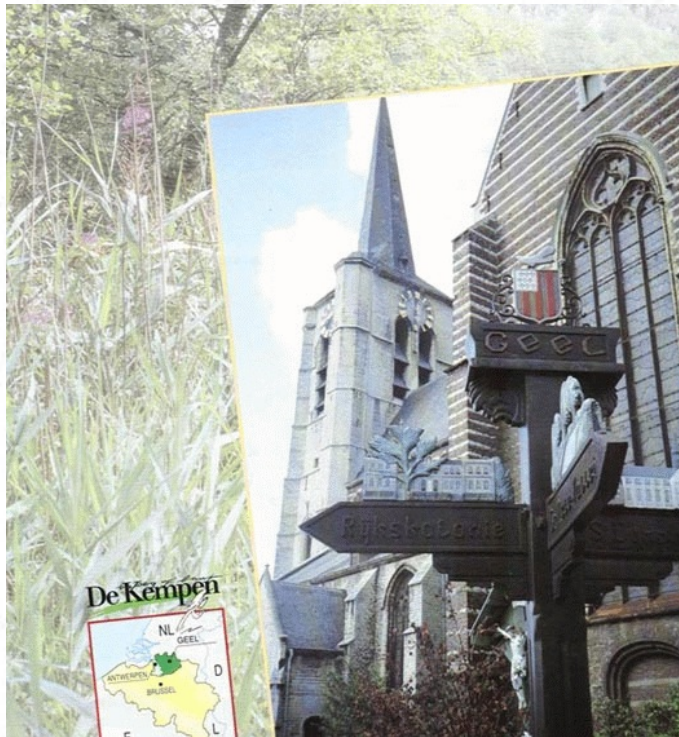


Hope for “Community Recovery”



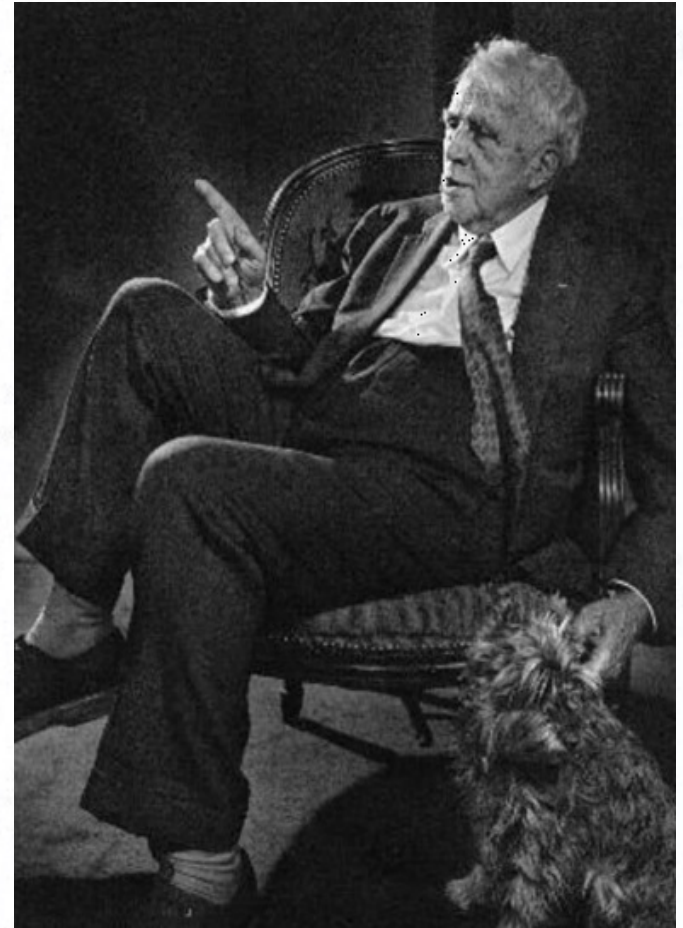
Jackie Goldstein, Ph.D.
Samford University
Psychology Department

For further information see:
Geel, Belgium: Hope for “Community Recovery” at
<http://faculty.samford.edu/~jlgoldst/>

“Always fall in with what you're asked to accept. Take what is given, and make it over your way. My aim in life has always been to hold my own with whatever's going.

Not against: with.”

Robert Frost



HOPE for COMMUNITY RECOVERY

- RECOVERY: living *with* mental illness
- COMMUNITY: where recovery occurs
- HOPE: belief that something is possible

Self-efficacy is the *belief* in one's capabilities to organize and execute the courses of action required to manage prospective situations."

