

MENTAL HEALTH CARE DEVELOPED BY THE BROTHERS OF CHARITY

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Introduction

In September 2007, the Lancet published the findings of a famous study on “Global Mental Health” entitled: “No health without mental health”. In the introduction we read: “About 14 per cent of the global burden of diseases has been attributed to neuropsychiatric disorders, mostly due to the chronically disabled nature of depression and other common mental disorders, alcohol-use and substance-use disorders, and psychoses. Mental health awareness needs to be integrated into all aspects of health and social policy, health system planning and delivery of primary and secondary general health care.” The fact that 50 per cent of the population of the United States of America have a psychosocial problem for which they require professional support and the fact that, as known out of our experience, mental diseases have great impact on the socio-economic life situation of the patients and their immediate environment, emphasise the importance of developing a mental health care system that is available to everyone.

It is a human right, that a person with mental problems should receive adequate and professional support in order to solve them as much as possible. At the same time, it is necessary to develop programmes on a positive and preventive level, in educational institutions and in the society at large, in order to prevent mental disorders, particularly those of behaviours and attitudes that can lead people to experiencing mental stress and strain. It is against this background that, the Brothers of Charity, already in service of society for more than 200 years, have tried to develop a worldwide network of mental health care services.

1. Life Situation of Psychiatric Patients and Involvement of the Brothers of Charity

The Catholic congregation of the Brothers of Charity was founded in Belgium, Europe in 1807. From the beginning, the members of the congregation started providing care for people with mental disorders. These people were imprisoned in those days, totally abandoned by society and seen as being possessed by bad spirits. Their life situation and perspectives were very low, inhuman even. We can say that they had completely lost their human dignity. In Ghent, Belgium, in 1815 the first Brothers of Charity, initiating their mission, started getting the release of the psychiatric patients who were in prison and in chains. They were true pioneers in providing services to mental patients. With the first Belgian psychiatrist, Joseph Guislain and their founder Peter Joseph Triest, they developed a moral treatment, based on a positive view of human being, and out of the conviction that madness was an illness that needed treatment. Thus mental health care in Belgium was born and the Brothers of Charity became the front liners in its further development.

The strategy adopted by the Brothers of Charity at that time was (1) to liberate psychiatric patients and to literally break their chains; (2) to bring them to another and better environment; (3) to take care of them and see them as human beings again; (4) to develop adapted therapies and a professional approach; and (5) to show society that these people were not dangerous, that they were sick and not possessed, that they needed our respect and that their true place was within their families in society. So, from the beginning, it was a process of developing respect for mental patients and restoring their human dignity, which involved stimulating a change in the attitude to mental illness and breaking the taboo surrounding psychiatric patients, and promoting their care in solidarity with the society. Thus this effort began as a process of restoring human rights and is still going on today.

Indeed, in many countries worldwide, the life situation of psychiatric patients is still very bad. They are victims of discrimination and are completely marginalized by society. They are considered as being possessed individuals and treated by traditional healers, and often end up in the hands of witch doctors. Because of their aggressive behaviour, they become marginalized in their own families, in their villages, with real alienation as a result. We find

them in cities, at times running naked and completely abandoned in the streets. Some are shackled and chained to trees or kept in inhuman conditions. Many are put in prison, where there is total lack of care and therapy. In some prisons in Rwanda, we found more than 100 men and women with psychiatric disorders together in most inhuman life situation. Many of those who become chronic spend the last days of their lives in large asylums without any perspectives. In countries like Italy where the large psychiatric asylums have been closed down without creating any alternatives for chronic psychiatric patients, we now find the chronic psychiatric patients in the streets again, sleeping under bridges, living in poor conditions as homeless ‘clochards’. The prevailing mentality of society is to put the psychiatric patients away and never make mention of them. As long as these patients are not seen, they do not exist anymore for many people. The place, where one of the psychiatric hospitals of the Brothers of Charity in Congo is situated, is called “Katuambi”, which literally means “do not speak about it.”

