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**CASE STUDY:**

**“TORINO MAD PRIDE”: A CULTURAL INITIATIVE DEVELOPED BY  
USERS/SURVIVORS OF MENTAL HEALTH SERVICES AND THE ASSOCIATE  
PROJECT “LUNATICS AT PIECEWORK”**

**Dissertation, International Master on Mental Health Policy and  
Services**

By Dr. Barbara MARTINI

Supervisor: Dr. Angelo FIORITTI

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*To Simone*

*without whose "delusional" dream and endless energies nor Torino Mad Pride  
nor Lunatics at Piecework would have ever seen the light*

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## **ABSTRACT**

“Torino Mad Pride” and “Lunatics at Piecework” are two initiatives put in place following informal paths by a group of consumers/survivors, independent from the Mental Health or other institutions. This renders them unique in the panorama of the local consumers movements that see in prominent roles professionals or family members. They aim to give support to people affected by psychic “malaise” and organize initiatives to fight stigma.

They stem from the idea of S., who during a manic delusional phase saw masses of people gathering in the streets of the city following him. Originally, he only wanted to make a movie out of this idea, to present to film festivals. Then a more complex idea took shape, and the first Torino Mad Pride parade was organized. It was June 2011, a lot of people were involved (service users, mental health workers, family members, users’ organizations, etc.). The participation was unexpected, and even the mayor of town paraded.

With time the idea has evolved, the “Lunatics at Piecework” project (the embryo of an “informal” cooperative involving about thirty people in temporary jobs) has taken on legs, the annual parade has been regularly organised, a magazine dedicated to writings on topics related to mental health has been irregularly released.

In November 2014 some members of LaP contacted me as the director of the Job Placement Unit of the Mental Health Department where I worked, to discuss a collaboration in terms of financial support through the assignment of grants to give life to a social cooperative, and of appointment of LaP to create jobs in favour of patients in charge of the Mental Health Department (house removals, minor refurbishments, etc.)

This study revisits the history of these projects, collected from the voices of the key players and of some significant bystanders, and analyses the reasons behind the ups and downs and the present difficulties, and what should be done to give the projects new energies.

**Key words:** Consumer/Service User/Survivor, Mad Pride, Mental Health, Stigma, Job Placement.

## **RESUMO**

“*Torino Mad Pride*” e “*Lunatics at Piecework*” são duas iniciativas organizadas, seguindo caminhos informais, por um grupo de consumidores/sobreviventes, independentes da Saúde Mental ou outras instituições. Isso os torna únicas no panorama dos movimentos de consumidores locais, ocupados por profissionais e familiares em importantes funções. O objetivo é dar suporte às pessoas afetadas por mal-estar psiquiátrico e organizar iniciativas para combater o estigma.

O cerne da ideia de S., que durante uma fase de delírio maníaco viu uma multidão de pessoas reunir-se nas ruas da cidade, seguindo-o. Originalmente, ele apenas queria fazer um filme baseado nessa ideia, para apresentar em festivais de cinema. A partir desse núcleo, desenvolveu-se uma ideia mais complexa e a primeira parada “*Torino Mad Pride*” foi organizada. Foi em junho de 2011, muita gente envolvida (utentes dos serviços, trabalhadores da área da saúde mental, familiares, organização de utentes, etc.). A participação popular foi inesperada e até o prefeito da cidade participou.

Com o tempo, a ideia evoluiu, o projeto “*Lunatics at Piecework*” (o embrião de uma cooperativa “informal” envolvendo cerca de trinta pessoas em trabalhos temporários) começou a tomar forma, a parada anual tem sido regularmente organizada, e uma revista dedicada a artigos sobre tópicos relacionados com Saúde Mental tem sido irregularmente publicada.

Em novembro de 2014 alguns membros da “*Lunatics at Piecework*” contataram-me, como a Diretora da Unidade de Integração Profissional do Departamento de Saúde Mental do local onde eu trabalhava, para discutir uma parceria, em termos de suporte financeiro por intermédio da concessão de subsídios para dar vida a uma cooperativa social, e para apontar a “*Lunatics at Piecework*” para realização de trabalhos em favor dos pacientes sob a responsabilidade do Departamento de Saúde Mental (mudança de casa, pequenas remodelações, etc.).

Este estudo revisita a história de tais projetos, coligida das vozes dos principais participantes e de importantes espectadores e analisa as razões dos seus altos e baixos e as dificuldades atuais, bem como o que deveria ser feito para dar a estes projetos novas energias.

**Palavras chave:** Consumidor/Utente de Serviço/Sobrevivente, Mad Pride, Saúde Mental, Estigma, Inserção Laboral.

## **RESUMEN**

“*Torino Mad Pride*” y “*Lunatics at Piecework*” son dos iniciativas organizadas siguiendo caminos informales por un grupo de consumidores/sobrevivientes, independientes de la Salud Mental u otras instituciones. Esto hace con que sean únicas en el panorama de los movimientos de consumidores locales, que tienen las funciones importantes ocupadas por profesionales o familiares. El objetivo es dar apoyo a personas afectadas por males psiquiátricos y organizar iniciativas para combatir el estigma.

Ellas se derivan de la idea de S., que durante una fase de delirio maníaco tuvo masas de personas reunidas en las calles de la ciudad siguiéndole. Originalmente, él sólo quería hacer una película de la idea para presentar en festivales de cine. Entonces una idea más compleja tomó forma, y la primera *Torino Mad Pride* fue organizada. Fue en junio de 2011, mucha gente participó (usuarios de los servicios, trabajadores de la salud mental, familiares, organizaciones de usuarios, etc.). La participación fue inesperada, y incluso el alcalde de la ciudad participó.

Con el tiempo la idea desarrolló, el proyecto “*Lunatics at Piecework*” (el embrión de una cooperativa “informal” envolviendo cerca de treinta personas en trabajos temporarios) comenzó a tomar forma, el desfile anual ha sido organizado con regularidad, una revista dedicada a escribir sobre tópicos relacionados a salud mental ha sido irregularmente publicada.

En noviembre de 2014 algunos miembros de la “*Lunatics at Piecework*” se puso en contacto conmigo como la directora de la Unidad de Inserción Laboral del Departamento de Salud Mental donde yo trabajaba, para discutir la colaboración en términos de soporte financiero por medio de cesión de subvenciones para crear una cooperativa social, y para nombrar la “*Lunatics at Piecework*” para hacer trabajos en favor de los pacientes de responsabilidad del Departamento de Salud Mental (mudanzas de casa, pequeñas remodelaciones, etc.).

Este estudio revisita la historia de dichos proyectos, obtenida de las voces de los principales participantes y de importantes espectadores, y analiza las razones detrás de los vaivenes y las dificultades actuales, y lo que debe ser hecho para dar nuevas energías a los proyectos.

**Palabras clave:** Consumidor/Usuario de Servicio/Sobreviviente, Mad Pride, Salud Mental, Estigma, Inserción Laboral.

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## **Abbreviations**

LaP: Lunatics at Piecework

MHD: Mental Health Department

SE: Social Enterprise

SMI: Severe Mental Illness

TEG: Temporary Employment Grant

TMP: Torino Mad Pride

## **PART I - BACKGROUND**

### **On self-stigma**

It is worth to recall here, as this facet of stigma is of major concern among TMP members (more than other facets, as they feel this is one of the major limitations in the life of many people affected by psychiatric conditions) a few studies done on self-stigma, especially by P. Corrigan from the Illinois Institute of Technology and colleagues. Self-stigma – the opposite of pride - represents the impact of internalizing stigma (Corrigan & Watson, 2002), according to a four level model of self-stigma (Corrigan et al. 2006): awareness of stereotypes, agreement with stereotypes, applying these stereotypes to self, and diminished self-esteem and self-efficacy as a result. People who adhere to and apply to themselves the stereotypes of mental illness suffer diminished self-esteem and self-efficacy (Corrigan and Sokol, 2013, Corrigan et al., 2006, Watson et al., 2007). Applied to work, for example, self-stigma leads to thoughts such as "I am not worthy enough to work in such a good place" or "I am unable to carry out such jobs".

About group identification, it seems that people with serious mental illnesses who identify with peer groups report less self-stigma (Corrigan, 2006; Corrigan et al, 2005, Hatzidimitriadou, 2002).

In "The impact of self-stigma and mutual help programs (MHP) on the quality of life of people with SMI" (2013), Corrigan and Sokol, who postulate that self-stigma is the single greatest predictor of quality of life, find that group identification and satisfaction with social support are positively associated with quality of life in a significant measure, and "recovery for many people with SMI is enhanced by recognizing and engaging peers rather than trying to distance themselves from similarly stigmatized others in order to avoid the pernicious label". These findings contests a feeling common among many patients, who tend to isolate thinking that it is wise to distance themselves from other people that are publicly labelled with mental illness; attitude that is strongly refuted by TMP and LaP.

In "Self-stigma and coming out about one's mental illness" (2010), coming out is compared to other approaches of controlling self-stigma: *"Coming out is especially interesting in its putative effects as a mediator between self-stigma and quality of life...these findings suggest that people who are out about their mental illness experience a less negative impact of self-stigma on quality of life. People who are out and report personal empowerment are going to be more satisfied with life....One way we framed coming out is a strategy for managing stigma....Affirming strategies frame stigma as an unjust, outer force that should be directly dealt with by educating or otherwise addressing public attitudes.....Some people may handle stigma by being aloof of the situation. They become detached from stigmatizing*

*interactions, diminish the importance of these situations, and externalize self-stigma that may emerge....An approach that may actually maintain self-stigma, what we called strategies of shame. This factor suggests that the stigma of mental illness is in some ways valid and that the person should hide this mark. To do this, people withdraw from important interactions or otherwise keep one's mental experience private....This pattern suggests coming out may be mostly a positive and encouraging experience, one that frequently ends up facilitating a person's goals instead of narrowing them...Findings from this study have implications for people with serious mental illnesses and advocates. Coming out can serve the goals of people with mental illnesses. It can diminish the deleterious effects of self-stigma on quality of life. Therefore, an important service would be strategies that help people weigh the costs and benefits of coming out. These costs and benefits are likely to vary by situation. Disadvantages of coming out to co-workers may probably differ from disclosing at church. Hence, this kind of analysis needs to frame the challenges of coming out in the indexed situation. Various psychoeducational approaches to information and skill learning could be used to facilitate this kind of analysis. Current principles about using consumers as service providers would be relevant here. People who are uncertain about coming out, and therefore are examining advantages and disadvantages of this decision, will benefit from a peer who has been in the same situation, a person who, by virtue of being a counsellor, has already navigated these decisions effectively."*

It is interesting to note that, without knowing these theoretical studies but simply based on their personal life experiences, the TMP and LaP group have come to the same conclusions and elaborated the core of their strategy.

## **On consumers movements and mutual aid**

The first person to define in a systematic way the concept of self-help was the philosopher Peter Kropotkin, who in his book "Mutual Aid" (1901) put forward the thesis, in opposition with the then prevailing idea of "homo homini lupus", that the very evolution of mankind would have been impossible in the absence of the human attitude to reunite, cooperate, provide reciprocal support in the face of communal problems or external threats. Adler (1931) suggested the concept of "social interest", intended as the need that every human being has to cooperate and share emotions with one's counterparts. Caplan (1974), elaborating more in deep the concept of self-help groups, maintained that the group should shape itself starting from the perceived need of a group of people who organise themselves spontaneously; its members must trust exclusively the group and keep distance from professionals. In the literature the most common definition is that given by Katz and Bender

(1976): according to them, self-help groups are small group structures operating on a volunteer basis, aimed at mutual help and to the achievement of particular targets; they are formed by peer who reunite to ensure reciprocal support in satisfying communal needs. The promoters have the certainty that their needs cannot be satisfied by or through the ordinary social institutions; moreover, they are often oriented towards a certain “cause”, and propose an “ideology” or values that allow the members of the group to acquire or strengthen their identity. They may also be viewed as a criticism to the public system, as they arise to satisfy needs that the formal system of public services cannot satisfy or to which it responds according to codes that the group member do not share (Tognetti Bordogna, 2005).

Self-help groups appear officially in 1935, when the first Alcoholic Anonymous clubs were founded in the U.S. In the same period the first spontaneous initiatives in mental health appeared, with the clubs of asylum survivors, later theorised by Bierer (1948) who named them Therapeutic Social Clubs. In 1958 Recovery Inc., an association of users and ex-patients, was founded.

From the seventies onwards self-help groups multiply, not only in the U.S. but also in the U.K. and northern Europe (Santinello, Dallago, Vieno, 2009). In the U.S. they have a prevailing “separatist” approach (Cesario, Mariotti, Sani, 2001), that is they do not admit professionals. The consumers/ex-patients movement arises in opposition or outside the institutional system of psychiatric care, where the system is more repressive and with greater functions of social control (Tognetti Bordogna, 2005). Its main objectives are the organization of alternatives to the traditional treatments and the claim by people labelled as “mentally ill” of full citizenship. In the U.K. self-help grows with a prevailing “non-separatist” approach, that is the presence of mental health workers is expected, and there are elements of integration with mental health services. The most noteworthy feature is the arrangement of interventions aimed at supporting and defending a group member in front of different people and situations, from family to neighbours to social and health services (Bettarini & Terranova, 1994).

The movement spreads then to Germany, here adopting a “separatist” approach, and to Holland, France, Scandinavia and Italy, with a “non-separatist” approach (Cesario, Mariotti, Sani, 2001).

The choice to be or not be separated from the formal services appears linked to how more or less “repressive” they are, and this depends on the national legislations.

In Italy the first experiences arise following the deinstitutionalization process promoted by the law n. 180 of 1978, that establishes the progressive closure of asylums and the creation of community services. The founding principles of self-help are in accord with the antipsychiatry movements of the time since they are inspired to the principle of patients’ de-medicalization (Focardi, Gori, Raspini, 2006).

Compared to the Anglo-Saxon experiences, that in this field exert an important pressure against official psychiatry, the Italian groups drop with time this attitude and acquire a more

collaborative rather than substitutive position towards institutions, referring more to the “non-separatist” model. The groups are heterogeneous; they include different pathologies and levels of severity, different types of users, with a prevalence of groups for patients with common diseases and groups of families of people with SMI, while the latter are little represented, and usually by groups born thanks to the initiative of health workers.

A research conducted in Prato (Vannucchi, 2012) shows that the “separatist” groups have a troubled and often short life, both because the Mental Health Services do not refer their patients – partly for a scarce knowledge of this resource, partly due to scepticism or distrust – and because often they lack qualified personnel (qualified at least in respect to the management of organisational issues). This is true also for the few “separatist” groups that offer training courses for the role of “social facilitator” (meaning here a person who has lived through a psychiatric condition and has undertaken a long personal journey to turn her/his experience of illness and recovery into a professional tool to be used in establishing supportive relationships with people who still live the condition). In this research the need to create a collaborative relationship with formal services emerges clearly, as already pointed out by Focardi, Gori and Raspini (2006) with reference to the complexity of the kind of distress faced.

### Consumer and pro-consumers movements in Torino

The oldest is the “Associazione Lotta contro le Malattie Mentali” – “Association Fight to Mental Illnesses”, that began its activities in 1967 with photographic shows on the psychiatric hospitals, books on the living conditions of the patients, etc. It is still very active today and important in the local panorama, and has among its members several consumers and survivors, but the main roles are played by professionals and volunteers not having experienced directly a mental illness.

