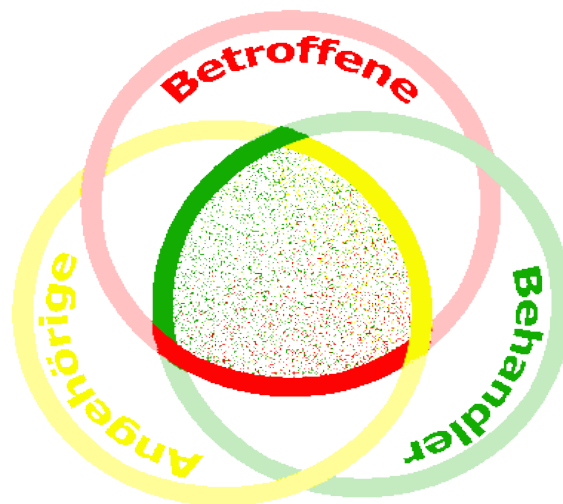


**Theoretically informed case study accompanying the film**

**Irre menschlich e.V. Hamburg – Trialogue - Germany**



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**QR-Code to the Homepage and video:**  
**Link to the video:** <http://www.inno-serv.eu/irremenschlich>

*This report is part of the research project „Social Platform on innovative Social Services“ (INNOSEV). INNOSEV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSEV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).*



### **1. Short profile: Irre menschlich e.V. Hamburg** (registered association):

Three way dialogue 'Triologue' Principle in Psychiatry (ex-users of psychiatry, relatives, therapists, citizens with and without psychological illness/psychiatry experiences):

- Promoting awareness of mental health,
- Information, encounter, prevention and training-projects are offered
- Teaching the basic idea of the Triologue as an 'equal meeting of experts' on all levels of psychosocial and psychiatric care
- Promoting more tolerance in dealing with others and more sensitivity with one self as a requirement for prevention and inclusion
- Developing psychiatric practices based on equality, flexibility, mutual respect and participation.
- Implementation of peer counselling (ex-users of psychiatry become instructors and employees of psychosocial services through training and 60 hour internships)

### **Specific innovative elements of irre menschlich e.V.**

'Triologue' is the equal direct exchange between ex-users of psychiatry, relatives, and therapists, It is characterized by mutual learning and respect. In Germany this idea has its origin in the so called 'psychosis seminars'.

The key principles are:

- Equal collaboration . Ex-users of psychiatry are experts in their own experiences, relatives are experts because they were witnesses of the ex-users experiences and professionals are occupational experts who develop an understanding of mental crises and health.
- A change of definition for psychological illness, of its diagnosis and treatment. Promotion of equality, empowerment, destigmatization and non-discrimination.
- Participation, involvement, empowerment and the focus on capabilities of ex-users of psychiatry, relatives and professionals. New methods of inter personal collaboration.

### **Key characteristics of the service**

#### *Users*

Users are people from the community especially students from all types of schools, the police, businesses, churches,. The providers are ex-users of psychiatry, relatives and professionals as equal partners in a team.