We should not forget the fact that the family and the immediate environment of a psychiatric patient are affected by the mental disorder of a person close to them. A real and severe stigma affects the family and it is difficult to change that mentality. We can even discover that mentality and stigma deep within ourselves. For instance, it is not hard to imagine ourselves becoming sick and suffering from a stroke, a heart attack or even cancer, but it is difficult to imagine that we can also become mentally ill. Most of us completely ignore this. Finally, we can say that mental illness is the most severe of all illnesses. If people have the possibility to cope with their illness in case of a somatic disease, someone with mental disorder is just missing that capacity, because her/his psychological coping mechanism has been adversely affected. In Belgium, the Brothers of Charity have developed a network of mental health care in the field of prevention, cure and care, with adapted programmes for those with acute psychiatric problems. At the same time, they developed rehabilitation programmes for those who needed extensive care with psychiatric services, therapeutic communities, psychiatric nursing houses, sheltered houses, halfway houses and centres for mental health care (ambulatory care). They are specialised in the care of different kinds of disorders, including programmes for drug and alcohol addiction, forensic psychiatry, child and adolescent psychiatry, programmes for sexual delinquents, services for persons with existential problems, etc. With this expertise, the Brothers of Charity have gone to other countries as well, currently 26 countries worldwide, with programmes adapted to different geographical and cultural backgrounds.

2. Strategies in the Development of Mental Health Care

In order to organise their mental health care programmes, especially in Africa and Asia, the Brothers of Charity have developed five strategies: (1) changing the prevailing mentality surrounding psychiatric illness and psychiatric patients; (2) integrating the care of psychiatric patients in general health care programmes; (3) developing adapted therapy, cure and care for different types of mental disorders and at several levels; (4) training local workers in mental health care as the cornerstone of the service; and (5) providing a strong international organisational structure focused on quality, continuity, participation and solidarity. Some details about these strategies with illustrations are given below.

2.1. Changing Prevailing Mentality

The prevailing mentality of society has been to see psychiatric patients as being possessed by bad spirits, and to abandon or throw them in prison or asylum. Society has been afraid of them and everything about psychiatric illness has been considered as taboo. Taking the initiatives in the field of mental health care, the Brothers of Charity have tried to change this prevailing mentality. Following are some examples.

Ivory Coast, Africa: During the inauguration of the new psychiatric hospital in Yamoussoukro, Ivory Coast, Africa, both the local bishop and the health minister thanked the Brothers of Charity for having gone there to “clean up the city”. It was quite difficult for the people there to recognise that the chronic psychiatric patients who were wandering on the city streets, really dirty and naked, were still human beings. After a few years, the city has been “cleaned”, and the psychiatric patients are back in society, more adapted and more accepted. They have regained their human dignity thanks to the initiative taken by the Brothers of Charity.

Ranchi, India: During a visit to a big psychiatric hospital in Ranchi, India where more than 1000 chronic psychiatric patients were locked up, one patient told us: “I am condemned to being in prison for the rest of my life, and I have done nothing wrong.” All over the world, so many chronic psychiatric patients are kept in this manner as prisoners in big hospitals without care and respect for their human dignity. They have been deprived of their freedom and human dignity because of their mental illness. In Ranchi,

the Brothers of Charity provided an alternative with a halfway house where chronic psychiatric patients are transferred from the mental hospital and are rehabilitated in order to return to society in course of time.

Manila, the Philippines: In Manila thousands of chronic psychiatric patients have been kept in wards of 60 beds, behind bars as in a prison, and with one shower and one toilet at their disposal. During a visit, when shaking hands with these patients, the psychiatrist who guided the visitors, warned us not to do so, because “all of these patients have TB and skin diseases, which is normal in psychiatry”. Indeed, when 60 persons are kept together in a small space in a very hot climate and with only one shower and one toilet, it would be normal that everyone has TB and skin diseases. As an alternative, the Brothers of Charity started a psychiatric nursing home in Tabaco, Legaspi, where particularly chronic psychiatric patients are rehabilitated.

