An International Perspective: The Geel Story

Jackie Goldstein, Ph.D.
Samford University
Psychology Department
Four stages of RECOVERY:

1. HOPE
2. empowerment
3. self-responsibility
4. meaningful role in life
ABNORMAL PSYCHOLOGY AND MODERN LIFE

6TH EDITION

James C. Coleman
University of California at Los Angeles

James N. Butcher
University of Minnesota

Robert C. Carson
Duke University

1980 text book
Main street, Geel
January 1997
HISTORY OF GEEL
Dimphna chose death, and martyrdom, over the madness of incest.
Site of Dimphna’s Martyrdom and Original Miracles
Hospital Sick-room

(1639 canvas from Flemish school)
Church of St. Dimphna
Administration of Geel’s System

- **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**: Belgian government (Ministry of Justice); designation as Rijkskolonie (State Colony)
- **1948**: new Ministry of Public Health
- **1991**: central hospital (OPZ) becomes autonomous
OPZ Organizational Structure

- Government Council
- General Administration
- Board of Directors
- Medical
  - Nursing
  - Therapy
- Adult
- Elderly
- Youth
- Rehabilitation
  Incl. Foster Family Services
Boarder Population of Geel to 1973

[Bar chart showing population growth from 1855 to 1973 with significant spikes in 1929 and 1938.]
GEEL RESEARCH PROJECT (GRP)
GRP Study Clusters

- Geel’s history
- Patient composition and changes in Geel
- Foster family structure and process (typology)
- Rijkskolonie institutional foster family policies and practices
- Geel’s role as “embracing extramural surround”
- Ambivalent images of Geel among non-residents and mental health professionals
Publications and Presentations Using GRP Information

- 1975: Geel International Symposium; preliminary data from 8 of 40 study units
- 1976: International Symposium of Kittay Scientific Foundation; Srole presentation
- 1979: *Mental Patients in Town Life*, by Eugene Roosens
- Seven European doctoral dissertations
- Annual reports to Belgian Minister of Health by Srole
Srole’s 1974 Evaluation of Diminishing Patient Population

- Established families leaving the program.
- Fewer new families applying to program.
- Decrease in number of patient referrals by non-Geel mental health professionals
21st CENTURY GEEL
“A Tribute to the Geel Family Care System of Mental Patients”

Sculpture by Francien Maas, donated to city of Geel by Amoco Chemical
Boarder Population in Geel to Date

![Bar Chart]

- **Population** (0, 500, 1000, 1500, 2000, 2500, 3000, 3500, 4000)
Age of Current Boarders

- 15-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- >85

Per cent of boarder population

Age Group

- 15-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- >85
Current Boarder Diagnosis

- Mental retardation
- Schizophrenia & psychotic disorders
- Dementia & other cognitive disorders
- Impulse control
- Bipolar
- Personality disorder
- Somatoform
- Anxiety

% of boarder population

0 10 20 30 40 50
Criteria for Boarder Status

- Severe mental illness
- Not aggressive
- Not able to integrate autonomously into normal daily life.
- Manifests a need for dependence and attachment.
Marc Godemont and friend
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.
Daily Cost for Care of Boarder

(Dollar costs based on euro data regarding average costs; June 2003 conversion rates)

- Total cost per patient: $58 / day
- Average payment to family: $20 / day
- Social insurance covers: $44 / day / patient
- Patient pays: $14 / day
OPZ Annual Budget

(Dollar costs based on euro data regarding average costs; June 2003 conversion rates)

- With approx. 500 boarders: $9,214,709
- Non-medical staff wages: $2,075,487
- Medical staff wages: $1,104,224
Family Service Teams

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

TEAM MEMBERS:

- Psychiatrist
- Generalist
- Psychologist
- Social worker
- Three nurses
Marc Godemont and Jan Schrijvers toast “the spirit of Dimphna”

November 1997
Old and New Hospital Buildings
# Congress “Geel 2000”
**May 18-20, 2000**

