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Social Integration and Vocational Rehabilitation for Persons with Mental Disabilities

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Psychiatry in Austria
Between help and control
Possibilities and Difficulties of Social Integration and Vocational Rehabilitation for Persons with Mental Disabilities

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1. Introduction
Psycho-social deviant behavior is indeed seen as illness but it is still a stigma with manifold negative social consequences. Persons with mental disabilities evoke fear in many of us who are confronted with them because tonal symbolize a specific threat since they are questioning basic sacral rules end norms. In contrast to other patients they ere not able or willing to accept their role and to define themselves as needy for help and to seek for competent treatment. Numerous empirical researchers have proven that patients of lower social layers are diagnosed mare severe, that effort of treatment is lower, that help and rehabilitation are rather substituted by measures with disintegrative consequences (i.e.; retirement) and control as compared to patients of higher social layers.

The asylum which symbolizes disintegration end custodial care is increasingly recognized as anachronistic an dysfunctional. The most important international trends within the last 15 years were:

- reduction of psychiatric hospital beds
- reduction of duration of stay
- reduction of the rate of involuntary admissions
- increasing rates of re-admissions
- increasing numbers of psychiatrists, psychologists and other psychiatric personnel
- different ambulant services offer prevention, rehabilitation, counseling, psychotherapy etc. have been established.

Usually these trends are basing interpreted as reform of psychiatry.

2. The so-called reform of psychiatry in Austria
In all the above mentioned indicators psychiatry in Austria ranged very low as compared to the industrialized states and it was/still led coined by the tragical inheritance of the nazi-era, by the lack of resources and by the very low public attention for its problems. Comparatively late in Austria there is a reform movement top, although a reform of psychiatry in the sense of a nationwide coordinated program has not taken place.
E. TALUS, a prominent Austrian researcher, states just 3 crucial points of psychiatric reforms in this country:

- the Viennese reform, which is said to be the reform
- the BeratungsZentrum in Graz, as the first community mental health center in Austria
- single reformistic attempts in different areas of Austria, ...

As the first future-oriented-ambulant model for adequate care of clients end psychiatric patients the "BeratungsZentrum für psychische and soziale Fragen in Graz" was already founded 1978.
Later on similar services have been established in almost every country of the state; they are run on different organizational and professional levels and altogether show a respectable job-performance. Partly they are outfitted with multi-professional teems, they offer manifold forms of counseling end psychotherapy, they sometimes also run a dayclinic am a daycarecenter end they cooperate with volunteers, with selfhelp-groups (for example AA-groups) and wall-organized groups of relatives (HPE). Many of these services suffer from underequipment in concern of personnel and finances. The most
comprehensive and coordinated changes have taken place in Vienna, where 1979 the city government has voted in favor of a far-reaching "Zielplan für die psychiatrische and psychosoziale Versorgung".

In the traditional hospitals the mainly control-Oriented, "hard" reactions of psychiatry for deviant behavior have started to be replaced by "softer" and rather help- and integration-oriented charges.

Recently we can observe a counter approach such as the growing application of ECT. Within the last 10 years, the number of beds in psychiatric institutions and involuntary intake have ascended.

Differenciations of the approaches (sectorisation in Salzburg, Vienna and Styria; therapeutic specialization in Carinthia) and democratic changes have taken place in the big asylums.

Two legal innovations substantially have improved the situation:

- the legal bases for interdiction end
- the legal bases for involuntary intake and treatment have been reformed, so that the human rights of psychiatric patients are much better protected now.

3. Unresolved problems of psychiatric care in Austria

1. Still drastically underprovided are most of the rural regions. Comprehensive end widespread transformations in the sense of a coordinated structural reform have taken place in only a few regions respectively in Vienna.

2. As a consequence of the disparity and the unintelligibility of the services, certain groups of patients, such as the old and chronic ones, who were transferred into hires for the old, have not only profited less than others but they had to accept an impairment of the quality of their life.

3. A strongly reform-Obstructing effect is caused by the Austrian social security-law which defines the financial underequipment of the asylums. Another very disadvantageous site" is caused by a card-index at the ministry for inner affairs, where all involuntarily intakes psychiatric patients are being registered.

4. Also unresolved remains the problem of political and bureaucratic dissipation the state and the 9 countries of Austria. The competences are scattered into departments of Social Affairs, Health, Science and within the health system into Prevention, Rehabilitation end Treatment.