2.2. Integrating Care of Psychiatric Patients in General Health Care Programmes

In countries where they took the initiatives in the field of mental health care, the Brothers of Charity have tried to convince local governments to recognise care of psychiatric patients as part of the country’s total health care. They have tried to stimulate and create a form of cooperation in the field of mental health care with the ministry of health and develop a programme of mental health care in their health policy. They have sought special attention for the legal protection of those patients who have to be isolated from society because of their behaviour that can be dangerous to themselves and their environment. Special attention is given to those patients who are in prison because of an offence committed due to their mental disorder.

Rwanda and Burundi: In Rwanda and Burundi the Brothers of Charity supported the development of a form of cooperation for mental health care at the level of the ministry of health. They collaborated in the development of the legal framework for three categories of psychiatric patients: (i) who have to be taken to hospital by force, (ii) who are detained in prisons and are transferred into the health care system provided by the Brothers, and (iii) who cannot leave the prison and are provided care within the prison.

2.3. Developing Adapted Therapy, Cure and Care for Different Types of Mental Diseases at Several Levels

In mental health care, we are confronted with several realities requiring specific action. Following are some cases that need special attention:

- Acute psychiatric diseases need intensive cure with adapted therapies on medical, psychological, social and existential level. Psychotropic medication must be made available in such cases.
- Stabilised and chronic psychiatric patients require more care and adapted rehabilitation programmes in order to bring the patients into the most adequate social environment. This can mean going back to society, but also being placed in projects of sheltered living, sheltered workshops and special rest homes for chronic psychiatric patients.
- There are psychiatric diseases linked to other diseases and situations, as psychiatric patients with AIDS, drug addiction, and posttraumatic diseases linked to war, violence against women, refugees and displaced people. All of these groups require specific treatment. In Rwanda for example, the Brothers of Charity started special programmes for victims of the genocide. In the Kivu region of Congo, there were special programmes for women who fell victims to violence. In Tanzania, psychiatric clinics were set up and trauma counselling programmes organised for those who were living in refugee camps.
- It is important to provide psychiatric consultations in the existing health care facilities, such as medical centres, rural hospitals and social services.
- Developing prevention programmes in schools, religious institutions and local communities is another special service. For example, in Kikwit, Congo, the staff of the psychiatric hospital organised a theatrical performance in order to demonstrate the difference in the treatments of psychiatric patients provided by a witch doctor and in a hospital. They performed this play in the local communities in order to create awareness. We can also develop educational programmes for schools through which youngsters can learn how to deal with mental illness.

- Another programme is developing a positive attitude towards mental illness in our schools and, at the same time, promoting inclusive education at all levels for all children without discrimination. By means of adapted education and specialised medical treatment, we give the youth the possibility of adopting good living in society, so that individuals are not excluded from society because of their illness or disability.

2.4. Training Local Workers in Mental Health Care as the Cornerstone

In the African and Asian countries where the Brothers of Charity are active, there are very few psychiatrists, psychiatric nurses, psychologists and psychiatric social workers. An important task here is to train local people to become specialists in mental health care. Therefore, training programmes are developed at several levels. For example, in Rwanda and in Congo schools for psychiatric nurses were founded, and in Tanzania a school for social workers was established.

Another effort in this direction has been developing training programmes and exchange programmes for medical doctors and other health care workers at the request of the local authorities and other non-governmental organisations, in order to enhance the capacity of the local level personnel in mental health care. For example, Belgian specialists are sent to Africa and Asia, and training programmes are organised in the psychiatric hospitals in Belgium for African and Asian health care workers.

Exchange programmes are developed by the Brothers of Charity at the request of the local government in Mongolia, China, the Philippines, Indonesia, Ivory Coast, South Africa and other countries. Training programmes are currently being prepared for Mumbai, India and Abu Dhabi, United Arab Emirates. Another exchange programme has been that of creating the “International Institute Canon Triest” in Belgium in collaboration with the Catholic University of America in Washington, the Lateran University of Rome, and several universities and colleges in Belgium, with programmes for psychiatric nursing and international health care management.