The “Laboratorio Urbano Mente Locale”-“Urban Workshop Local Mind” was born in June 2000 inside Turin MHD, as a self-help group dedicated to people with SMI and conducted by two mental health workers, aimed at discussing openly, without a predefined frame, problems arising from the illness and from daily issues (housing, work, financial problems, family, social relationships). In 2003, through the “Club of the Hidden Poets”, they started an experience based on the use of poetry to favour a peer interaction among patients and health workers, involving with time other groups. The workshop, according to one of the founders and also supporter of TMP and interviewee is “a place where users can lower the level of pretence they put up in daily interactions and a place where they learn to make madness communicable to others”. In the same year a number of the participants to the workshop gave life to an independent association, that has been given a few subsidies to put in place several cultural initiatives.

The association "Il Tiglio" ("The Lime") was founded in 2000, and covers the territory of the northern periphery of Torino and two nearby towns that are part of its industrial suburbs, rapidly developed during the 1950's post war industrialization of the area. Its charter states that its aim is "to coordinate initiatives targeted at supporting its associates' resistance against social exclusion, cultural prejudice, economical marginalization, pressure aimed at the elimination of differences and the homologation of lives, self-stigmatizing temptations coming from difficulties in the relationships with one's own context of life", through reciprocal collaboration and self-help practices. Its instruments, besides self-help initiatives among associates, are cultural and recreational activities, social activities in collaboration with other associations and local institutions, promotions of the association and its activities among the general population.

"Segnali" – Signs, is a magazine stemmed from Associazione Arcobaleno, an organization formed mainly by professionals that provides services to the MHDs. Segnali sees a more active role of the patients, both in the choice and writing of the articles and in its printing/distributing.

The Association "Vol.Pi – Volontari Psichiatrici Insieme" – Psychiatric Volunteers United, supports the idea of an integration between professionals working in the MHDs and citizens (volunteers, families, associations) as the only form that can give an answer to the complex bio-psycho-social phenomenon of the mental illness. It too aims at creating occasions of social integration and work, and initiatives to fight stigma.

There are then two associations of family members, Di.A.Psi.Gra, the most historical who has played in time an important political role in the local panorama, often, especially at the beginning of its existence, in opposition to the psychiatric institutions (asking usually for a greater control on patients) and Associazione Insieme, traditionally more cooperative.

In all these organizations there is a prevalence of professionals or family members, with users/survivors in non-leading roles, even when they are active inside the organization.

## **On Mad Pride**

**Mad Pride** is a mass movement of the users of mental health services, former users, and their allies. The first known event specifically organized as a Pride event by people who identify as psychiatric survivors/consumer/ex-patients was in Toronto, Canada when it was called "Psychiatric Survivor Pride Day", held on September 18, 1993. It was first held in response to local community prejudices towards people with a psychiatric history living in boarding homes in the Parkdale area of the city, and has been held every year since then in this city except 1996 (Reaume, G., 2008). By the late 1990s similar events were being organized as Mad Pride in London, England and around the globe from Australia to South Africa and the United States, drawing thousands of participants, according to MindFreedom International, a United States mental health advocacy organization that promotes and tracks events spawned by the movement (Glaser G., 2008).

Through a series of mass media campaigns, Mad Pride activists seek to re-educate the general public on such subjects as the causes of mental illnesses and experiences of those using the mental health system. They organize public events and parades, such as the Toronto "bed push" protests, which aim to raise awareness about the poor levels of choice of treatments and the widespread use of force in psychiatric hospitals. Mad Pride cultural events take a variety of forms, that often include music, poetry readings, film screenings, and street theatre, such as the South London collective Creative Routes and the Chipmunka Publishing enterprise with the works of Dolly Sen (2002), a British expert by experience.

Several books have been written on the matter, the most renowned being *Mad Pride: A celebration of mad culture* by Theodore Curtis (2000), that records the early Mad Pride movement. *On Our Own: Patient-Controlled Alternatives to the Mental Health System*, published in 1978 by Judi Chamberlin, is considered a foundational text in the Mad Pride movement, although it was published before the movement was launched.

In 2008, Gabrielle Glaser documented Mad Pride for the first time in *The New York Times*. Glaser stated "Just as gay-rights activists reclaimed the word queer as a badge of honour rather than a slur, these advocates proudly call themselves mad; they say their conditions do not preclude them from productive lives."

## **On the labour market and barriers for people with SMI**

The extremely low labour force participation of people with severe mental illness (SMI) represents a serious public policy problem in most countries. Even compared with persons with physical or sensory disabilities, the mentally ill fare particularly badly, although this gap is often very difficult to quantify, because rarely employment statistics are broken down by *type* of disability. There are attitudinal as well as structural barriers that prevent people with mental illness from becoming active participants in the competitive labour market, although nowadays has become almost obvious to argue that some of these barriers could be lowered with the right policies and incentives. Less consensus there is on what these "right" policies ought to be.

Opinions vary widely, from those who still believe that the mentally ill should be confined to protected or sheltered environments, to those advocating immediate placement in competitive employment, with some external support for job search and retention. The latter is distinguished from other approaches to vocational rehabilitation for persons with SMI by its emphasis on rapid job search (rather than extensive vocational assessment or training), competitive jobs (rather than sheltered or set-aside jobs for persons with

disabilities), integration of vocational and clinical services, attention to consumer preferences with respect to job types, disclosure of psychiatric condition to employers, and follow-along supports to facilitate job retention (McGurk, et al., 2005). Empirical evidence for these programmes (Individual Placement and Support-IPS and others) is strong, with multiple randomized controlled trials demonstrating the superiority of supported employment over the other rehabilitation models, including group skills training, sheltered workshops and psychosocial rehabilitation services (the so called “vocational training”). The majority of these studies focalizes on the results in terms of success in getting a job; there are differences in what is considered a positive result: in some studies one day of work is enough, in others a minimum of sixty days is require; this makes the studies not completely comparable. Nevertheless, the evidence for supported employment from controlled trials is compelling, it is widely accepted as an evidence-based practice for severe mental illness, and efforts are under way to disseminate it (Bond, et al. , 2001, Crowther at al., 2001; Twamley et al., 2003; Burns et al., 2007; Killackey et al., 2008).

In addition to the sheltered/competitive jobs controversy, there are other unresolved debates: one is how to avoid the disincentives produced by disability social insurance, the other is how to fight discrimination by imposing hiring mandates on private employers (the second is relevant for most of continental Europe (e.g., France, Germany, Spain or Italy). It is important to keep in mind that there aren't just economic benefits to employment. For those with severe mental illness, work can provide a sense of purpose, improve self-esteem, and even lessen psychiatric symptoms (McGurk, et al., 2005). Rowland and Perkins (1988) identified four benefits of work: work as a restorative psychological process, work to improve self-concept, the protective effect of work and the social dimension of work. Positive and meaningful employment experiences have been linked to improved self-concept and self-efficacy, higher ratings of subjective well-being, regaining self-esteem, improved engagement in work activity with associated symptom reduction). Work may also improve clinical insight for those with severe mental illness who have less severe cognitive impairments. Most importantly, work offers hope, which is vital to recovery from mental illness. To be excluded from work erodes self-confidence and creates a sense of isolation and marginalization.

There are undoubtedly many barriers to work for people with SMI:

**barriers related to the symptoms** of the disease themselves, such as cognitive impairments that can be found in attention deficits, psychomotor speed, working and verbal memory, and executive function (McGurk & Wykes, 2008). Though these impairments can create complications for any job, they are even more of a detriment in a highly technological world, where individuals with cognitive impairments often face idiosyncratic technology-related difficulties.

Other **barriers** originate **in the workplace itself**. **Stigma** associated with mental illness creates a reluctance to hire the mentally ill and foster low expectations of mentally ill

workers in general. There is plenty of evidence pertaining to employment-related stigma and discrimination experienced by people with mental disabilities (Mangili E. et al. 2004, Scheid L. 2005; Stuart H. 2006). Stigma seem to be the single major cause of employment inequity for people with a mental disability who experience direct discrimination because of prejudicial attitudes from employers and workmates and indirect discrimination owing to historical patterns of disadvantage, structural disincentives against competitive employment and generalized policy neglect. But what perhaps singles out the stigmatization of people with mental health problems, from other potentially marginalized groups, such as women, ethnic minorities and people with physical disabilities, is the lack of voice that they often have in fighting against discrimination. They are among the most marginalized of groups within society. Against this background, modern mental health rehabilitation models and legislative philosophies, which focus on citizenship rights and full social participation, are spreading. Yet, this legislation remains vulnerable to the very prejudicial attitudes they are intended to abate.

### The situation in Italy

Italy offers a good example of an ambitious though partially ineffective legislation against discrimination for persons with disabilities (not only mental illness). A major reform was introduced almost 20 years ago, with Law 68 of 1999. This legislation strengthened a pre-existing system of mandatory hiring of persons with disabilities, not only mental but mostly physical and sensorial. It represents the evolution of the Italian legislation in terms of occupation of people with disabilities, while integrating it with the emerging principles of the international norms aimed at protecting the rights of persons with disabilities. Law 68/99 applies to people in working age with physical, mental or sensorial handicaps, with a reduction of their working ability of more than 45%, confirmed by *ad hoc* commissions for the certification of disability.

According to Law 68/99, both private and public sector employers are required to hire a certain percentage of disabled workers, based on the size of their workforce:

- employers with more than 50 employees must meet a 7% disability employment quota
- at least 2 disabled workers must be hired in workplaces of 36 to 50 employees
- workplaces of 15 to 35 employees must hire at least 1 disabled worker if they operate new intake.

Firms that are struggling can be temporarily exempted.

These provisions have been marginally modified through the years, but are built around the

same notion of mandatory hiring, limited to new workers and valid for technical/executive staff only. Employers who do not meet the disability employment target must pay a compensation fee to a specific fund. This fund is managed at the regional level and works on furthering the integration of disabled people in the labour market.

In 2013, close to 68.000 persons nationwide applied to join the “Law 68 lists”. We know that, in 2013, 18,300 persons were hired *from* the list . The ratio of hired from the list and people joining the list is perhaps a more telling figure: this number has been fairly stable despite a changing macroeconomic scenario at around 25%. So only one in four at the most might benefit directly from being from the “Law 68 list”, while the benefit to people with SMI might be substantially lower. The above figures are taken from the *Seventh Report to the Italian Parliament on the Implementation of Law 68*. ...no mention is ever made of the mentally ill as an extremely disadvantaged group, nor any figure ever broken down by type of disability.

Besides the provisions of Law 68/99, historically an important role has been played by social enterprises (SE), mostly cooperatives, the progenitor being the “Cooperativa lavoratori triestini”, the first SE employing people with mental disorders along with citizens without disability, founded by Basaglia’s team in the effort to guarantee the inmates of Trieste mental hospital real work (Fioritti et al., 2014). SE have traditionally been considered the ideal place to ensure social integration and a meaningful active life for persons with mental illness (Savio and Righetti, 1993) as they combine high accessibility by psychiatric patients, a tolerant and flexible working environment, and working activities that are tailored to the patients’ needs. Today there are thousands of SE all over the country, but it must be noted that even the most ancient ones employ today more and more people from other “disadvantaged” categories (drug addicts, prisoners, people with other disabilities) than people with mental disorders.

Another instrument widely used by Italian Community Mental Health Centres to help their clients to find some kind of activity definable as “work” is the so called Temporary Employment Grant (TEG): patients are given a small amount of money (usually 3 euro/hour) to attend sheltered workshops or do a period of training in a public or private firm. TEG are a flexible tool, but have some limits, the greatest being that patients who receive it tend to stay out of the circuit of competitive employment. If placed in sheltered workshops, they will not acquire competencies usable in the free labour market and will often linger there for years to go. If placed in training, they will learn new competencies, but the risk in this case, especially if the period of training is protracted, is of being exploited and do the job of any other employee for extremely low wages and no social insurance.

## The situation in the Mental Health Department of ASL Torino 1 (the local Health Authority)

Being exploited and do the job of any other employee for extremely low wages and no social insurance is what is in some respects happening in my MHD, where, besides the more traditional sheltered workshops, temporary or long term placement in SEs and, in the more fortunate cases, placement on the ordinary job market according to the provisions of Law 68/99, an interesting experience was started in 2006. Patients with SMI willing to work but needing further training or a check of their real abilities are sent for a 6 months period of training in other Departments of the same Health District, mostly in clerical positions. About two thirds of the people participating to the project have had extremely satisfactory results, to the point that many Directors have several times expressed the wish to employ the person on a permanent basis (unfortunately impossible due to law restrictions on employment in the public sector). Given these restrictions, if - as is the case most times - the person has no alternative on the ordinary labour market, the choice is often that of renewing the training for another 6 or more months. This gives the patients the possibility of continuing to benefit of a minimum income and of the positive effects on general wellbeing of having a job, but at the same time perpetuates an artifice. On the whole, in spite of these drawbacks, the experience is positive and is continuing, but we are well aware of the limits that it presents, and keep engaging in the search for other solutions.

## **PART II – PERSONAL CONTRIBUTION**

### **PURPOSE AND OBJECTIVES OF THE STUDY**

#### **Objectives and expected results**

To investigate:

- The emergence and evolution during four years of the “Torino Mad Pride” (TMP) project, created in Torino, Italy, by users/survivors of the local Mental Health Services and by volunteers coming from various backgrounds. The project represents locally an original attempt to offer to people affected by mental issues and more generally to disadvantaged people and citizens interested in such issues, a place where they can discuss about the challenges of life without the too often patronising and controlling intervention of the public institutions;
- Its approach to the problem of the return into the job market of disadvantaged workers with psychiatric diagnoses, who are often unemployed for long periods, through the “Lunatics at Piecework” (LaP) project;
- The cultural change that this new approach can stimulate in service users, volunteers, and clients/employers.

The primary objectives of the study are to:

- Explore in deep the strong and weak points for the TMP and LaP projects, and their evolution with time;
- Give a feedback both to the TMP and LaP organisers and to the managers and workers of the Mental Health Departments (from now on MHDs) about the effects and efficacy of this new approach to the job placement of people with psychiatric diagnoses.

Even though the present study will not be able to identify precise causal relationships, it will be useful in providing descriptive information and suggesting connections in the Italian context, where the approach to the issue of job placement of citizens with psychiatric issues today goes mainly through institutional paths.

## **Innovative aspects**

Thanks to my role of director of the Job Placement Unit of the MHD of the local Health Authority in Torino, in November 2014 I was contacted by a group of representatives of TMP, who wanted to present their project "LaP" and explore the feasibility of a cooperation (mainly some financial and logistic support from the MHD, and an ongoing methodological debate). Starting from this first contact, I began to attend outside working hours their weekly meetings, named "Standing Listening Assembly", that had a wide scope, from self-help to the discussion and finalization of actions, following the need and feelings of the participants. In spite of my attending outside working hours, my position was at the time seen as that of an institutional representative who was there to build on a cooperation project.

Here is the working plan they presented:

### **PROJECT TRAINING AND MARKETING RESEARCH CENTRE LUNATICS AT PIECEWORK**

#### **FOREWORD**

##### **Who are we?**

Lunaticsatpiecework is a project born in the circle of self-help groups of the "Orfeo" network (Segnali, Mente Locale, Assemblea Permanente dell'Ascolto, Il Tiglio/Signals, Local Mind, Standing Listening Assembly, The Limetree) aimed at giving an answer to the demand for work posed by users of psychiatric services, by adults in distress and more in general by all those who find it difficult to find a place in the present system of production.

As the portal [www.mattiacottimo.net](http://www.mattiacottimo.net) says: "With LaP you can find the job that suits you more. Your diversity and your "social resistance" to us are a resource, not a disadvantage. Every skill and competence will be considered in order to assign a task. Thanks to the "we look for/we offer" option, you may be selected to work for a variable length of time, helped by a group of people with similar or complementary competencies, but you may also propose works for which you need to find other human resources with experiences other than yours. Besides using the skills you already possess you might be involved with teams in which a skilled worker will share with you and the team her/his competencies".