Bandura, 1995, p. 2
Self-efficacy in Changing Societies

Achieving Self or Collective Efficacy

- THROUGH DOING: practice makes perfect
- THROUGH OBSERVATION: “There is nothing more persuasive than seeing effective practices in use. (*Albert Bandura*)

TODAY'S TALK. . .

- Beginnings and history of Geel's approach to mental illness
- Current status of mental health services in Geel
- "Secret" of Geel's success
- Evidence for similar success in U.S.



**Dymphna chose death, and martyrdom,
over the madness of incest.**

Hospital Sick-room

(1639 canvas from Flemish school)



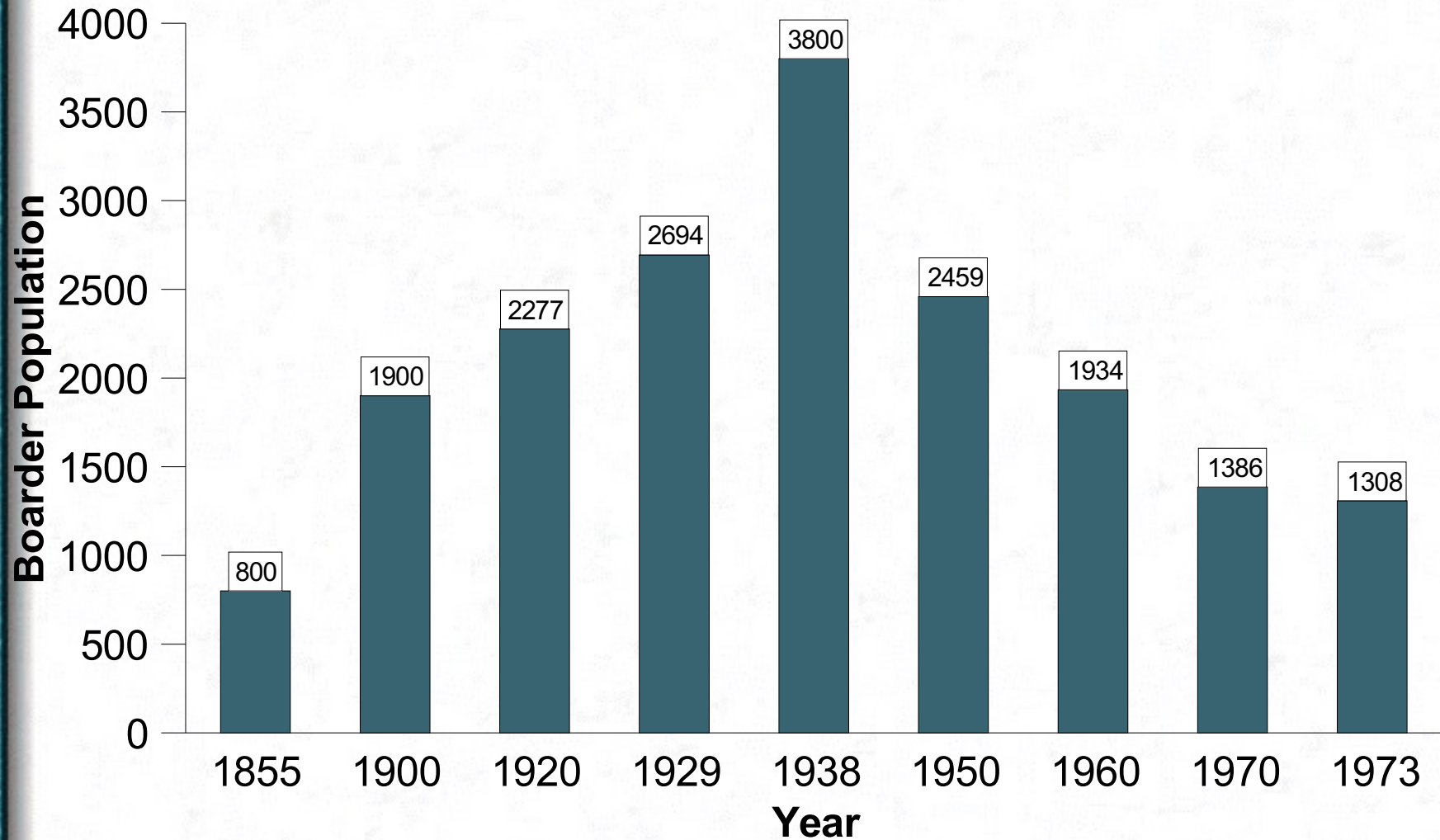
Church of St. Dimphna



Administration of Foster Family Care

- **Early days:** oversight by local canons
- **1797:** French revolution leads to end of religious system
- **1811:** French decide to end system; never carried out
- **1838:** Geel Municipal Council
- **1850:** designation as Rijkskolonie (State Colony)
- **1991:** central hospital (OPZ) becomes autonomous