5. The lack of practical relevant research data and scientific documentation of the valuable work of the different initiatives produces a state of distress and hinders a synaptic and well-planed progression of further reform-steps.

6. Considerable deficiencies in the training of all professionals and especially the dominance of the scientific paradigm of the medical school programs also impede the reform.

Psychotherapists are now acknowledged by a new law to do what they did already since S. Freud created this profession. Since this new law relativates the legal monopoly for treatment of Austrians MDs (a unique situation among the world!) the Austrian Medical Association-Representatives have been successfully fighting it so that everybody who seeks for psychotherapy and
claims the financing of health insurance now is obliged to a check-up by a medical doctor.

Claims:

- Scientific research about the requirements of psychiatric care system and evaluation of the present state situation.
- Clearing the jungle of political dissipation and the scattered bureaucracy on all levels - state, countries, communities.
- Equalization of psychiatric and physical patients by social-security-law.
- Improvement of training and ongoing education for all health-workers in the field of psychiatry.

4. Vocational rehabilitation for persons with mental disabilities

Agricultural and handcrafting big-family-households which naturally belonged the disabled, mentally disturbed end old-aged, were definitely not idyllic but hard farms of life and production and they were stable and lasted for centuries. Like an elementary force the market oriented industrialization around. 1800 dashed social life into 3 pieces:

- vocation (production)
- family (re-production)
- social institutions (for "unproductive persons")

Pre-industrial solidarity between strong and weak-ones was replaced by the social institution of the state for the sake of undisturbed production. The state transfers taxes into social institutions. In order to weaken the blame to favor the "lazy" and the "social parasites" the state always junctimizes welfare-donation with more or less humiliating forms of control.

All who work with social deviant persons have to act within the close attention of help and control.

Vocational rehabilitation for persons with mental disabilities is ONE aspect of the "SOCIAL QUESTION":

- what is to be done with the "unproductive" persons?
- what shall we do with those, who are not able to work in the factories, because they lack the calculability of behavior, precision, regularity and ability for monotonous work?

Homes for the old-aged, orphanages, prisons, asylums, psychiatric infirmaries were the traditional answers of the social state. In the asylums occupational therapy was applied in order to gain control, adaptation and to reduce costs and symptoms. In the nazi-era value of labor was equalized with the value of life at all. "Who doesn't work shall not eat" - was the motto. Certain diagnoses at first led to the starvation
program ("Halbierungserlaß", 1942) and later consequently to physical extermination of ("Aktion T4").

Maxwell JONES, one of the pioneers of psychiatric rehabilitation defines rehabilitation, 1952, in a paper for WHO:

Rehabilitation "is a certain aspect of the process of adoption to recovery from a disease. Every intervention can be called therapy, which aims to produce or accelerate this process. The concept of reha. has gotten the meaning to describe the sociological aspects of the process of reintegration although there is no reason for separating this aspect (...) (Reha) can be seen as the attempt to outfit the patient with best possible social role, which enables him to attain the maximal activity, which is adequate to his personality and his interests and to which he is apt."

Results of long-term-studies prove that the decisive improvement of the basic disturbance of schizophrenic patients is due to the reduction of time, that the patient spends doing nothing.

WORKING CONDITIONS FOR SHELTERED EMPLOYMENT

- continuity
- social security
- safety
- flexibility (to support persons with mental disabilities)
- differentiation (therapeutical) between colleagues
- positive incentives
- possibility for close contacts and distance
- crisis management (case management) for individuals

Employment effects

- social identity
- self - affirmation
- social integration
- structuring daily life activities
- cultural participation
- income / consumer participation

Unemployment effects

- loss of:
  - income
  - role identity
  - recognition by society
  - social, cultural, political participation
  - social and emotional experiences outside the family
  - daily life structures (leisure time)
Vocational rehabilitation for persons with mental disabilities in Austria gained attention only in the late 80ies. Counseling-centers and training workshops were successively established in the bigger cities. The most important legal bases for vocational rehabilitation in Austria are the following three:

1. Das Behinderteneinstellungsgesetz
   a state law, from a practical point of view its use is very low, because it is conceptualized for life-time-disabled persons. Persons with mental disabilities with their specific discontinuous course of diseases with numerous changes of phases and episodes of symptoms during which the job-performance is reduced or totally missing with symptom-free intervals of remission. This law is executed only on the basis of medicinalizes quantification of the percentage of being disabled (handicapped).

