THE EVOLUTION OF PSYCHIATRIC REFORM IN ASTURIAS

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THE ORGANIZATION OF THE HEALTH ASSISTANCE IN SPAIN

• IN SPAIN THERE IS A UNIVERSAL COVERAGE OF HEALTH WITH PUBLIC FINANCING IN CO-EXISTENCE WITH PRIVATE ASSISTANCE

• HEALTH PLANNING AND MANAGEMENT IS DECENTRALIZED IN THE 17 AUTONOMOUS COMMUNITIES OF SPAIN…

• COORDINATED THROUGH THE MINISTRY OF HEALTH
Psychiatric Reform in Asturias

The MODELS followed were the Psychiatric reforms in Italy, with Franco Basaglia, and in the USA, mainly in California.

Franco Basaglia had a brief but especially intense relationship with psychiatrists from Barcelona, Madrid, Asturias and Andalucia. Moreover, he forged relationships with all those that formed the first nucleus of transformation in psychiatric care in Spain, in the form of the Psychiatric Coordination Group. This group, created in 1971, could be considered the equivalent to the “Democratic Psychiatry” group in Italy.
Psychiatric Reform in Asturias

- Probably the very first contact was made in April 1973, in a meeting held in Venice. The Spanish delegation was made up of Ramón García, from Barcelona and José García, from Asturias. They reported on the conflicts that there had been in Spain and of the movement that was beginning. The contact between Asturias and Trieste was intensified during the eighties.

- Towards the beginning of the nineties an integrated network of groups was formed. This comprised groups from Greece, Portugal, Italy – principally Trieste and Arezzo – along with Asturias and Andalucia from Spain. Several meetings were organized during five years.
Psychiatric Reform in Asturias

- In May 1991, the psychiatrists Víctor Aparicio and José García organized a tribute to Franco Basaglia in Oviedo. Present at the act were his widow, Franca Ongaro, and Dr Rotelli.

- As a result of this connection psychiatrists from Asturias continue to participate in activities that are organized in Trieste.
Psychiatric Reform in Asturias

- The Psychiatric Reform in Asturias began in 1984 with 696 patients in the Psychiatric Hospital. The first Community Mental Health Center was opened and the admissions in the psychiatric hospital were forbidden.

- In 1989 there were 290 patients in the Psychiatric Hospital and several Psychiatric Units in General Hospitals were opened.

- En 2002 the Psychiatric Hospital was destroyed to make way for the new Asturian General Hospital
THE STARTING POINT

- IN SPAIN, THE PSYCHIATRIC REFORM BEGAN MORE THAN 30 YEARS AGO.
- THE IMPLEMENTATION OF THE COMMUNITY ATTENTION MODEL HAS MEANT A CONSIDERABLE ADVANCE COMPARED TO THE FORMER INSTITUTIONAL MODEL...but
- THIS DOES NOT MEAN THAT THERE IS NO NEED TO EVALUATE THE ACHIEVEMENTS.
CURRENT SITUATION IN SPAIN (I)

- THIS MANAGEMENT IS IMPERFECT AS INFORMATION AND EVALUATION SYSTEMS HAVE SERIOUS EFFECTIVENESS PROBLEMS.

- SO, THERE IS AN IRREGULAR DEVELOPMENT OF THE ASSISTANCE SYSTEM... WITH DIFFERENCES IN THE SYSTEM WHICH AFFECT THE MODEL.
CURRENT SITUATION IN SPAIN (II)

- THERE IS AN INADEQUATE DEVELOPMENT OF THE REHABILITATION SERVICES...
- CONTINUOUS INCREASE OF COMMON MENTAL DISORDERS
- WE NEED TO IMPROVE PSYCHIATRIC ATTENTION FOR CHILDREN, YOUTH AND GERIATRIC POPULATION.
BUT…WHO IS IN CHARGE OF THE SEVERE MENTAL ILLNESS IN SPAIN?

- INFORMAL CARERS: ALMOST ALL OF THE TOTAL

- THE PROFILE OF THE CARER IS A WOMAN (MOTHER OR WIFE), -56 YEARS OLD, HOUSE WIFE, MEDIUM-LEVEL EDUCATION AND WITH AN IMPORTANT PSYCHIATRIC MORBIDITY.
AND WHAT TO EXPECT FROM THE CARER?

- ALL:
Then, questions we asked ourselves in Avilés were …

(I)

- Is it feasible to keep in the community the group of patients with the most severe mental disorders?
- Is it possible to reduce the emergencies and the number of repeated hospitalizations in such group?
- Is it possible to reduce the hospitalization time compared to previous hospitalization episodes?
Our questions...

