareness of the asylums is variable, even among mental health professionals
- Practice varies by state in Argentina
- There is a sense that only the capital cities are making provision
- Some sensitivity to stigma is apparent in changing the names of these asylums
- With the exception of USA, countries are in a transitional state
- Expansion/building of the asylums was in the early decades of the 20th century
- Practices such as segregation by gender have ceased

If you answered NO to question 1, did you ever have asylums?

1 response: yes

Conclusion

The asylum model was global

3. If you had asylums and they are closed or being closed, what kind of mental health services are replacing them?

Peru

Work centres, rehabilitation centres.

Asylums are being closed but are being replaced by community mental health services.

Asylums are being closed and replaced by community Mental Health Services and Mental Health Department in general hospitals.

Colombia

Asylums have lot of state resourcing for services, but there is little intervention for individuals with mental illness

Chile

In 1990s, psychiatric 'reform', created community centres and day hospitals, but today most are closed, working in very fragile conditions.

Brazil

Depends on asylum. When good, there are doctors and psychologists to support patients.

America

Community mental health centres, state funded; designated hospitals for 3-day voluntary admission or extended stay (involuntary) 2 weeks-3 months.

Spain

-

Comment

Peru has no mental health legislation.

Most of the time mental health is forgotten in Peru.

It is hard work and we need more money

Chile doesn't have mental health law, not even a current mental health plan. Many mental health programmes but not coordinated

Extreme mental illness remains associated with homelessness.

Argentina

Day centres, private clinics, home treatments

Reintegration in family, but when this is not possible or successful, left without support.

Mobile treatment; get attention but not good treatment.

Plans in place but not yet begun.

Only peripatetic.

Therapists, medical centres, agreements with local authorities.

In Rio Negro an asylum closed years ago and Was replaced with APS (community care). In Buenos Aires, Unit no.20 in Hospital Borda has been closed and replaced with PRISM in Ezeiza (mental health and conflicts with the law).
Nov 2010: new mental health law in Argentina.

Trying to have local policies to cope but there are no health measures or institutions to offer treatment, work or contact for patients.

Asylums were included in the hospitals, then in recent years, moved to mental health units. Some include provision for geriatric patients.

In Buenos Aires, is plan to close asylums, but haven't created half-way places, day centres, medical units.

Instead of living there, patients live at home if they have one, and they go to day hospital for treatment. The maximum is about a week of medical treatment.

Day hospital and psychiatric support workers.

By law, should be half-way houses and other intermediary services.

None, the change is a disaster. In some places there are day hospitals and centres.

In San Luis province asylums closed. Patients go to other provinces.

Here there are no good services with psychiatric nurses; patients just get discharged.

Lot of mobile units but no intensive care Centres.

It's bad.

These kinds of institutions are public and private, and patients are sent by law.

Speaking of Rio Negro region.

Some provinces in Argentina have closed asylums, others have been converted.

I think Argentina needs more support from government for public mental health, otherwise it costs a lot of money to have patients in treatment in private institutions.

Many hospitals have no mental health services.

Community mental health has been introduced and theoretically is great but in reality it lacks support from the state.

We are in the stone age of health Assistance; we use Haloperidol in hospitals, we have asylums and very few alternatives.

Conclusions

- There is a lack of mental health legislation in the represented nations of S America
- Mental health is a low priority for resourcing in those countries in S America
- There is a difference in provision of services in the capital cities and provinces
- Provision may be available in asylums but community support is lacking

C. Views on the workshop

1. Why did you choose to attend this workshop?

- To learn about UK practice and to learn from your experience.
- Because problems in my country.
- As a doctor I know how important it is to know about mental developments in other countries.
- Because I'm working on my doctoral thesis in field of schizophrenia.
- Because of its contradictory title.
- The title.
- The title caught my attention.
- I'm interested in subject.
- I am worried by the closure of asylums in Argentina, and for refusal to treat children with autism, psychoses and deficit disorders in mental health service and in general hospitals.
- The title; and I live in an area where importance of mental health is not recognised.
- Title caught my attention.
- I'm interested in psychiatry and how it works in UK.
- The title; interest in 21st century practice.
- There are many patients in my country, it is important. Some workshops less important. Mental illness has increased in my country.
- The title, speakers, abstract; other presentations (forgive me) are too bad.
- Curiosity
- Because I am interested in mental health patients and life outside the asylum.
- Because you (UK) failed and I can learn from your mistakes.