Boarder Population of Geel, to 1973



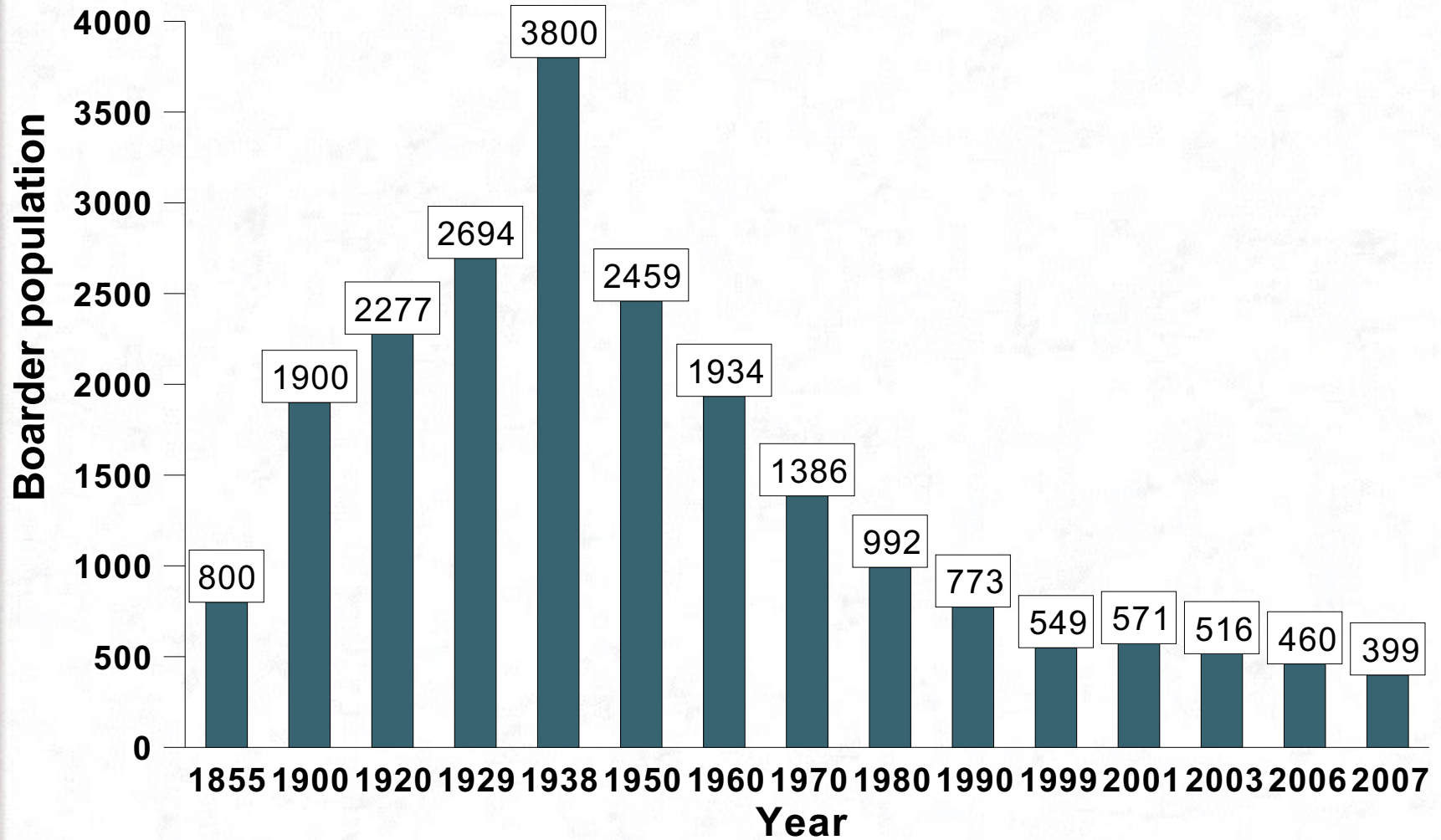
Srole's 1974 Evaluation of Diminishing Patient Population

- Established families leaving the program.
- Fewer new families applying to program.
- Overall, families available
- Decrease in number of patient referrals by non-Geel mental health professionals