2. Das Behindertengesetz
   a country law, which differs significantly from country to country
   It is a bit more flexible and offers:
   a) financial help for vocational rehabilitation-training
   b) protected jobs
   The bureaucratic procedure to became acknowledged with Its stigmatizing effect and reduces it's practicability.

3. Das AMFG
   a state law, it is the most flexible and practicable of all.
   The bureaucratic procedure is the least stigmatizing and it offers financial support for a big variety of motivational-, training- and integrational courses.

When we speak about vocational rehabilitation, we always have to regard political economy and the general labor-market. Serious economists prognoses for Austria 1991 end 1992 predict:

- law rate of economic growth
- low rate of employment growth
- raise of unemployment to 6 end more percent.

This will lead to a aggravation of the structural inequality of the labor-market and to negative social consequences such as long-term unemployment, instable employment-careers of low-qualified persons, of elderly, of women, immigrants and of persons with mental disabilities.

Austria's budget spends only 0,26% of its BIP for active employment/labor-market politics and with this low figure it ranges among the last in the list of OECD-states. Recently the Austrian government has agreed to even more painful cut downs of the social expenses.
In the 70ies the official arm of national social politics was "a job for everybody". Since the government seeks for membership of the European common market, the main-goal is the budget-consolidation. Since then employment rates up to 5% and more are taken into account as inevitable. Social expenses of all kinds are being controlled much more stingy now. This politics of saving, hits the poor and socially weak ones the most. Counseling and training-centers for vocational rehabilitation have to submit to budget reduction so that their initiators ask themselves: "How much sense does it make, to work for vocational rehabilitation if the chances for reintegration are so small because of the labor-market and the technological changes, that for the most one third of the persons with mental disabilities there is a real chance?"

About 25% of the population of Austria suffers from a relevant psychiatric disease which seeks treatment. About 60% of the unemployed persons in Austria suffers farm a relevant psychiatric disease which seeks treatment. Adult psychiatric patients after discharge from the hospital:

- 27% return to their former job
- 20% retire prematurely
- 3% participate in a vocational rehabilitation programm.

Neurosis or psychosis as a for premature retirement:

- blue-collar-workers 6.3%
- white collar-workers 11.0%

In Austria there are altogether 930 jobs within "protected workshops" for disabled persons amongst these 10% = 93 for persons with mental disabilities.

A big obstacle for all efforts in the field consists in the discord about competences. Different ministries of the state-government and different politicians of the countra-governments are partionally responsible for the matter of vocational rehabilitation.

5. Social integration

Social integration for persons with mental disabilities virtually are identical with the goal of the community-mental-health-movement.

A person said to be socially integrated if he/she is

- domestically settled
- part of the workforce
- is provided with efficient financial goods in order to participate in social and cultural life
- able to communicate with other people in terms of meaningful relationships.
Stationery treatment which is avoidable, too long or inadequate can be seen as a paradigm for occasions with disintegrative consequences.

Thus the spectrum of steps to increase social integration which is being offered by the BZ GRAZ, covers professional help in all the areas above mentioned.

work

residing

Subsistence and law  
i.e.: lawguidance, help in dealing with offices

sozial and cultural life relationships  
i.e.: patients-club, leisure activities, swimming parties, excursions, journeys, groupwork with relatives, self-help-groups, a.s.o.

dayclinic

6. The dayclinic in the BZ Graz

Definition and function

Dayclinics are either half- or part-time services, that means they enopen therapeutic possibilities which are comparable to these of a ward in the hospital, however the patients are present 5 days a week and a limited time only. (in the BZ Graz from 9 a.m. to 4 p.m.)

There is conformity (Glascote 69, Finzen 77, Veltin 88) about the function of day clinics that their treatment fulfills the following purposes.

1. an alternative to a full-stationary hospital-treatment for cases of acute crises.
2. ongoing care for patients after a psychiatric hospital treatment.
3. giving medical and psycho-social attention to chronic patients with primary and secondary defects of their disease as the first step to further rehabilitation.

During the beginning years in Graz our main goal was the reintegration of chronic long time hospitalized patients. Later on we put more stress on prevention and the avoidance of unnecessary hospital intakes.

At the beginning allocations were done mainly by the Landesnervenkrankenhuis, while now most of the patients come directly by themselves.

The therapeutic concept Graz

We see our dayclinic as one which tries to offer crisis-intervention as well as rehabilitation. It synthesizes social-rehabilitative and psycho-therapeutic work.
In pursing those goals the vocational-rehabilitation plays a great role. It is carried on by occupational therapy within the dayclinic-program and close cooperation with the allied vocational counseling and vocational-training-center. After all it is our main objective to create a work-like situation within a protected atmosphere.

