

# Housing in Mental Health as an Educational European Road towards Civil Rights

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## Abstract

Housing in mental health is a complex process that requires qualified interventions and the activation of skills and competencies of local community actors. The international community with the experimented limits and potentials already knows experiences of de-institutionalization, therapeutical communities and shared supported apartments. Housing represents today an advanced strategy of the social inclusion process with widespread experiences in different European countries. It is closely connected to the internationally well-known and diffused approach of “recovery”. The excessive institutionalization of people with mental health issues encumbers on public finances and it has repercussions on the quality of care services. With this paper we want to present the HERO project and its outputs to the scientific community. HERO (2016-2019) is a project funded by Erasmus+ program and aims to develop: – Updated, interdisciplinary information appropriate for all interlocutors, that circulates among all the actors involved in the different stages of Housing. – A flexible educational model to Housing, addressed to local communities, developed starting from the experience of those directly or indirectly involved with housing. HERO’s target groups are local community actors where Housing is active or can be activated, interested in non-formal and informal learning: – Mental Health Services and professionals. – Other public Agencies (schools, job centres, companies, etc.). – Communities (volunteers, neighbours, shopkeepers, etc.). – People with mental health issues and their families. Two main outputs of the project: 1. the eBook: Housing and mental health. Quality indicators toolkit for local community. 2. Curriculum: training pathway for local communities. The indicators, which give the eBook its title, represent the synthesis of a survey that integrated bottom-up and top-down methodologies, were the starting point for HERO’s constructive comparison of Housing experiences in various European countries. They allowed the HERO partnership to develop the training Curriculum on Housing for local communities. The proposed model is to build a system of relationships in which people find possible to live well with, and despite, their mental health issues. If, as the UN report states, “we are all potential users of mental health services”, then the goal is “to make possible” a satisfying life in which everyone is able to express their abilities and desires.

## Keywords

housing, mental health, civil rights, mental illness, complexity, local communities involvement-inclusion.

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## 1. Introduction

If we acknowledge “Law n. 180” as a new paradigm of mental health, we must find a solution to the multiple issues that find their origin within this paradigm.

A paradigm is “a way of seeing” the world, a “construction of the world” from which new issues are generated. The new issues require new planning, namely new organizational patterns: “Planning means organizing: a plan is an organized and organizing organization. A pattern cannot be reduced to an organized scheme, as refined as it can be. We must build it and read it through its organizing potential”<sup>1</sup>.

Housing is a complex system in which an individual expresses his potential; in other words, an individual can express his identity “by mingling in multiplicity”.

“Independence is based on dependence towards the environment; the concept of independence becomes complementary to that of dependence. To become independent, one needs to be dependent”<sup>2</sup>.

Is there a connection between paradigm and organiz-

ing potentialities? We believe that a connection lies in “civil rights”. Whereas in a Psychiatric Ward, the hospital took over these rights and it defined them, in the new paradigm, civil rights define the hospital, and they outline it and its new issues. One of the issues concerns the concept of “housing”.

We believe that the “targets” of the housing project are people affected by mental illnesses as well as their families, mental health operators, public and private employees, and citizens in general.

When we refer to target groups we must always take into account that each individual is the result of his relationships, experiences, etc. Therefore the concept of “housing” implies “education” not just for one person but also for the other people who populate his environment.

But apart from this, placing the individual in a complex context means detecting resources that cannot be identified with the person’s illness:

On a cultural level people are prepared to accept a clear division between the opposite concepts of “health” and “illness” which sound as obvious as the conflicting ideas of “rain” and “sun”. As they are

perceived as unconditional concepts (positive versus negative) a connection and a dialectical relationship between them cannot be established, thus denying the fact that illness can represent a phase in someone’s life, an opportunity to appropriation of self, of one’s own body, of one’s experiences and therefore of one’s health<sup>3</sup>.