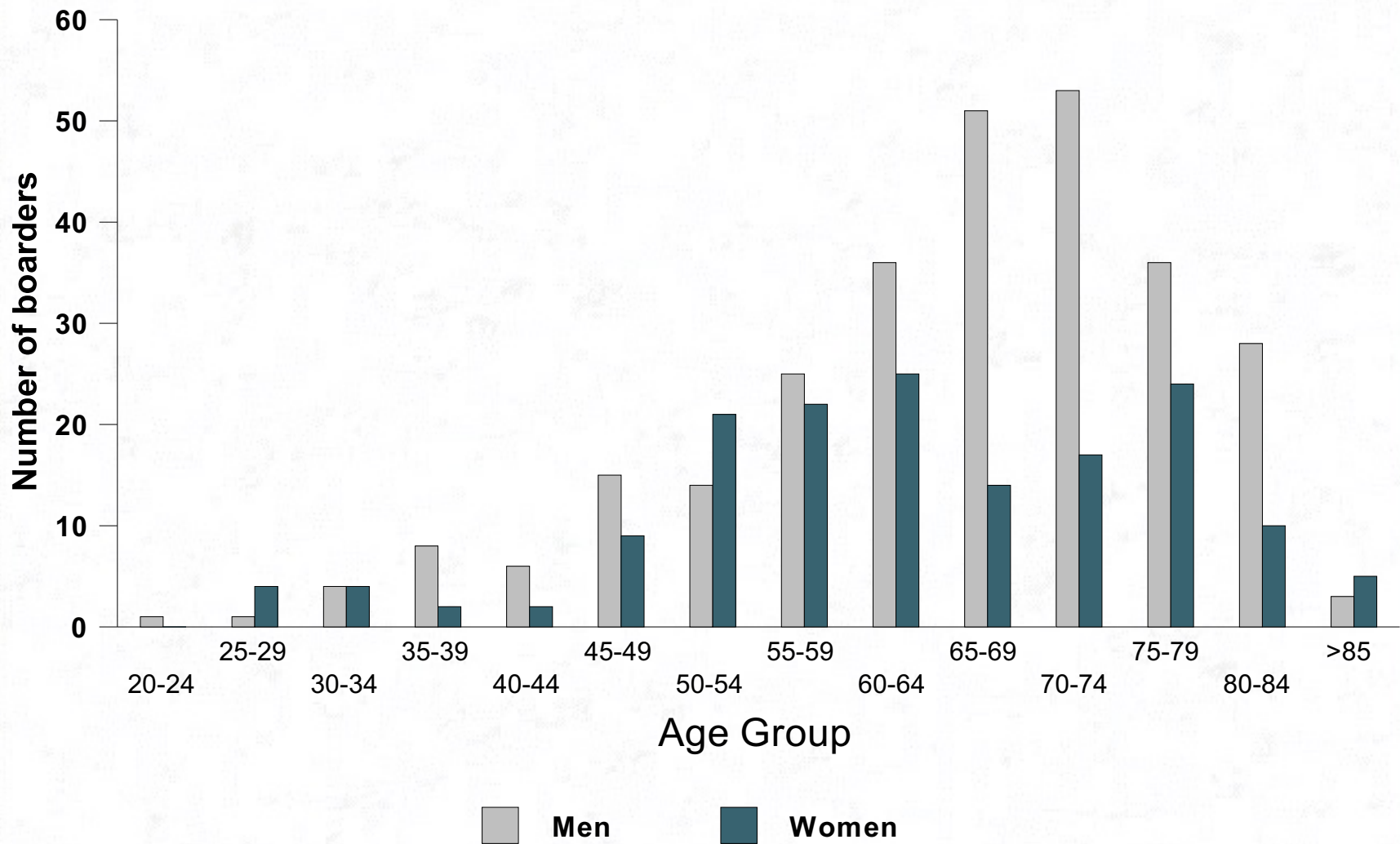
Boarder Life According to 1975 Srole Presentation

- Functions as member of family, in family structure.
- Medical model not significant factor.
- Family serves as caretaker, teacher, natural supportive parent, behavioral role model.
- Family experience transferred to “normal” social world.

