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**ON THE INFLUENCE OF FRANCO BASAGLIA AND THE ITALIAN DEINSTITUTIONALIZATION MOVEMENT IN GREEK MENTAL HEALTH SYSTEM  
-AND THE CURRENT SITUATION IN GREECE**

The discussion on the occasion of the 40 years from the establishment of the law 180/78, known also as 'Basaglia law', has a crucial meaning for the present. A present described by some, but, also, experienced by many as the "dying of today" (the title from the known Howard Barker's play) A present signaled by the crucial conditions of a deep social, economic and political crisis, without a visible perspective leading out of it, with an all the more diffused xenophobia and racism and the rising of an extreme right populism all around Europe – a situation that does not leave unaffected Psychiatry, Mental Health Systems and the rights of users.

It is not just for anniversary reasons, but primarily because of the critical situation that we are facing today, that it is necessary, as never before, a "return back to roots". A return to the conditions (the complexity of the conditions) that made the establishment of the law 180 possible. First of all, to the alternative psychiatric "culture and practice", that contested simultaneously the dominant psychiatric "circuit of control" and the dominant social norm, towards a system of services beyond all kinds of walls (in and out of the total institution). To the practice that was the motive force which, in the context of concrete political and social conditions, made possible the establishment of this law - but, also, its actual implementation, at least in the places where this practice really existed. And of course, a return to the emancipative imperatives of that epoch, of May 68 in Europe and the seventies in Italy, which constituted the grounds on which became possible to take its roots this Deinstitutionalization movement and the Democratic Psychiatry.

Such a "return to the roots" is all the more necessary today, the more the prevailing policies in all countries lead to the ongoing dismantlement (under-financing and under-stuffing) of the Mental Health Systems. While, at the same time, dominant Psychiatry, stacked to its diachronic social mission for social control and, at the same time, under its structural manipulation by the bio-pharma-industrial complex, responds to these conditions by the transmutation of its "culture and practice", in all European countries, towards more repressive and controlling practices. In England, France, Germany and everywhere,

repressive practices, restraints, seclusion, ECT, revolving door, abandonment etc, have taken unprecedented dimensions.

Referring to Greece, Franco Basaglia's influence here started during the eighties, when minority groups in Mental Health were searching for a psychiatry alternative to the dominant psychiatric paradigm - in a period when the known as "scandal of Leros" had broken out and an external pressure was exercised upon Greece to proceed to a reform of its obsolete institutional Mental Health System. The dominant approach, however, and the official state planning for this reform, never went beyond a fluctuation between a fixed, irremovable attachment to old institutionalism and a mere modernization of the existing asylum system, a simple change of the image. As in many sectors, also in Psychiatry, Greece operated as a country "importing models" from other advanced countries - models which, of course, have never helped to something more than the embellishing the existing institutional situation.

All real efforts towards an alternative direction-being always *initiatives* "from bottom up" and never as an officially pursued state policy- were influenced from Basaglia's heredity and the Italian Deinstitutionalization movement-which had achieved the most important, internationally, legislation for putting an end to mental hospitals, the 180/78 law.

In all these efforts, the emphasis was on the need of a (practical) approach which focused on the primacy of "the person and not the illness", as a precondition to courses and passages towards therapy, rehabilitation and emancipation. And in order to be put "the patient, as a person, at the center" and "the illness in parenthesis", it was self evident, for all groups working and struggling "from inside", what Basaglia underlined as "the situation of the psychiatrist in our society which is more obvious form others, in the sense that his immediate contact with the visible condition of violence, of abuses and arbitrariness, requests the violence against the system which produces and permits them: either we become accomplices, or we react and destroy it".

It was on this line that important experiences took place in Greece, as for example in the Mental Hospital of Thessaloniki, in the eighties, with Kostas Bairaktaris, when, for the first time, tens of inmates went out of the asylum in small community group apartments, while, at the same time, most of them found a paid (salaried) work in cooperatives, that were created in the context of Deinstitutionalization. Also in Dromokaiteion Mental Hospital in Athens, attempts took place, although uncompleted, against repressive practices, for the abolition of "punitive" wards and for the creation of cooperatives with paid work. And then, of course, in Leros, in the nineties, mainly here, where the whole conception of the approach to the problem, the planning and the practice for Deinstitutionalization, for "going beyond" mental hospital (a conception and practice that managed to make "possible" what was considered and confronted as "impossible"), all this would be impossible without Trieste, as a methodology, culture and practical involvement.