2.5. International Organisational Structure for Quality, Continuity and Solidarity

The Brothers of Charity combine a strong international central structure, creating real solidarity between the different partners, with a participative management system involving the local partners in decision-making and sharing of responsibility. With this system, the Brothers of Charity guarantee continuity of their engagements. In all programmes, the focus is on the quality of life. Recently, the Brothers of Charity have started the International Development Agency in order to bring those people from several continents together who wish to help and support the Congregation in their efforts for the promotion of the protection of persons with mental illness, primarily focused on human rights of psychiatric patients. For this purpose, several International Friends’ Committees have been formed in Europe (Belgium and the Netherlands), in America (the United States) and in Asia (in Mumbai and in Abu Dhabi). The International Development Agency will also undertake international fundraising in Europe, the United States and Asia.

3. Development of Mental Health Care at International Level

In the development of mental health care programmes and services at the international level, the Brothers of Charity have paid attention to the following points:

- Any development of mental health care has to be planted in the local culture. Enculturation is the word.
- Priority has to be given to reinforcing the abilities of the local population. This may be done through training and sharing of responsibility, until the local population can totally assume its own responsibility. Training is the word.
- The mission of the Brothers of Charity, which is focused on the option for the poor, has to be translated into special action for the most abandoned in society, those with the least level of integration in society. Therefore, special attention will be given to the chronic psychiatric patients among the poor. Option for the poor is the word.
- There is the need to combine concrete help for the individual person in need with more structural help for the community as a whole. Total care is the word.

- All signs and attitudes linked to paternalism, colonialism and superiority from the side of the developed countries must be abandoned and local partnerships with local structures must be developed. Equality is the word.
- We have to attend to all dimensions in human being, with a special focus on the spiritual dimension, which is neglected so often and which can be the source of real healing. Holistic approach is the word.

4. Methodology in Developing Mental Health Care Programmes and Services

In order to develop new initiatives in the field of mental health care, particularly in places where there is total lack of programmes, services and facilities, the Brothers of Charity have developed their own methodology in several steps. The first step is always a survey of the situation in order to have a clear view of the problem, viz., what already exists there, who the stakeholders are and what an ideal place (not too isolated and preferably in the vicinity of a city) could be to start the programme. From the beginning, it is most important that there is good collaboration with the government and other health care initiatives, such as those of religious organisations like churches.

Taking into account the serious discrimination and stigma that surround psychiatric patients, especially the chronic psychiatric patients who without care and therapy are a source of disturbance to the society, it is preferable to start the action for this most abandoned group of patients. They are the most visible group, and any action that has a positive effect on them will also have a positive effect on the prevailing mentality in the society. In a city with many chronic psychiatric patients wandering on the streets and with no one to take care of them, every action that is observed by the people will have great impact, especially when they see that several of these patients, in course of time, are re-entering society where they take up an activity or are reintegrated into their families. There is no better activity for creating awareness that can change the prevailing discriminatory mentality.

Starting the care for psychiatric patients without trained professionals is impossible. It will take time to train staff and the experience in rehabilitating chronic psychiatric patients, gained in the process of training, is very

important. It is learning by doing, supported by more specific training and exchange programmes. Especially in places where there are only psychiatric asylums, as it was in Romania after the fall of communism, and the staff is not really trained in the field of mental health care, training is the key to the solution. In 1992, the Brothers of Charity started training programmes for general nurses working in psychiatric hospitals so that they could specialise in mental health care. Today these nurses are trained and working in all the hospitals, and they have been able to change the whole system. In the training programmes, it is also important to train caregivers who are working at general hospitals, medical centres, dispensaries and social services, so that attention for mental disorders can be introduced in these services too.

An important help in changing the people's mentality is to place the concern of mental health care at the level of the government. It is important to stimulate governments in order to have the service for mental health care at the level of the ministry of health with a coordinator for mental health. Also, the creation of a legal framework for patients, who are forcibly admitted to hospital because of their very negative behaviour or they are a danger to themselves and to the environment, requires special consideration.