Joining LaP means to add value not only to your professionalism, but also to your subjectivity, through these on-job training strategies.

### **What do we need?**

We need a "time frame" inside which to promote the project through a market survey aimed at finding:

- Clients (private households, firms, institutions);
- Skilled workers (craftsmen, merchants, professionals)
- Service users and people in distress willing to share their skills (the future workers of the planned Cooperative)

### **What do we offer?**

To the MHD we ask:

- A place to be used as an office, equipped with the basic appliances: desk, chairs, internet access, computer (optional);
- Seven SIM cards with unlimited calls (cost for each SIM 30 euro/month, including VAT)
- Seven part-time traineeships for the duration of six months (renewable) to be given to the service users selected to run the "training and marketing research centre"; two of them, already actively involved in the project, will act as trainers-coordinators for the group.

### **Objectives**

- To transform the LaP project into a social co-operative, capable of supporting itself and its associates;
- To create real job opportunities for MHDs users, and more in general for adults in distress: in a first stage through the provision of traineeships for the activation of the above mentioned "training and marketing research centre" that is thought as the start-up for the co-operative, and subsequently through the co-operative itself.

### **Recipients**

- Users of Turin MHDs
- Adults in distress

### **Working plan**

- Daily meetings among the recipients of the traineeships, two acting as trainers/coordinators, to plan the communication strategies to be used in order to recruit skilled workers and find clients;
- Marketing and recruitment actions, via telephone, 5 days/week from 10 a.m. to 2 p.m. (to cover both firms and private households), to be done at the office provided by the MHD;
- As an example: the first campaign we intend to launch envisages to contact all the available handicraft firms to propose a contractual agreement by which LaP engages to find commissions for the firms, that in return will employ for the duration of the commission itself at least one member of LaP;

- A second campaign, targeting private households, will explore their needs in terms of maintenance, refurbishment, removals, cleaning and the like, and the sensitivity of these potential clients towards helping people with psychiatric conditions to rehabilitate by offering them the chance to work in their home.

The project in itself needed some adjustments, as it contained some naïvetés, but the main innovative aspects that interested me were:

- being promoted by users/survivors (plus a few volunteers) outside the usual institutional frame
- to be open to all on an equal basis
- to possibly fill gaps in the rather limited range of job opportunities that the Mental Health Services can offer to their patients.

As LaP is concerned, the choice to present themselves openly as a group of people with mental problems is a big challenge and an interesting strategy to fight stigma.

## **DESIGN**

### **Methods**

The TMP initiative is going through an “identity crisis” that will require considerable efforts to keep it alive.

Consequently, the LaP project, that so far has involved about 30 consumers/survivors who have got from it temporary works , is in a deadlock.

Users, organizers, volunteers and clients who accept to participate were interviewed about their experience, following a semi-structured frame (open ended questions), in order to get their opinion on the projects (perceptions, acceptance, criticisms, prejudice, etc ).

Psychiatrists who in different occasions had meaningful contacts with TMP and LaP were been asked to take part to a focus group, conducted by prof. Mario Cardano from the Faculty of Sociology of the University of Turin.

The contexts in which TMP and LaP meetings and initiatives take place also was observed.

### **Hypothesis**

Aim of the study is to:

- Explore the challenges faced by TMP and LaP, two extra-institutional initiatives in which users and ex-patients of the Mental Health Services are the founders, catalysts and supporters, and their weak and strong points;
- Verify the different perceptions that users, volunteers and clients have in respect of the philosophy at the base of this extra-institutional approach to job placement, so different from the traditional institutional strategies.

### **Study design**

#### INCLUSION CRITERIA

- To be an active member of the initiative
- Or
- To be a staff member of one of the two Turin MHDs and having had direct contact with the project activities and members

For the LaP project

- To have worked – even occasionally – through the project
- To have been a client

#### SAMPLING AND RECRUITMENT PLAN

- Three founders and two supporters/volunteers of TMP;
- Four clients (between firms and private persons) of the LaP project;
- Four LaP workers;
- Six psychiatrists who due to their institutional role have had significant contacts with TMP and LaP (only psychiatrist have been selected as as a fact very few other professional figures have been directly involved, and of these most are also supporters or members of one of the other self-help groups in the area, and a more external point of view was sought).

I contacted personally the candidates and proposed them to take part into the study, giving them full information about the scope of the study, kind of engagement required, etc.

They were required to release a waiver for the use of the material collected, giving guarantee on anonymity.

Interviews and context observations were conducted by two students of the degree course in Sociology, who took part to the study in the scope of their curricular internship.

The study began in May 2015, with the participation to a few meetings of the “ Standing Listening Assembly”, the meeting space of the TMP and LaP participants.

At the same time interviewees were recruited. Context observations and interviews were done during the following five months (May-September 2015). The focus group was held in October 2015.

#### **Statistical analysis**

The transcripts of the interviews were studied using the **Template Analysis** methodology, developed by prof. Nigel King, Institute for Research in Citizenship and Applied Human Sciences, University of Huddersfield.

The term ‘template analysis’ refers to a particular way of thematically analyzing qualitative data. The data involved is usually in the form of interview transcripts, however this may be any kind of textual data, including diary entries, text from electronic interviews or open-ended question responses on a written questionnaire.

Template analysis involves the development of a coding 'template', which summarizes themes identified by the researcher(s) as important in a data set, and organizes them in a meaningful and useful manner. Hierarchical coding is emphasized, using broad themes such as 'responses to illness', encompassing successively narrower, more specific ones including 'changed relationships' and 'changed relationships with health professionals'.

Analysis often starts with some a priori codes, which identify themes strongly expected to be relevant to the analysis. However, these codes may be modified or dispensed with if they do not prove to be useful or appropriate to the actual data examined. Once any a priori themes are defined, the first step of the analysis is to begin reading through the data, marking in some way any segments that appear to tell the researcher something of relevance to the research question(s). Where such segments correspond to a priori themes, they are coded as such. Otherwise, new themes are defined to include the relevant material and organized into an initial template, which is normally undertaken after initial coding of a sub-set of the data, for example, after reading through and coding the first three of 15 transcripts in a study. This initial template is then applied to the whole data set and modified in the light of careful consideration of each transcript. Once a final version is defined, and all transcripts have been coded to it, the template serves as the basis for the researcher's interpretation or illumination of the data set and the writing up of findings.

In addition, the two students who conducted the naturalistic observations of the context and the interviews developed a detailed **ethnographic analysis** of the material thus collected (we talk about **naturalistic observation** when behaviours and phenomena that are under examination are considered in their natural state. Particularly representative of this kind of observation are the studies conducted by ethologists on animal behaviour: real life situations are researched and only what actually happens is observed, avoiding to provide stimuli that could alter the spontaneous behaviours under study).

The materials collected were then analytically examined, in order to provide the actors involved with the feedback envisaged by the objectives of the present study.

## **Materials**

The texts of the interviews and of the context observations are not reported in full. Only the reports done by the two observers/interviewers and the results of the template analysis are given.

### **Interviewees:**

- The three founders of TMP and LaP

- Two supporters (two mental health workers who participate on a voluntary basis outside their working time)
- Six psychiatrists (five during a focus group, the sixth – who was not able to take part to the focus group – was interviewed individually)
- Four clients
- Three workers

## **RESULTS**

### **A) Ethnographic analysis**

Here is the ethnographic analysis developed on the basis of the naturalistic observations of the contexts and of the extensive lecture of the interviews is reported.

The report has been developed by Eleonora Rossero and Francesca Cerullo during their curricular internship (May to October 2015) at the Department of Cultures, Politics and Society of the University of Torino, from the ethnographic notes taken during five meetings, from twelve interviews and other documents collected from the members of TMP, and reviewed by me.

The names used in the report are fictitious, to safeguard privacy.

#### **The experience on the field**

The study began taking part at first to a couple of meetings that till June 2015 Eugenio used to hold weekly, called “Permanent Listening Assembly”. This is thought as a meeting point for people who want to tell and discuss their problems in order to get help to elaborate possible solutions, open to everybody. Problems discussed are not only linked to the psychiatric services or the pathologies, but also more general problems that people may meet in everyday life. In spite of this, the aim of the assembly is not to be a formal self-help group.

Then some key figures in the movement have been identified and interviewed. The story of TMP has been reconstructed, focalising more on its job placement project, LaP, and its temporary impasse. Through the interviews the main characters of what they have themselves defined “an informal organization” have been asked to illustrate objectives and strong and weak points of this experience.

The persons in the sample can be grouped in four categories: the founders, the supporters, the clients, the workers, the psychiatrists. In the founders’ group are included the three people who gave life to it all. Another two persons, whose engagement has played or is playing an important role, are described as supporters; both are mental health workers; differently from the three founders, they haven’t personally experienced delusions, thing this that for the founders has been fundamental. The sample of the clients is represented by a psychologist who commissioned a house removal, a manager of a social cooperative, a private firm in the automotive sector (Automotori), a professional society of farmers (Agrito). The workers have worked with LaP in three different settings: house removals, video making, a subcontract with Automotori.

The interviews have been done between July and September 2015. In the two previous months five the group has been approached through five “participant observations”, the participation to meetings and to the annual parade through the city centre.

## **Torino Mad Pride and Lunatics at Piecework**

### **The objectives**

TMP sprouts in 2010 from Adriano’s idea, who tells having had a vision:

*“[...] this parade of loonies, of misfits, of homeless people, of people who had chosen to live at the margins of the society, and these people paraded shouting their pride and also their power inside society. An attempt to win back a social role” [Adriano]*

He tells about this experience to the ones who will become the other two founders of TMP, Eugenio and Pietro, discovering a shared vision about what they call the “common denominator of madness”. The harmony among the three is well described by Pietro:

*“Everything originated from the fact that there was a great dialogue among the three of us, and a deep understanding even in the use of language, as we all had had an experience of a mental disorder and had all come out of it, or at least managed to keep it under control, WITHOUT denying all the intermediate phases of the journey, as it normally happens: you end up in a psychiatrist’s office, and he tells you that it is all part of your delusion, and one tends to forget about it, or to erase the memory or to be ashamed of it and say “Ok, in that period I wasn’t well, I thought....”; it is on the contrary very rare to find loonies who are out of a crisis and say “In that moment I have understood”.*

The project that initially takes the move from these experiences and dialogues is actually a movie with a group of loonies as main characters, each one with a different diagnosis that allows them to develop superpowers and lead an insurrection. The need to gather a large crowd that was to appear in a scene of the movie to represent the mob, leads to the idea of involving like-minded people in meetings in which TMP would be introduced, sticking in any case to the characters devised in the script. Adriano describes here what was their idea at the time:

*“Ah well, we use Mad Pride, so in our movie at one point millions of people will appear and in the meantime we hold the meetings...and we demonstrate that superheroes somehow really exist”*

TMP, as Eugenio writes in his blog, is “an informal, apolitical and non-confessional organization, formed by people who lay claim to the freedom to live their mental health problems without being marginalized, sedated or locked up”.

Jessica, supporter, illustrates a kind of manifesto:

“The challenge of TMP towards the world is: is it true that loonies can stay in this world? Is it true that madness may not be hidden and in spite of its not being hidden these people can declare themselves as mad and keep staying in the world? One thing is staying in the world with nobody knowing that you are mad, it is what is normally done, they try to render loonies as less loony as possible, with an appearance as normal as possible so that they can go into the world, thus the loonies must adjust to the others and have enormous difficulties to do so. In TMP on the contrary loonies stay loonies and think they have the right to stay in this world...this might also lead to a diagnosis...but the big challenge is: is it true that stigma can be overcome? It is true that loonies are “like everybody” in brackets, that is: peer in spite of their being different; allowing loonies to be loonies in the world doesn’t mean that everything is permitted, doesn’t mean that you do not have to cure yourself, but it means that being mad is something more than having a mental disorder, as even who has a severe diagnosis goes through periods of full wellbeing, but people with certain features need to conquer with their energies their place in the world, it is not the psychiatric system that can give them this place, it is the other citizens who can recognize this place...simply the big challenge is to say to the world “it is just personal features” and make the world accept that”

Dignity, power, pride are the adjectives used by our interviewees to describe TMP even if, contradictorily, in other occasions we have listened to contrasting statements. Marco, for instance, service user, in the second meeting of the Listening Assembly says: “Mad pride, but what pride! It is only bullshit, also what you want to write in the flyer is stigma!”; and the worker Ivan says: “I do not understand this thing about pride, in my opinion one can overcome one’s vulnerabilities.... you must look at yourself from the outside not only from the inside, see how the society could consider this type of persons, so one would understand that the society wants also the loonies, the society wants people with mental disorders but with capabilities”.

With the time passing interest around the idea of a parade grows and this ends up being the main project, leaving the movie in the background. Enthusiasm is at its high in this phase, as all the interviewees report; the meetings are well attended and many the topics discussed.

One of the topics that emerge more frequently is work. So the more creative activities such as music, theatre and visual arts festivals are shadowed by what Adriano describes as “the most ambitious project of TMP”, that is LaP. The name itself suggests its two main features: the piecework, that fits the uneven productivity of many people with mental conditions, and the label “loony”, political element that responds to the precise will not to pretend that stigma doesn’t exist, but on the contrary to face it.

*“LaP style is that of coming out from the start [...] If you commission a job to LaP it is guaranteed that at least one, or two, or three, or all the people who do it are mad. What does mad mean? Does it mean that they are service users? Not necessarily. They are people who do not fit in the social context” [Adriano]*

Perseverance and continuity are the rules of the working world that loonies cannot sustain. To try and give an answer to this issue are the team and the piecework, the short term job. “Not having a job often means not feeling useful, not having dignity, and this makes me feel even worse than the original disorder...the basic idea is that we too have to struggle for survival, maybe we cannot stay at certain rules, so we try to build self-managed niches where we can help each other”, Jessica explains.

Another feature of LaP, emphasised by its advocates, is the structure, based on the team, that allows to teach one’s abilities to others and to learn from others, having at the same time at hand a kind of parachute when the person doesn’t feel well and cannot accomplish a given task, needing to be replaced. “LaP doesn’t fire, also because LaP doesn’t employ anyone” [Adriano]. The idea originates from the need to find ways of earning money, but also from the will to contrast the Italian welfare system, that makes its users dependent, giving them a disability pension that, although tiny, represents a sort of consolation prize that people fear losing, and that at the same time flattens and encourages dependence and apathy.

*“I think that not all, but the majority of service users are scared at the idea of losing that little bit that the illness has given to them ... [...] It is normal that, if they give you a place where to live, medications that somehow contain your euphoria, your delusions, your voices, if somehow they give you enough money to buy your cigarettes, you tend to say “Thank you” and “My apologies” and “It’s ok” and not bring into question what you receive.” [Adriano]*

*“In order to be politically more incisive, TMP must highlight differences, therefore it must be AGAINST all those loonies who are ashamed of their lunacy or who accept to be bought by a disability pension” [Pietro]*

This is one of the reasons that make LaP so fragile, as it challenges users to give up the disability pension for a real job that is not continuous nor guaranteed. (although in fact this wouldn't be for good: as a rule the pension is suspended in the periods in which the person earns more than a certain sum, then reactivated when the person loses this extra income. But still, it is true that quite a number of patients are discouraged from mobilizing their own resources due to this small “security”. Author's note).