And after 2000, in the Chania Mental Hospital of Crete, where, not without contradictions and asymmetries around Crete, the closing down of the hospital took place on the footprints of the Italian experience. Finally, in the Psychiatric Hospital of Athens (Dafni), where there was a successful attempt for the functioning of an admission unit (or acute ward, one of the nine in the hospital) with "open doors and no restraints". A unit interconnected with a community Mental Health Center, responding to the mental health needs of a certain area - in a country that there was never, even today, any sectorization of the mental health services.

But Basaglia's influence did not manage to go beyond these experiences, that is, did not manage to take roots, to be fixed and influence the *system* of services, its culture and practice, which simply proceeded towards a modernized form of the traditional institutionalism. With the establishment and consolidation of a system that is hospital based and repressive. A system whose "culture and practice" is guided and determined by the

dominant biological psychiatry, in harmony, close collaboration with (and manipulation by) the pharmaceutical industries. With a high percentage of involuntary hospitalizations - around 65% of all hospitalizations, all executed by police. With very few, under stuffed Mental Health Centers, which function just as ambulatories. And with the assignment (allocation) of a great part of all neo-institutional units (various types of hostels-with locked doors and sometimes restraints- mobile units etc) to NGO's, which operate as complementary elements to the dominant institutional procedures and which (not all, but not few) have been accused for corruption.

All admission units, either in Mental Hospitals or in General Hospitals, are everyday overcrowded – although with a capacity of 20-25 beds, they usually have hospitalized 30 to 50 patients, packed in the corridors, or everywhere else is found space. In most cases, with locked doors and the use of restraints (even to voluntarily hospitalized patients) as the normality of all the admission units operation-with restraints to last, for a lot of patients, for days, weeks, or months and with some, not few, to die because of the restraints.

No any, so called, “declaration for the rights” from any international organization has ever managed or served to change this situation. International conventions, as the one of the “UN for the rights of the persons with disabilities”, or the “European Convention for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment” (CPT), exist only as words in congresses, or in reports that underlie and condemn the violation of rights, but without any practical, material consequence or result, or any change of the situation judged as unacceptable. National laws that exist, especially their points that could have a positive influence for the destiny, the lives of the patients when they come in contact with the system, are not implemented and nobody is ever interested for their non implementation - and this “non implementation” is considered, both by psychiatrists and the Justice system, at least in Greece, as self evident, as the everyday normality.

The recent inspection (last April) in Greece by the “European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment” comprised, as always, visits in psychiatric units, prisons, refugees concentration camps (the hotspots, euphemistically called as ‘Centers of Admission and Identification’) etc. But, to give an example of how these visits for inspection took place, the date of the visit in the Mental Hospital (Dromokaiteion) was known to the Administration and the doctors of the Hospital ten days before. So, on the day of the visit, the psychiatrists had gone to their hospital very early in the morning in order to untie the tens of the patients that that are on restraints every day and every moment (except for two of them), for as long as would last the visit. When the visit ended, all released patients were put immediately on restraints again. In the (preliminary) report that was made and given to the Greek authorities, there are the usual critical remarks and observations by the Committee, that are made after every visit- in order to be put in the drawer, until the next visit. One of the problems with these reports is that, in the case of the mental health units, for example, they consider and presuppose as normal practices that alternative psychiatry considers as repressive, as “torture, inhuman and degrading”. To give an example, one of these remarks in the recent preliminary report, refers to the restraints in the clinic of a General Hospital they visited, not to criticize the use of restraints, but the lack of privacy needed for a person on restraints, just indicating that, patients on restraints should not be left in the corridors of the clinic, but in a room! Not a word against restraints.

All these conventions, in the end, operate as an alibi for the perpetuation of the same inhuman practices around all the world, as far as, either these conventions, as, also, the existing legislation in each country, do not “step upon” (and so, function as a real context and materially support to) an existing ‘culture and practice’, which, in its everyday operation, puts at the center the suffering human being, the subject and his/her needs, his/her freedom and rights.

In contradistinction to such an approach, the answer, indicated by Brussels, that is prepared in Greece (by the Ministry of Health, in close collaboration with the dominant psychiatric community) to the problem of the enormous percentage of the involuntary hospitalizations, is the introduction and implementation, also in Greece, of the **“compulsive community treatment”**.