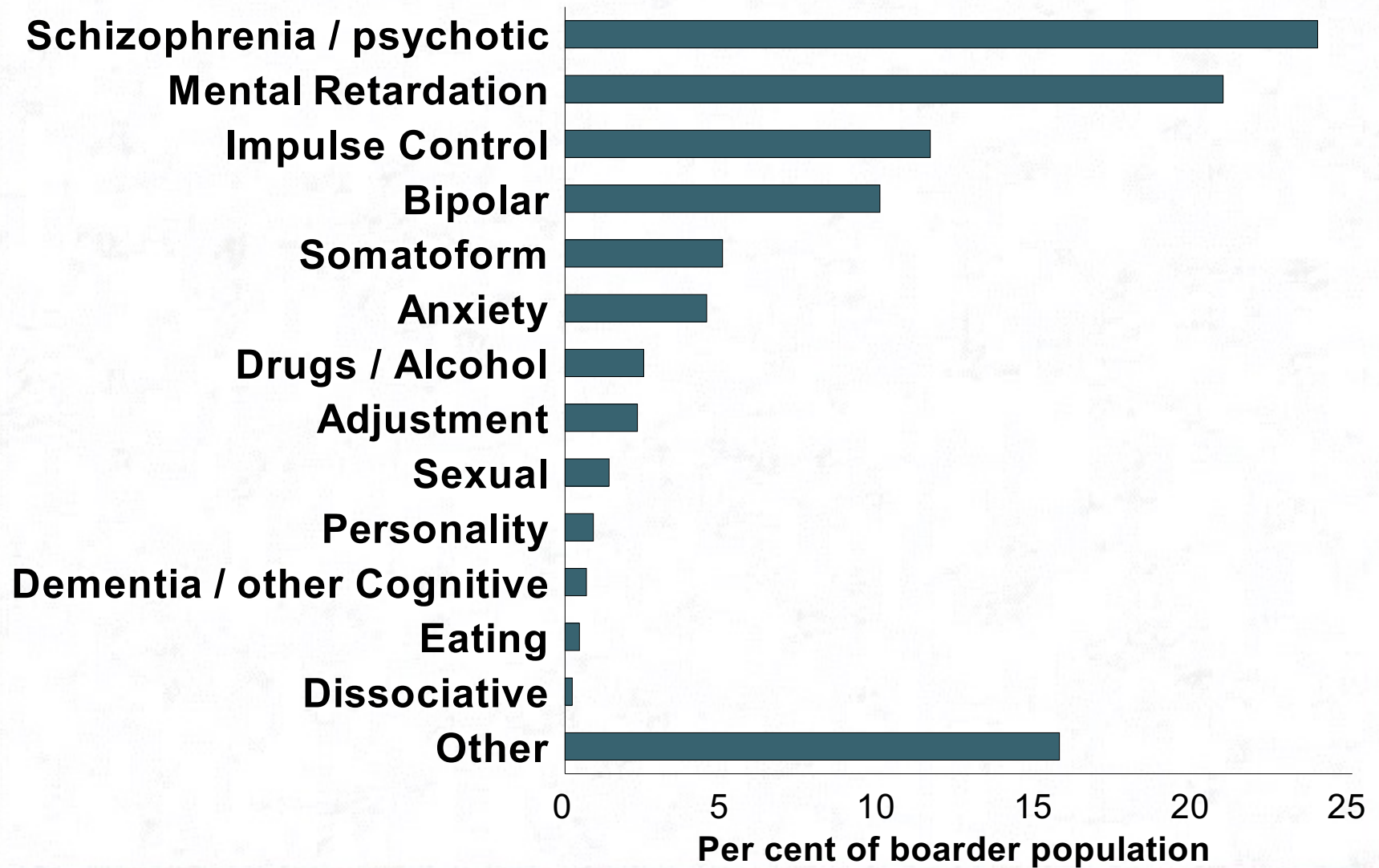
Geel Boarder Population, by year (as of July 2007)



Boarder Age (as of June 2007)



Boarder DSM Category (n=440) (as of June 2007)



Criteria for Boarder Status

- Severe mental illness (DSM)
- Not able to integrate autonomously into normal daily life.
- Manifests need for dependence and attachment.
- Not aggressive

Acts of Violence: Geel Community Members vs. Boarders (1996-1999 rates, based on acts / population)

	1996		1997		1998		1999	
	Community	Boarders	Community	Boarders	Community	Boarders	Community	Boarders
Vandalism	80	2 / 630	95	3 / 593	120	0	160	0
	0.002	0.003	0.003	0.005	0.004	0	0.005	0
Aggression	61	0	61	1 / 593	54	0	87	2 / 549
	0.002	0	0.002	0.002	0.002	0	0.003	0.004
Sex.Acts	17	0	6	0	31	0	26	1 / 549
	0.0005		0.00002		0.0009		0.0008	0.002
TOTAL	158	2 / 630	162	4 / 593	205	0 / 577	273	3 / 549
	0.005	0.003	0.005	0.007	0.006	0	0.008	0.005