## **The results**

An important propelling push is the award, in 2013, of an European call for tender for equal opportunities in employment; this allows LaP to create a website and make a short film on TMP. The funds given allow also to pay all the volunteer work done in the two previous years. It is in fact a start-up and LaP begin to organize the first real activities: house removals, video production, circulation of the “aperiodical” pamphlet “The Alarm Clock”, cleaning of industrial appliances at an engineering company. The sample of clients

interviewed was satisfied by the results, except the manager of Automotori: the collaboration with LaP was abruptly interrupted following an episode – a misunderstanding that the firm never wanted to clarify – in which two workers (the guy being a service user and the woman a volunteer, who were having a flirt) was misinterpreted as harassment from a social worker (the guy) towards a patient (the woman). The worker involved was sent away from the team; unfortunately, he was also the most active and energetic member, in fact the team leader, and his departure meant the crumbling of the team itself (that was at its first experience of such a job) and the final cancellation of the work agreement, as the firm's manager describes:

*“we tried to keep going one more week, but at that point the job was not taken care of anymore and in the end we interrupted it”.*

In the very words of the manager a form of prejudice, of stereotyped conception of the “loony” and a lack of knowledge of the different facets that this condition may present clearly emerges. He says:

*“The fear of a firm is also to understand what being mad means, that in the end I've seen those people, and they weren't mad at all; we have workers who have serious mental deficits, and who are really mad, poor souls, and we know what they can do, what they cannot do, and everything is under control”.* (It is interesting here to note the confusion between mental disorder and mental retardation on one hand, and on the other the fact that, as the people from LaP looked normal, they WERE NOT MAD: if you are mad you've got to be peculiar, to stand out from the crowd, to be visibly “different”. Author's note).

Also some of the clients who have declared being satisfied, or even enthusiast of the performance given, have disclosed ideas that reveal some level of bias about people with mental conditions and their capabilities at work. A member of a social cooperative declares:

*“Well, we also know what we can expect, I mean that I do not expect the same performance of a professional.”*

In the case of Automotori, the LaP team had been appointed on a fixed-term basis to perform a specific task (cleaning of containers) and “provisionally admitted” to do the job thanks to the CEO's sister, who knew LaP through personal acquaintances. In the case of the social cooperative the reason for employing LaP to perform specific tasks is referred to the mission itself of the cooperative, still betraying expectations “below standard” *a priori* if compared to the performance of “normal” workers. This last situation can be considered an example of “critical case”, that is a situation in which something unexpected is observed, in this case prejudice. The person himself, as it stands out from the transcript of the interview, sounds somehow reluctant to express his thought, as if embarrassed. (The point here is that he's not specifically talking about LaP, that is a group of unexperienced people who are just venturing and still have to learn a lot, but about people with mental conditions in general, as if in his view they were kind of hopeless at anything. Author's note).

Though LaP envisages to create an on-line portal in which offer and demand for work can meet following impersonal routes, so far the working relationships have stemmed from personal acquaintances: long-term friendships as with AgriTo, sympathies for the cause as with Automotori's CEO's sister, relatives of other users, therapists who wanted to give their patient a temporary job for therapeutic purposes. The reasons for the failed development of the web page are attributed by the founders to the frailty of the group itself. The dimension of the conflict is seen by all as endemic and almost physiological (something to be proud of, albeit dysfunctional? Author's note):

*“What normal people do is team work, which implies that if I come with the idea of making it red, but the rest of the team thinks it's better to do it black, at the end I'll do it black too....in TMP (...) in the end I'll do red and he'll do black; it may not work, but if we did it different we would turn the loonies to normal (...) then let's stay at home, it is not what we wanted to do [Jessica]”*

*“[...] With loonies we argue, argue among us, argue...and this is why this project is taking so long to take shape...because the conflicts among loonies are very intense, they are not filtered by conventions or good manners. [...] but in the end it is part of what we are” [Adriano]*

*“In TMP I saw people chasing one another around to beat each other up and maybe not see each other for months, then start doing things together again” [Jessica]*

In the specific situation, recently a big conflict between Eugenio and Adriano emerged, which we had the chance to witness during some meetings, and that appears to be a personal clash, a consequence of the big egos and narcissisms of the two persons, and also to the different styles in the organization of the parade. Jessica is a psychologist who joined TMP without at first revealing her profession, and who has then become one of the more active members; this is how she describes, implicitly, the dynamics that characterise this relationship:

*“The present conflicts inside TMP...are linked to narcissism, I think. There are strong personalities in TMP and there are people who invested a lot... [...] everybody invested for himself, only partially in the group, it is not a real group ... it is a gathering of individuals who walk awhile together. [...] At this point everybody is the owner of his bit, and sometimes conflicts arise because one trespasses in the other's garden, and then «I wanted to do this bit, I've always done it, today you arrive, you who have always done another bit, and tell me what I should do, and I cannot go over it»”.*

Two major moments of rupture and discontinuity add up: the sit-in organized in some unused spaces of a local health centre, and Adriano's prolonged crisis. The sit-in, in 2014, brings two factions to arise and confront. The first one, led by Adriano and Pietro, more extremist and interested to start a dialogue with the institutions from a power position, thinks that otherwise claims will not be seriously looked into. Pietro sees in the sit-in the “right path” to walk even

in future, once the necessary energies are retrieved; he admits that this one has sucked all the energies and the previous engagement, dissolved in what he defines a “spectacular explosion”. The adverse position is represented by Eugenio, who is highly critical towards this experience; he regards it, especially for its illegal drift, the downfall of all the job done during the previous months and years. Eugenio maintains that this episode lacked a strategic vision, and that “*TMP’s problem is always that urge, at one point, to play the insurgents*”; he then adds that the group wasn’t founded with an anti-institutional spirit but ended up having one, ending up double crossing in the context of the sit-in. Adriano’s crisis, culminated with two suicidal attempts, not only represented a moment of personal suffering for the whole group, but called into question a number of premises on which TMP is grounded, as lucidly Jessica says:

*“The group was suffering also because people said: “What didn’t we see? What did we do wrong? And if he does it again? Can we, among us all, keep him alive? Without the psychiatric system, the medications, the hospitalizations, without all those things that we have tried to put aside in order to build another world...There has been a great feeling of having done it all wrong, that “Mad Pride” doesn’t work, that loonies do not know how to stay in the world, that loonies get worse if they stay with other loonies, we wanted to say that they get better, that somehow they can help each other, I overdo on one side, you overdo on the other, if we keep each other by the arm we balance out...this winter we all thought “Maybe it isn’t true at all””*

The considerations and questioning that these events generated appear to be still present in the deepest thoughts, and represent maybe the main obstacle in the development of new programs and new strategies. Furthermore, Adriano’s absence allowed Eugenio to take control of the situation and manage TMP’s activities organizing the annual parade following the moderate line he prefers; Adriano’s return on the scene rekindled the conflict between the two, culminated, on the occasion of the parade on June 13th 2015, in the declaration by Eugenio that he would leave TMP for good. That decision didn’t elicit any particular reaction in the others, probably because this kind of falling-out has been fairly frequent along the life of the movement. Pietro in particular expresses criticism, describing Eugenio’s behaviour as puerile and pointless:

*“he is simply trying to exploit a rhetorical position, partly to make a Sai to Adriano, partly to bring grist to his mill, to empower his voice”*.

This too appears to be a demonstration of the personality, linked to the ego, of the conflict between the two, both oriented to defend their own actions and to develop them following opposite strategies.

## Conclusions

The analysis done brings us to suggest a conclusion that keeps the two projects, TMP and LaP, analytically separated: even though the individuals that animate both are to a great extent the same, objectives and strategies of the two realities appear to be distinct, at times even diverging. In TMP there is a strong political component that is the core of the movement, interested in highlighting differences rather than similarities, and to give a role in the society to the “loony” calling him for what he is rather than trying to normalize him and hide his condition. LaP, on the other hand, is a project that wants to answer to a real need, that of offering to psychiatric patients a chance to work that is in line with his greater need for flexibility, and that needs therefore to be highly pragmatic and to pick up occasions of employment overlooking the ideological dimension predominant in the Mad Pride movement. The political inheritance of TMP remains in any case in the name, Lunatics at Piecework, that consistently doesn't hide the conditions of its workers and intends this way to face social stigma. The prevalence in both projects of the same strong and charismatic personalities has originated two forms of confusion. On one side we find the psychiatrists, the institution representatives, who wonder if the subjects really want to work or just mess around; in this respect there's not a clear distinction among TMP's and LaP's objectives. On the other side we find the occasional workers, who in some instances have shown interest only for the job, refusing political activism and fanfare; in this sense a divergence between personal targets and objectives of a project that in any case wants to fight stigma. Particularly significant are in this case the words of a worker:

*“Maybe Mad Pride is a bit too pride, LaP has that subgroup of pride, you know, LaP and pride, lunatics who work at piecework, I give you an example, you know Caffè Basaglia\*? There several people with severe mental illnesses are employed, and when you enter the place you do not hear them saying “ah, we are all crazy here!” People know that they are crazy but they do not go somersaulting in the kitchen...”*

\*(Caffè Basaglia - born from the idea and the stubborn engagement of a psychiatrist and a group of friends and collaborators -is a multi-function place served by a restaurant, a small concert hall/conference room, a space for art exhibitions, a library; a relevant part of the personnel with regular permanent contracts is formed by patients with SMI. Author's note).

And again:

*If you don't really want to get a job, there's no need to say “I'm crazy I'm crazy I can do what I want” then expect people to give you money, it doesn't work this way, you must try to be integrated with the others”. “I don't understand these things about pride, I don't know, in my opinion one can overcome one's vulnerabilities. [...] I think that you must, like in any other hiring hall, state your name, profession, what you can do, this could be a positive thing, with people that as visiting card don't say “bipolar” or “schizophrenic” or other pathologies, but “I can do this and that”.*

The reason why this person worked with LaP stays in the idea of the piecework, that in his opinion represents the best solution for people who find it hard to keep a stressful pace on the long distance.

The limited success and the difficulties met so far by LaP in carrying on its activities are then attributable to an intrinsic feebleness of the group that gave birth to it, shaken by internal conflicts and by the repercussions of the profound crisis of its founder. The prevalence of one or few individuals has been at the same time the fuel and the setback of the project, giving it a gait that fluctuates together with that of its leaders. To this the personal agendas must be added, sometimes in line with the declared objectives of the projects, sometimes at least partially diverging.

The context we observed gives in any case food for thought, and includes elements that would deserve further study. The sample of the workers, may be the most difficult to build because of the brevity and distance in time of their collaboration, would certainly deserve to be enlarged, in order to better investigate the possible not simply utilitarian reasons that brought them to join LaP.

## **B) Template Analysis**

The templates (enclosed at the end as appendices) are the prospects that summarize the content of the interviews; the more significant paragraphs are reported, so that the reader can get a clear enough idea of the content. The analysis of these contents has allowed, together with the ethnographic analysis, to develop a few issues more in depth.

**These issues would deserve a more in-depth analysis, both inside TMP/LaP and inside the Mental Health Departments.**

## THE PRIDE

Comparing the material provided by founders/supporters, clients, workers and psychiatrists, two different visions of the issue “mad pride” stand out, recalling immediately similar different visions of the “gay pride” issue.

That is: is it more rewarding in political terms, in the perspective of fighting stigma, to underline the “difference”, to bring in on the streets, flaunt it, with the ultimate target of normalizing it, in the sense of making it become an integral part of the society and no longer a feature of a marginalized minority? Or is it more advantageous to try and reach the same result simply living one’s life without eye-catching demonstrations, but rather with tenacity, without concessions, day by day, demonstrating one’s own right to stand up in the world through one’s engagement in being an active part of it?

In our sample it is interesting to see that the first route – as one would expect - is chosen and supported, in spite of the difficulties so far encountered, by the promoters of the initiative (founders and supporters), and by an enthusiastic client who appears to be ideologically close to them (besides being an ex-schoolmate of one of the founders), whereas the “psych” world almost unanimously, the other clients and the workers seem to prefer the second.

The dichotomy between promoters and psychiatrists is not surprising, while the position of the workers elicits more reflections. In our micro sample in effect the latter appear to be interested in the practical results (do I get/not get a job, do I earn/not earn money), but rather detached from the proposed ideology, if not even a bit annoyed by it.

This reading allows, still keeping open the question on the better strategy (that will always find supporters of one or the other route), to normalize the issue of the fight against stigma towards mental illness, bringing it on the grounds so pervasively human of differences among groups.

## SHALL WE START FROM THE NICHE?

One of the practical questions that arise is “where shall we start from to enter the market?”.

The great ambition of LaP is to acquire enough good image and dependability to introduce themselves to the “free market”. However, such an ambition collides with reality, as the client who is also a psychologist at a Mental Health service well explains: “I was looking for a job opportunity for that patient of mine, but couldn’t find one, even where I knew there was a need, someone willing to engage a team in which there could be psychiatric patients; maybe they said “Oh, well, as a matter of fact we prefer to refer to a more organized firm”...there was this underlying idea that the quality could be “second class”. And about the brand “with clients that have for some reason something to do with the universe of mental health, the name works perfectly...”

As it is suggested by many voices during the interviews, starting cutting one’s teeth in a context more open to experiments, somehow ready to open one’s home to have the walls painted to a group of “loonies”, to someone resembling one’s “loony” family member or to the patients with one works daily, seems to be the easiest route to follow at the beginning. This also in order to give time to the teams - the pillars of the LaP vision of the work organization - to get up to speed, and give time to the members to reach a level of professionalism really saleable on the market.

According to the supporters *“In this way a productive chain reaction is initiated: one thing leads to another, you start with a network of personal acquaintances then odd jobs start coming in, it spreads by word of mouth”, and “Connect to the network of families, then spread to the institutional networks, to the organizations involved in social work, to trade associations, with a slow but steady all-over expansion”.*

According to the psychiatrists, from a certain point of view it is a positive asset *“to experiment themselves in an environment aware of difficulties, prepared to possible failures, otherwise it is too difficult; in the “outside world” bizarre, unexpected behaviours create too much alarm”*; from another point of view, it can be a critical issue: *“points of access to the market always mediated by personal acquaintances”*: the risk seen here, and that could to some extent nullify the intention to use LaP also as a means to reduce stigma, is that of ending up being trapped in this niche, cosy on one hand but on the other paternalistic and devaluating (see “The creeping stigma” below).

## THE CREEPING STIGMA

### MISTRUST OR PRAGMATISM?

This study shows how in high-income countries, where the system of mental health care in the last few decades has evolved from a custodial and repressive concept to a concept of care and integration in the community, a widespread paternalistic and subtly stigmatizing and marginalizing attitude still persists.

The interviews to individuals (starting from the clients, and the founders themselves) who should be in the frontline to fight stigma, highlight in fact how we still are dominated by prejudice, even when we take up the cudgels in total good faith on behalf of total equality of rights and opportunities.

Social cooperative manager: *“calling them to do a job is also somehow in our mission...for let’s say accessory jobs, we try to refer to the private-social sector...I do not expect the same performance of, for instance a professional house mover, they are slow; to make up for it they do not apply the same tariffs of a professional house mover”*: on one hand it is the acknowledgment of a real issue (it is worth noting here that the present lack of professionalism is a limit that the founders themselves admit), but it has that paternalistic tone coming from someone who takes for granted that “this is it and always will be, and applies universally to all loonies”, a creeping “poor folks, they have limits, you need to be patient with them”.

On this issue, and more in general on “**provider stigma**” (i.e. stigmatising attitudes from mental health professionals), several studies exist. One for all is a comprehensive review done by B. Schultze (2007) on the complex interplay between stigma and mental health professionals (examining mental health professionals as stigmatizers, as recipients of stigma and as de-stigmatizers). In this study the results of a focus group enquiring stigma perceptions of people with schizophrenia and their families are reported. It comes out that nearly one quarter (22.3%) of all stigma experiences reported came from mental health professionals. The reasons were:

- Lack of interest in their person and the history of their mental health problem
- The psychiatric diagnosis being often given with a negative prognosis (such as *“You’ve got schizophrenia, you will be ill for the rest of your life”*)
- A general attitude that tends to reduce patients to their illness-related deficits

Nearly three quarters of the studies examined in this review report that beliefs of mental health providers do not differ from those of the general population, or are even more negative. This is in open contradiction with the starting hypothesis of most studies that predicted more positive attitudes thanks to a deep knowledge about mental disorders and to the daily contacts with their patients.

