

MENTAL HEALTH CARE IN BELGIUM

Tarefa:

1. Tendo em mente *Teoria da diversidade e universalidade dos cuidados culturais* (M. Leininger, 1991), **identifique no caso os factores culturais** que contribuem para o estado de saúde e para a oferta de cuidados de saúde.
2. Compare com a realidade portuguesa: quais as semelhanças e diferenças que encontra?
3. Que outra informação seria relevante para perceber as necessidades destes clientes e os cuidados a prestar?

1. Introduction / general picture

Peeters Maria presents herself at the 20th of January 1997 in the psychiatric hospital SM. Thirteen years ago, she was also admitted to this hospital. After an intake conversation with the psychiatrist on duty, she is admitted to the admission unit of the hospital. She stays here for a few days and then goes to a sociotherapeutic rehabilitation unit. The assigned nurse has twice a week a conversation with Maria at a set time.

Below, a reconstruction is given of Maria's story **as she** told it during the first weeks of her treatment.

2. The life story of Peeters Maria

I was born in 1954 as the third in a family with six children. I have two brothers and three sisters. I did not have a nice youth, my parents were always busy with the business, running two restaurants, and there was little time left for me.

I didn't get much love and when things turned to it, I too had to work. It soon went wrong between my mother and father, they did not understand each other and the relationship of my father with another woman only made things worse. So ultimately my parents went on living separate lives. There was no one who cared for me, and so it is not surprising that in those circumstances, I had to do my first year in elementary school over again. I may not be one of the smartest, but life did not make it easy for me either. First, I had to do secondary school and once it became hard for me there, I had to do hotel school. Because of my disease, I could not keep that up very long. Working and working, we did not know anything else at home. I think I was 19 years old when I stopped going to school.

Then I went to work in a hotel for a long time. But one could never work hard enough there, and eventually I couldn't take it any longer. I then had a nervous breakdown and was admitted for the first time.

Afterwards I worked as a governess in a family with three children. I liked that job very much. However, I think that at the time, I was not recovered enough from my nervous breakdown because I got sick again and had to be readmitted. My mother always found that former treatments had not helped me enough and that is why I was always admitted to another hospital. I think that in those twenty years time, I have been in 6 or 7 different psychiatric hospitals. And once I liked it there, my mother took me away because it lasted too long in her opinion.

Yes ... where was I? After the breakdown working as a governess, I was judged not be suited for that kind of work. A while later, I was 23 then - I think -, I went working in a boutique as a sales-woman. However, I got sick again and was admitted to a hospital outside the province. There, I was raped by another patient and I got pregnant with An. At the time, I was too sick to take care of her myself. My sister Petra then took An in. And so all that time, I am an aunt of An. Are you still with me?

Meanwhile, it had become clear to me that working can be to much of a burden for me.

A few years later I met Albert. That was immediately the great love. So we did not wait very long because six months later we were married. My mother never liked Albert very much, she thinks he will kill me sooner or later. But I know that that is not true and that he still loves me. Often I hear him call 'Sweetheart' and then I know that someday we will be together again.

Where was I - oh yes, so we married in 1980, our son Gert is born in 1981 and already in 1982, my husband Albert ran off with someone else. I do not know all that very well anymore. I have then been ill many times and admitted to a hospital.

Meanwhile, my mother took care of Gert. But she was not allowed to do so very long.

My parents in law could not bear it that my Gert was staying with MY mother. And so Gert was put in a foster-family. I believe he was not even three years old at the time.

And so I stayed alone with my mother. In between I have been admitted to a psychiatric hospital a few more times. But when it lasted somewhat long, my mother came to take me away.

But now I am the one who wants to get away from home and you have got to help me to it. I am not allowed to do anything at home. I am not allowed to go out alone. I am not allowed to do any housekeeping. Only praying all the time and going to mass up until two times a day. I can not stand it any longer at home. While my mother is at mass, I came down here. Otherwise, she would not let me go. I want more independence, I want to go live on my own. When I say I hear my husband Albert calling to me, she says "Albert will kill you one day".

Now, I really want to go living on my own and I am sick of it that I have to hand in 10,000 BF every month because her pension is not sufficient. Sure, I know that in the past she always spent a lot of money, and that now she suffers difficulties with her small pension. OK, then she has to ask money from my brothers or sisters, they all roll in money. Why do I have to pay the piper for her financial problems? You have got to help me, I do not want to go home anymore. I want to be free. I want to go live on my own.