#### *Principle*

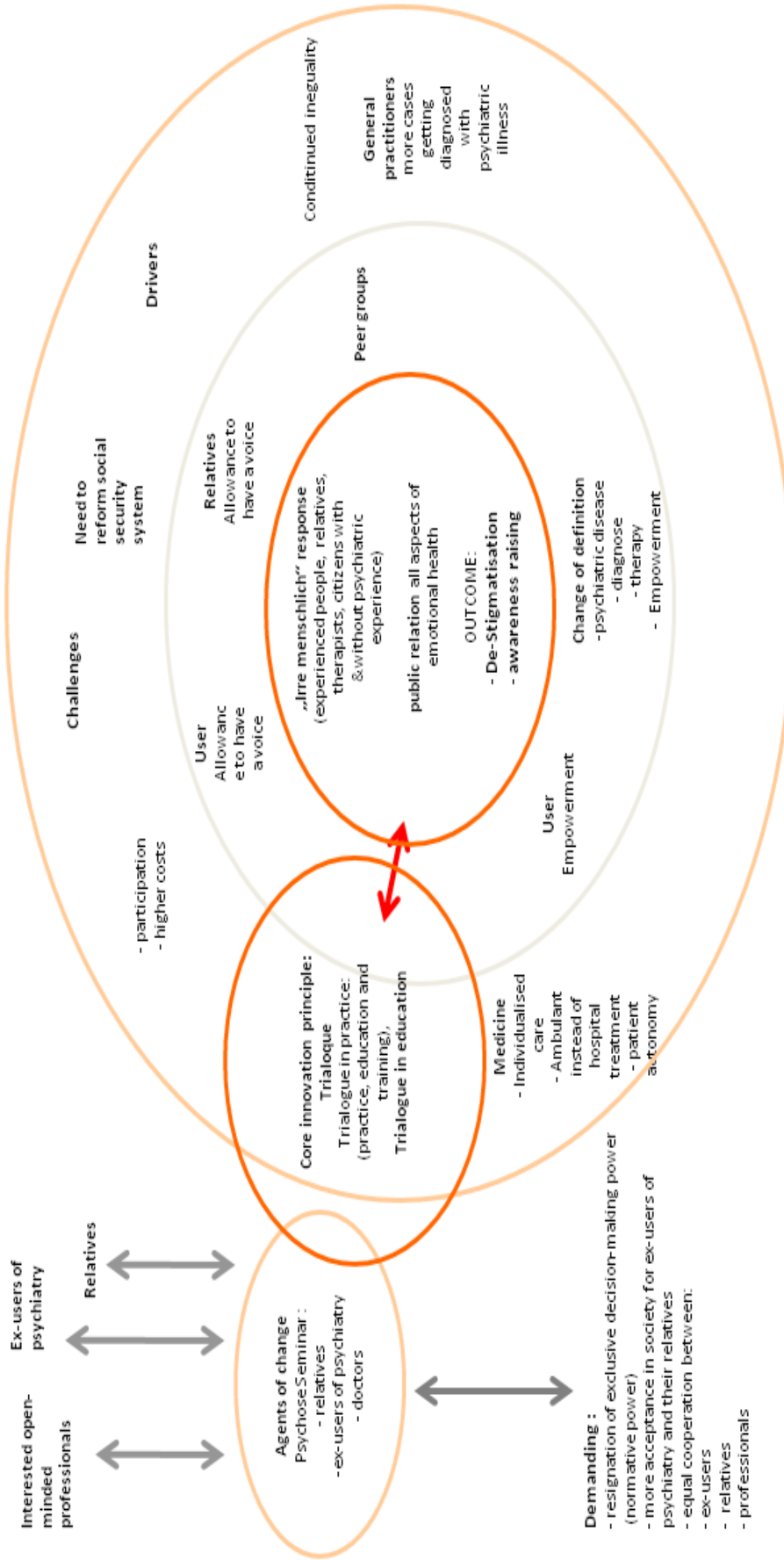
Reduction in stigma, self-stigmatisation and discrimination. This is where rehabilitation and self-realisation overlap. Professional and theoretical knowledge complements people's practical experiences. Through these projects the theoretical input complements the practical experiences.

#### *Drivers*

This approach originated in the first 'psychosis-seminar' in Hamburg which developed out of the involvement of ex-users of psychiatry, relatives and professionals:

- Professionals were required to suspend their decision-making power
- Ex-users of psychiatry want to be taken seriously by their relatives

# Factors influencing Social Services Innovation



## **2. Policy framework related to psychiatric reform in Germany - participation as a mechanism for change**

### *Principle/ Guidelines*

The situation for psychological ill people in the social policy system of Germany is shaped by reform efforts that are only partially developed: Psychological ill people used to be excluded by being admitted to institutions with no privacy. Today the problems are still the specialist provision of services and hospital wards. The core approach to psychological illness has not changed sufficiently over the years resulting in failing to meet the needs of psychologically ill people.

There is some optimism in the development of 'integrated health care' approaches which allows for health insurance systems to develop new health care service models, nevertheless it is important to integrate ideas and develop new models based on the range of perspectives identified through the 'dialogue' development model.

### *Key organisations and actors*

The health care system was characterised by inhumane conditions in psychiatric institutions for a long time. These were replaced by social-psychiatric institutions such as specialist outpatient clinics and departments. The next step was the paradigm-shift from institutional to personal assistance with the goal of prioritising assisted living in the community. This includes employment related support. These services will be financed and coordinated by the public sector and carried out by authorised service providers (mostly non-profit organisations).