And more: Very few morbid conditions today can be described as “bacteria-generated illnesses;” there are often numerous interacting causes and concurrent factors. Obesity may predispose one to diabetes and arthritis, which hinder physical exercise and affect blood pressure and cholesterol levels. All these factors, exception made for arthritis, may lead to stroke and coronary artery disease. It may happen that the effects (i.e. depression following a heart attack or a stroke) may turn into causes, therefore leading to relapse<sup>4</sup>.

## 2. Methods

### 2.1. *The project: An Educational European Road towards Civil Rights*

“Housing” is more than a supported apartment; it is a system of social facilities into

a network of human relations in a safe neighbourhood. The safeguard of mental health is becoming increasingly important in the world. In the past few years, the World Health Organization has launched a number of initiatives to raise awareness about the various degrees of disability that can be generated by mental illness.

According to the opinion expressed by Mrs. Margaret Chan, Director General, World Health Organization, during the Presentation of “2013-2020 Action Plan for Mental Health” Mental well-being has been defined as essential to general health according to the WHO. Good mental health generates personal fulfillment, the ability to cope with ordinary everyday tensions, professional behavior and productivity, and a positive contribution to the community. To give this subject the attention it deserves, all over the world there is still much work to be done. Many things must change if we are to reverse unfavorable trends and end human rights violations and discrimination against people affected by mental disorders and psycho-social disabilities. This global action plan recog-

nizes the essential role mental health plays in reaching our overall health objectives. Based on a lifelong approach that aims to achieve equality through universal health coverage with a focus on prevention, the plan revolves around four core principles: an effective leadership and governance in the field of mental health; the availability of integrated, comprehensive mental health and social services that meet the needs of the community; the implementation of prevention strategies; and the dissemination of in-depth information through the gathering of more scientific evidence and promotion of research.

The objectives of this action plan are certainly ambitious, but the WHO and its Member States are fully committed to achieving them. (Mrs. Margaret Chan, Director General, World Health Organization, Presentation of “2013-2020 Action Plan for Mental Health”).

The action plan is complementary to the “Quality Right toolkit” by the WHO, here the standards supporting Housing are defined in according to the five topics of the UN “Convention on the Rights of Persons with Disabilities”:

1. The right to an adequate standard of living and social protection.
2. The right to enjoyment of the highest attainable standard of physical and mental health.
3. The right to exercise legal capacity and the right to personal liberty and the security of person.
4. Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse.
5. The right to live independently and be included in the community.

Therefore, a significant change underlies the concepts of illness, health and hope. But there’s another element that enters into our work: the life of an individual is strictly connected to that of an entire social fabric. The concept of “housing” is based on an untested “nucleus” – as Imre Lakatos suggested – according to which “civil rights come before the hospital” and on the paradigm intended by Thomas Kuhn, which is the principle expressed by Law n. 180.

The Housing Project cannot only be founded on such concepts as “House first” or

“Step by step” but on a system based on social and individual culture where houses, relationships and rights are interwoven.

The World Health Organization has introduced the diagnostic tools “ICF”, an acronym for “International Classification of Functioning, Disability and Health”, as parallel tools to ICD (International Classification of Diseases). Their aim is to introduce the importance of functioning as it is experienced by people: It is a universal experience where body, person and society are interconnected. Over the course of their lives, people can have different functioning experiences, associated with congenital disorders, physical damage, acute or chronic pathological conditions, or aging<sup>5</sup>.