3. Chronology of admissions in PH (psychiatric hospital) SM

First admission in 1975 (5 months)

Second admission in 1984 (5 months)

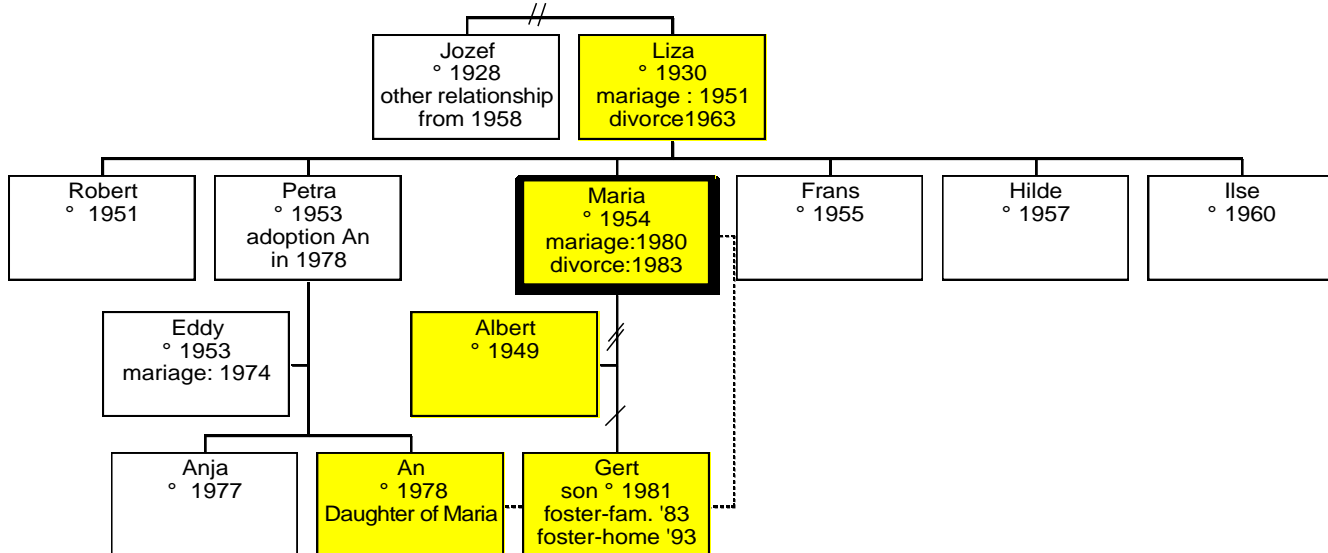
Third admission in 1997 (present admission)

4. Chronological overview of important life events with respect to her clinical history (auto-anamnesis and hetero-anamnesis)

age	year	life events
	1954	birth (third in a family with six children). Pregnancy and birth were normal.
7 years	1963	does first year in elementary school over / relationship problems of her parents. She does not get much love during her youth. The business of the parents and their relationship problems get all the attention. According to the mother it showed from the first year in elementary school on that Maria was not very intelligent.
18 years	1972	she quits school (5th year secondary school and a few months hotel school). She goes through a depressive period.
21 years (according to her mother)	1975	suicide attempt after the breaking up of a relationship First admission in 1975 (5 months) she went on living and working as a nanny (governess) in a family with 3 children. She liked that job.
22 years	1976	she can not manage this job: admission to PH LO after the treatment she goes working in a shop
23 years	1977	she can not manage the job in that shop and she is admitted to PH SL there she is raped by another patient and gets pregnant (An)

24 years	1978	she gives birth to a daughter An, whom she gives up to her sister Petra admission to PH LO
	1979	she meets her husband Albert
	1980	she marries Albert
27 years	1981	birth of son Gert. Mother takes care of Gert Maria is admitted to PH DI
	1983	actual separation of husband
30 years	1984	son Gert is put in a foster-family second admission to PH SM
	1986	admission PH ZO
	1989	PH MB From now on, she thinks about living on her own.
40 years	1994	son Gert is put in a Home. She keeps in touch with her son Gert (twice a month) Together with her mother, she does voluntary work in a tavern.
43 years	1997	admission PH SM

Genogram Maria



5. The recent years

Maria lives with her mother who determines all her doings. Though from 1986 on, she says that she is going to leave her mother, up until now, she does not succeed in doing so. She is described as a person with a poor '*ego-strength*' with a poorly integrated identity image. Psychotic decompensation in crisis situations. The mother is known as a very dominant personality who neglects every interference from professionals and had a very coercive influence on Maria. When Maria goes on doing some "voluntary work" in a tavern, Lisa goes with her.

6. Present situation

Patient asks for admission because she wants to leave home **for good**. She wants to be freed from the coercive influence of her mother who constantly obliges her to pray and to go to mass. Her mother can not cope financially without her because of the small pension her mother has, 26,000 BF a month. Her mother wants to further enjoy the allowance Maria has, 28,000 BF a month.

She also claims that her mother keeps saying that her husband is going to kill her.

She also feels herself constantly 'persecuted' by her husband who keeps calling on her '*sweetheart*' (auditive hallucinations).

