



Column Editor: Sandra Bressler

Mental health in Slovenia: An occupational therapy student's experience

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Background on Slovenia

Slovenia is a small central European country which was once a part of the former Republic of Yugoslavia. The population of Slovenia is just over two million people. There is a stable economy and a highly educated workforce (CIA, 2008). State management of organisations is still common and Slovenia is transitioning from a highly institutionalised model of health care (Svab, 2003). Privatisation of services for people with mental illness is increasing, however the effectiveness of this process is in question (Svab, 2003). The rate of admission for people with mental illness to the leading psychiatric hospital in Slovenia increased by more than 30 percent from 1995 to 2002 while the number of beds decreased, as did the mean length of stay (Svab 2003 p.7).

The placement was in Gorenjska, which is a region of bright blue alpine lakes among the Julian Alps. Surrounding forests provide berries during the summer months and mushrooms in the autumn. Meals are mainly Slavic style soups or stews. Austrian dumplings and streudels are also eaten, as are Hungarian cakes and goulashes. Pork is the main meat and is also used for cooking fat. Signs of Ottoman influence are evident in snacks like spicy meatballs and in Turkish style coffee which is cooked in a pot on the stove.

The residents at Medvode

Medvode village is pleasant and semi-rural. There is a supermarket and cafe within walking distance of the group house and the train station is fifteen



minutes away. The house is large and in the traditional alpine style with a large sloping roof to allow snow to fall and has a medium sized garden. There were six residents at the Medvode house at the time of my placement, two women and four men with mental illnesses including schizophrenia and clinical depression. There was one senior social worker who supervised the home, myself, and two others working in the house.

Residents join the group house on the recommendation of their clinical team and following joint assessments with Novi Paradoks therapists. Residents must sign a code of conduct and participate in a roster for preparing meals and cleaning the house. The staff assist and supervise where needed and often undertake the work themselves. Residents are also required to adhere to their medication program that is overseen by the senior social worker.

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Novi Paradoks is a non-government organization that provides group homes for people with mental illness as part of the deinstitutionalisation of mental health services in Slovenia. I undertook a student placement in a group home for people with various mental illnesses, in the village of Medvode, Slovenia with Novi Paradoks. My aim for the placement was to experience working in a community health environment in a different culture.



Developing therapeutic plans

The Medvode group home's supervisor and I decided to undertake an initial interview and assessment of selected residents in order to develop therapeutic plans. The *Canadian Occupational Performance Measure* (COPM) (Law et al., 2003) was suggested by the occupational therapy faculty in Ljubljana (the capital of Slovenia) as the concepts were considered to be readily understood by the residents. The faculty lecturers also had a translated version. My placement supervisor acted as a translator for the overall discussion with residents. The translation process quickly felt natural and the COPM was a useful framework for getting to know the residents. Summaries from two of the interviews follow.

Marjeta*

'Marjeta' highlighted personal care and functional mobility as her most important areas. These also had the lowest performance scores. As an aside, when asked what makes her happy, Marjeta replied looking pretty and fashion. Marjeta also noted that she did not see herself as an independent person. As a goal Marjeta wanted to take her daily walk by herself, as she had been needing assistance with mobility and transfers. We set up a plan to walk together three times a week, walking a short distance around the neighbourhood. Marjeta needed assistance down stairs. While walking, Marjeta leaned heavily on my shoulder and took very shallow breaths so we incorporated some simple relaxation exercises. Using hand movements and our combined knowledge of English and Slovene, we talked about the very hot weather and noticed flowers growing along the way. The walks stopped after three weeks as Marjeta developed other difficulties.

Josef*

'Josef' was on a trial stay at the house. He was admitted to the program when his father decided he could no longer live at home after a violent outburst. Josef was not well liked by the other residents as he didn't do his fair share of the household duties. During his COPM interview, Josef rated his difficulty with cooking as his highest priority and we planned a program together.

Over the next several sessions we planned to cook a lunch of Josef's choice, using pictures and some assistance with translation. An informal *Kitchen Task Assessment* (Baum & Edwards, 1993) was used and I noted that Josef was again readily distracted. During the last session, Josef became aggravated when the other resi-

dents harangued him for not finishing his job and the meal was abandoned. In discussion with my supervisor it appeared likely Josef would be admitted to an institution as his father would not have him home and he was unable to meet the requirements of the group home.

In addition to participating in daily life at the home in Medvode, conducting the COPM for the residents, and developing therapeutic plans, weekly group work sessions were prepared for the Novi Paradoks day centre, as was an inservice on occupational therapy for the staff. The two month placement went by quickly and I was unable to do all I would have liked.

Mental health occupational therapy in Slovenia

A visit with Marjeta to a psychiatric hospital in the region of Begunje revealed both European-specific aspects of mental health practice and some that were familiar professional issues experienced in the Australian system. Begunje Psychiatric Hospital is based in an old castle which was also a German prison for Slovenes during the second world war. In Slovenia, such unused estates have historically been used as institutions to house people with mental illnesses as they have naturally enforcing walls and are usually outside the town centre.