In a study conducted in Italy by Magliano et al. (2004a and 2004b) on psychiatrists and psychiatric nurses, results showed that, in spite of both groups being well informed about schizophrenia and having positive treatment

expectations, 40% of them held true that "*there is little to be done for these patients apart from helping them to live in a peaceful environment*". Moreover, only 2% believed in the complete recovery of schizophrenia patients. A national survey conducted in Australia (Caldwell & Jorm, 2001) revealed that providers tend to be rather negative about treatment outcomes and prognosis of schizophrenia and depression. Psychiatrists were found to give the most pessimistic ratings, followed by GPs clinical psychologists and psychiatric nurses. Moreover, "taking risks is usually seen as something to be avoided by people with mental illness, since it causes stress that may result in a relapse" (Ruether 2010), an attitude that supports a frequently seen tendency to promote dependence on the services provided, based on the assumption that it is for the client's own good that goals are to be set low.

Why is this? Through their training and their professional experience with patients affected by SMI, mental health professionals certainly acquire a deep knowledge of human suffering and learn to look at it through a diagnostic lens, using this knowledge in order to help the patients. However a great ambivalence is found in mental health practitioners, who strive daily for therapeutic success while at the same time not quite believing in it. The lack of hope in the possibility for patients with SMI to fully recover certainly reflects realistic evaluations based on clinical experience, such as "revolving door" patients, patients who deteriorate in spite of the rehabilitative efforts done, lack of co-operation in treatment, potentially confrontational situations requiring actions to restrain the patient, etc., but seems at the same time to under evaluate the potentials that even severely ill patients, no longer institutionalised and capable of conducting an independent life at home, often show. This attitude seems to contradict the findings of longitudinal studies on schizophrenia outcomes, that support far more positive evaluations (Harding, 1988).

On a positive note, there is an increasing awareness of mental health professionals around their contributions to perpetuate stigma around mental health, and the growing accent on recovery, on support to independent living and on job placement in real settings is a testimony of this change.

This awareness is paramount, seen in the light of what lucidly writes J.F. Charles (2013) in the conclusion of her investigation, utilizing the qualitative method called *ethnographic content analysis (ECA)*, of client- and family member-authored literature: "The negative influence of provider stigma poses an injustice to our clients – they are being provided services that are less helpful than they could be, solely on the basis of mental illness. This social injustice requires continued investigation, discussion, and critical self-reflection on the part of mental health service providers".

The prejudice coming from clients from the private sector who interact for the first time with "loonies" is more overt. In one experience even a kind of "double stigma" can be seen, put in evidence by the reaction to an episode in some respects trivial (a couple of workers from the team profited of a pause to kiss): if framed starting from a calm reality test, it could have been solved with a simple verbal reprimand to the two persons involved, but led instead to the resolution of the contract with the whole team, that had been engaged to do some occasional worksite cleaning:

- The team coordinator (one of the founders), who had declared himself a "loony" since the beginning but was in that period very brilliant and efficient, from the point of view of the client had NECESSARILY to be a social worker, it wasn't conceivable

that he could be a patient; consequently the young woman he was kissing had to be NECESSARILY a patient (whereas as a fact she was a volunteer psychologist);

- Therefore it had to be NECESSARILY an episode of sexual harassment (denying *a priori* – here the double stigma – the possibility that, even in the case she was a patient, the woman could be voluntarily taking part to the act without being forced to it).

The same person goes on: *“By the way, I’ve seen those people and they were not lunatics...we have workers with serious mental deficits who really are lunatics, poor them...”*. This statement, if on one hand well expresses the idea that the “outer world” has of the “loony”, that is of a person visibly damaged, someone to feel sorry for (or to keep at a distance, or both), on the other suggests a possible route to follow in the fight to stigma and prejudice: superseding the figure of the “poor creature”. How, a worker in his naïveté gives a wonderfully simple suggestion: *“more emphasis on the abilities of the persons, not on the disturbance”*, because after all *“the society doesn’t want loonies, it wants people with a pathology but also with talents”*.

On the other hand even the founders, with their insistence on their “diversity”, brought as a banner and as the main reason for setting up LaP, risk to foster the stigma they want to fight; this is the fear clearly stated by one of the workers, already quoted: *“If you don’t really want to get a job, there’s no need to say “I’m crazy I’m crazy I can do what I want” then expect people to give you money” ...“avoid to parade your craziness and at the same time get cuddled form other people, doctors, elder colleagues who say “the guy has problems, you must understand...” ...“at Caffè Basaglia several people with severe mental illnesses are employed, and when you enter the place you do not hear them saying “ah, we all crazy here!” People know that they are crazy but they do not go somersaulting in the kitchen...”*

A client gives voice to the same doubt: *“the question here is if the pride to be mad doesn’t become, in certain situations, a brake to integration”*

## **THE STRONG POINTS**

As it comes out from the interviews, the philosophy of TMP and LaP initially attracted a lot of people, both among service users and among mental health workers.

The founders stress having had the courage to try and do something innovative, on having been able to propose a new way to think work, with *“a grassroots organisation which does not wait around for institutions”*.

They stress having thought of *“strategies through which a mad person can choose to come out from lazy leaning on state aid and nevertheless manage to survive”*, and in particular *“to be integrated in a network where your competences become an asset also for others, so that if you know how to do something well you teach it to others, and if you do not know how to do it properly, you learn from others; if you don’t feel like working in a certain moment, you do not get fired”*.

Also the psychiatrists are positively struck by the proposal of alternative, unconventional ways of integrating psychiatric patients into the working world, and by the possibility of occupying *“camps of productivity given up by the system, that can produce income and satisfaction”*. On the other hand, there’s among them who, moved by a more political vision, would bet more on the *“germ of criticism of the productive system, that should be supported, rather than cannibalizing or occupying dismissed former productive areas”*, albeit leaving the concept vague and unelaborated.

Among the clients, someone views *“an irresistibly interesting, innovative project, very much ahead in respect of the present set of laws on employment”*, capable of demonstrating that *“also people with residual abilities have skills that can be used, you only need to have the capacity to set them free”*.

Another winning asset according to the founders is the attention given *“not just to productivity, but also to relationships. It’s the meeting between the client/employer and the person that gives value to the work done”*.

Attention paid to the quality of relationships is for them a fundamental, both at a theoretical level (*“if you create relationship among people you build less damaging realities in the society”*, *“the art of making do is somehow the leit-motif of LaP, LaP is also a way to share experiences of survival”*, *“to aim only to production, as it happens in call-centres, creates damage at the societal level, as only jobs that at the relational level do not take into account at all the wellbeing of people”*), and at an operational level.

This interests the workers in the first place, with much attention given to the quality of the relationships among LaP participants, (*“the team represents a relational key among the workers, it pushes towards collaboration, allowing to hold on efficiency and timetables even if there are slower individuals in the team”*, *“network that somehow allows people to live through their difficult moments and at the same time making use of their competencies in a circle that somehow the more is shared the more is functional”*).

Consistently, they submit to the clients as an innovative asset *“when you want LaP to perform a job, you have to tell it to us; and we, starting from your narrative, build the team that will work for you”*.

Another aspect important to them, in the vision of the *“pride of being mad”* is the will to *“struggle against a passive acceptance of the welfare system”*, to *“step out of the paternalistic system of institutional services that give allowances against fake jobs”*, shaking the other service users from the passive acceptance of marginal position in society, poorly compensated by the disability pension, going towards *“the breakage of the dependency from public assistance”*.

For the workers, it can be a fresh start to build on self-esteem, to *“try and see what there is beyond the boundaries of psychiatry”*.

On a practical level, most interviewees agree on two strong points:

THE PIECEWORK: productive system put aside for quite a long time in favour of contracts giving more guarantees to the workers, as a fact functional to people who, due to their condition and their unstable productivity, find it difficult to enter on a regular basis the job market, the more nowadays, in a job market that offers less and less long term contracts with full coverage of sick leaves, in favour of different types of short-term renewable contracts. As a supporter says, it is the route to make it possible to *“combine the issue of productivity with the symptoms of the disease”*.

THE TEAM: the stress is on the strength of the logic of the group as opposed to an individualistic approach, that renders it different from other institutional strategies that head towards individual placements: as a supporter says, *“there is a group conversation about a specific job opportunity, everybody is involved, not only in being workers, but also in being promoters, brokers for themselves and for the whole group”*, and it allows a greater *“attention to the needs of the individuals”*.

The contract is a collective engagement that can support the weakness of the single individual, it is *“a bet on keeping together this lack of stability on timing and continuity with the necessity to respect engagements”*, *“a sort of protection if someone doesn’t feel well, if one goes up the wall, there’s a kind of protection, of life belt”*.

Or, as a psychiatrist puts it, *“it breaks the mechanism of individual impotence in job search”*.

The team, in the theoretical vision of the founders, has also the function of a training ground, of a place where knowledge is passed down on the field from the skilled worker to the apprentice; in every team a place for a new entry is envisaged for this purpose. This is not at present happening in the video team, somehow withdrawn into itself, to preserve itself in a way - as it is at present the only arm of LaP functioning at full speed -, from the difficulties that the rest of the group is going through.

Another feature, maybe marginal but certainly usable, in particular if services are offered to other people with mental problems, is the *“ability to bring into play a sensitiveness that others do not have, when it comes to awkward situations”*, thus a higher quality of the service rendered.

This potential “extra oomph” emerges also in the focus group, where a psychiatrist mentions a patient of her engaged in a traineeship at the booking desk of an outpatient clinic, who affirms that her experience as a psychiatric patient has made her more capable than others to understand other people’s nervousness and excesses, thus making her more tolerant than her “normal” colleagues.

Also one of the workers underlines that the LaP philosophy *“recognises a special knowledge to people who went through the experience of madness”*.

## THEN WHY A PROJECT WITH SO MANY POTENTIALITIES IS TODAY AT A STALEMATE?

### THE CRITICAL ISSUES

According to the founders it is *“a great idea but too big compared to our energies”*, based on a complex and fragile project, extremely ambitious but still struggling to keep alive.

Here the fragility of the organizational set-up is stressed, due to the fact that energies are lacking, as *“it is difficult to find people with a strong motivation, willing to participate without seeing immediate results in terms of job opportunities”*, as there is *“little awareness on the side of consumers”*; this explains the discontinuity shown so far.

On the other hand, the highly critical attitude of the founders towards users who accept to take medications without discussions, to live out of welfare payments and disability pensions, who are not animated by the same “mad pride”, who look forward a normality that conforms to the “neurotic” way of life (and they are many, and often well stabilized from a clinical point of view), doesn't foster adhesions to TMP and LaP. This aspect is well evident in the discourse of one of the workers – quoted several times in this report – who joined LaP on the occasion of a couple of house removals but is highly critical towards their ideological approach and has in fact distanced himself. (Author's note).

Another emerging issue is the fragility of the people who are at present leading the project. One of the founders, more explicit and in an argumentative position with respect to the others, says *“I do not believe that patients who do self-management while delusional can get anywhere”* and, talking about the attitude of the local MHDs Directors who in his opinion haven't done much to help, *“They opened their doors, but in the end let things to be entirely managed by us”*.

Dependability is another issue, undermined by an *“excess of impromptu and improvisation”* and by *“lack of precision”* or, as the president says with a rather deceitful tone (he admits it's a problem, but at the same time is kind of proud about it): *“the compromise of going to talk to people using good manners, to dress properly in certain circumstances, to say the right thing in the right moment, to show oneself publicly not always adopting a provocative style: ... this is why TMP is so fluctuating, because at one point you get pissed off, take off your underpants and wank in front of everybody...and this thing destroys months and months of diplomatic work”*.

Finally, there's the issue of power struggle and conflicts around ideological positions, that have led key elements to come and go, creating permanent uncertainty.

**The supporters** underline the same critical issues, highlighting also the issues of narcissism, that creates conflicts and hinders the progress of the projects, and the fact that TMP and LaP are more an aggregate of individuals who walk together for a while than a real group, as each individual has invested more for her/himself than for the group.

A deep contradiction can be seen here: on one hand they are aware of the *“difficulty of reaching agreements and define a shared vision, that would require individuals to smooth one’s rough edges off, put aside one’s narcissism and stoop to compromise with the group”*, but at the same time they seem to justify, even back it with some pride, as *“to ask people from TMP to do this would equal to ask mad people to be normal, then we can stay at home, this is not what we wanted to do”*, *“team work implies that if I come with the idea of making it red, but the rest of the team thinks it’s better to do it black, at the end I’ll do it black too....in TMP if I say that in my opinion it must be absolutely done red and someone else says black, in the end I’ll do red and he’ll do black”*. The person who makes this statement doesn’t seem to realize that this position creates an impasse in which TMP as a political movement can linger, but that risks to bring LaP to precocious death or keep it inside a micro niche in which only the founders and a selected group of friends can get in to do occasional jobs, without any perspective of further development, and is in the end a way of giving up from the start the possibility to reach any significant impact in the city’s panorama of job support initiatives.

The supporters also note the absence, in this phase, of a propelling thrust: they relate this to the lack of consistency, of a strong pragmatic framework, of long term planning character so that you cannot see what will be the next step, and to lack of clarity about the overall project and intentions.

Other difficulties are:

- lack of funds to finance the start-up;
- lack of experience in running a business;
- lack of clients, so far still found only through personal informal networks;
- the difficulty to find institutional contact points that can help to launch the initiative, restrained as they are by diffidence, as unconventional routes are proposed.

In a colourful way, one of the supporters underlines that there’s *“too much surrealism, we break rules and schemes, we are provocative, we drop the ideological frames of the past. If we want to set up a show it’s fine, if we want to give substance to things then we’ve got to get to the heart of the matter and be concrete”*. And again the contradiction already observed: *“When they tried to transform TMP in something where much more rationality is needed (LaP, editor’s note), everything became more difficult, they began to experience a certain contradiction of roles, the difficulty of being users who try to receive other users in trouble. It is a great slogan, but it is very difficult to put it into practice; you can be proud of your lunatic brother or friend, but when he goes round the bend he creates serious problems to you, and the declaration of intents is not enough, because in that moment you need to be pragmatic and welcoming at the same time, and this is a really difficult task”*.

### **The psychiatrists**

On the whole they tend to be criticizing, but not sharply tearing to shreds (this can be better observed in the section “remedial actions”).

The core of the problem lies, from their point of view, in the leading group: from *“it is too centred on 2-3 people, with a non-democratic leadership”* to *“the leading group is in decline; they reproduce exactly the institutional dynamics; they do not have the capability to create consensus, they do not help people to grow politically”*.

And in their highly politicised theoretical stance: *“they are always against...they have this idea that everybody can speak, without filtering anything, with a certain inconsistency in the end: you call yourself LaP then you deny the problem of madness”*; at the point that *“the local users’ network* (the other local users’ organizations, that – it must be said – are few and not autonomous from the institutional services - editor’s note) *have distanced themselves”*, as they do not share the ideological choice of the original nucleus to instigate contrast.

More sharply, they affirm that *“they never really put themselves on the line, it is always somebody else’s fault if something goes wrong”*. They are burdened by a noticeable lack of humility, without which one can only be “against”; by a definite incapacity to look at themselves, which is why they will *“go on producing symptoms and provocations, and this is a sign of an internal disease”*, but this way they will keep losing credibility.

Another critical issue is ambiguity: it is impossible to understand what they really want, if making trouble or getting jobs; to the extent that it is suspected that LaP is not in fact, in the founders’ intentions, really a project centred on job placement, as the emphasis on getting a job is somehow seen as instrumental to the ideological issues. In other words, the project is not crystal clear, therefore the question is whether LaP is in the end just a variation of TMP. This is the aspect that casts more doubts on the future of LaP, and adumbrates that they might end up getting lost in this ambiguity.