### *Services provided by the government*

The current reform of psychiatric services is limited by the organisation of psychiatric health care and its financing which limits the extent of greater societal participation (Bock 2011):

- Duplications and divisions in the health care and financial system (between psychiatry and psychosomatic, providers of social and health care, in- and outpatient services and so on) limit the integration of resources and the availability of services for critically ill people
- Predominance of large institutions (i.e. orphanages, clinics, institutions) where resources focused on institutional assistance
- Problems in the supply of housing and employment; which is dependent on (national) political development
- Ongoing societal stigmatisation of psychological ill people
- Boundaries between clinical services based on diagnosis cf. schizophrenic psychosis and bipolar disorder (Melchinger 2008)
- Psychosocial assistance services are threatened by market based reforms

### **3. The social, political and institutional context**

#### **3.1 Population/ Government**

The context in Germany is characterised by:

- The social understanding and context of mental illness
- The availability of reliable data on people with mental illness as they are supported in different systems which do not work to a standardised data collection system
- The definition of mental illness and the potential impacts of modern life on mental health

An outcome of the 'Irre Menschlich' approach is to promote a more appropriate and socially understood model of mental health, with a more appropriate response from wider society – and the reduction in social exclusion and specialist treatment requirements by including people with mental health problems in everyday life and employment.

#### **3.2 Information about the specific welfare state: Germany**

Germany's social policy is set at the national level. However most services are provided by independent organizations (cf. Bellermann 2011, 19).

The national social state is complex. Its primary function is to provide for security against the risks that emerge from wage-related work such as illness, unemployment, accidents at work and for older people. The social state's basic function is to manage social security laws and social expenditure.

Social security law: Social property rights and the law to participate in the decision-making process through social laws.

Social expenditures Benefits of money-transfers and non-cash or employment services (Real transfer).

Benefits in kind include, amongst others, prescribed medicine and appliances from the health insurance

Social services include, amongst others, counseling services for children and young people.

Social services are not part of social security but provided by legal obligations and financial support. According to Weisser (1956), social services are distinguished by principles or specific characteristics including:

Tax breaks (cf. for families, marriages or services from the employer) as indirect social benefits.

Social Insurance is the main mechanism for provision (cf. Bellermann: 83ff.). However, there is a steady increase of expenditure in direct service provision of social protection benefits (including social services) in relation to social protection benefits provided in cash. The table below presents the social protection expenditure of selected countries.

**Social protection expenditure: Aggregated benefits and grouped schemes in millions of Euros**

Time	Expenditure for social protection benefits in millions of Euros		Increasing benefits	Part of benefits of social protection benefits	
	1996	2010		1996-2010	1996
EU 27	/	3,605,678.95	/	/	34.07%
Germany	565,683.07	765,717.82	52.53%	30.79%	34.69%
Denmark	45,334.15	78,367.78	102.60%	34.13%	40.00%
France	379,396.42	654,238.65	84.47%	31.94%	34.17%

Source: Own calculations based on EUROSTAT 2012

The table below presents the german social protection expenditure (benefits in kind and cash benefits) and the ratio between them.

GDP in PPS (cf. Eurostat 2013b)	Germany: 30300 2011	EU27: 25100 2011
Social benefits (cf. Bmas 2012)	767,6 billions of Euros	
Social expenditure ration (BIP) (cf. Bmas 2012)	29.9%	
Cash benefits 2010 (cf. Eurostat 2012)	61.29%	
Benefits in kind 2010 (Own calculations based on EUROSTAT 2012)	34.69%	
Benefits by function		
Diseases	9.4% of the GDP	
<b>Benefits</b>		
Social protection benefits:		
- Cash benefits 2011	465,752 million	
- Benefits in kind 2011	271,062 million	
- Social protection benefits 2011	28.7% of GDP	
- Regular cash benefits	17.9% of GDP	
- One-off cash benefits	0.2% of GDP	
- Benefits in kind (cf. Bmas 2012)	10.5% of GDP	

#### 4. Challenges and drivers of innovation

##### **Structural weaknesses** of the system:

- 1) Increase in incidence of mental illness in Germany:
  - The rise in psychological disorders and illnesses with age
  - Increased number of practicing medical specialists for psychiatry and psychotherapists
- 2) General practitioners increasingly identify psychiatric diagnoses (cf. Stolz 2007:7f.). According to Dörner et al (2002) this results from classifying an increased range of personal problems as psychiatric illnesses. The dominance of medical responses (cf. Dörner et al 501ff.)
- 3) The need for reform within the complex system of social security:
  - To tackle demographic and globalisation issues
  - Lack of clarity in the types of social services and jurisdictions of agencies for social security, characterised by ambiguity in legal services and the variety of service organisations. Result: Exclusion of low income earners (i.e. People barely- or unable to work, unemployed women and people with part-time jobs) (cf. Lampert; Althammer: 346ff.).

