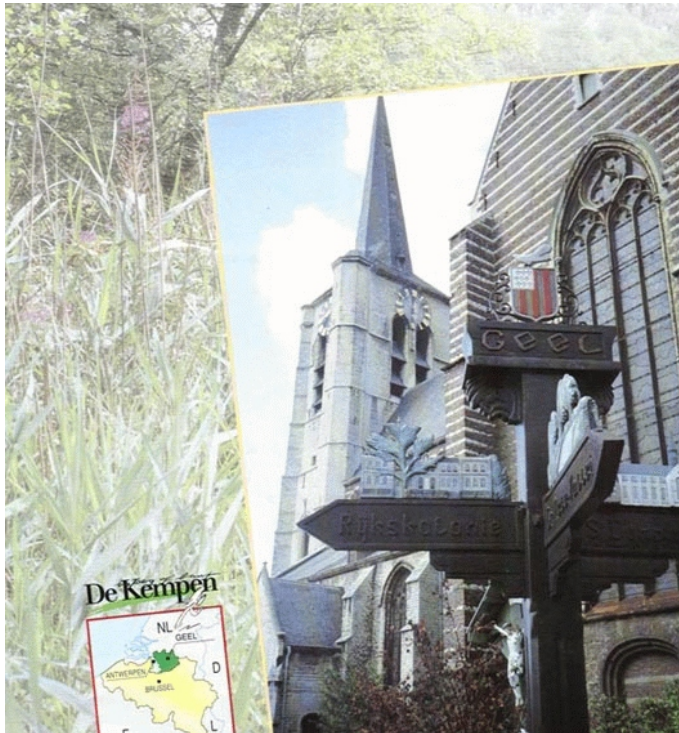


An International Perspective: The Geel Story



Jackie Goldstein, Ph.D.
Samford University
Psychology Department

Road to Recovery **by Mark Ragins, M.D.**

recovery ≠ cure

Four stages of **RECOVERY**:

1. **HOPE**
2. empowerment
3. self-responsibility
4. meaningful role in life

1980 text book

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

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toward the mentally disturbed. As mental disorders came to be put more on the same footing

Pinel, like the founders of the Gheel colony, sought humane treatment for the mentally disturbed. It is no small wonder, then, that this drawing (top) of a portion of Salpêtrière hospital after Pinel's reforms is strikingly similar to the sense of warmth and community in the present-day photo (bottom) of the Gheel colony.



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)



