



ABSTRACT FORM

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Title of the contribution/Titolo del contributo	"GOOD PRACTICES" MEANS "OPEN DOORS WITH NO RESTRAINTS" AND REALLY "COMMUNITY BASED".		
Objectives/Obiettivi			

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The experience from the operation, for ten years, of an acute unit in the Psychiatric Hospital of Athens (Dafni) with "open doors and no restraints" (and no seclusion rooms), isolated, as a venture, in an institutional, professional and state environment that ranged from mere tolerance to overt hostility and all around undermining and (because of the general social and political situation) having an almost predetermined expiring date, had as a result the confirmation, once again, of what Basaglia had said, that "what is important is that we showed that the impossible can become possible...that the mental patient can be treated in a different way".

Critical points of this venture were, first, the interconnection of the acute unit with a community Mental Health Center, the pursuit of their operation on the basis of responding to the needs of a sector (in a country that there was never a sectorization of the mental health services) and of course the integrated and interconnected way on which was based the function of the therapeutic team in all interconnected units. Questioning and going beyond power relations among the team members, the same as between therapists and users.

The guiding line in the team's work was the deconstruction of the "culture and practice" of the dominant psychiatry (under all its modernized variations), which confronts protection as internment and therapy connected with deprivation of freedom. The question for us was to confront the contradictions that are

opened by a “culture and practice” that confront protection and therapy as connected with the user’s freedom and rights, through a communication based on dialogue and negotiation.

In the context of the modernized, new-institutional, “circuit of control”, besides the old, more obvious repressive forms, there are, also, those more sophisticated forms for the management of this circuit, through those alleged as “good practices”, consisting to a simply verbal incorporation/assimilation of the radically alternative approaches, which means the canceling of their real subversive content and their reduction to mere image.

So it is not a surprise but normality in Greece, to hear from university psychiatric community that the involuntary hospitalizations have to continue to be executed only by police, because “the paranoid patient must see the policeman in order to be frightened” and from mental health NGO’s to support the introduction of compulsory community treatment.