The entire process of changing the discriminatory mentality of the people has to be supported by special awareness programmes for various social groups such as those in schools and religious organisations. Mass media, exhibitions, drama and local cultural activities may be used in order to bring people together for the awareness programmes.

Only when there are enough trained professionals available, more specialised and comprehensive care can be developed. Where there are no services available in a region or country, we have to start with a small psychiatric hospital, or a service centre of mental health care in a general hospital or an activity of providing specialised services in general health centres. Decentralisation of services is an important issue that has to be attended to from the beginning. In countries and regions where the existing services of care are of very low quality, we can start pilot projects or model services so as to improve the existing services and see in what way we can collaborate with them. Further action can be taken in line with the developments in the field of mental health care, such as activity centres, sheltered living, adapted therapy and specialisation for specific groups.

5. Situation of Rwanda as an Example

In 1968, the Brothers of Charity started the care of psychiatric patients in Rwanda, Africa. Until that moment, there was nothing in the field of mental health care. Patients of severe illness were in prison, and many were kept in chains in the villages or abandoned in the streets of small towns. The action point initiated by the Brothers was to develop a hospitalisation programme for the acute psychiatric patients, to provide care programmes for the imprisoned psychiatric patients and to train local caregivers. After a few years, the need of decentralisation became very clear. That is why two psychiatric dispensaries were created, 12 psychiatric service units were started in existing health centres and a mobile group of caregivers regularly visited the health centres and the general hospitals all over the country. Thanks to these activities, mental health care was spread out over the entire country. A last action was to create a special department for transferring the psychiatric patients who were still behind bars, and also the creation of a special ward for chronic psychiatric patients. On the occasion of the commemoration of the psychiatric centre's 25th anniversary in 1993, the Brothers of Charity and their staff could be proud of the results of their activities.

In April 1994, due to the genocide and the war in Rwanda, everything was destroyed, majority of the patients and the staff were killed, and it was only at the end of 1994 that the Brothers of Charity decided to return to Ndera, Rwanda to build up the service again. At that moment, there were no specialised caregivers anymore, not even one psychiatrist in the entire county. At the same time, they were confronted with a huge number of cases of posttraumatic diseases and again many psychiatric patients were in prison and in chains in the villages. The work had to start all over again. The decision was taken to reconstruct the psychiatric hospital and one of the psychiatric dispensaries. In order to reinforce manpower, a school for psychiatric nurses was started, and several psychiatrists and other professionals were temporarily sent from Europe to reinforce the staff. The psychiatric nurses who finished their studies were sent to work at the hospital, and also to the medical centres, so that a new decentralisation programme could start. At the level of the government, a coordinator for mental health care was appointed and a legal framework for psychiatry was developed. Step by step, new services were developed, which included service for children with posttraumatic disorders, treatment of alcohol abuse, a

psychotherapeutic centre in the capital of the country, a neurological clinic with a specialised laboratory, service for forensic psychiatry, sheltered houses, a new adapted house on campus for chronic psychiatric patients, and a day centre for mentally challenged children. Today, the Brothers of Charity are collaborating with every health care facility in the country so that persons with a psychiatric disorder can receive adequate professional attention near to the place where they live and can be sent to receive the service that they need for their therapy.

Conclusion

All over the world, many psychiatric patients are still suffering from severe discrimination and are marginalized by society, and bear a strong stigma on their shoulders. The experience of the Brothers of Charity in 26 countries in the field of mental health care is positive and is an encouragement to continue the difficult way of integrating mental health care in a country's total health care system. When a government is ready to do something positive for their psychiatric patients in collaboration with those who have experience in the field, it is a strong sign that the concern for human rights is growing, because psychiatric patients – particularly the chronic cases – are true victims of a lack of respect for the human rights. Even 60 years after the declaration of human rights, they still fall victims to severe violation of these rights. The fact that, on the occasion of the commemoration of the declaration, the topic of mental health care was put on the agenda, is a sign of hope. We cannot close our eyes anymore and every action in the field of mental health care is a step forward in the realisation of human rights.