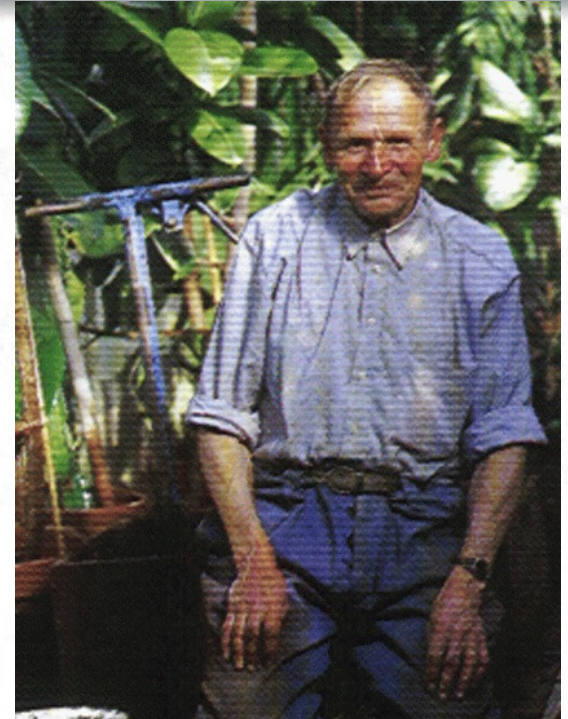
COMMUNITY: # of acts from police department records; population for each year = 33,000
BOARDERS: # of acts from central hospital records

“A Tribute to the Geel Family Care System of Mental Patients”

Sculpture by Francien Maas,
donated to city of Geel
by Amoco Chemical



Boarders are given opportunity to do meaningful work, according to interests and abilities.



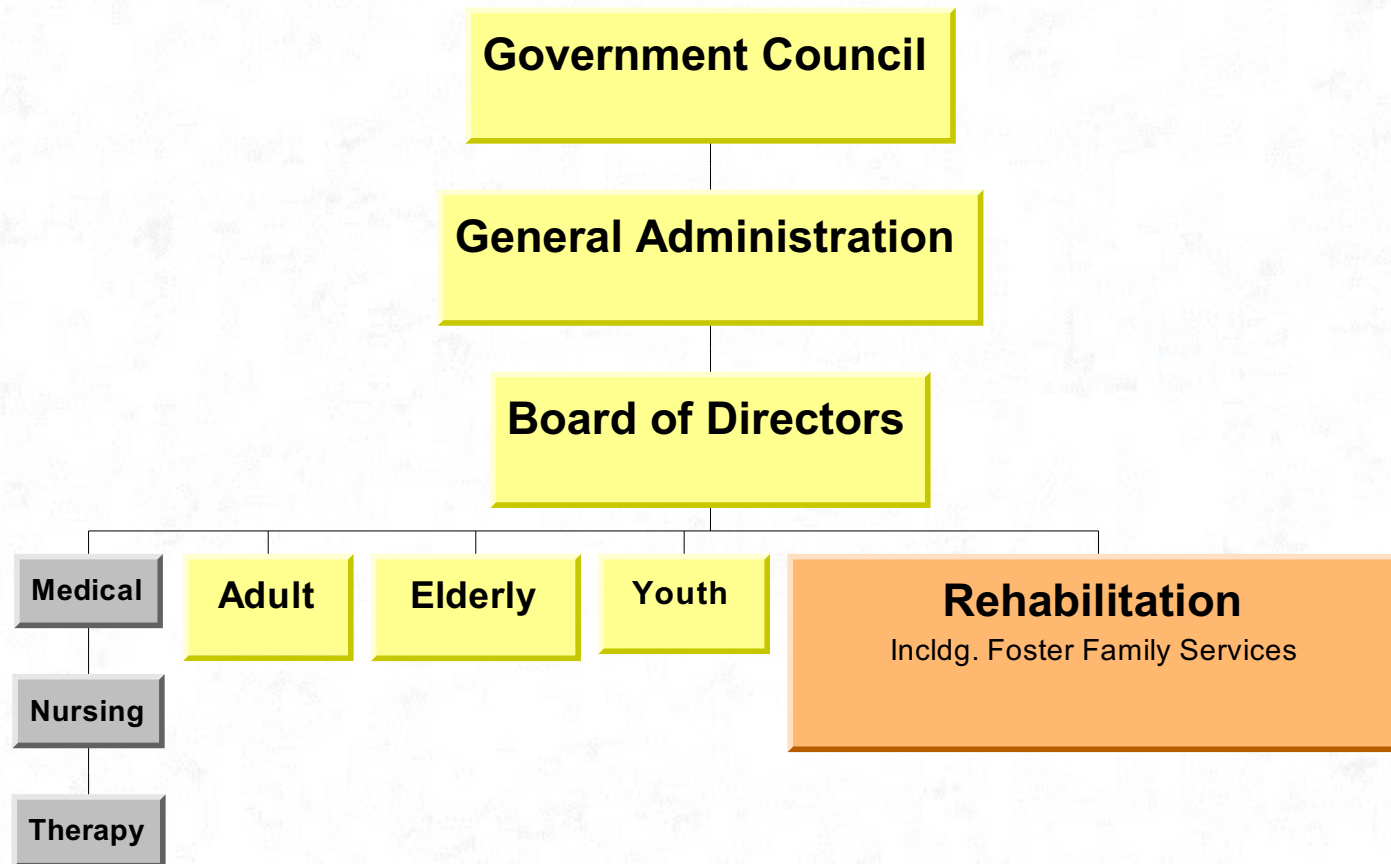
Family Service Teams

4 teams: each team serves ~125 patients in ~100 homes

TEAM MEMBERS:

