Mental health community outreach teams: from total institutions to radical democracy?

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Author: XX

In the country where I live there is a large transformation of mental health care system under way. It is supposed to "deinstitutionalize and humanize" psychiatric care. It should also create conditions for deeper cooperation of medical and social services for people diagnosed with severe mental illness, which have been deeply detached from each other so far. To manage these aims the reform builds on creation of "mental health centres" based on community outreach treatment that are supposed to replace a significant amount of beds in psychiatric hospitals. First few centres are already coming up across the country. Mostly they are created by existing community outreach teams (operating as social services) that initiate knotting together with local psychiatric unit or vice versa. In any case it seems that in the process of establishing joint practices there are two different cultures encountering each other with different languages and values. Apart from that there are various models of practice, such as Open Dialogue or FACT model, known and valued across both spheres.

In the following years it will be crucial that these different cultures are able to listen to and get inspired by each other and concepts they bring into a shared space. The transformation process arouses many hopes among both clients/patients and mental health professionals. Big changes are expected by some. However there are also reasons to worry for all involved. One of the worries resonating among professionals as well as service users is that there will be no real change of practice regarding surveillance on the one hand and support for empowerment and autonomy of those designated as ill on the other. Some totalizing features of large psychiatric institutions may be moved closer to peoples' homes and thus become even more pervasive.

I personally work as a psychologist in a community outreach team (run as a social service) that is currently merging with local psychiatric unit. At the same time I am doing an ethnographic research focused on community outreach teams in context of the reform. How are they going to develop their joint practices and philosophies of work? As a team member I am a warm promoter of Open Dialogue and dialogic practices, trying to inspire colleagues to engage in family/network meetings, reflecting teams etc. From a broader perspective I believe that dialogical practice represent a stream in reform processes that can prevent teams from engaging in totalizing practices – by means of democratic principles that I find deeply rooted in it.

In the workshop I will discuss preliminary remarks from the field research in the team where I work. It seems that transformation into a mental health centre brings uneasiness to the team that stemms from organizational as well as ideological issues. Team members with both medical and social work background worry that their perspective may be put aside. As there are different concepts of community outreach work present in the team sometimes it is unclear what to do, for instance whether, when and how to talk *about* clients.

Also I would like to engage participants in dialogue about resources to support human alliances among those involved in mental health care as both users and professionals.