

The Therapeutic Village

Proposal to The Government Inquiry into Mental Health and Addiction 2018

Oranga Tāngata, Oranga Whānau

<https://www.mentalhealth.inquiry.govt.nz/>

Preface

This proposal is initiated by Walter Logeman, registered psychotherapist. Many colleagues were consulted.

By the time this submission reaches the commission it will have letters that contribute to the concept, provide details for possible implementation and evidence for the need for this development. [This sentence will change once contributions have come in]. The proposal plus the contributing letters constitute the submission as a whole. It is a collaborative effort.

While it is widely agreed mental health is an holistic matter, it is primarily treated through segmented specialist services. This proposal is designed to complement existing services and make them more effective and efficient.

On an almost daily basis we hear of cases like this composite example:

A young mother and baby were treated by an expert in the field. The bonding was successful, but there was something unsatisfactory. There were still two other children in care with the possibility of returning to the mother. The couple are in conflict and living apart, but both wish to sort out their relationship. The couple's extended family are not helpful. The couple have employment, housing and financial problems. He is a recovering addict. All concerned share a sense of despair.

A group of trained couple therapists discussed this hypothetical case and agreed this family could have benefit from couple therapy and that there was a good chance that the relationship could be restored. A better relationship would provide safety for the children.

But who would pay? What about the family relationships that were dragging them down? Could they live together safely? Where would they live? What about the baby? What about the addiction? Would he attend the men's group? Who would assist with child care? Is suicide a risk?

We need a therapeutic village where such a fragmented family can grow together, safely.

The Proposal

The proposal is that a framework is developed by government for the establishment of a series of therapeutic villages. Such villages will support families and individuals who are already receiving a variety of care. They can also perform a preventative function.

The therapeutic village concept envisaged in this submission refers to a group of people living in connection with each other (nearby, though not necessarily all in the same housing) with the purpose of mutual well being. Villages are guided by a professional team with leadership and coordinating functions, that will facilitate village cohesion. The staff will build and maintain relationships with existing services such as medical centres, schools, daycare, regular therapy group providers and many other services. Continuity of relationships will enable ongoing assessment of needs.

Maori Partnership

Crown and Māori partnership will be critical to the success of therapeutic villages, from beginning principles, through to design and implementation, and Māori-led/owned villages.

The concepts and principles in this proposal are well understood and implemented by Māori. This version of the proposal has been sent to Māori

individuals and groups. The letters of support and comment by Māori are an integral part of this proposal. [This sentence will change depending on contributions.]

Research Evidence

There is considerable evidence that relationships are vital for human well-being. [This section will be expanded depending on contributions from qualified people.]

The Shape of a Therapeutic Village

In essence the therapeutic village is group of people with strong bonds developed through shared significant experiences. Village cohesion comes through clearly defined village membership, village traditions of group work, village sports and cultural events, and the organic development of relationships between new and older members. On admission members will commit to attend regular meetings of the whole village.

Not all, and in some cases only a few members need live in housing provided by the village. While the village will use buildings and have a physical centre, the structure of the village is the network of relationships. Formal relationships will foster the informal.

Village buildings do not need to be purpose built, a group of houses and/or a motel and a community centre could serve the purpose. It is important that there is some physical centre to be the heart of the village community. Residential village members could pay rent. The village proposal can work in with affordable housing initiatives.

Each village has its own character, based on its location, formation and the strengths of the leadership team. Each village will have its own name. The form these villages take will be quite diverse. With respect to pragmatic details there are many decisions to be made by the village initiators and the staff. Questions such as: What is the duration of the village membership? How are people encouraged to re-enter their original community? Are dependent on the purpose of the village at its initial conception and how the village evolves in practice.