Someone ascribes this contradiction to the fact that the founders are mostly “children of a rich and decadent upper middle class”, of a social class in which *“there’s no head for real work”*. From this aspect more than from the clinical problems of the individuals would originate the lack of discipline, of resolution, of perseverance, the highs after which everything deflates, their going to work in a factory but then “mess up” and wreck everything. Provocatively, the same psychiatrist (the son of a FIAT car factory worker, author’s note) suggests to have them *“go and learn some discipline from British miners”*.

Others see an internal rift, and think that there are some individuals who are just moved by the desire to support the ideology independently from the results, along with others who really want to work and help others to work.

### The workers

Of the three workers who have been interviewed, two are also users of the local Mental Health services, whereas the third, who coordinates the video group, is a mental health worker and collaborates with LaP in his spare time, as an extra job.

It is interesting here to note that the sharper criticisms come from the two users, whereas the health worker mediates and elaborates intellectually his judgment.

It wasn't possible to interview a higher number of workers for several reasons; the main being that the majority of works done to date (removals, house painting) had involved mainly the same people, mostly the founders, already interviewed in another role; the second, as evidenced also by the video team member, has been their *"scarce ability to document the processes, never focussing on the main steps, the stages reached, the achievements, in a way that could become a model"*. This difficulty emerged also in not being able to get the telephone numbers of several people who had worked with LaP only occasionally.

The workers, in the end, appear more interested in the practical aspects of work (rhythms, pay, the quality of the products, the ability to provide a service comparable to that of any other worker): *"the pay is very low, with the money they gave me I wouldn't do it again, with my present job (he repairs mobile phones under the counter, author's note) I earn ten times as much"*, *"we do not talk here about being mad, we talk about being fragile in respect to the working world, but with dedication and perseverance anybody can make it...the society doesn't want "loonies", but it wants people with a pathology and talents along with it..."*.

Interesting also the point of view of a worker who in the ideological highlighting of being mad, rather than an act of struggle to stigma and the will to become independent from the welfarist logic that wants the patients passive subjects, sees more a strengthening of it all: *"If you don't really want to get a job, there's no need to say "I'm crazy I'm crazy I can do what I want" then expect people to give you money"..." avoid to parade your craziness and at the same time get cuddled form other people, doctors, elder colleagues who say "the guy has problems, you must understand..."*.

Also the patients see the limitations of the leading group: *"centred on two persons who are now too engaged in other activities"*: this would be at the base of the profound crisis that TMP and LaP are going through: *"everything is getting lost...in the last two years nothing more has been done...as a source of job opportunities it has never really seen light...they wanted to use vouchers as a system of payment, and they didn't, they wanted to set up a regular house moving activity but they haven't..."*, confirming the vision of the psychiatrists on the incapability to widen the base of interest and consensus and make a wider group of activists grow.

This takes to the question of discontinuity: *"one of the things madness forces you to confront with is discontinuity: from time to time you need to stop, you must have the possibility to do it, the group balances out your discontinuity...it is necessary to learn to delegate and take a step beyond when you are not well"*: and this in the leading group still doesn't happen with the necessary promptitude.

And then stigma, here dealt with without taking an accusative/self-pitying attitude, but rather as the acknowledgment of a problem that needs to be taken into account: *"when will the employers be ready to receive? It is really difficult to find people willing to have a house moving or painting done by a group of loonies, even if the system works....it is basic lack of trust: A. is a great film maker, is very creative, but if he goes to see the client he doesn't get the job; I do"* (mental health worker/coordinator of the video team)

There is also the *“necessity to learn operational strategies: at the beginning house removals were bandwagons that added weight more than taking it off; with time things have been refined and people have been able to give their contribution and have been valued”*. This last note outlines a problem, but at the same time confirms the validity of the theoretical model of the team and underlines evolutionary potentialities, both in the individuals and in the overall LaP organization.

### **The clients**

As one would expect, they pay specific attention to the current organizational limitations and on the results of the performance.

#### **Keeping the pace**

LaP workers *“have a different pace, difficulties in understanding that there’s a business relationship with certain process schedules and conventional manners to be respected...fickleness in the pace and in the quality of the performance...I do not expect the same performance of – say – a professional house mover, they are slow; to make up for it, they do not have the same tariffs of a professional”*.

LaP workers need *“more pauses, there have been problems due to lack of self-confidence, the client needs to be flexible and adaptable to their needs”*. This note brings back the issue of the niche already mentioned above in regards to the benefits, to cut one’s teeth, of beginning to work in contexts that are tolerant towards possible shortcomings.

In the last post-summer meeting, the person (a service user) who has been appointed as the person in charge of the development and management of the teams, has highlighted the necessity to select the candidates, because *“if an individual needs fifteen minutes to move a box from here to there and stops every five minutes to smoke a cigarette he is a problem, and I cannot give him a job”* (author’s note).

### **The behaviours**

*“difficulties in controlling behaviours due to the pathology, they are sometimes a bit funny, they make me laugh, but others may be unnerved”.....*

*“excess of eccentricity, it happens to assist to externalizations that are not appropriate to that working environment”*.

The peak in terms of a behaviour *“outside the box”* was reached in the episode mentioned in the chapter about stigma, and that caused the rescission of the contract for the supply of industrial cleaning in a factory.

However, the manager of that factory highlights also as being a problem the lack of clarity about roles and the fact that, in the absence of the referee (the guy who had been banished as mistakenly thought of having sexually harassed a worker, author’s note), *“the house of cards has collapsed”*

thus pointing out the:

### Organizational shortcomings

Also described by the individual client who had commissioned a house move (she is also the therapist of one of the founders/workers, author's note) who notes how they "need help from the client in the organization of the job", other feature only tolerable in the niche, not on the open market.

### Author's notes

*An issue that comes out only peripherally in the interviews regards some organizational aspects to date apparently disregarded, and that have been overlooked due to the fact that so far LaP has been a marginal organization, but will need to be clarified, should LaP continue to exist and operate.*

*A first aspect is fiscal in nature, with implications on three facets:*

- a) *how to bill the clients and receive payments: in some cases it has been necessary to release a regular document, and for this the association Olocroma, never mentioned in the interviews but somehow the "éminence grise" behind both TMP and LaP, has been used. This is a registered cultural association, founded several years ago by the same group of people, whose stated purpose is the production of videos, theatre plays, concerts, etc. When the service rendered is congruent, Olocroma issues a bill; when it isn't, the client formally donates money to Olocroma for the due amount. The solution chosen with individual clients who do not require a bill, has been so far to operate "under the counter". In both cases the accident insurance obligations towards the workers have been overlooked.*
- b) *How to pay the workers: as Olocroma does not have employees but only associates, the route of the expense allowances has been stretched to the limits; in alternative, here too payments under the counter have been made. Again, besides the fiscal issues, the due payments to the social security national fund have been evaded. Following a non-written agreement, Olocroma holds 10% of the worker's compensation to cover general expenses.*
- c) *The contractual framework for the workers: an organization such as LaP – more a job placement agency than an employer – even should it survive the present impasse and develop, might never be able to employ many people with regular long term contracts. Several times the intention to regularise the workers through the vouchers system – that would solve most of the fiscal/accident insurance/social security fund issues – has been stated, but so far, in this playful and erratic atmosphere, nothing has been done.*

*Another aspect left undefined that emerges when the team as the place where the individuals are trained, is if the "apprentice" has to be paid, and how much in respect to the already trained and fully capable workers. More in general, if the compensation should be somehow defined according to the level of capability/efficiency and therefore of output of the individuals.*

*With regards to this, one of the workers says, without arguing, just as a matter of fact, that he got paid half because he worked less hours. In view of a desirable upswing, a clear definition of these contractual aspects needs to be defined, to prevent the risk of protests and even legal actions from the workers that should believe to have been treated unfairly.*

## REMEDIAL ACTIONS

### The founders

- Work at preparatory actions: the website, creating connections, building contacts, channel the opportunities towards the individuals who engage more to help set up the project, help this base to grow, make it independent;
- Adopt a more capillary method to get orders and assignments: these will be unrelated to one another, but this will help widen the network of contacts. They will be implemented through the website, the a-periodical magazine "The Alarm clock", personal connections, following an exponential growth; then bigger assignments will come, from other associations, institutions, private firms;
- A more regular productivity.

Moreover, in the opinion of one of the founders, who in several passages of his interview stresses more than others the problem of the limits of an organization managed only by "loonies": *"we need to involve people from outside who can give a hand on certain issues"*. He leaves the discourse vague, but the issue of a more "normal/neurotic" approach to the organizational aspects emerges clearly.

### The supporters

They suggest in part the same remedies:

- People who devote time and energies to promote the project;
- We should fly higher, introduce ourselves to different entities, take part to initiatives organized by others where we can go and tell who we are, distribution of flyers, phone calls, advertisements on other websites;
- Link to the network of family associations, get in touch with the institutional networks, the rest of the social enterprises, with a slow progressive expansion;
- Slowly build up a functional and consistent structure, not too big, with 2-3 key roles; build up on experience; accept failures; keep in mind that the individual is important but must not be essential, an articulated organization is needed.

One of them adds (recalling the self-help facet):

- To meet on a weekly basis is important, to have regular commitments is a great glue; the group meeting regularly works as a lifejacket for many people who in this way have a reference point, even a place where they can argue, then start afresh;

- The group needs to be informal enough to embrace the highs and lows of individuals.

### The psychiatrists

They focus on the necessity of an internal clarification:

- Raise the level of reflection, *“if you want to make war it’s fine, but you must be aware of it”*; they suggest a formative journey to understand who they are and where they want to go, what they want to do when they “grow up”; they need to define a group identity; the intention to form a group with a goal needs to be refined;
- A choice has to be made:
  - 1) They accept the challenge of conforming to normal work routines
- or
  - 2) They make themselves the advocates of a radical critique on the perils of the normal working environment and the extent to which it makes you insane, elaborating this critique also thanks to their personal experience of madness;

The two routes are both walkable only if there is some “brain”, not only following the antagonistic push.

On a practical level:

- they need to acquire a marketing perspective, to open themselves to less protected contexts, network with organization that promote the same kind of initiatives, to adapt to the market;

And, referring to the individuals, in particular to the founders:

- when one is in a crisis, this must be acknowledged and the person calls her/himself out of the game;
- we take off the 2-3 more cumbersome persons and everything is fine? No, without them it is an empty box; we need to support other people in the ability to moderate the excesses.

They then extend the issue to wider spheres. They propose a reflection inside the Mental Health Departments:

- Is it a task of the institutional services to help organize? Or do things have to stem from them?
- Bring them towards more productive areas or stay and watch where they end up?
- The services should support the dissenting voices, help other individuals to emerge
- But without swallowing them up into the path of normality, of the exclusive relationship with the institution
- But the institutional services should help them anyway

And at a more general level, they highlight – but without making any operational proposal – the importance of political initiatives at a higher level, not just these small group actions, and the importance of empowering the local users’ associations.

### The workers

Here too their practical attitude comes out:

- LaP should become a kind of labour exchange for people who have saleable skills and want to be known for what they are, whether they are loonies or not;
- There’s need to put more emphasis on the skills of the persons, not on the disturbance (the Caffè Basaglia is taken again as an example here): *“at Caffè Basaglia several people with severe mental illnesses are employed, and when you enter the place you do not hear them saying “ah, we are all crazy here!” People know that they are crazy but they do not go somersaulting in the kitchen”*.
- More respect for the principles of the society you live in, one must watch oneself from the outside, not just from the inside;
- More accuracy and professionalism;
- There’s need to *“debunk something about the loony”* and believe more in what one does and to one’s capability to be “normal”: *“Stupid is as stupid does” (quote from “Forrest Gump”, author’s note).*

The manager of the video team (the one who is a LaP worker but also a mental health worker, author’s note), bringing the argument on a more political level, says that it is necessary to learn to *“support uncertainty; LaP has tried to develop strategies to solve this issue; LaP raises questions to which answers need to be given”*, and highlights the *“need to help the culture around the issue of work evolve; as LaP we cannot find solution son our own, we would continuously run up against the difficulty to withstand a job in a normal setting; without a cultural evolution there’s not space for a concrete solution, we would keep stumbling in technical issues”*.

Also the clients urge to:

- a better organization according to the standards in use in the “normal” productive world.
- More professionalism;
- more specialization;
- more promotion of the individuals inside the group;
- define more accurately the agreements with the clients;
- more clarity on the roles inside the team and with the client;
- someone capable of estimating the job and making a price is needed;
- more organization in managing the assignments;
- a better analysis of the market;
- more advertising;
- analysis of the results.

The need to be connected to the Mental Health Services is also felt, because *“if you work with people who have psychiatric disorders either you have the tools yourself, or you must be supported; if something jams up, you need to have the referral service to step in and help”*.

As an encouragement, a client notes that *“the more you show you trust people, the more they bring out their competence”*.

## **AN UPDATE**

The project of collaboration with the Mental Health Department never started, partly due to lack of funds, but also in consequence of the ups and downs through which the TMP/LaP group has gone, that have taken away a year.

The movie in A.’s original dream has been produced, although quite different from the original, and its vision has contributed to the elaboration of this study. It’s title is *“Mad at work: Survival strategies”*. It has already been shown in several local film festivals and has won a couple of awards.

In December 2015, thanks to the initiative of one of the first consumers to associate to TMP and LaP, after six months of impasse (and the previous six months connoted by a lesser and lesser participation, with several meetings attended by 1-2 people) the periodical meetings

started again, although not in the form of the “Permanent Assembly” open to everybody. At present the focus is more on operational aspects (the organisation of the next TMP parade in June and the remodelling of LaP on sounder grounds, through the establishment of a social cooperative) than on the mutual help aspects. The approach is more practical, the energies renewed. Attenders are from different backgrounds: users/survivors, mental health workers, artists, students; some attend regularly, others come and go.

The “old” entries are relaunching an idea that had brought about three years ago to meetings with a group of University professors from the Educational Sciences Department around the hypothesis of a training course for users/survivors to become peer operators, but had soon aborted due to sharply different visions and styles. They are also working around the next TMP parade, to be held in June 2016, trying to give it a scope that may revitalize it and bring greater attention from the general public and from the multi-faceted world that gravitates around the broad concept of “mental health”: service users and their families, health workers, institutions.

In the meantime I have retired from work, but keep actively following the initiative. As I’m more interested on job placement than on cultural initiatives, I’m working with three old/new entries; the most active one is a depressed service user who got involved starting from a long standing friendship with A., then left for quite a while and got involved again recently; he has a certain experience in refurbishment works and a bright practical mind, and is bringing positive energies. We are working around the old project of transforming LaP into a social cooperative, to give it a legal status that would allow to step out of petty jobs done for a restricted circle of personal acquaintances and start proposing the project and the working group to associations, institutions, firms. One of the difficulties is the cost of founding and running a cooperative, but, surprisingly (or maybe not...) the major obstacle seems to reside in the contradictory attitude of some of the members of the group, oscillating between a supportive attitude and a delegitimizing one; another aspect that can be food for thoughts is that what seems to influence more the contradictions and fuel conflicts is not the severity of clinical diagnoses in themselves, but the personality traits and the unspoken personal needs, with some persons with a diagnosis of SMI being at present the more proactive and consistent members.

Many aspects still need to be clarified, but the present mix of people promises to be fruitful.

Sadly on Feb. 14 Simone S. (in the text referred to as Adriano), one of the founders and the main leader, committed his ultimate suicidal act, and this time reached the target. The group is trying elaborating the mourning, and working to organise an exhibition of his art works to celebrate his memory.