- Psychiatrist
- Generalist
- Psychologist
- Social worker
- Three **NURSES**

OPZ Organizational Structure



Weekly fishing competitions are held during the summer at lake, outside of Geel, purchased by boarders.



Community Recovery in the U.S.

WAY STATION, Fredericksburg, MD

- Founded 1978 by MHA
- Today serves 3,500 clients
- Vocational program partnered with >50 local businesses
- Clients provide community volunteer services



THRESHOLDS, Chicago, IL

- Founded 1957 by National Council of Jewish Women
- Today oversees 22 services locations, >50 housing developments
- Urban Meadows, one of several consumer run businesses



GEEL COMMUNITY SERVICES

- Founded 1976 in response to institutional release

COMMON GROUNDS, TIMES SQUARE

- Opened 1991, renovation of once “grand” hotel
- Largest disability / financial needs residential facility in country, 651 residents



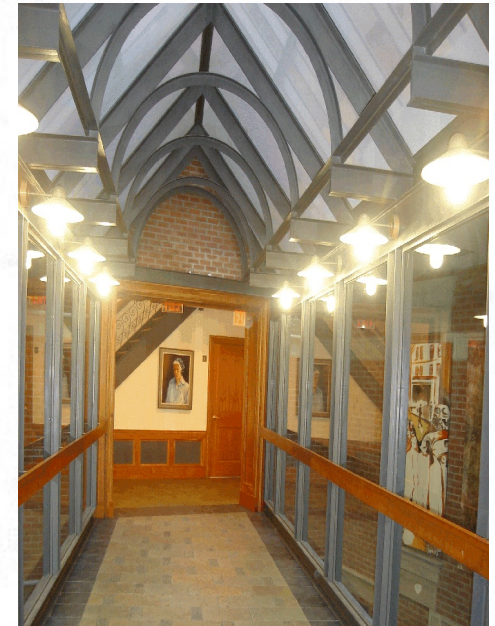
COMMUNITY ACCESS

- Started 1974 by family members & friends of released patients
- Today housing for >800
- Fall 2007, new purpose built facility of 73 apartments in Bronx



BROADWAY HOUSING, Inc.

- Founded 1983, by Ellen Baxter; inspired by her post-graduate work with Geel Research Project
- Dorothy Day, newest of 6 sites; 70 apartments house 190 children and family members
- Educational services in building for residents and neighborhood