- Can we increase patient’s adherence both to Mental Health Services and to treatment?
- Can relapses and suicides be reduced?
- Can quality of life of patients with Severe Mental Illness and their families be improved with our interventions?
The ACT option

- In an attempt to answer our previous questions, the Mental Health Service of AVILES chose in 1999 the Assertive Community Treatment, a well-defined service delivery model for the care and treatment of the most severe and persistent mental illnesses in the community.
Assertive Community Treatment in Spain

- Nowadays, attention to SMI in Spain is undergoing a considerable transformation. But only 4 of the 17 Autonomic Communities (Andalucía, Asturias, the Canary Islands and Navarra) have closed their psychiatric hospitals as our General Health Law stated in 1986 (30 years ago!).

- We strongly believe that as long as attention devoted to SMI remains mainly focused on Mental Health Centers, home treatments and similar interventions will remain at a very low level.
ACT in Spain

- Our General Health Law states that psychiatric rehabilitation has to be developed by Health Services with the support of Social Services and not vice versa.

- We strongly propose ACT in our country as the most effective delivery model for providing a comprehensive treatment, rehabilitation and support services to persons with SMI.
• On the other hand, good results obtained by the AO team of Avilés SINCE 1999 have encouraged many policymakers to include AO in their MH Services.

“The Avilés Model” has been a guide for implementing AO in some cities all over the country. Nowadays, In Spain are working, as far as we know, 40 ACT teams
Two important papers

• A solution to the ossification of community psychiatry
  Peter Tyrer

• The Psychiatrist (2013), 37, 336-339, doi: 10.1192/pb.bp.113.042937
Important paper

• Specialisation and marginalisation: how the assertive community treatment debate affects individuals with complex mental health needs

• Alan Rosen, Helen Killaspy and Carol Harvey
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<tr>
<th>Characteristic</th>
<th>Inpatient</th>
<th>Community centre</th>
<th>Home</th>
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<td>Respect</td>
<td>Compromised</td>
<td>Variable</td>
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<td>Loss of Privacy</td>
<td>Dependency</td>
<td>Hospitality</td>
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<tr>
<td>Positive Potency</td>
<td>Weak Demoralising</td>
<td>Variable</td>
<td>Strong</td>
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<tr>
<td>Whose Turf &amp; Terms?</td>
<td>Ours Institutional</td>
<td>Ours Clinical</td>
<td>Theirs</td>
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The Avilés Model as a guide for ACT implementation in Spain since 1999.
This is Spain and this is Asturias

**ASTURIAS**
Is a industrial region in the north of Spain with a million population and a beautiful landscape. Avilés is one of its main cities with 160,000 inhabitants.
The facilities we have for Mental Health care in Avilés are:

- Two MHC for adults
- One MHC for children and youth
- Unit of Addictive Behaviours
- Hospitalization Unit (16 beds)
- Psychosocial Rehabilitation Unit (20 beds)
- One ACT team.
Our ACT team is formed by:

Two psychiatrists

Four university qualified nurses.

Three nursing assistants.

Two social workers (partial dedication)

Currently We have 135 patients in treatment. And 35 persons who have suffered their first psychosis crisis.
25
KEY POINTS OF ACT IN SPAIN

1) Team depending from Health Services

2) Public Funding

3) Self-governed but strong relationship with other facilities

4) Continuity and comprehensiveness care. Recovery orientated

5) Adressed to patients diagnosed with psychosis mainly
6) Team members spend 80% of their time in the community

7) Home visits always made by a couple of workers

8) Key workers: psychiatrist, nurse, social worker

9) Staff patients ratio 1/15

10) Strong coordination with Therapeutic Communities (facilities attending users during 24 hours-day)
Patient

Primary Care

MentalHC

ACT team.

Acute Inpatient

Therapeutic Community
Day Hospital
Supported employment

Social Services

Housing

Civil Assocs. O.N.Gs

Primary Care.
THE AVILES MODEL...

Is a rehabilitation-oriented model, based on the ACT model by Stein & Test but different in some ingredients.

On the other hand, our public, free, and universal mental health system is different than the U.S. one. And we have less resources in our MHS than NHS in UK.
Our main success has been that...

- We got ACT included in the Spanish Plan of Mental Health delivered in 2007.
- Today, ACT is the community intervention most demanded by users and carers in Spain (www.feafes.es)
Conclusions

- The finding across scientific evidence that people with SMI can be addressed in standard health and social resources according to a community care model like WHO states.

- The demonstration that, against the dominant idea in the past, people with serious mental illness can achieve longstanding recovery.

- The appearance of the patient's home environment as the more privileged place of intervention to promote recovery from mental illness.
XIV Spanish Congress in ACT

- 29-30th June, 2017
- AVILÉS, ASTURIAS, SPAIN

www.modeloaviles.com

www.simtacaviles.com
Thanks

ASSERTIVE COMMUNITY TREATMENT TEAM - AVILES