## **SUMMARY**

**Torino Mad Pride (TMP)** and **Lunatics at Piecework (LaP)** are two sister informal organizations founded in 2011 by three mental health service users and survivors, bonded by a shared vision of mental illness, psychiatric services, strategies to be put in place as alternatives to the traditional institutional paths, and the lot. They are somehow difficult to define: they do not have formal memberships nor a charter, nor official regulations. They are animated by a core of members who soon joined the three founders and who, coming and going, have been active since the first phases. Other people joined in with time, coming from different backgrounds: mainly service users/survivors, and a few volunteers – mental health workers, family members, citizens. TMP presents itself basically as a “political” organization aimed at supporting the rights of people affected by mental illnesses and promoting initiatives that target stigma; in this respect, they are particularly concerned with self-stigma, and aim at mobilizing other users’ conscience and self-perceptions around the “pride to be mad” as opposed to the tendency to comply to the expectations of other people (family, therapists, etc) by hiding one’s condition. It has a few branches.

One of the initiatives they gave life to, the “Standing Listening Assembly”, is a sort of self-help group, although they refuse this definition. It is in fact not as regular in its activities nor as defined in its targets as usually self-help groups are, although most times the topics discussed are related to sufferings, everyday difficulties, doubts about therapies, lack of money, lack of a job, as in many self-help groups for people with SMI. Still, it is somehow more “fluid”, open to everybody: service users, relatives, health workers, sympathizers, onlookers. Another set of topics often discussed in the Assembly is related to the initiatives to be put in place. Nevertheless, its meetings were less and less attended, partly as a consequence of internal divisions and clash of personalities among the founders, partly because of its failing to reach practical results. Meetings were stopped in June 2015, and to date haven’t been revived, although the intention has been expressed by the still active members.

The main public activity is the annual parade organized in June; then they take part to art, poetry and theatre festivals held in town. In spite of their informality, they are well known in town, especially inside the Mental Health Services. Part of their reputation is due to the parade, part to a sit-in organized in 2014 in some unused spaces of a local health centre, that ended up with the intervention of the police after a few days to evacuate the centre.

The most ambitious, and more complex, project stemmed from TMP is “**Lunatics at Piecework**”, another at present still informal organization that states as its main target to help unemployed people with mental conditions to find a job, as it is difficult for people with SMI to integrate into the working world. This branch is the one that most attracted my interest, as I have been in charge of the Job Placement Unit of the MHD where I have worked over the last fifteen years and, conscious of the limits of any strategy aimed at helping psychiatric patients to enter the job market, have always been interested in alternatives to the institutional routes.

Following a meeting with a few representatives of LaP in November 2014 in which they presented the project and declared their intention to found a social cooperative to give the initiative more strength, I decided to analyse more in depth their strategies through the reading of their “a-periodical” magazines, the participation to their meetings, conversations with the founders and supporters. This interest of mine developed in the present dissertation, that has seen the involvement of two students of the School of Social Sciences of the University of Turin, who conducted the naturalistic observation of the context and the interviews. My involvement continues today, no longer as an external observer but as an active member, working with a subgroup towards the foundation of the so long dreamt social cooperative, that has as its main target that of providing work, even if for the majority on a temporary basis, to people affected by psychic “malaise” (the policy is that of not asking to the workers for a certificate stating a disease, although by law at least one out of four workers must be “certified”).

LaP’s main strategies orbit around the assumption that people with psychiatric conditions, besides having difficulties in being taken seriously as workers due to prejudice even when they are capable, do have ups and downs that, especially in the present job market that less and less offers permanent contracts, make it really difficult to maintain a job as individuals. Then the idea: let’s organize teams that guarantee the performance, so that it will not be the individual that has to respond of the results on her/his own; in this way the individuals will be allowed to rest when they are not fit to work, as other members from the team will take over. Of course this kind of organization will not be suitable for any job, the less the more specialized is the task, but for manual jobs it may work.

The idea in itself is brilliant in its simplicity. In spite of this, it hasn’t really taken off. Reasons for the **difficulties** encountered have been analysed and identified. In short, they are:

- the fragility of the persons leading the project, and the clash of personalities among the main actors, in this context burdened more by narcissistic traits than by the psychiatric conditions as such;
- the fragility of the group as a whole, due also to the too fluid organization (described by a supporter as “more an aggregate of individuals who walk together for a while than a real group”), and to the difficulty in attracting on a stable basis a significant number of service users; the few who worked occasionally for LaP are quite critical, both towards the practical aspects (e.g. the wages) and towards the ideological side;
- the absence of a propelling thrust, and the resulting discontinuity;
- the ideological side: stressing too much the fact of being “loonies”, in the views of many (workers, clients, psychiatrists) can be counter-productive; according to them, the accent should be put more on competencies, without denying the illness but without putting it in front of everything as a banner;
- from the point of view of the psychiatrists, a highly politicised theoretical stance that brings them to be “*always against*”, and a certain ambiguity that makes it impossible from the outside to understand what they really want, if making trouble or getting jobs;

- the resulting difficulty to find institutional contact points that can help to launch the initiative, also restrained by diffidence as unconventional routes are proposed;
- from a practical point of view, lack of a consistent marketing perspective, of funds to finance the start-up, of experience in running a business, of clients, so far still found only through personal contacts;
- and, from the point of view of the clients, difficulties in keeping the pace, organizational shortcomings and occasional bizarre behaviours.

**Remedies** have been identified.

According to the founders and supporters, it is necessary to work at preparatory actions, adopt a more capillary method to get orders and assignments, learn to be more regular in the productivity, link to the network of family associations, get in touch with the institutional networks, build up a functional and consistent structure, involve people who devote time and energies to promote the project. One of the founders, lucidly, in the course of his interview, decries the limits of an organization managed only by “loonies”: *“we need to involve people from outside who can give a hand on certain issues”*. He leaves the discourse vague, but the issue of a more “normal/neurotic” approach to the organizational aspects emerges clearly.

The psychiatrists stress also the necessity of an internal clarification about the real targets and the methods.

The workers, always practical, think that LaP should become a kind of labour exchange for people who have saleable skills, putting more emphasis on the skills of the persons, not on the disturbance, developing more accuracy and professionalism, and keeping in mind more respect for the principles of the society. This position isn’t that much in line with the ideological stances of the founding group, that should probably learn to listen to other voices.

The clients, predictably, highlight the need for a better organization and more professionalism, including more clarity on the roles inside the team and with the client.

These remedies may seem – and in some respects are - simple and “common sense”, but would require in fact a deep revolution in the overall approach and organizational asset. The risk, given the present characteristics of the group, is that of keeping revolving around the same issues in endless meetings without coming to any significant practical action, although a few of the most active members seem well motivated to reach a few well defined and realistic targets, namely: the next TMP parade, the constitution of a social cooperative, a training course on the professional role of peer operator in mental health.

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## APPENDICES

**TEMPLATE INTERVIEWS TO THE FOUNDERS**

<b>STRONG POINTS</b>		<b>CRITICAL ISSUES</b>		<b>BRAND</b>		<b>REMEDIAL ACTIONS</b>	
It's a new way to think about work	The team	Weakness and complexity of the project	Good basic idea, but extremely complex to give it life	LaP style is to declare who they are since the start	Lunatic to us is the individual who does not function at the same speed and in the same way as others	Persons from outside the group who give a hand on certain issues are needed	
	I want to earn less than average but be able to mind my own business...give people the chance to take back their life		Difficulties in putting the project into practice				
	The idea of playing all one's cards in terms of job skills		Ambitious project, that struggles to proceed, and keeps stumbling	Fight against stigma	We want to tackle stigma, we do not want to pretend it is not there	Work around preparatory actions	The website
	LaP exists to tolerate and stand for people who go round the bend		European call for tender for equal opportunities in employment, we earned around 2,500 euro each for a 3-year work		We call ourselves loonies, not "people who are unwell", as they call us in mental health services		To create links
	Strategies through which a mad person can choose to stop resting on state aid and succeed to survive without it		It is not working yet from the point of view of advertising		Also because to be mad is stigmatizing beyond other people's attitude, if you are not well you do not perform well and you lose your job		To have many contacts
	To be included in a network where your skills become a resource for others, so that if you know how to do something well, you teach to others, and if you do not know you learn; if you do not feel like working at a certain point, you do not get fired		Good idea but disproportioned in respect to our energies		We try to perform as best as we can		Canalize these towards the individuals who are more committed

	All you competencies become LaP's competencies		We need new entries		Even parents do not trust loonies, how can these people put together their intelligence and creativity and invent such a thing as LaP?		Help this base of members to grow and make them independent
	When you want LaP to do a job for you, you have to narrate it. And we, on the base of your narrative, build the team that will work for you		Select the right workers			More widespread method to get commissions	Commissions not connected to one another, that increase with the number of links established through the website, the magazine, personal acquaintances, etc., and grow in an exponential way
	LaP does not fire, as it doesn't employ; it is a kind of hub, a place where work offers and demand meet, and where they become real occasions for work		How to make the teams function well				Bigger commissions, from associations, institutions, etc.
	An entourage that allows a recycling of persons and energies, and that together create stability in the offer of workforce	Organizational weakness	To date it is an unpaid investment			More regular productivity	
	network that somehow allows people to live through their difficult moments and at the same time making use of their competencies in a circle that somehow the more is shared the more is functional		Very few people are engaged to make the project go				

	It allows to develop competencies and professionalism		Energies and participants are lacking				
	Attention paid not just to productivity, but also to relationships. It's the meeting between the client/employer and the person that gives value to the work done		Frequency and quantity of contracts				
	Credibility that comes from the courage of having tried to do something new	Frailty of the persons that conduct the project	it is difficult to find people with a strong motivation, willing to participate without seeing immediate results in terms of job opportunities				
The piecework	Work when you feel well and need to work		I do not think that patients who manage things while in a delusional phase can reach anywhere				
	It keeps into account the fluctuating productivity of "loonies"	Discontinuity	Targets not reached, social cooperative not founded, no one takes care of the website that was supposed to be a kind of social network; the magazine hasn't been issued any longer				
	You do nothing for 6 months, then for another 6 months you work 12 hours a day		Nor the cooperative nor the portal have been realised				
	Higher productivity than you have if you are given a temporary grant		The portal to work needs personal contacts, a sort of call centre				
sharing	LaP is not a loss of time, and it requires to engage one's soul, voice, life	credibility	You need to be credible. And to be credible being a loony, even in front of MH Services, implies jerking people around... if you say certain things in				

			certain contexts, you get fired				
	The art of making do is a bit the leit motif of LaP. LaP is also a way of sharing experiences of survival		the compromise of going to talk to people using good manners, to dress properly in certain circumstances, to say the right thing in the right moment, to show oneself publicly not always adopting a provocative style: ... this is why TMP is so fluctuating, because at one point you get pissed off, take off your underpants and wank in front of everybody...and this thing destroys months and months of diplomatic work				
LaP fits perfectly into the "social agriculture" discourse			Excess of impromptu and improvisation				
The magazine The Alarm clock	Magazine though which Lap can be advertised, several clients for house moves arrived through this mean	Not enough precision	Not enough reliability				
Quality of the relationships	if you create relationship among people you build less damaging realities in the society		Some individuals lacked discipline in the work place				
	to aim only to production, as it happens in call-centres, creates damage at the societal level, as only jobs that at the relational level do not take into account at all the wellbeing of people		One should move around on tiptoe, on the contrary we move around with the grace of an elephant				

	LaP aims at introducing a real and concrete strategy for social change	Internal conflicts	Many people have left because they did not agree with a certain style				
	Relational key also among workers, by pushing them to cooperate in order to keep efficiency and timings even if there are slower individuals	Victim of an excess of self-referral	Heads that say “we are the creators and we do it as we wish” when the need from the outside is totally different, but it isn’t kept into consideration to satisfy one’s ego				
	It tries to change the existent		These dynamics end up sabotaging our work as everything implodes and we do not get anywhere				
struggle against a passive acceptance of the welfare system	It doesn’t start out as an antipsychiatry movement, it simply aims at bringing a different vision of madness in respect to the existing vision society has of it		Need to play the rebels at all costs				
	We want to step out of the paternalistic system of institutional services that give allowances against fake jobs	Scarce sharing	little awareness on the side of consumers				
	It is money earned, not stolen to taxpayers		Not enough people believe in it				
Antidote to boredom	My main enemy is boredom, this approach to job placement is a strategy not to get bored by changing job often	We scare people	Our proposals are never reassuring, nor for the psychiatric system nor for users; we go definitely against the tide; most users have surrendered to try to pretend to be normal, to try to hide up in order not to be recognised as loonies; we go the opposite way				

	Misfit from a social and working point of view; a level of suffering/intolerance that doesn't allow to place oneself in the working world, beyond will		If you stand by us you lose the "consolation prize" that the State gives to you				
			Not all service users are "mad", on the contrary the majority are not willing to lose that little bit that the illness has given to them against an uncertain future, where what we propose is "struggle with us, stay with us, suffer with us"				
			if they give you a place where to live, medications that somehow contain your euphoria, your delusions, your voices, if somehow they give you enough money to buy your cigarettes, you tend to say "Thank you" and "My apologies" and "It's ok" and not bring into question what you receive				
		MH services opened their doors, but let things to be entirely managed by us					
		Prejudice	Episode in which a patient kissed a social worker, they thought that he was the social worker and was harassing her				

**TEMPLATE INTERVIEWS TO THE SUPPORTERS**

<b>STRONG POINTS</b>		<b>CRITICAL ISSUES</b>		<b>BRAND</b>		<b>REMEDIAL ACTIONS</b>	
synergy, twine	Ambitious projects, brilliant ideas that I would never have, but then concrete aspects are missing, and I am the one who is capable of this last bit	narcissism	It creates conflicts			Meet every Monday, establish regular commitments, is a great glue	Regular meetings are a lifeguard for people who have a point of reference, even if it is a place where they argue
	capability to settle conflicts		everybody invested for himself, only partially in the group				
	we do not hide, in good or bad, so we can show the ugly bits that in the “normal” world one would try to hide		it is not a real group, it is a gathering of individuals who walk awhile together				
			you cannot expect it to work as a real team, like any other association, because the level of complexity is too high				
group logic	if we build up teams that can do the job, the day I cannot work you go in my place; this means that I can allow myself to be unwell without losing the job because we satisfy the client; three people would be needed to do that job, we have six; together we keep afloat		I use TMP to be able to do something I like			The group needs to be informal enough to be able to support the peaks and falls of the individuals	

	Self-managed niches where we can help one another		Each referee has created her/his own niche, that collides with other niches				
	It is this logic that makes it an alternative to more traditional institutional paths to job placement		Everyone is the owner of her/his own bit; conflicts arise because one trespasses into another person's garden				
	There is a common discourse around every job opportunity, everybody is involved, not only as workers but also as promoters, that is as "brokers" for one selves and for the group	difficulty of reaching agreements and define a shared vision	individuals should smooth one's rough edges off, put aside one's narcissism and stoop to compromise with the group			People available to devout time and energies to promote the project	
integration into the working world	Not a temporary grant or a traineeship, I get a pay proportionate to the work I do		Asking TMP people to do this means to ask loonies to be normal, then we may as well stay at home, it is not what we meant to do				
	Sometimes what the psychiatric system does, even unwillingly, is to maintain the division between the world of the "loonies" and that of the "non loonies"		What normal people do is team work, which implies that if I come with the idea of making it red, but the rest of the team thinks it's better to do it black, at the end I'll do it black too....in TMP (...) in the end I'll do red and he'll do black;				
	A real job						
Restore dignity	Earn some money	fickleness	The Monday meeting has				

			gone astray				
	Stay in touch with other people						
	Have a reason to get up in the morning	inadequate in the search for clients	so far the single participants try to promote it as they can			we should fly higher	go and introduce ourselves in various entities
	feel useful		only informal networks				take part to events that already exist to explain who we are
fruitful chain of events	In this way a productive chain reaction is initiated: one thing leads to another, you start with a network of personal acquaintances then odd jobs start coming in, it spreads by word of mouth		A propelling thrust is missing				Distribution of flyers, phone calls, ads on websites
Capacity to put in place a sensitiveness that others do not have, when your client is a frail person	output of higher quality, jobs done better						
work	income	lack of experience in running a firm	lack of a solid pragmatic organization			network with families	Connect to the network of families, then spread to the institutional networks, to the organizations involved in social work, to trade associations, with a slow but steady all-over expansion

