

The Odyssey of a Patient in the Mental Health System

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ABSTRACT

The Odyssey of a patient in the mental health system in Greece, is the case of a 24 year girl she met in Thessaloniki three years ago at OKANA(National organization against drugs) where she was working then as a counselor. The girl came in contact with mental health services due to addiction in drugs in the begging. Comorbidity with psychiatric illness was not diagnosed then even if she had escaped from a psychiatric clinic of Patra's local hospital. Her father was a Greek man from Patra and her mother from Finland. In the past she had some help from social services, because her mother had some addiction with alcohol and after years when she gave birth to a girl , when she was 19. The father of the baby run away. The incident was managed driven exploitation of family possibilities and resources offered by the environment. The presentation includes a video. There is a conversation between me and a colleague. We are discussing about the girl's odyssey from Peloponnese to North Greece, the difficulty of the system to act rapidly, the family relationships and the Greek reality of the economical regression. 22 mental health services are involved in this story. The first meeting in OKANA was the cause for this patient to meet her mother again after three years, after she took her two year old grand daughter in Finland, without her permission with the excuse to protect the baby, due to her drug use life style. A 25 years man, drug addicted and member of OKANA open access program, brought the girl to her for the first time. After this very first time meeting she was disappeared till a homeless man that came from Patra in Thessaloniki met the girl in the streets the summer of 2014. He helped her to find food and a bed at homeless center of municipality of Thessaloniki. He brought her to OKANA open access programme again. Now the girl is living in Finland in a open house for mental health patients with schizophrenia in Finland.

INTRODUCTION

The increasing influence of human rights and therapeutic jurisprudence discourses in the mental health field has meant that greater consideration has been given to issues such as fairness, freedom, protection, and treatment⁴ within the context of involuntary treatment and mental health tribunal processes. Part of this trend has involved recognizing the rights of mental health service users to play a meaningful role in processes of legal review or determination relating to clinical decisions affecting their lives, including mental health tribunal processes, suggesting a move away from paternalism toward citizen participation.⁵ An interconnected dilemma is how individuals can effectively participate in broader decisions about their mental health care and other decisions affecting their lives. Ensuring the participation of affected citizens in mental health governance is now an explicit goal of mental health policy, as set out in the priority themes of the National Mental

Health Plan 2003–2008,⁷ although there are concerns regarding the extent to which this goal is realized in practice. This article deals with the involvement of “carers” in mental health governance, taking mental health tribunal processes as the starting point. It stems from a comparative study of Australian mental health tribunals,⁹ the findings of which demonstrate that for citizens affected by mental health tribunal processes these processes are often viewed as inseparable from their wider experience of navigating the mental health system. In fact, making sense of the intertwined legal, ethical, and social issues arising in mental health tribunal processes calls for a holistic examination of these processes, acknowledging that they are embedded within the wider arena of mental health governance, as well as comprising discrete legal decision-making processes. Service users are the citizens most affected by the various decision-making processes involved in mental health governance. However, they do not generally live in a vacuum or without some social network of support, whether recognized or not, as Barbara Vine suggests in the quotation at the beginning of this article. In fact, individuals' social networks are often relied upon by health and social services to assist those services to perform their formal treatment, care, and support roles. In times of mental health crisis, carers are often the ones to “pick up the pieces”, or so it is felt. In fact, there have been studies that indicate that greater participation by carers from the outset of service users' contact with the mental health system can be beneficial in a number of ways: family involvement can reduce relapse rates and hospitalisation; and family interventions can be cost-effective and improve service users' functioning and recovery.

Seeking Care and Resorting to Involuntary Treatment

Being a carer has been described as “tough love” and a “hard place to be”.⁵⁶ The often long journey for carers – their “odyssey of hope” – can range from searching for a cure, securing ongoing services or treatment, maintaining stability for the person in need, and seeking information, recognition, and support in distressing times (or to prevent such situations from repeating). The initial hope is that contact with a mental health service will result in “stability” and needed care and support for a loved one and those affected by the situation, but obtaining effective services and continuing care is not always so straightforward. The imposition of an involuntary treatment order may seem the best or necessary way to ensure treatment or contact with a clinical service. Yet, an order can also be viewed as a heavy-handed approach to secure care. It can become a point of contention or difference between the carer and the consumer or with the treating team. It can mean that a carer feels that they are playing a dual role, being complicit with the treating team, or unable to convey their concerns through fear of damaging their relationship with their loved one. An order can change the social dynamics between all involved. In many cases, however, the relationships between

carers and consumers do not involve straightforward agreement or disagreement around issues such as the need for involuntary treatment, but rather constant fluctuation in the level of consensus or conflict – as with any social relationship. Most carers interviewed for this project described difficulties accessing assistance in times of crisis and were unhappy with the services their loved one was receiving. Families and carers will often try to manage without assistance for some time. Most

carers interviewed for this research explained that involuntary treatment is sought in acute situations where things have escalated to breaking point, and some felt that the way in which the law is structured and the lack of support and effective services can force them into the somewhat uncomfortable position of having to instigate involuntary hospitalization. Carers may end up arguing for involuntary treatment, when in fact what they want is better and more consistent attention and care.