Slovenia, along with other Central European countries such as Czechoslovakia, was once part of the Austro-Hungarian empire which in its later stages began to build large, isolated institutions for people with mental illnesses (Zapletnyuk, 2006).

Begunje castle grounds are pleasant and there is a large, green garden with paths that meander around the surrounding hills. Along the paths, the blue standard issue pyjamas worn by hospital residents stand-out as they take their walks. Staff here, like in all such Slovene institutions, wear white coats.

Occupational therapy in this centre primarily involves creative craft activities such as mosaic work. There are many brightly coloured craft pieces displayed around the department. The department uses two large, modern rooms which have warm wooden floors. The large windows show views across to the Julian Alps. There are seven occupational therapists and a ratio of up to 30 patients to a therapist.

The lecturers at the Occupational Therapy Department of Ljubljana University feel there is a difference between what they would like to see therapists doing in practice and what occurs, that there is a difficulty in moving beyond the craft-focused approach for therapy in hospitals due to both a lack of funding and understanding of the profession. This appears to be a similar issue to what Fisher discusses in her paper '*Why is it*

so hard to practice as an occupational therapist' (2003). Fisher says that she has encountered therapists who use little occupation in their evaluations and interventions.

In discussion with the Slovene lecturers, different models and assessments are taught at the faculty and the *Model of Human Occupation* (Kielhofner, 2007) is cited as one of them, as is the *Canadian Occupational Performance Model* (CAOT, 2002). Words such as roles, activities and function are readily used and understood. Like many Slovenes, the lecturers speak excellent English.

The merit of an international placement

In a literature review (2001), Bonello describes two schools of thought behind the purpose of fieldwork in occupational therapy curriculum. The first is in the development of core skills relevant to the profession, and the second is the development of personal skills that expand professional repertoire. My placement in Slovenia blurred the lines between these two aspects of learning and development.

During this placement, I structured the itinerary in conjunction with my supervisor, an experienced social worker, in contrast to the more traditional hierarchical student/supervisor relationship I experienced in hospital placements. As my supervisor had no prior knowledge of the profession, there was both freedom and responsibility in being able to introduce ideas for the assessment and intervention process from an occupational therapy perspective. The limited mentoring in core curriculum was balanced by the experience of working in a foreign organisation where resourcefulness, flexibility, and practicality were seen to be as important.

More relevant to core curricula was the experience of working in another culture, for the development of my observation skills, cultural competency, and client centredness.

Language drove many aspects of the experience. Formal meetings with managers and group activities with residents involved the use of an official translator. A classroom workshop on using translators, as part of the my Master's program, was very helpful in preparing for this experience. Informal communication was very relaxed and involved trying out new phrases over lunch or during outings. Specific assessments such as the *Kitchen Task Assessment* increased my use of non-verbal communication, pictures, and observation skills.

Conclusion

This placement in mental health helped me to close the gap between 'others' and 'self' in many ways. It also raised questions for me about the nature of the profession in cultures beyond English speaking ones. Mental health services in Slovenia are moving to a more community based model and institutional-based care has some unique cultural influences such as the housing of such centres in symbolic historical buildings. There also appears to be a gap between occupational therapy practice and the theoretical models taught at university in Slovenia.

*Resident names have been changed.

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References

- Baum, C. M. & Edwards, D. (1993). Cognitive performance in senile dementia of the Alzheimers type: The Kitchen Task Assessment. *American Journal of Occupational Therapy*, 47(5), 431-436.
- Bonello, M. (2001). Fieldwork within the context of higher education: A literature review. *British Journal of Occupational Therapy*, 64, 93-99.
- Canadian Association of Occupational Therapists (2002). *Enabling Occupation: An Occupational Therapy Perspective* (Rev. Ed.). Ottawa, ON: CAOT Publications ACE
- CIA (2008). *CIA World Factbook*. Retrieved March 27, 2008 from <https://www.cia.gov/library/publications/the-world-factbook/geos/si.html>
- Fisher, G. A. (2003). 'Why is it so hard to practise as an occupational therapist?'. *Australian Occupational Therapy Journal*, 50, 193-194.
- Kielhofner, G. (2007). *Model of Human Occupation: Theory and application* (4th Ed). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Law, M., Baptiste, S., Carswell, A., McColl, M., Polatajko, H., & Pollock, N. (2003). *Canadian Occupational Performance Measure*. Ottawa, ON: CAOT Publications ACE
- Svab, V. (2003). Preparing Mental Health Reform in Slovenia. *The International Journal of Psychosocial Rehabilitation*, 8, 5-9.
- Zapletnyuk (2003) *Transitions Online, Czech Republic: Enabling a Disabling System*. Retrieved November, 2006 from www.soros.org/resources/articles_publications/publications/integrating_20031209/mdap_tol_czech.pdf