



FOREWORD

Until recently talking about mental illness or “madness” was pretty simple. The psychiatric hospital or asylum was the only answer to the problems of mental health. If you were unfortunate enough to suffer from a psychiatric problem the future that awaited you was extremely gloomy and in the majority of cases you would be reduced to having to spend the rest of your days in a psychiatric institution. The old asylums had characteristics which in no way favoured a process of improvement in the people sent there. Isolation, an absence of adequate treatment, lack of intimacy, overcrowding, ill-treatment, infringement of individual rights, lack of freedom, negation of the person and of their life projects, marginalisation, etc. were easily recognisable characteristics in these types of institutions. In summary, the old psychiatric hospitals were built as places to exclude and marginalise, whose main function was to take out of society those people with psychiatric disorders, making this group invisible to the rest of their community.

On the other hand, the therapeutic resources, both pharmacological and psychosocial, were in those times insufficient and obviously inefficient in achieving significant improvements in people suffering from serious mental illness. Many of these treatments were aggressive, painful and of little benefit to the person. We only need to remember some of these: electroshock, insulin-induced comas, isolation, hot and cold showers, lobotomy, etc. These interventions frequently produced irreparable damage to people, and in the worse cases, death. Other ways to tackle the illness, such as psychosocial methods, were almost non-existent and those that were introduced came from the motivation and good intentions of the professionals who were trying to ease the suffering of the patients in the institutions, and thereby aim to achieve an improvement in them.

These were times when everything related to mental health, madness and psychiatric help moved in a dark world, marginalised from the systems of social or health protection. It was not that psychiatric help was last on the list of social health assistance, but that in many cases it was not even thought of and collective support became the responsibility of religious institutions or charities. These institutions therefore played a fundamental role and on many occasions constituted the only answer to mental health problems.



This situation, where the only response to the problems of mental health was an institution which excluded, has changed radically in the last three decades. Some of the motives which have facilitated the so-called “psychiatric reform” have been:

- Recognition of the civil rights of those groups with disabilities, one of the principals being the right of people with mental illness to live in their community.
- The verification that mental illness is not limited to the existence of symptoms, but also manifests itself in psychosocial dimensions related to the disability and difficulties of maintaining adequate function and integration in society.
- Advances in pharmacological treatments and the incorporation of new psychosocial prevention methods to deal with other disciplines in the field of sociology or psychology.



- The spreading of the philosophy of normalisation of those with mental illness, so it is recognised that these people have the right to integration in their community and to go wherever any other citizen goes.
- A new model of understanding of mental illness which shifts the vision from incurable to curable, from permanent illness to recovery, from the biological to the bio-psycho-social.
- The associated actions of professionals, family members and others who have actively pushed for the attention to mental health problems to be carried out in the community, to be of high quality and integrated into the current health and social systems. Mental illness should be considered socially just like any other illness.

These components have progressively combined to shift assistance from asylum-based to that of help within the community. This considers not only the symptoms and setbacks but also the quality of life, autonomy and social integration of people with mental illness. This new paradigm, which attempts to provide answers to the many and varied needs of those suffering from mental illness, will need to be complementary to the distinct systems of protection with one overriding premise: that people with mental illness are above all citizens with full rights and therefore have the right to use, like any other person, the general health and social services. However, the response from these general systems is not sufficient, as mental illness usually entails certain associated needs and disabilities which require specific action. It is from this recognition of specific needs that systems of resources and provisions that have been put in place will emerge to improve the quality of life, integration and the autonomy of this group.

In this way there will be a complete framework of health resources, from mental health centres, the true axis and engine of community support, to the short-stay units in general hospitals, passing through a whole series of complementary mechanisms: day hospitals, therapeutic communities, hospital recovery units, etc. But if the handling of this illness is important, what is no less important is the handling of “Life”. Different centres and services will help people with mental illness and especially those with serious problems, to live in the community. If possible, this will be in their own homes and if it is

not, in other accommodation where, with professional help these people can lead a life of the highest quality possible.