##### **Innovation:** Ideas, criteria, levels and added values

Key ideas underlying the Triologue approach these include:

1. The focus on building relationships based on equality
2. The value of the perception and understanding of relatives
3. Supporting empowerment and encompassing a wide definition of mental health
4. The use of a 'therapeutic' approach in encouraging dialogue and exchange
5. Challenging conventional models of mental illness, including developing approaches based on the social context
6. The impact of a diagnosis on self perception and the reinforcing of a sense of difference and 'illness'
7. The development of an approach focusing on encouraging 'recovery' or more effective 'illness management' rather than symptom reduction

Different Levels of the Trialogue	
Psychosis Seminar	Started: 1989, expansion to date <a href="http://www.trialog-psychoseseminar.de">www.trialog-psychoseseminar.de</a>
Practical Trialogue	For example treatment agreement (Dietz 2009), open dialog, trialogical method for those who have been ill for the first time (Aderhold et al 2003)
Trialog in science	A variety of colleges and associations such as DGSP
Trialogs contents	Anthropological understanding as a supplement for the pathological order (Bock 2011/2012)
Public relations work	For example Irremenschlich Hamburg, <a href="http://www.irremenschlich.de">www.irremenschlich.de</a>
Trialogische congresses	For example: World congress for social-psychiatry, „Abschied von Babylon“, 1994 in Hamburg
Trialog of associations	For example between the federal association (FA) of ex-users of psychiatry, FA of relatives, German Act of Social-psychiatry (DGSP)
Trialogische Organisations	Network „Stimmenhören“, German Act of bipolar disorders (DGBS)
Spreading to other diagnosis	For example: Borderline-Trialog, obsessive-compulsive disorder (OCD)
Mental health policies	Including ex-users of psychiatry and relatives in psycho-social working groups/ committees, advisory councils
Compliant bodies and quality management	Various regional examples: (Uebele 2009, Bombosch 2009)
Trialog/Participation in science	Hamburgs Research project SuSi „A more personalised meaning“ ___(Bock 2010)

### Agents of change

„Incubator“ was the first 'psychosis-seminar' in Hamburg which developed out of the involvement of ex-users of psychiatry, relatives and professionals:

- Professionals were requested to abdicate their decision-making power.
- Ex-users of psychiatry want to be taken seriously by their relatives

### 5. Key innovative elements of this example

Field of service	Health, Welfare, Education
Year of establishment	1998
Form of organization	Nonprofit Organisation: association
Financing	Fundraising, Donations, Mitgliedsbeiträge
Size of the organization	Staff: 0,5 Position for Coordination; Ehrenamtliche Ärzte, Psychologen, ex-users of psychiatry and relatives
Members and participation	Number of Members: 50, aktive Members about 25
Contact Name of the innovative example Homepage	Irre menschlich Hamburg e.V., Martinisträe 52, 20246 Hamburg, Tel.: 040-7410-59259, info@irremenschlich.de