Furthermore it is essential to consider the specific situation of each participant, to search together for the limits between under- and overdemand, to find the proportion of necessary support end reasonable charge.

Depending on the dayclinic participant's starting level we give much attention to cultivate

- trust into the participants own abilities and talents
- bettering certain skills, such as concentration, endurance, etc.
- raising frustration-tolerance.

The patient's motivation often reaches a higher degree if produced goods (for example musical instruments) can be sold. Due to negative experiences we stopped industrial production.

PSYCHOTHERAPY: Psychotherapeutic work is provided in the one-to-one sessions, in groups and within the family-like structure of the therapeutic community. The members of the team present a kind of family-substitute. Qualities such as warmth, security, encouragement to be initiative, tolerance of regression are just as necessary as restaurating reality without pushing it.

ACTIVATION: Dayclinics can be compared to schools of life. Patients who have been hospitalized for a long time have to reacquire skills such as to deal with money, shopping, to cope with the sphere of duty. Each person is to be supported to regain his/her maximum of autonomy and optimal social participation. To achieve these goals excursions end journeys proved to be very successful. Three times a year a full-week journey is organized, every other week there is a half-day-excursion which is also open to other clients and often accompanied by volunteers.

FINIAL INFORMATION TO THE DAYCLINIC-PROGRAM: Every month there are counseling-sessions concerning psychopharmaca. Information is given about effects and side-effects in order to improve the user's responsibility, motivation and critical usage of these drugs and compliance. Also once a month there is a meeting called "social group" which provides information about social and legal questions. Following activities are so called "open activities", which means they are not only attended by dayclinic patients but also by other clients and guests: musical therapy, swimming, large groups and cafeteria, therapy, theater-animation-group and excursions, cooking a.s.o.
Furthermore there is a WEEKLY DAYCLINICMEETING for staff-members only. Those meetings are needed to discuss recent topics, to bring together all the information and to coordinate all activities. On this basis advantages of a multi-professional team taking care of psychotic patients became apparent. Staff-members of such a team can bring about the necessary position and flexibility to function as a bowl for the scattered self in times of psychotic crisis.

7. Residing
Entire western Europe is experiencing a crisis in politics of residing. Especially larger cities are more and more confronted with the exceeding demand for acceptable and affordable housing space.

The major causes are:

- irrational believe in the open market which turned the market of dwellings into a field of speculation.
change in dwelling politics: the goal is no longer subsidized housing (as for example in the "red" Vienna between WWI and WWII) but to support the squiring of residences for middle class population; this leads to higher entering steps which can no longer be taken by social outsiders.

the decline of the family structure which has increased the percentage of single homes up to 40 to 50% in some big cities.

less working time, more individualized spending of the leisure time and altered consuming habits lead to the tendency to use the living space intensively. This concerns outsiders even more (handicapped people, unemployed, a.s.o.), since they spend more time at home.

The term therapeutic commune is apt for a variety of cared for ways of living, which differ in terms of care intensity and goals:

1) Therapeutic commune:

Therapeutic communes offer a structured day- and therapy-program. The main object is social rehabilitation of the patient. The duration of stay is limited. Such communes are being used for adolescents, drug addicts, alcoholics and schizophrenic patients.

2) Professionally cared for communes:

Daily and weekly visits serve the purpose to increase the patients self-responsibility and to teach them how to supply themselves with necessities. Those communes can be planned as permanent or as transitional service.

3) cared for single living:

This type of living is the closest to the "normal" situation.

4) Staffmembers and patients live together:

This type of commune represents an "antipsychiatric" approach and it is mostly indicated for younger patients, for addicts and for persons with character-disorders.

5) Self-help commune:

This type of commune can be initiated by professionals, who give support in the beginning and later on slowly withdraw themselves.

Number of places in transitional residential homes and communes for persons with mental disabilities in Austria (1990)

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of places</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wien</td>
<td>44</td>
</tr>
<tr>
<td>Niederösterreich</td>
<td>36</td>
</tr>
</tbody>
</table>
Oberösterreich  96 (30 are about to be prepared)
Salzburg       47
Kärnten        29
Tirol/Osttirol 70-80
Vorarlberg     80

Altogether the number of places in transitional residential homes and communes for persons with mental disabilities in Austria is estimated to range at 600.

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