It is not accidental that the so called “Community Treatment Order” (CTO) - which establishes a diffusion and, at the same time, hardening of the social control in the community - was initiated, since about twenty years, from various states of the USA, in the context of the de-hospitalization practices in closing down mental hospitals (in line with the implementation of neoliberal policies in Mental Health) and was introduced, gradually to many other countries, in Europe and elsewhere.

Of course, all those who are interested and oriented towards a merely technical and logistic approach to the problem of the high percentage of the involuntary hospitalizations, all those who want **just to decrease their number without questioning at all the system that produces them**, operate as if it was not very well known that **the declared aim** of the “compulsive community treatment”, the decrease of the involuntary hospitalizations, **was not achieved - the result was a complete failure**.

It was presented, in the beginning, as the panacea for the “revolving door” problem, a problem, however, **that is produced by the dominant system itself**, its way of **not answering, but just managing and/or rejecting** the needs of the person. A way that, all the more, becomes the normality of the system also in Greece, with the quick discharge (called in Greece ‘bloody discharge’) of people who have not a place to live, not a house, not a (proper) supportive environment, family or other, and, most important, not any community service to support them – thus producing the conditions and the need for frequent re-hospitalizations

The only thing that “compulsive community treatment” has helped to happen, was the rapid discharges (to the streets), with only “care”, provided by the system, the compulsive drug treatment. It is a practice that, from the one side, aims at cutting the costs for hospitalization, by introducing a much cheaper procedure for social control - with the person to experience therapy, the therapeutic relation, as a **continuous coercion**, an eternal compulsion, with impending the threat of the consequences if he/she refuses this coercive drug therapy. And of course, with the real protagonists in the field being the very expensive medicines in injection form, for their monthly or even quarterly administration, that are competing in the market: the “fight” in Greece, since long time, is between Zypadhera (Eli Lilly), Abilify maintena (Ludbeck), Xeplion and Risperdal Consta (Janssen).

Z. Deleuze was talking, since long time ago, for the transition, in our epoch, from the old “disciplinary operations (procedures) in a closed system” (mental hospital etc), to the “ultra rapid forms of control in the open space”. About how, “even the community services, the ‘neighborhood clinics’, the day centers, the home visits, may signal a new freedom, but may also become part of control mechanisms, which will compete the most hard forms of confinement”.

The therapeutic answers, if they want to be **really therapeutic**, must operate, on the basis of a comprehensive and community based system of services, in such a way that mental suffering, the person’s lived experience, is not institutionalized to disease, is not transmuted to a sterilized, and without a history, abstraction of a diagnostic category. With the simultaneous abolition of any kind of suppressive practices, such as mechanical, or chemical, restraints, seclusion, locked doors. Without any form of dependence, or manipulation, by the bio-pharma-industrial complex. While, at the same time, the therapeutic answers intended to be really therapeutic, cannot leave without any contestation the dominant social relations and norms that today exclude, all the more, all those created, by these social relations and norms, as redundant and rejectable.

It is only on this basis that we can talk about opening real perspectives towards **decreasing and eliminating involuntary hospitalizations**, but also of **decreasing the need for voluntary hospitalization**-that is, when we create the conditions (cultural and material) for a radically alternative approach and practice.

We are referring to the need for materially sustaining the rights (individual, political and social), legislation in the direction of their enlargement. We are, also, referring to the urgent need for augmenting the financing for Mental Health and the welfare provisions, the disposition of a stable, proper for each person and well paid work for everyone....as the provision of all these would make the need for any medicine much less.

We don't think that it is possible to have real psychiatric reform with "limited resources", as it was once used to be maintained.

All this can also give an explanation to the difficulties and the limits with which were faced, after a period of time, some of the crucial, exemplary and emancipative experiences in the mental health field. Because, as Basaglia emphasized, "if the reciprocity of the relation between the therapeutic place and the external society is not given, we will never be sure that walls, the cancels, the violence will not come back in order to be re-proposed, even under different forms, confirming the impossibility of a real rehabilitation".

So, concluding, I think that an important aspect of Basaglia's approach, which had a significant influence on our efforts, was his concept of **what is therapeutic**: that **it contains both the technical and the political dimension**, which, consequently, **necessitates** that, **in the everyday practice**, to be present **the political dimension of the contradiction** which is covered by the dominant psychiatry. For this reason, it is, in our opinion, of crucial importance his insistence that "the **politicization of our practice is still the only therapeutic practice that can be conceived** and that it coincides with the disclosure-in all levels of the community-of the most severe, hidden contradictions of our system".

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