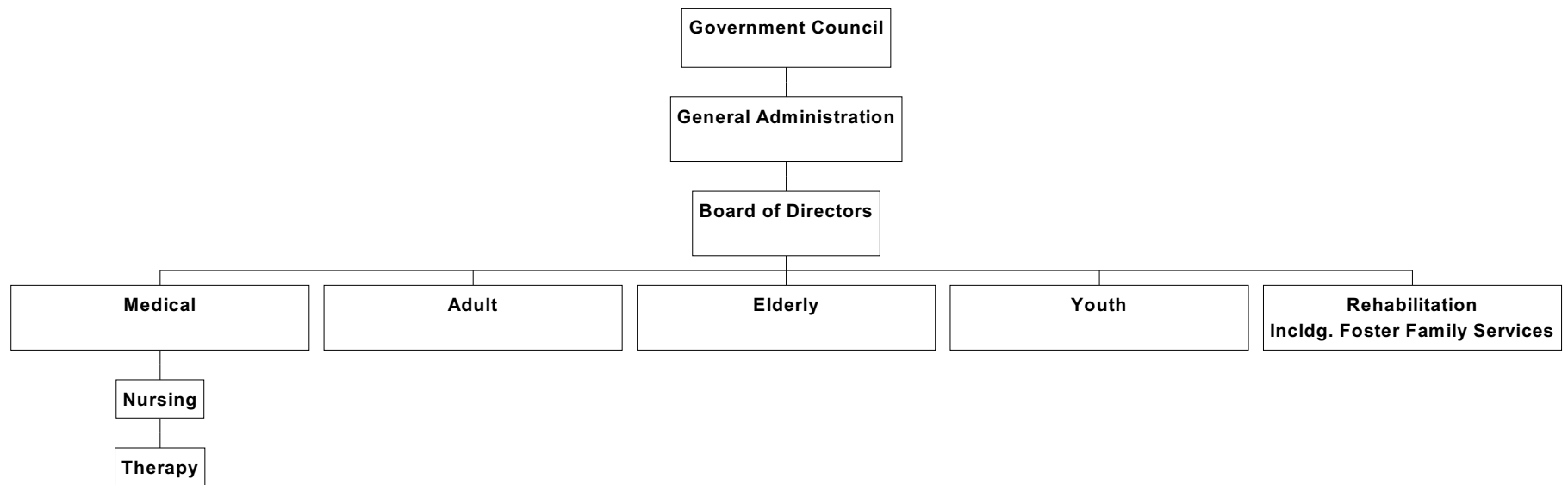
Church of St. Dimphna



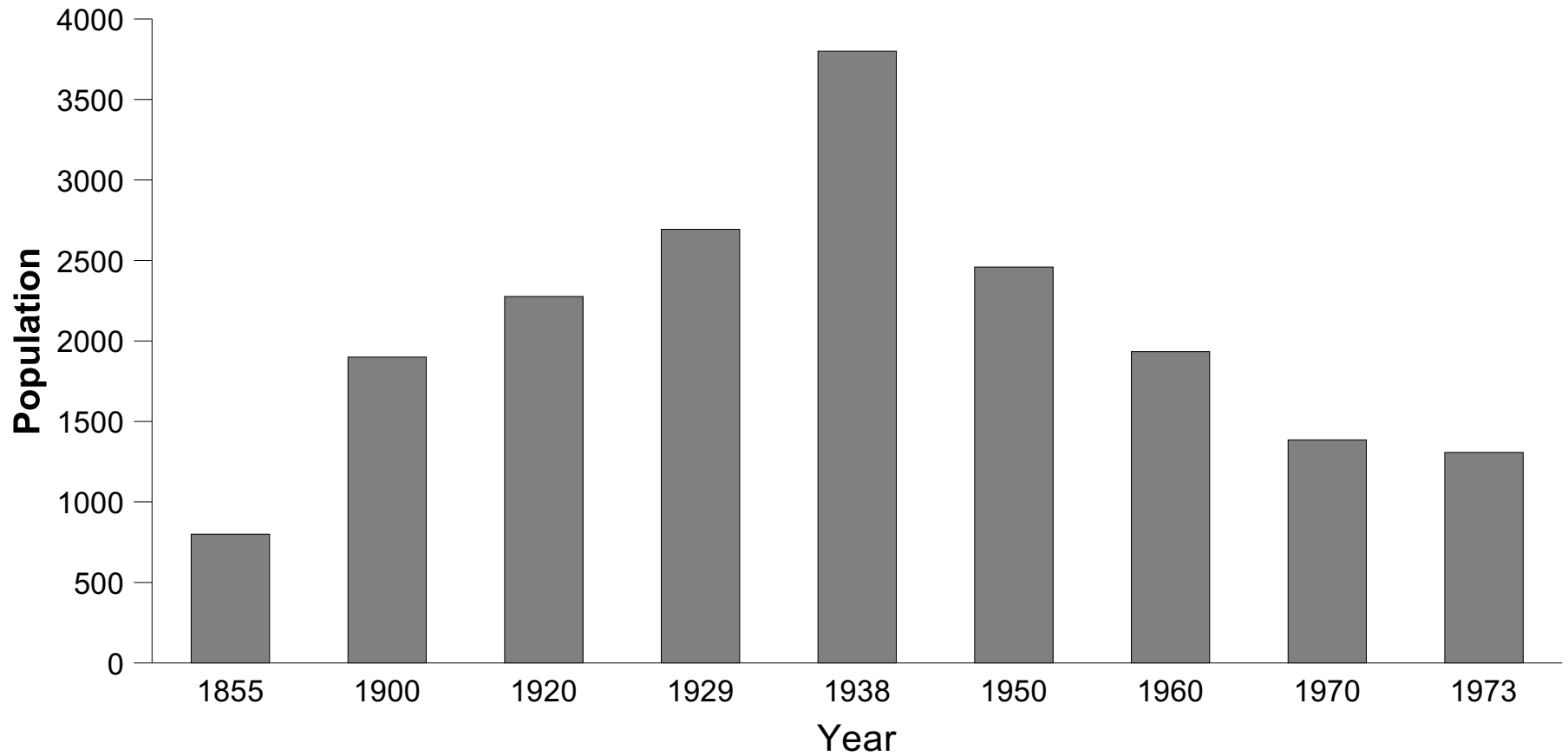
Administration of Geel's System

- **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



Boarder Population of Geel to 1973



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

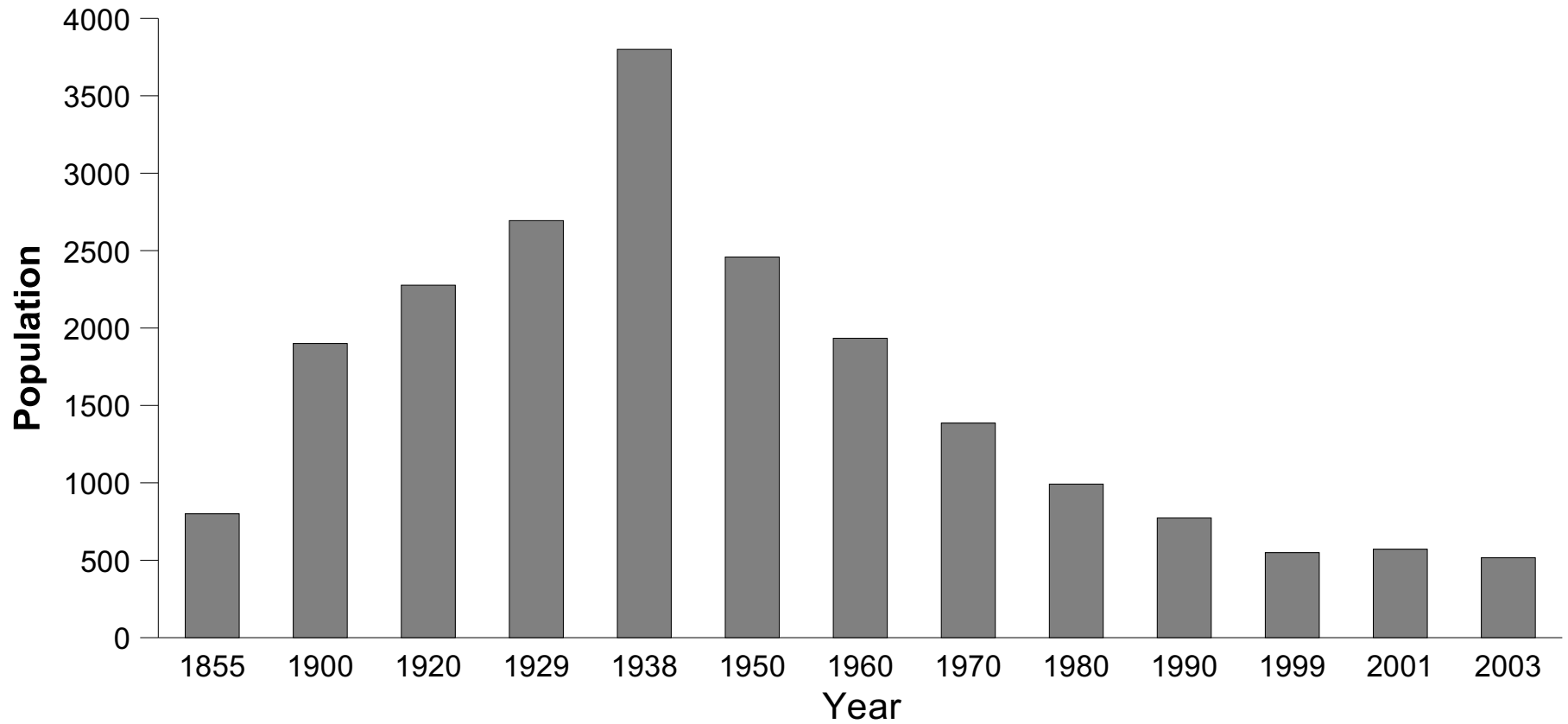
21st CENTURY GEEL

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

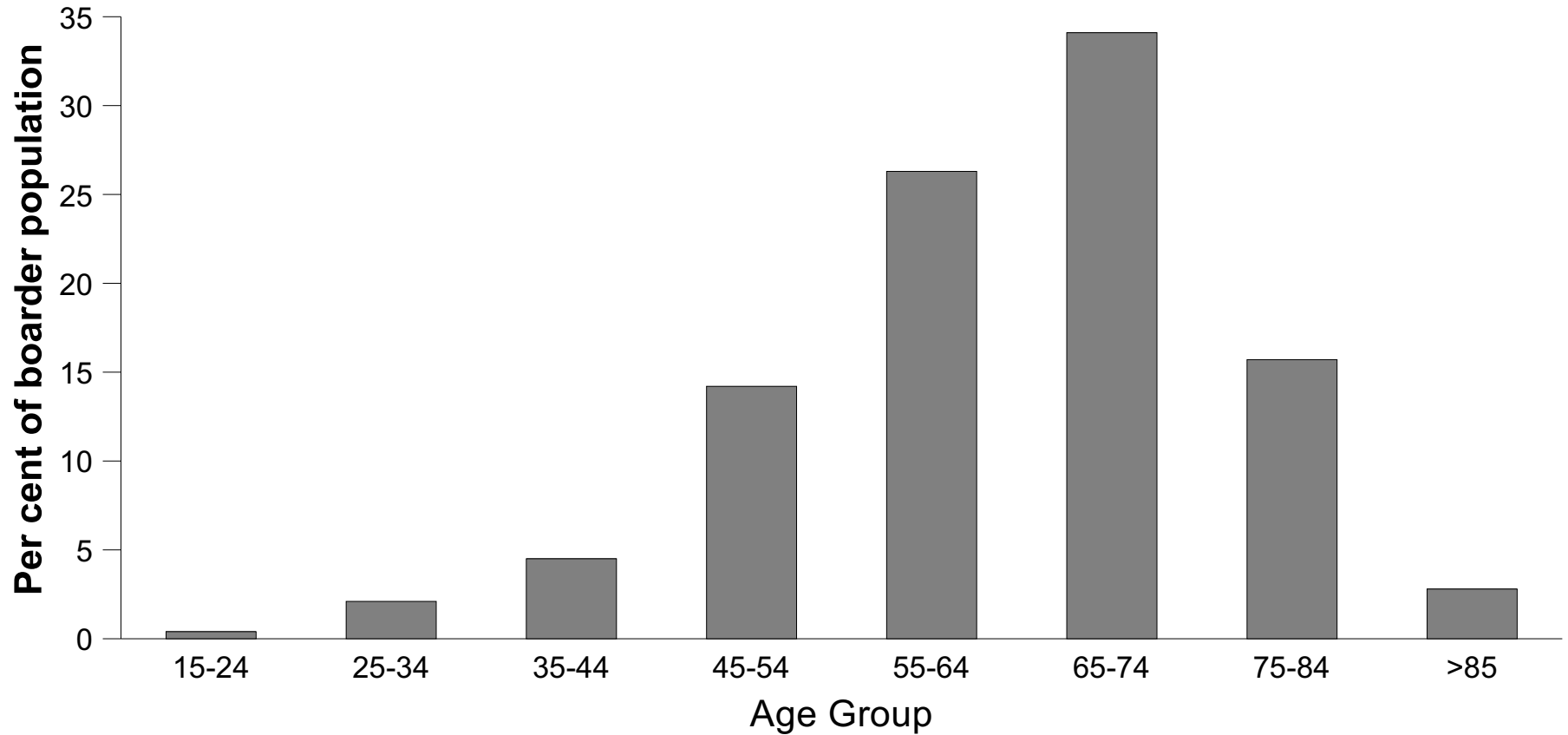