The character and physical shape of a village can vary, for example:

- An Iwi could use the framework of a therapeutic village to consolidate and extend some of their activities.
- The Hanmer Springs ex-Queen Mary hospital site could be the base for a village suited to people who might be well served by being away from problematic environments.
- A decommissioned central city school could be used and shared with other community projects to cater for people in the location. A nearby motel could serve as temporary accommodation for some members.
- An established village could apply for funding to purpose build facilities to use in conjunction with other leased or rented facilities.
- A marae may already function as a village in the way proposed here, and consolidate part of their work as a therapeutic village.
- A rehabilitation centre could extend their work by adding a village suitable for families and people transitioning into and from the programme.
- A medical centre with the support of a neighbourhood committee could form a board to create a village.
- An art therapist and a social worker may wish to form the basis of a leadership team for a village and request community members to form a board. If the village is approved they will still need to apply for the jobs they hope to get.
- A DHB could initiate the formation of a therapeutic village to meet specific needs that come to their attention.

Principles

- It takes a village to raise a child.
- Under the right conditions relationships heal - the relationship with the therapist, and even more so the relationship with significant others.
- A well-supported couple or single parent can create a space in which children can develop.
- Violence, addiction and general dysfunction are learned behaviours that, when addressed, enable communicative, constructive and loving relationships to emerge and develop.
- Validation and celebration of positive life events is a human need.
- Successful therapy is reinforced by community recognition.
- Community grows over time and has its own life.

Village Members

The size of a village is flexible but large enough to generate a workable village meeting. It will generate several regular therapy groups of about 10 members. A therapeutic village will take some time to evolve, and initial membership may be lower than the optimum for the village.

Guidelines for the establishment of a therapeutic village will require that applications include an estimation of the initial and optimum size of the village.

The typical village members will be part of a young family struggling with relationship problems and child care. Couples are at the heart of the family unit and the work of healing relationships is given high priority. The village could have a mix of residential and non-residential members.

Other possible members could include people who are:

- rehabilitating from prison
- on a suspended sentence
- single parents
- recovering from mental health issues

- recovering addicts
- struggling with education
- suffering from employment problems
- suffering from financial problems
- young and struggling to leave home

Members will be selected for their need and also for their strengths so that the community as a whole can function. For example village members may have some expertise in fields such as:

- cooking
- music
- art
- sport
- craft
- cultural skills
- writing
- mechanics
- tramping
- child care
- gardening
- drama

Potential members will need to be interviewed and have the support and commitment of a referee. Members will need to sign an agreement that guides their commitment to the village process.

There will be no restriction on length of membership. It is expected that people will move on, many with the blessing and support of the community. Autonomous living is a goal. Continuity that would be difficult to provide in many other health settings could be provided here. Some of the advanced members will not be a drain on the resources of the village, rather they will provide stability and be a role model for new members.

Staff

At the heart of the village there is a small professional team and a team leader.

A qualified staff member will be on call at all times. The occupations of the staff team may vary and their interests and skills will influence the development of the village. They will have in common best practice in the field.

Staff qualifications and experience in occupations may include:

- social work
- counselling and psychotherapy
- occupational therapy
- nursing
- art therapy
- psychology

The team leader and leadership team functions:

- provide leadership and coordination
- facilitate village cohesion
- contribute their professional expertise to the village
- accept and make referrals
- form therapeutic relationships with village members
- be on hand for emergencies
- have authority to dismiss members when this is needed

Services not provided by staff will be provided by external agencies. Essential services include:

- group therapy
- couple therapy
- social work
- services for the welfare of children

In addition, depending on the character of the village the following may be available:

- parenting support
- occupational therapy
- child care facilities
- sport, gym, yoga guidance
- drama, art and cultural guidance
- religious support
- writing coaching
- counselling
- psychotherapy
- educational guidance
- couple and family therapy
- family planning and sexual health services
- addiction services
- library services

It is the staff team's job to foster good relationships with nearby agencies that provide these services.

All services provided, by staff or outside agencies, will require qualified and well supervised staff. Staff working with children, groups or couples will need to be specifically qualified in those specialties.

Group Work

Group work is at the heart of the village. The people who will conduct these groups will be trained specifically in group therapy. Regular personal development groups will be available for:

- women
- men
- couples
- parents
- individuals

Cultural Change

It is envisaged that the village concept will facilitate a cultural shift in what it means to work holistically. While there is wide agreement that holistic practices are required, the means and skills to do so will take time to evolve. Hence it is important that the initial implementations are well thought through and have qualified and enthusiastic, well paid staff.