Conclusions

- Our aim to inform others appears to have been achieved
- The value of an intriguing title is clear
- The importance of the abstract is reflected

2. Did the workshop meet your expectations?

No-one replied negatively to this question.

Figure 5 Workshop met expectations

Yes	19
Partly	2
No	0

Reasons for this answer:

- I have discovered we are making some of same mistakes as UK
- Painted the problem but no proposal for solutions
- History; interesting and alarming - makes you think
- Focus on UK practice
- It was interesting to know how mental health really is in UK
- I have realised the psychopathy of politicians who set mental health law
- We have anti-discrimination law but people with mental illness are ignored
- Everything was interesting. I didn't know how psychiatry and medical treatment works in UK
- The speakers, presentation and abstract
- Speakers v good, excellent presentation
- It has been interesting to discuss mental health provision abroad and the problems involved
- Exchange of information
- You were sincere in your experiences

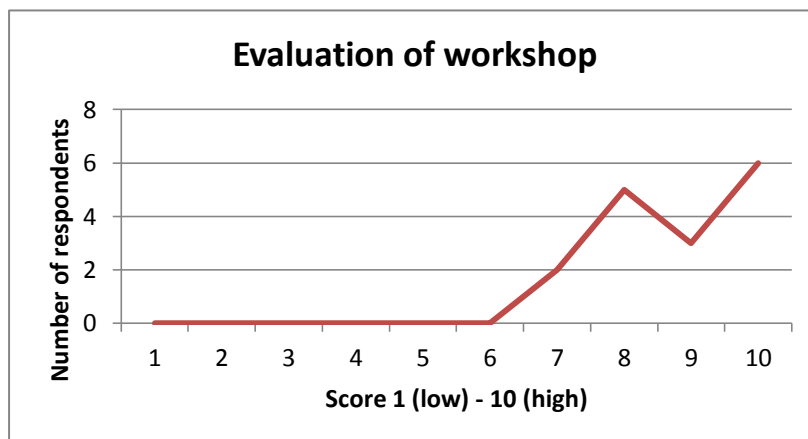
Conclusions

- Participants appreciated the sharing of knowledge
- They appreciated the opportunity to discuss experience
- We achieved our aim of raising awareness but did not offer solutions

3. How would you rate the workshop on the scale 0 = very poor to 10 = excellent?

Only 16 people replied to this question. Their scores were from 7 to 10 points, with 6 people awarding the maximum score.

Figure 6



4. Would you recommend the workshop to other people?

No-one answered negatively.

Figure 10 Would you recommend the workshop?

Yes	18
Maybe	1
No	0

5. What did you like most about the workshop?

- How we don't learn from others experience
- History
- Political point of view
- Clarity of presentation. Allowed me to think neutrally about my own practice
- Date and time chart
- Time line, by year and decade
- Statistics
- The theme, relation to mental health, institutions
- Being able to take part in discussion of our experiences and our points of view
- History and the discussion; statistics for the UK and comparators
- History of madness, the statistics and your comment on 'only results'
- Taking part
- The honesty

Conclusions

- We provoked participants to reflect
- The historical information was popular
- Participants appreciated our honest and political comments

6. What did you like least about the workshop?

- Lack of time for this topic
- Would have liked evidence from S America
- A bit hard to concentrate
- No solutions proposed
- The conclusion and comments by participants, and statistics from UK
- The translation and one participant's question
- Sorry - the question from the first person who spoke - she didn't understand Gandhi!
- Nothing

Conclusions

- We could have benefited from more time, both because of the complexity of the issues and because of the need for translation
- The comments made by one participant caused annoyance
- We did not reach the point of suggesting ways forward

7. Any other comments or suggestions

- Thanks for your enthusiasm; I would like paper so will write
- Is there any way to prevent new law effects?
- Maybe was very fast, but I think you have a time limit - thank you very much!
- Thank you for the opportunity to participate

THANK YOU VERY MUCH FOR TAKING PART IN OUR WORKSHOP. In light of your comments on law and policy, we shall forward this report to the WFMH and its S American partners. If you would like us to work with you, please contact us as indicated on page 1 of this report.

Dr Jenny Willis & Dr N Yoganathan

1 October 2013