Sculpture by Francien Maas,
donated to city of Geel
by Amoco Chemical

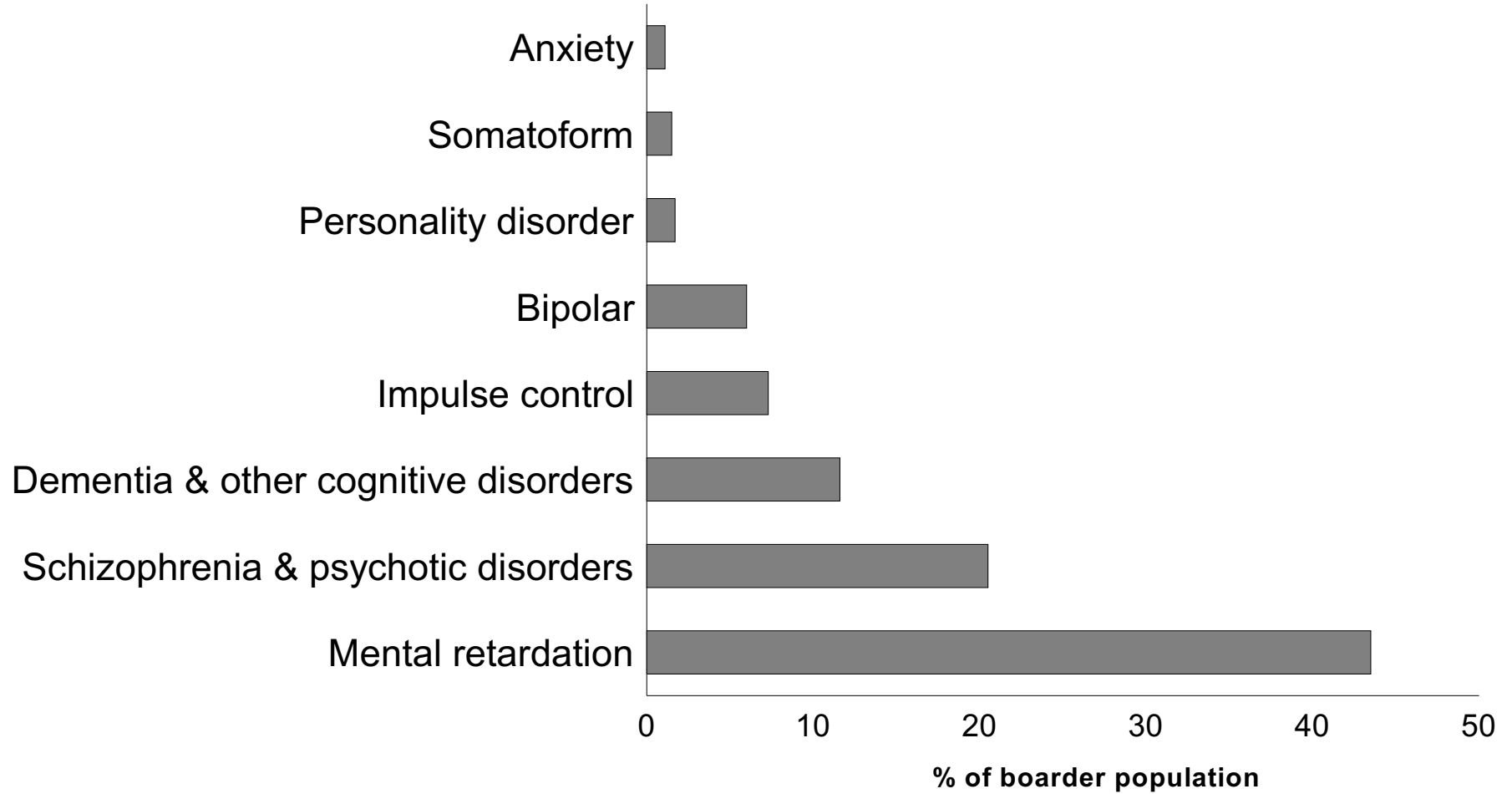
Boarder Population in Geel to Date



Age of Current Boarders



Current Boarder Diagnosis



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

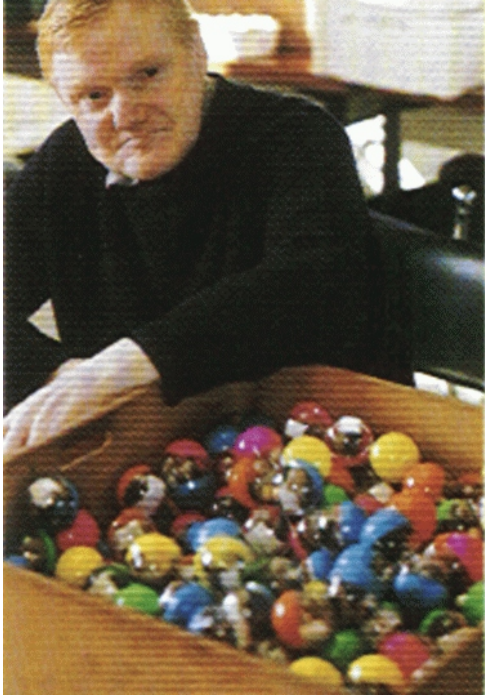
Family Service Teams

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

MORNING

- 08.00 ARRIVAL OF PARTICIPANTS
- 09.30 **Leopold Lagrou** (Leuven, Belgium)
Welcome by the honorary president
- FOSTER FAMILY CARE: TAKE OFF FOR ANOTHER CENTURY**
- 09.40 **Jan Schrijvers** (Geel, Belgium)
Welcome: Why a congress about FFC in Geel?
- 09.50 **Marc Godemont** (Geel, Belgium)
Geel as a model
- 10.00 **Thea Martens / Oscar Brook** (Venray / Den Haag, The Netherlands)
FFC and social rehabilitation
- 10.20 **Christian Neys** (Lierneux, Belgium)
Quality of life in FFC
- 10.40 **Ellen Baxter** (New York, USA)
The spirit of Geel as drive for my work with the homeless mentally ill in New York City
- 11.00 **COFFEE BREAK**
- NEW TENDENCIES IN FFC**
- 11.30 **Maryvonne Wetsch** (Paris, France)
FFC in an urban environment (Paris)
- 11.50 **Tilo Held** (Bonn, Germany)
A new trend: young chronic patients in FFC
- 12.10 **Lars Metelius** (Stockholm, Sweden)
Drug abusers in FFC
- 12.30-13.50 **WALKING LUNCH**