### **How the Trialogue began**

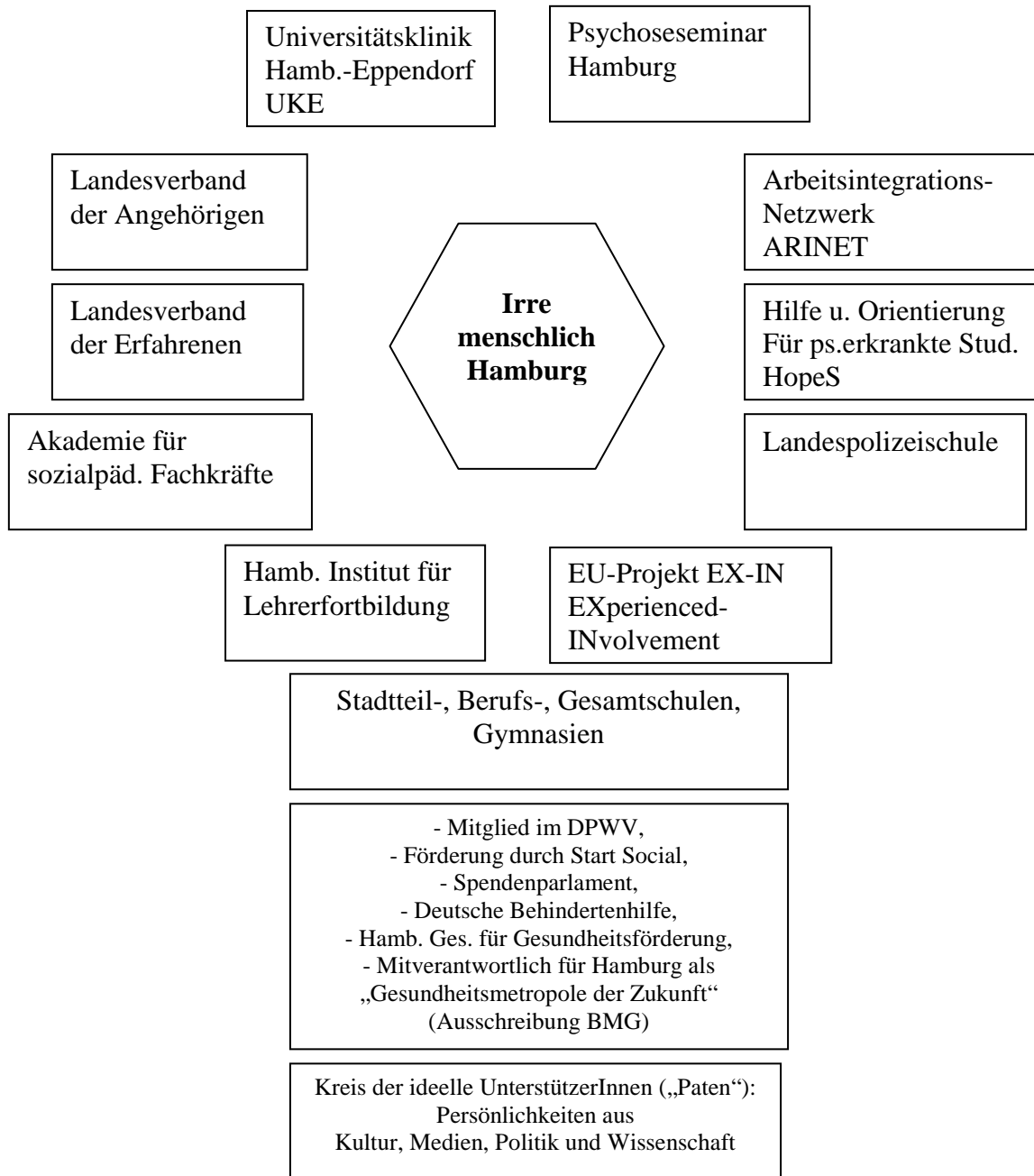
Irre Menschlich Hamburg and Irrsinnig menschlich Leipzig are part of developing movement. The initiative originated in Hamburg's 'Psychosis Seminar' where the key ideas were based on:

- Developing ideas through dialogue between students and people who had experience of psychosis and their relatives
- Addressing common misunderstandings of psychiatric problems, for example that it is the fault of parents or parenting
- Developing methods to address social prejudice to mental illness, especially amongst young people
- Recognising mental difference as a wider aspect of society, from which others can also learn
- Using this knowledge to train others in wider society, cf. the police, churches, schools, youth services, businesses and employers and developing ex-users as peer counsellors, trainers and public speakers

The association consists of 50 members (approximately half of them which are active) and other supporters. The members are ex-users of psychiatry, relatives and doctors from the universities clinic are mostly active volunteers.

Ex-users of psychiatry and relatives will be rewarded with an hourly wage of 15,00€ for their help in the project. The project employs a ½ full-time staff member for coordination and organisation which is funded externally. Members of 'Irre menschlich' include people with psychological illnesses (long-term or short-term patients and relatives), health care system professionals (doctors and psychologists) and volunteers. Hamburg's 'Irre menschlich' is a registered association and a member of the 'Paritätischen Wohlfahrtsverband' (non-profit association). The association is funded by donations, fundraising and contributions of its members.

## Network of 'Irre menschlich e.V. Hamburg'



### Service provision:

The services include information, meetings and prevention projects as well as triadogue training courses:

- Information provision and prevention projects in schools
- Education and information projects with businesses
- Training and education for journalists, health service staff, youth services, police officers, teachers and lecturers, churches, housing staff

- Public promotion activities with other disability organisations
- Engaging in cultural events including exhibitions, film and theatre
- Developing new models for enabling 'ex-users' to develop their own anti stigma projects

There are public speakers for all types of disorders, materials, provided free of charge (media box), a detailed teacher's guide 'Irre!', the successful triological booklet 'It's normal to be different' - Treatment and understanding of psychosis' and the award-winning photo exhibition (with its own brochure), 'experience' created to portray the experienced that have transformed their illness experience in activities for the benefit of others. All projects fulfil the goal of 'more tolerance and sensitivity in dealing with others and themselves'. ([www.irremenschlich.de](http://www.irremenschlich.de))

The projects are increasingly prevention-oriented: Key aims are to encourage sensitivity and awareness to improve confidence in dealing with crises, as well as with others around you..

The triologue training programmes aim to counteract understandings and misperceptions as well as conflicts and opportunities to promote inclusion.

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