## CONGRESS "GEEL 2000" SCIENTIFIC PROGRAM

### Friday, 19th May

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>08.00</td>
<td>ARRIVAL OF PARTICIPANTS</td>
</tr>
<tr>
<td>09.30</td>
<td><strong>Leopold Lagrou</strong> (Leuven, Belgium) Welcome by the honorary president</td>
</tr>
<tr>
<td>09.40</td>
<td><strong>Foster Family Care: Take Off for Another Century</strong></td>
</tr>
<tr>
<td>10.00</td>
<td><strong>Jan Schrijvers</strong> (Geel, Belgium) Welcome: Why a congress about FFC in Geel?</td>
</tr>
<tr>
<td>10.20</td>
<td><strong>Thea Martens / Oscar Brook</strong> (Veerrey / Den Haag, The Netherlands) FFC and social rehabilitation</td>
</tr>
<tr>
<td>10.40</td>
<td><strong>Ellen Baxter</strong> (New York, USA) The spirit of Geel as drive for my work with the homeless mentally ill in New York City</td>
</tr>
<tr>
<td>11.00</td>
<td>COFFEE BREAK</td>
</tr>
<tr>
<td>11.30</td>
<td><strong>New Tendencies in FFC</strong></td>
</tr>
<tr>
<td>11.50</td>
<td><strong>Marvonne Wetsch</strong> (Paris, France) FFC in an urban environment (Paris)</td>
</tr>
<tr>
<td>12.10</td>
<td><strong>Tilo Held</strong> (Bonn, Germany) A new trend: young chronic patients in FFC</td>
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<tr>
<td>12.30-13.50</td>
<td><strong>Walking Lunch</strong></td>
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<tr>
<td>13.50</td>
<td>Filmfragments</td>
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<tr>
<td>14.00</td>
<td><strong>Growing Involvement of Care Providers and Users in Mental Health Care</strong></td>
</tr>
<tr>
<td>14.30</td>
<td><strong>Miriam Kravitz</strong> (New York, USA) Living and working with a psychotic dysfunction in a competitive society</td>
</tr>
<tr>
<td>14.50</td>
<td><strong>Eugene Roosens</strong> (Leuven, Belgium) The interaction techniques of the Ceelian population in conviviality with mental patients</td>
</tr>
<tr>
<td>15.10</td>
<td><strong>Jackie Goldstein</strong> (Birmingham, USA) Compeer: Volunteer community support system for the mentally ill</td>
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<tr>
<td>15.30</td>
<td><strong>Mick Ewing</strong> (Sunderland, UK) Daily life with mental illness in daily society</td>
</tr>
<tr>
<td>15.50</td>
<td><strong>Charlotte TEDING van Berkhout</strong> (Ede, The Netherlands) Coming back into society after a psychiatric breakdown with the support of family care</td>
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<tr>
<td>16.10</td>
<td>COFFEE BREAK</td>
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</tbody>
</table>

### Saturday, 20th May

<table>
<thead>
<tr>
<th>Time</th>
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</tr>
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<tbody>
<tr>
<td>08.45</td>
<td>ARRIVAL OF PARTICIPANTS</td>
</tr>
<tr>
<td>09.30</td>
<td>Daniel Gorans (Nantes, France) &quot;Dimina&quot; - The role of legends, myths, stories as a socio-cultural frame for integration</td>
</tr>
<tr>
<td>09.50</td>
<td>Detlef Petry (Maastricht, The Netherlands) Demasking people with a chronic mental illness</td>
</tr>
<tr>
<td>10.10</td>
<td>Chantal Van Audenhove (Leuven, Belgium) Psychiatric home care: research and implementation</td>
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<tr>
<td>10.30</td>
<td>Paul Igoit (Leuven, Belgium) Community based care</td>
</tr>
<tr>
<td>10.50</td>
<td>COFFEE BREAK</td>
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<tr>
<td>11.20</td>
<td>John Henderson (Haddington, UK) International intentions on exclusion-prevention</td>
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<tr>
<td>11.40</td>
<td>Alex Cohen (Harvard, US) First impressions and research perspectives on psychiatric family care and its meaning for the care of the severely mentally ill.</td>
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<tr>
<td>12.00</td>
<td>L. Lagrou (Moderator), Alex Cohen (critical panel), participants</td>
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<tr>
<td>12.30</td>
<td>Leopold Lagrou (Leuven, Belgium) CONCLUSIONS</td>
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</tbody>
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Current Director of Geel’s OPZ

Appointed September 2000

JAN VAN RENSBERGEN
Administrateur-generaal
Current Progress and Future Plans

- Activities announced in local press and/or appear on local television.
- Observation house for new boarders.
- Restructuring hospital into separate units.
- More intensive family care and therapeutic child care.
- Regional mental health network for all mentally ill.
- Respite families offer short-term relief for foster families.
RECOVERY
for individuals AND communities

- HOPE
- EMPOWERMENT
- SELF-RESPONSIBILITY
- MEANINGFUL ROLE
Life is a journey where we stop at major points en route to a destination.

And so it is with Way Station, a community-based mental health program, designed to support youth, adults and senior citizens en route to healthy living in the community.
Habitat Hope House
Collaboration of Compeer of B’ham and Greater B’ham Habitat for Humanity

• Birmingham, AL - 2001

• Funding by Forest Pharmaceuticals

• Built primarily by: mental health professionals, consumers, family members, students, pharmaceutical reps
“Secret” to Geel’s Success

Acknowledge human needs of boarders

Respond to needs rather than acting on fears
  • Social clubs
  • Free to frequent downtown pubs
  • Opportunity to do meaningful work

Mentally ill are members of foster family AND foster community
Thank you to . . .

• Marc Godemont

• Warren Hunting Smith Library at Hobart / William Smith Colleges

• Jan Schrijvers