AFTERNOON

- 13.50 Filmfragments
- GROWING INVOLVEMENT OF CARE PROVIDERS AND USERS IN MENTAL HEALTH CARE**
- 14.00 **Miriam Kravitz** (New York, USA)
Living and working with a psychotic dysfunction in a competitive society
- 14.30 **Eugeen Roosens** (Leuven, Belgium)
The interaction techniques of the Geelian population in conviviality with mental patients
- 14.50 **Jackie Goldstein** (Birmingham, USA)
Compeer: Volunteer community support system for the mentally ill
- 15.10 **Mick Ewing** (Sunderland, UK)
Daily life with mental illness in daily society
- 15.30 **Charlotte Teding van Berkhout** (Eede, The Netherlands)
Coming back into society after a psychic breakdown with the support of family care
- 15.50 **Bob Cornell** (London, UK)
User Participation - an organisational issue
- 16.10 **COFFEE BREAK**
- 16.45 **DISCUSSION WITH SPEAKERS:**
L. Lagrou (Moderator), **Alex Cohen** (critical panel), participants
- 17.15 **Leopold Lagrou** (Leuven, Belgium)
DAY CONCLUSION

Saturday, 20th May

MORNING

- 08.45 ARRIVAL OF PARTICIPANTS
- REFLECTIONS AND EXPERIENCES**
- 09.30 **Daniel Gorans** (Nantes, France)
"Dimpna" - The role of legends, myths, stories as a socio-cultural frame for integration
- 09.50 **Detlef Petry** (Maastricht, The Netherlands)
Demasking people with a chronic mental illness
- 10.10 **Chantal Van Audenhove** (Leuven, Belgium)
Psychiatric home care: research and implementation
- 10.30 **Paul Igodt** (Leuven, Belgium)
Community based care
- 10.50 **COFFEE BREAK**
- 11.20 **John Henderson** (Haddington, UK)
International intentions on exclusion-prevention
- 11.40 **Alex Cohen** (Harvard, US)
First impressions and research perspectives on psychiatric family care and its meaning for the care of the severe mentally ill.
- 12.00 *Discussion time: L. Lagrou*
- 12.30 **Leopold Lagrou** (Leuven, Belgium)
CONCLUSIONS

Current Director of Geel's OPZ

Appointed September 2000



JAN VAN RENSBERGEN
Administrateur-generaal

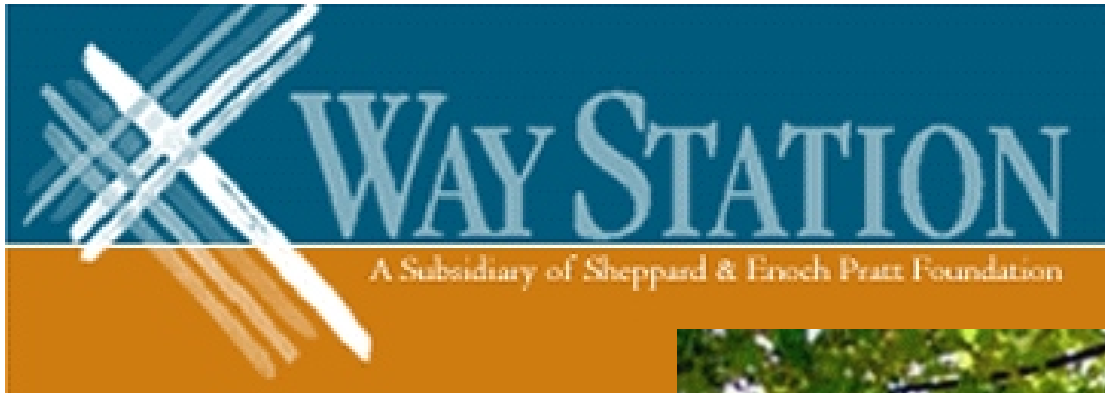
Current Progress and Future Plans

- 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.

The Madison Model

The Village
Integrated Service Agency





Making Friends, Changing Lives.

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