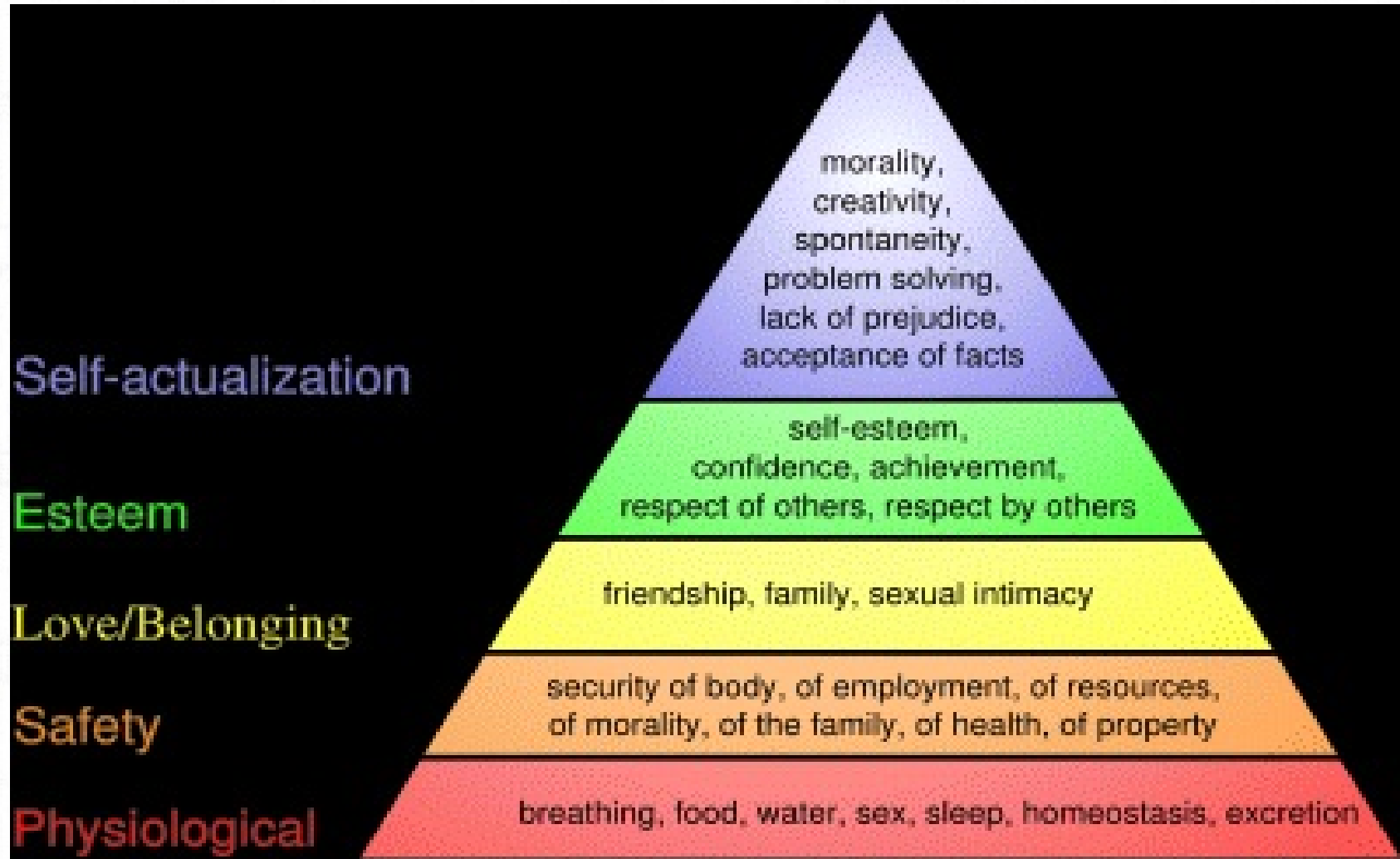
Habitat Hope House

Collaboration of Compeer of Birmingham
and Greater Birmingham Habitat for Humanity



- Birmingham, AL - 2001
- Funding by Forest Pharmaceuticals
- Built primarily by: mental health professionals, consumers, family members, students, pharmaceutical reps

Abraham Maslow's Hierarchy of Needs



“Secret” to Geel’s Success

Marc Godemont



- Acknowledge human needs of boarders
- Responds to needs rather than acting on fears
- Mentally ill are members of foster family AND foster community

Boarders are as important to the families and the families are to the boarders.



Though religious influence no longer exists, Dimpna's presence is still a part of Geel.



There is hope. . .



The Village
Integrated Service Agency

The Madison Model



Broadway Housing
Communities



What can Geel teach us?

- Diverse communities have diverse needs AND resources; respond accordingly
- There are different kinds of “authority”
- Provide opportunities to interact in “normal” social environment
- Show concern for individual needs & behaviors, rather than “diagnoses”
- Provide a non-threatening social environment
- Offer consumers opportunities to make contributions to community

Questions to think about / discuss

- What “legends” enhance or constrain your own program(s)?
- What can your clients give to the community (e.g., volunteer work, etc.)?
- How can you encourage community members and/or organizations to invest time (manpower) or money to involve your clients in community activities?
- How can programs be individualized to fill the needs of diverse clients and communities and, at the same time, seek to fill common or necessary needs?
- What opportunities do your clients have to interact with non-consumers? What non-consumer support groups are available?

In-take Procedure for New Boarders

- Written request from referring institution
- Patient record studied by intake team.
- Team visits patient at current institutional residence.
- Patient moved to Geel's Observation home.
- Foster family identified from currently available.
- Several meetings with family in family's home.
- If match compatible, patient moves in with family.

Boarder Room Requirements

(According to 1991 law)

Must have own “sufficiently comfortable” room

- Good hygienic condition
- Minimum size of 8 meters square
- Window, electric light
- Easily accessible, in house
- Personal furniture (supplied by OPZ)

Additional OPZ guidelines

- House must have living room, kitchen, bathroom
- Reasonable size house (dependent on family size)
- Boarder’s window minimum 1 meter x 80 cm
- Safe room location

Observation House

Transitional Living / Training for New Boarders

- Daily for 2-3 Months (sleep in hospital)
- 6-7 boarders in house at one time
- Supervised by nurse and coaches
- Learn home and community living skills
- Learn about, e.g., meds / alcohol interactions