	Personal identity		lack of clarity about the project, you do not see the next step				
	rights	scarce cohesion of the leading group	lack of consistence, of capacity to plan on the long term				
original answer	attempt to give to the question of job finding an answer different from the institutional one		the same interchangeability that LaP suggests as work method has been applied to the planning group, but it didn't work				
piecework	we give you a job only when you want/can work		lack of funds				
	a bet on keeping together this lack of stability on timing and continuity with the necessity to respect engagements		lack of foresight				
	to be able of combining the issue of productivity with the symptoms of the illness		weakness of the organization, scarce involvement of new elements				
the team	the contract is a common engagement that can support the weakness of the single person	difficulty to find institutional contact points that can help to launch the initiative	Possible institutional partners restrained by diffidence, as unconventional routes are proposed			Build up little by little a functional and consistent mechanism, not too big, with 2-3 key functions	a more functional organization
	each team has its own leader, its coordinator, who has expertise and more stability		they do not keep in line with behavioural clichés				build up experiences

	link between time and performance, overcoming difficulties through a collective performance	too much surrealism, we break rules and schemes, we are provocative, we drop the ideological frames of the past.	If we want to set up a show it's fine, if we want to give substance to things then we've got to get to the heart of the matter and be concrete				accept failures
a grassroots organisation which does not wait around for institutions	the breakage of the dependency from public assistance		as long as it was an artists' coop conflicts were healthy, in an artists' coop the creative individuality and the right of individuals to do what they want can be acknowledged, tolerance is higher				individuals are important but they must not be necessary, a more formal organization is needed
	activation of internal resources		when they tried to transform it into something different, where rationality is more important everything became more difficult, they began to experience a certain contradiction of roles,				
	activation of personal resources		the difficulty of being users who try to receive other users in trouble. It is a great slogan, but it is very difficult to put it into practice				

<p>TMP is an atypical group, with great competencies, graduates, artists, great communication skills, a stack of resources that makes them atypical as a group in our field</p>	<p>they break traditional visions, this hearing patients who claim the right to speak, to say, to go round the bend, get ill, be well, want to work, want to fulfil one's dreams, is explosive</p>		<p>you can be proud of your lunatic brother or friend, but when he goes round the bend he creates serious problems to you, and the declaration of intents is not enough, because in that moment you need to be pragmatic and welcoming at the same time, and this is a really difficult task</p>				
	<p>Indicator of how much the institutional side of mental health is soporific, if not deadly</p>	<p>The social context is unfertile, in a global crisis</p>					
	<p>A breath of fresh air in the context of mental health</p>						
	<p>It has brought in a different setting of roles, the patient is not only the one who has to give in, obey, comply to protocols, but he can the reins of his life</p>						
<p>recovery is a collective action</p>	<p>as a psychiatric patient I need to tell my own experience with my own words; it doesn't mean that I will not use terms utilised by the psychiatrist or by mom, but I must make an effort to reclaim my own experience</p>						

**TEMPLATE INTERVIEWS TO THE PSYCHIATRISTS**

<b>STRONG POINTS</b>		<b>CRITICAL ISSUES</b>		<b>BRAND</b>		<b>REMEDIAL ACTIONS</b>	
It breaks the mechanism of individual impotence in the search for a job	This impotence leads to passive dependence on welfare and to delegating initiatives to the MH services	in order to stay in a group they limit their choice to very simple, manual tasks		does it pay off to stress one's being mad?	criticisms to this highlighting	raise the level of reflection	if you want to go to war it's fine, but you must be aware of it
	it tries to step out of a perspective that is at the same time excessively individualistic and dependent on external aid	too centred on 2-3 persons	the leading group is in decline		especially if included in an ordinary work context		they need to understand who they are and where they want to go, if necessary through a formative journey
	ability to criticise an organization that tends to marginalize		they reproduce exactly institutional dynamics, the leadership is not democratic		the workers who have been involved not always are satisfied		they need to define a group identity
alternative, non-conventional, routes to job placement of persons with psychiatric issues	attempt to enter the productive world in a creative way		no capability to create consensus, they do not help people to grow politically		it can be penalising to present one selves as loonies		the intention to form a group with a goal needs to be refined;
	awareness of not being always able to cope, of not having the same energies as others		internal fractures and critical areas		it supports stigma instead of fighting it		"what do we want to do when we grow up?"

	to occupy the zone of part-times, etc.	they are always against	this idea that everybody can speak, without filtering anything		it reduces chances of work	acquire a marketing perspective	open to less protected contexts
	the idea of the team stems from this		a certain inconsistency in the end: you call yourself LaP then you deny the problem of madness		what is added or taken away if it is loonies or non loonies to do a job?		network with organization that promote the same kind of initiatives
	in situations that are compatible with the limits given by the pathology, they are absolutely productive		the local users' network have distanced themselves		it plays the chord of pity		adapt to the market
	Competencies as persons suffering from mental conditions can help to support users in other contexts		they instigate contrasts				when one is in a crisis, this must be acknowledged and the person calls her/himself out of the game;
	camp of productivity given up by the system, that can produce income and satisfaction		it is always somebody else's fault if something goes wrong				

	it leaves the door open to everybody	lack of humility	without humility one can only be against			we take off the 2-3 more cumbersome persons and everything is fine?	No, without them it is an empty box
	madness as an element to put into discussion the organization of work		they have lost credibility, they are full of themselves and unpleasant				other people need to be supported in the ability to moderate the excesses.
	germ of criticism of the productive system, that should be supported, rather than cannibalizing or occupying dismissed former productive areas	ambiguity	it is impossible to understand what they really want, if making trouble or getting jobs			a choice has to be made	1) They accept the challenge of conforming to normal work routines
	neither "experts by experience" nor "supported employment"		May be after all LaP is not a project centred on work; the emphasis on getting a job seems somehow instrumental to the ideological issues				2) They make themselves the advocates of a radical critique on the perils of the normal working environment and the extent to which it makes you insane, elaborating this critique also thanks to their personal experience of madness

the team	if I cannot do it today I send someone else		on one hand they ask support to the psychiatric institutions, on the other they propose a profile far from real work				The two routes are both walkable only if there is some "brain", not only following the antagonistic push
	a different engagement at work is required		LaP is just a variation of TMP?			A reflection inside the Mental Health Departments	Is it a task of the institutional services to help organize?
experiment in an environment aware of difficulties, ready to accept failures, otherwise it is too difficult	in "normal" environments bizarre, unexpected behaviours create alarm		the project is not crystal clear				or do things have to stem from them?
			Internal fracture: some persons are more driven by ideology, others just want to work				Bring them towards more productive areas or stay and watch where they end up?
LaP= action on stigma	you overcome stigma if you come out		they never really put themselves on the line				The services should support the dissenting voices, help other individuals to emerge

			one foot inside and the other outside the psychiatric system				But without swallowing them up into the path of normality, of the exclusive relationship with the institution
good dialectic argumentation			they might end up getting lost in their ambiguity				But the institutional services should help them anyway
		lack of discipline, of resolution	lack of perseverance, highs after which everything deflates			political initiatives, not individual ones	strengthen users' associations
in spite of all the contradictions, there's an authentic request to be helped to get jobs			the founders are mostly children of a rich and decadent upper middle class, where there's no head for real work			,	
the video group	work done "at home", if someone goes round the bend no one is alarmed		They need to go and learn some discipline from British miners				
			You go to work in a factory but then "mess up" and wreck everything				

			a definite incapacity to look at themselves, they will go on producing symptoms and provocations				
			signs of an internal disease				
		points of access to the market always mediated by personal acquaintances	cannibalize psychiatry?				
		they are out of the context	the system of job placement has become difficult				

**TEMPLATE INTERVIEWS TO THE CLIENTS**

<b>STRONG POINTS</b>		<b>CRITICAL ISSUES</b>		<b>BRAND</b>		<b>REMEDIAL ACTIONS</b>	
an irresistibly interesting project	innovative	They have a different pace,	difficulties in understanding that there's a business relationship with certain process schedules and conventional manners to be respected	an extraordinary, beautiful name	provocative in the right measure	if you work with people who have psychiatric disorders either you have the tools yourself, or you must be supported	if something jams up, you need to have the referral service to step in and help
	difficult to realize		I do not expect the same performance of – say – a professional house mover, they are slow; to make up for it, they do not have the same tariffs of a professional		it should be a pilot project, a laboratory for social innovation		
	very much ahead in respect of the present laws on employment		fickleness in the pace and in the quality of the performance		you call “loony” also exuberant people, “crazy” is worse	a better analysis of the market and of the outcomes	more advertising
	each person works and gives as she can		LaP workers need more pauses,		it is funny, desecrating, it is desecrating names that strike		

	the logic of making people work when they are fit is interesting		there have been problems due to lack of self-confidence		the name is a business card, if one is intelligent he stops, listens and goes to the substance	More professionalism	more specialization
	suitable to the agricultural sector, where contracts that allow to modulate the number of working hours according to the possibilities of the person are possible		the client needs to be flexible and adaptable to their needs		it gives to madness its place inside society		more promotion of the individuals inside the group
	It demonstrates that also people with residual abilities have skills that can be used, you only need to have the capacity to set them free	difficulties in controlling behaviours due to the pathology		parity should not be flaunted, it should be there			define more accurately the agreements with the clients
team work	the logic of networking, of doing things with others; a very flexible model that pays attention to the needs of the individuals			Doesn't the pride to be mad become, in certain situations, a brake to integration?	a person who is not sensitive enough can be pushed back by too provocative aspects		more clarity on the roles inside the team and with the client

	a kind of protection, if someone doesn't feel well there's a sort of safety belt	they are sometimes a bit funny	they make me laugh, but others may be unnerved		fear of an insufficient output, of a lower quality of the work done		someone capable of estimating the job and making a price is needed
the video group	they have always respected the time schedules	disorganization	an episode that caused misunderstanding and loss of trust	,	The fear of a firm is also to understand what being mad means ...that people who can hurt themselves or hurt someone else do not get in		A better organization in managing the assignments
	great performance, similar to that done by other organizations		lack of clarity about the roles		it can make you smile at the beginning, but when you offer yourself to do something that must give a result, it can be counterproductive	the more you show you trust people, the more they bring out their competence	
	clever, professional, creative		In the absence of the group coordinator, the house of cards has collapsed	with clients that have for some reason something to do with the universe of mental health, the name works perfectly, with others it can work as it is paradoxical	it can frighten and stimulate exactly those prejudices that it wants to overcome		
	they have put up with stressing schedules		they need help from the client in the organization				
	good job even with difficult targets						

TEMPLATE INTERVIEWS TO THE WORKERS

STRONG POINTS		CRITICAL ISSUES		BRAND		REMEDIAL ACTIONS	STRONG POINTS
the piecework	piecework gives people the chance to integrate in those 10-15 days	<u>they coincide with the criticisms to the brand</u>		negative on the whole	we do not talk here about being mad, we talk about being fragile in respect to the working world, but with dedication and perseverance anybody can make it	LaP should become a kind of labour exchange	for people who have saleable skills and want to be known for what they are, whether they are loonies or not
	temporary jobs so that you can support strain	<u>PLUS</u>			If you don't really want to get a job, there's no need to say "I'm crazy I'm crazy I can do what I want" then expect people to give you money		more emphasis on the skills of the persons, not on the disturbance
	fragile people sometimes cannot endure on the long run	very low pay	I wouldn't do it again for the same money		you must try to be integrated with the others		At "Caffé Basaglia" several people with severe mental illnesses are employed, and when you enter the place you do not hear them saying "ah, we are all crazy here!" People know that they are crazy but they do not go somersaulting in the kitchen...".

It can be a fresh start to build on self-esteem	try and see what there is beyond the boundaries of psychiatry		with my present job (repairing cell phones below the counter) I earn 10 times as much		it is like saying "I'm mad, let's go and work in an armoury"		There's need to debunk something about the loony
the society wants loonies to work as there are tax cuts		centred on two persons who are now too engaged in other activities	everything is getting lost...in the last two years nothing more has been done		the society doesn't want "loonies", but it wants people with a pathology and talents along with it	believe more in what one does	"Stupid is as stupid does" (quote from "Forrest Gump", author's note).
			as a source of job opportunities it has never really seen light...they wanted to use vouchers as a system of payment, and they didn't, they wanted to set up a regular house moving activity but they haven't		avoid to parade your craziness and at the same time get cuddled from other people, doctors, elder colleagues who say "the guy has problems, you must understand...".	More respect for the principles of the society you live in	one must watch oneself from the outside, not just from the inside
team work		distribution of the "Alarm Clock" magazine	you must go around and ask money to people	it can do, you can't judge a book from its cover			More accuracy and professionalism
an innovative philosophy	not comparable to the traditional routes to job placement	excess of eccentricity	it happens that behaviours not appropriate to the context arise		it makes explicit something fundamental that sooner or later must be said, therefore we are earnest about it	create a bridge among people, an interchange	

	it allows to see first-hand difficulties, hopes, contradictions in respect to work viewed as a life project, as self-fulfilment, therefore not only employment	discontinuity	one of the things madness forces you to confront with is discontinuity		you do not overcome difficulties by changing their name	It is necessary to learn to support uncertainty	LaP has tried to develop strategies to solve this issue
	recognises a special knowledge to people who went through the experience of madness		from time to time you need to stop, you must have the possibility to do so		people are scared of madness; you sometimes succeed in mitigating this fear in a playful way		LaP raises questions to which answers need to be given
	it also gives in return survival strategies, a knowledge around these issues		the group balances out your discontinuity			It is needed to help the culture around the issue of work evolve	as LaP we cannot find solution son our own, we would continuously run up against the difficulty to withstand a job in a normal setting
	experiences done outside the big institutional containers, without the protection that the institution gives		it is necessary to learn to delegate and take a step beyond when you are not well, and this in the leading group still doesn't happen with the necessary promptitude.				without a cultural evolution there's not space for a concrete solution, we would keep stumbling in technical issues
	It supports self-determination						

the group	in spite of sometimes enormous suffering the climate is tempered	when will the employers be ready to receive?	It is really difficult to find people willing to have a house moving or painting done by a group of loonies, even if the system works				
	the group gives support, this is what has allowed LaP and TMP to survive in spite of everything	basic lack of trust	A. is a great film maker, is very creative, but if he goes to see the client he doesn't get the job; I do				
		necessity to learn operational strategies	at the beginning house removals were bandwagons that added weight more than taking it off; with time things have been refined and people have been able to give their contribution and have been valued				
creativity	loonies allow themselves to explore solutions that usually convenience or routine lead not to take into account	scarce reproducibility	strongly linked to a group of people synergic to one another; difficult to make a model of it				
	LaP gives the freedom to believe in oneself		the hard core must function, it is not exportable yet				

enrichment	a person who reaches the bottom tells you of a life experience that enriches you, not because it arouses your pity or gives you emotions, but because it tells you things from a different, almost unreachable point of view	scarce ability to document the processes	never focussing on the main steps, the stages reached, the achievements, so that it could become a model				
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