Once a few villages are working well it will be easier to develop new ones and to train staff specifically for this task. Villages will network and could develop collaborative training events. Villages could refer members from their village to a another village with a different character or location if needed.

Governance and Legal Structure

From the outset the project will need to be in partnership with Māori.

It is proposed that a government body or working party be formed to create guidelines for the formation and governance of villages. Applications following the guidelines will be considered by such a body.

Guidelines for the establishment of a therapeutic village will require that applications include a proposed governing structure.

Villages could be standalone with their own boards of governance, or be under the auspices of existing legal entities such as a school or a primary health service.

Funding

It is important that the therapeutic villages are supported by state funds in a similar way to state schools and that there is not competitive funding.

Guidelines for the establishment of a therapeutic village will require that applications include a budget.

Adequate funding will be required for the pilot project(s) to ensure quality professional staffing and thorough planning.

Many of the services will come from existing providers who are already funded. Applications will show evidence of support from existing services.

It is likely that village members who normally require the most intensive care from existing services will be more effective recipients of those services. Village programmes will free up existing services for the majority of people who do not need village care.

Some therapeutic villages may be self funding to some extent. It is possible for a village to be formed around a community garden or craft project.

Celebration and Meetings

Envisage this:

A couple, who were required to live apart, now have the village and staff blessing to live together. The man attends a men's group and the woman is in a woman's group. They have couple therapy. Together they attend parenting classes. They learned about birth control. After a period of dating, their request to live together was supported. Their success is celebrated in the village like a small wedding. The community vow to support their new life.

The village will celebrate Christmas, Matariki and other holidays.

Meetings of the whole village will be created as needed and be planned as celebratory events.

Implementation

Once there is a government body able to approve the formation of villages it is recommended that there will be a few pilot projects with the guarantee of funding for about three years.

A key to the development of villages is flexibility and variety. The guidelines to be developed for the development of villages will allow for a wide range of options with respect to size, physical attributes, staffing and governance. The mix of residential and non-residential members will vary according to the character of the village. The villages will not be created in their final form, rather they will be enabled to grow organically, adding members, staff and facilities over time.

Evaluation and Ongoing Research

Qualitative research could be built into the service. Staff and some residents could be expected to write about the progress as well as the struggles of the village and their personal stories. The effectiveness of a village and its continuance could be based on personal contact and interviews with other health professionals connected to the village.

Exchange programmes could be arranged between villages and with similar projects overseas to provide better knowledge of the work required.

About this Proposal

Walter Logeman

This proposal was initiated by Walter Logeman, a registered psychotherapist in private practice in Christchurch. Walter is a qualified teacher and social worker and practiced in a psychiatric unit at Princess Margaret Hospital in Christchurch for three years in the early 1980s. Walter was one of the founders and instrumental in the creation of:

- Heartwood (Chippenham) Community, an urban commune in Christchurch. Formed in 1970 that is active to this day.
- Four Avenues, an experimental secondary state school. It functioned for about 25 years after it began in 1974.
- Christchurch Institute for Training in Psychodrama, now in its 30th year of operation.

This proposal has benefited from understanding the success and limitations of these organisations.

Letters of Contribution and Support

This proposal was widely distributed and letters of support are attached and form a vital part of the proposal.

Contributors to the Proposal

<names of people who contribute to the proposal in the form of attached letters.>

Timeline

20 April 2018

Initial draft created and discussed with colleagues

30 April, 2018

Expression of interest was sent to the Mental Health Enquiry on the website <https://www.mentalhealth.inquiry.govt.nz/contact-us/expressions-of-interest>

1 May 2018

Draft of this proposal was sent to people experienced in the field for editing and comment.

15 - 20 May 2018

The proposal is sent to individuals and agencies requesting letters of support and comment.

They were asked to return letters to walter@psybnet.co.nz by 31 May 2018.

June 2018

Submission is made before the deadline of:

5 June 2018. 5pm

by email and post to
mentalhealth@inquiry.govt.nz

Mental Health and Addiction Inquiry
PO Box 27396
Marion Square
Wellington 6141.