Maria already lives for more than 10 years actually separated from her husband, but she still is not divorced officially.

During the second week of her admission, she decides to have her disability allowance (23,000 BF / month) paid into a new account, so that her mother can not touch it. She prefers going to live on her own, but she is also prepared to let herself enrol for a halfway house in Sheltered Housing. She knows that she has waited a while for this because of a waiting list (about 2 months). She still has regular contact with her son Gert and she makes an appointment to meet him outside the psychiatric hospital.

From her mother we learn that the motive for her running away from home is supposed to be a telephone conversation between Maria and her ex-husband Albert. She was very disappointed that Albert had slammed down the telephone and would not listen to her any longer. Mother Lisa also tells that Albert was not a husband for Maria. Maria is supposed to be beaten up regularly by Albert. The mother also told that Maria resisted for some time now everything the mother proposed. It did not used to be that way. She finds the ideas of Maria to go living on her own nonsense. She knows Maria better than anyone else.

"Maria is not capable of going to live on her own." Mother Lisa also signifies that she feels herself lonely without her daughter at home. So she hopes that she can come home again soon.

We retain from the observations and actions of the first three weeks

She only talks in *individual* conversations about her husband who keeps calling her (auditive hallucinations).

She does not like to go into questions about the past and former treatments. "That's all unnecessary."

She takes good care of herself; she is independent; she has a well-groomed appearance.

several times though she was smoking in her room at night despite explicit prohibition.

Positive attitude towards participation in the group therapies

she has an emotional involvement towards the other group members

she has a regular contribution but often beside the question (remarks that do not fit in the course of the conversation)

Maria only wants to use public transportation if others go along with her. She can not drive a car.

She is strongly motivated to go living on her own and she discusses this with her mother when she comes to visit her. After two weeks she could go on weekend. She postponed this for a week because she enjoyed the freedom she now has very much.

Present medication

			<i>8h</i>	<i>12h</i>	<i>18h</i>	<i>21h</i>
Melleril<before admission	25 mg				1	
Melleril<before admission	100 mg	1			1	
Disipal<before admission				1	1	1
Haldol since 20/01/97	5 mg		1/2		1	
Haldol decanoas 1/14 days since...<preadmission	150 mg					

Weekend evaluation

According to Maria the weekend went well. Her mother though did not allow her to do very much, "but actually she could use a day's rest!" She now does express more sympathy towards the loneliness of her mother and the fact that her mother needs her financially.

She now also has more doubts about whether she does want to go to the halfway house because now she heard that somebody lives there, whom she knew earlier and whom she does not like. She feels she is not able of going to live together with "That one".

PRESENTATION UNIT SOCIO THERAPY

Target group

The patient population is a rather heterogeneous group. Not the clinical diagnosis of the patient but the problems that remain after a period of acute mental illness determine the treatment.

- * 50% was psychotic on admission
- * 50% personality disorders and/or social psychiatric problems

Contra-indications: alcohol- and drug addicts

Unit philosophy

To develop a sociotherapeutic setting following principles are pursued:

- * Creating and maintaining conditions that lead to a **living climate** that can be handled *sociotherapeutically* (environmental therapy according to Janzing and Kerstens 1991). Hereto, social learning through engaging into a co-operation relationship is central.
- * One uses methodically organised forms of treatment intended for a **group**. Hereto, a structured day and week scheme is used, in which a number of sessions are attended in a fixed group.
- * One aims at the best possible optimal level of appraisal and fitting in of the possibilities of every patient. According to these **individual possibilities**, one aims at rather homogeneous groups with respect to skills and interaction ability. Consequently, there is a difference in level between the groups and there are other emphases in the therapy.
- * Generally, the groups can be subdivided as follows:

	basic goals	group activities	
group 1	optimalisation of	vocational therapy	8h
	self-care and self-	physical therapy	3h
	help	housekeeping sessions (ns)	8h
	learning of skills	social skill training	1h
		assertiveness training (ns)	2h
	individual conversa- tions or activities: +/- 2h/week	group interaction (incl. WE discussion)	3h
group 2	Increasing the independence	vocational therapy	5h
	of the group	physical therapy	3h
	members, learning of	industrial therapy	4h

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	skills with a great emphasis on learning social skills.	housekeeping sessions (ns)	5h
		assertiveness training (ns)	2h
		social skill training	2h
		group interaction	
		(incl. WE discussion)	4h
group 3	Here, the emphasis is mainly on enhancing group inter-actional skills and the learning by experience in group.	vocational therapy	5h
		physical therapy	3h
		industrial therapy	1h
		housekeeping sessions (ns)	3h
		assertiveness training (ns)	2h
		social skill training	1h
		group interaction	
		(incl. WE discussion)	3h
		group psychotherapy	3h