

Transforming a secure unit in the  
project of deinstitutionalisation of  
a long-term mental health  
institution in Slovenia:  
some findings of action-research

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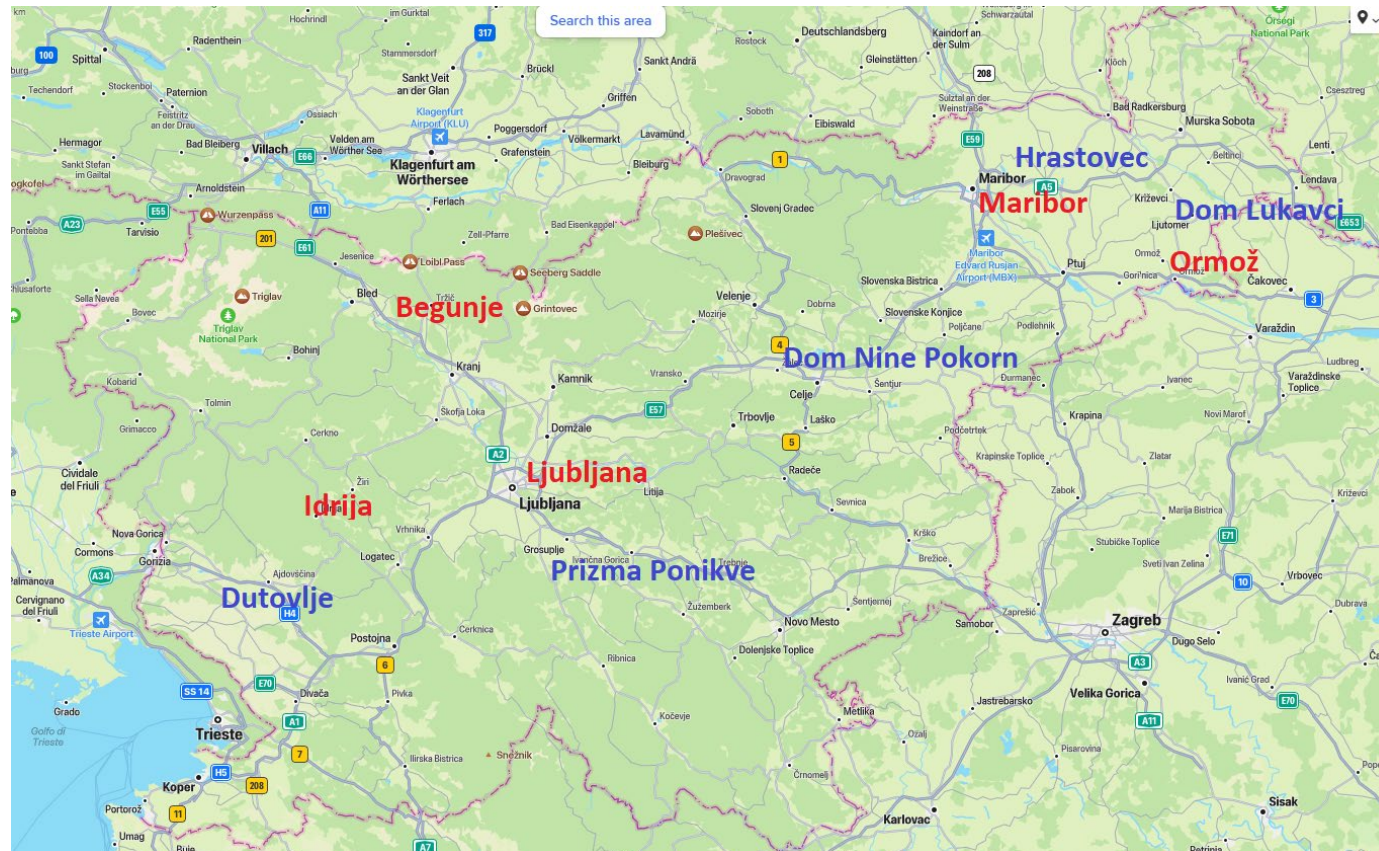
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# Mental health institutions

- **Psychiatric hospitals** and **special social institutions**



# Context (1)

- 2 million inhabitants
- Locked wards:
  - locked acute psychiatric wards
  - secure units in social care institutions
- In both types of locked wards:
  - „special protective measures“: mechanical restraint and seclusion
  - Admission: voluntary or forced (by court order)
- 2.108 long-term „mental health“ beds
- (+1.800 long-term „intellectual disability“ beds)

# Context (2) - secure units

- Secure units:
  - Capacity: 724 beds (around 1/6 in special social institutions, the rest are secure dementia units)
  - Occupied: 763 beds (39 over the capacity)
  - Waiting list: 2553 users
- Secure units have been overcrowded for years (Ombudsman, Supreme court, ...)
- The only policy proposal: more beds in secure units; court order of involuntary placement would expand the maximum stay from 1 to 2 years

# Context (3)

- two social care institutions in a project of deinstitutionalization (one of them has a secure unit)
- National strategy of deinstitutionalization in social welfare sector (2024-2034), about to be approved at the ministry level
  - Efforts are made to write an action plan for transformation of secure units within the strategy

# Action-research in Dom na Krasu



- Around 170 users
- Mean age of users is around 57 years
- Around 50% of users have been placed for 10 years or more
- Secure unit registered for 12 users (but currently there are 18)
- Fieldwork: September 2020 – september 2023 (duration of DI project)

# Results – secure unit as „form“ of care

- As users are congregated in one place, so do risks get congregated
  - Congregation as contributing to more risks → risk management concerned with making the unit a safe space (general rules: no lighters, cables, etc.)
  - Risk is an attribute of a situation → placement is the only intervention
  - Does the placement contribute to recovery?
- Users' perspective: boredom, doing nothing, meals as the biggest happening of the day, „I want to go home/out“, „I feel safe here“, etc.
  - Not a place of a bespoke support
- Secure unit as „a container“
- Project did not make any structural changes in the secure unit.
- Currently: we are planning the transformation of the unit with the competent ministry

# Results – methods

- Personal planning & risk assessment:
  - already used by the institution, but institutionally „misused“
    - „he needs to follow the instructions of the staff“, no mention of resettlement, lack of the user perspective
    - Risk assessment justifying the avoidance of risks and not enabling positive risk-taking
- Staff training:
  - Refreshing the knowledge.
  - Starting to use the methods for their aim.
  - Preventing new placements and resettling users from the secure unit were both based on these two methods.
- However: methods are limited by the fact that they are implemented in a secure unit



# Results – organisation

- We could not prevent few new placements from open ward of the same institution
  - Forced placement continues to be a dominant way of responding to risks
- „rules“ about risk assessment are approved
- Partial implementation of the „key-worker“ system (to coordinate the implementation of a personal plan)
- Involvement of the management as the result of the action-research group → management commissioned our further activity
- Decoding and problematisation (Freire) of core issues regarding the secure unit

# Results – law and policy

- Changes needed:
  - Freeze on investment to secure units
  - Aligning Mental Health Act with the CRPD (from institutions to community service provision)
    - changes in definition of secure unit
    - changes in procedures of admission (from ceremonies of degradation to ceremonies of progress)
  - Embedding changes in the Deinstitutionalisation Strategy
  - More research