If having suitable accommodation is important, it is also fundamental to be able to live and be integrated into the community. This means participating in the social life of the community, being independent, having friends, carrying out a valuable role in society, etc. At times suffering the impact of a mental illness means we withdraw little by little from the life we were living. We abandon our studies or work, we stop going out with friends, we lock ourselves in at home, etc. Resources and specific programmes will try to allow people suffering from mental illness to recover and improve their level of function within the community, their autonomy and their quality of life.



And finally it is not only necessary to have a place to live but also to be able to live an integrated life. It is as well necessary to have “something to live on”. And here is where the most significant, and to my mind revolutionary, step has been made. Those with mental illness not only have the right to work, but they are also capable of, and want to work. To achieve this we need specialised professionals to teach them and help them to find work and have the opportunities to carry out this work.

This combination of aspects of help (health, residential, work and social integration) will be deployed in the community on a journey, the final aim of which will be full integration and autonomy, with as many intermediate stations as is necessary to attend to the different personal situations of each person affected.

We're going to have to move Luis, the protagonist of the story you have in your hands, within this complex framework of resources and provisions. It is without doubt a support system that is modern, integrating, community-based, efficient, and also in many places possibly insufficient, but it is radically better than Luis would have had to suffer if he had been born just a few decades earlier. Now Luis will have the opportunity to recover from his illness. He may have to be in treatment for a long time, definitely longer than he or his family would like, but his outlook for the future is hopeful. Luis will be able to live in his own environment without being locked up in an institution. He will have adequate medical and psychosocial attention. His family will receive help and support to improve their daily lives and little by little Luis will overcome his illness and its repercussions. He and his family will pass through different phases and states of mind: incredulity, rage, resignation, frustration, desperation, etc. They will have moments in which the advances will seem spectacular and others when they will seem too slow, and also moments of crisis and times where they will feel like they are back to square one. But at some point on this journey of highs and lows, of darkness and light, a special miracle will happen, a vital change of perspective and Luis will get out of bed one day and say *“ok, I have a mental illness but I'm not ill. I'm a person”*. He will not be continually living in the shadow of his illness, he will once again have goals, desires, ambitions just like anyone else. He will want a job, a family, friends, to have fun, etc. and he will realise that he can have all this despite his mental illness. It will be said that his problem will be handled similarly to other illnesses such as hypertension or diabetes: certain precautions will be needed and treatment followed, but

these illnesses do not stop people from being able to live a normal life. He will not have been cured of his illness but he will have recovered from suffering the consequences of it.

But to achieve this Luis cannot fight alone. He will have to be the principal swordsman and without his participation and effort he will not manage to beat the illness, but his enemies are many and strong: symptoms, side effects of the medication, anxiety, lack of will to do things, a lack of concentration, etc. and among all these the one that will stand out will be the stigma and rejection mental illness provokes. This stigma, the fruit of ignorance and mistaken ideas about the reality of mental illness, represents a real barrier in the path of integration in all aspects of life: when making friends, getting a job, finding a partner, going to the psychiatrist or attending ballroom dancing classes. This stigma towards mental illness and the rejection it produces makes our society poorer, more uncultured and less supportive. Poorer for not accepting highly valuable and enriching members into the community; more uncultured because statistics provided by scientific studies show that people with mental illness are not only not more violent than the general population, but in fact totally the opposite, they have a greater possibility of suffering violence at the hands of others; and less supportive for not favouring the inclusion into its heart of groups who are disadvantaged or in difficulty.

It is in the hands of our society to go about changing these attitudes, and more specifically yours. Nowadays scientific advances and the resources of social and health support that are available can make it possible for Luis to recover and lead a life which is perfectly integrated into the community. Rejection of Luis, of anyone with a mental illness, will make all this effort in vain and we will condemn Luis to exclusion, now not in an asylum as before but within the very walls of his bedroom in his own home.

¡Go for it Luis! Others have achieved it and you too have the right and opportunity to build your own life. We will help you. I will help you.

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