HERO is a project that revolves around places: Urban environments are constantly subject to change, and they are interconnected. In these places, the only fixed concept is the idea of transition<sup>6</sup>. Housing is an English word which indicates the act of inhabiting and the ‘ing’ suffix evokes the idea of progress: this means that inhabiting is not a fixed concept, but rather

implies change and evokes a path, a neighborhood and a city where relationships are built among people who know one another or who are meeting for the first time. Neuro-scientific research reveals that the brain is an organ that lives and grows through relationships: The idea of mind and by extension of selfhood that I want to bring forth through the notion of extended self is that of a self that is located neither inside nor outside the brain/body, but is instead constantly enacted in-between brains, bodies and things and thus irreducible to any of these three elements taken in isolation<sup>7</sup>. We believe that mental health cannot be achieved in one single place. After speaking with Ronald Laing – as reported in *Crimini di pace* (1975) – Franco Basaglia wrote: “Laing [...] now proposes again [...] the building of an ‘asylum’ which responds [...] to the need of a shelter to protect those who experience a ‘different’ existence. This should be a place where ‘different’ people are able to express themselves without limitations and where they learn to live with their differences. As much as Laing incites us to resist and

fight within the institutions, we encourage him to try and prevent the ‘asylum’ from becoming another kind of institution, as it will inevitably be integrated into the social and economic area in which it will be built [...] Although this project focuses on the individual, it does not feature any in-depth analysis of the political and social environment in which the individual is to be assimilated. It is not correct to presume that there can be a place where patients can be cured without any social and political intervention: Health lies in diversity, in new possibilities, in one’s faith in a different future”<sup>8</sup>.

“Between 1950 and 1960 many European clinicians and politicians carried forward the idea that mental treatment did not require a long stay in a mental hospital [...] They were opposed to the old-fashioned psychiatric wards as they considered them ‘anti-therapeutic’. However, their approach was quite naïve, as it aimed at changing the structures and not the methods”<sup>9</sup>.

If the structures were too large, smaller buildings were built; if they were remote from the center, they were moved into the city. However,

this didn't work. Even in the smaller centers the so-called "new chronicity" persisted. HERO proposes something different: It allows one to live with and in spite of his or her suffering, with awareness of one's differences, and to be integrated into a network of relationships formed in places designed to improve mental health (community, apartments with customized facilities, etc.) and are based on social resources (cultural centers, theatres, recreational centers, etc.), on therapeutic activities within the facilities (such as multiple family groups) and offsite groups (such as "Hearing Voices", music events, sports events, etc.), on work (according to personal abilities and opportunities). They promote volunteering services to help overcome the difficulties of establishing relationships and communication with people who are generally considered "unpredictable" and "different". Of note is that these places are interconnected, accessible, habitable and modifiable. They are places where everyone feels welcome, respected, not judged or stigmatized, and can become aware that mental health (and not only that) is a

status that can be obtained if everyone is involved, because it involves everyone. We are convinced that the surrounding territory must be strictly connected to the "places" where patients are staying: these places should always be considered in relation to the surrounding environs. As early as 1994 Marc Augé affirmed that "It is necessary to overcome the restrictive notion of whole cultures as independent entities forced to co-exist"<sup>10</sup>. We should be building a system to find a new language that is not the sum of different languages, but rather one that produces a new culture inspired by social well-being and psychic health.

This is our goal.

### 3. Conclusion: a Training Curriculum on Housing and Mental Health, for Local Communities

Writing a training Curriculum on Housing and mental health has been particularly important for the partnership because it has helped us spread knowledge and skills about housing in local communities. The objective was to promote housing as a strategy that can promote inclusion in

our society, with a particular focus on mental health issues.

The "generalist" architectural approach that characterized the second half of the 1900s and the first years of 2000s, mostly produced "uninhabitable" buildings, and this is especially visible in many cities' outskirts.

Urban outskirts originated around the idea that new environmental homogeneity was needed.

Our work "in progress" aims at increasing attention to people's diversified needs.

It is therefore becoming more and more urgent that we populate the environment with real relationships and connections, create an ambience where differences are welcomed, and draw attention to the concept of 'good living' and the direction we should take in a society whose framework makes us experience loneliness 'without ever being alone'.

For more details: [www.housing-project.eu](http://www.housing-project.eu).

## Notes

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All authors agree to be accountable for the content of the work.