
Project
RISK
and the Mad System

Project Risk and the Mad System

Why are the doors locked? It is because the patients keep running away. If so, why are patients not willing to spend time in such a hospital? Is the hospital safe? Really this is the first question anyone should ask, rather than deem patients as dangerous if they try to leave and run away.

The architecture of the mad institutions, the mad hospitals (loony bins) and the community health settings are riddled with dangers. Even before the Lampard inquiry into the deaths in Essex hospitals, it was known through the risk assessments of the Mental Health building interiors, that spaces were found where a desperate patient might be able to use a ligature on themselves. The dangerous architecture also includes the locked-in nature of the wards.

The Mental health hospital Assessments for patients regard Risk as the key factor. The risk of the patient in and out of the institution, not the risk to the patient of the mad hospital and all its goings on. The hospital buildings have been designed so as the ward nurses can survey the ward from a central office.
In some hospitals cameras (Oxevision) are used to assist with this surveillance, so there is no means for a human presence when a patient is being observed. This physical distance between patients and those who are responsible for the care of the patient, means there's no means to build up a relationship and communicate. And all we are left with in this care system is a relationship of warder and inmate akin to the prison system.

What are the risks? A patient is assessed on whether they are a risk to themselves or others? But I'm interested in how the mental health institution/ hospital is a risk to the patient, so I have created The Book of Risks.

The Book of Risks was created after a MHSJNetwork meeting as a means to explain to the Italian 'contingent' how different the UK system is from Trieste / Gorizia, and how UK mad patients must think and behave in a very different way in the locked ward.

The Trieste red carpet objects to 'send' to Italy

The locked wards were opened in Italy by the persistent politicking of Franco Basaglia and his colleagues, a process starting in the 1960's in Trieste / Gorizia and encompassing the whole of the Mad system by the eighties. The Mad services were revolutionised.

Basaglia's initial working experience in the Asylum was reminiscent of his time in prison under Mussolini, with the stench of death everywhere. Working / writing with his partner/collaborator Franca Ongaro, both found the sickness to be in the institution.

What makes the Trieste / Gorizia approach so different? It's an alternative to the locked in ward and forced treatment system surely, but so much more.

Those who worked alongside Basaglia envisioned a complex ecosystem of care and community. Something that should have happened (and was promised under the care in the community projects) in the UK in 1980's when the old mad asylum buildings were mostly closed down and converted to posh flats (Friern Barnet in London).

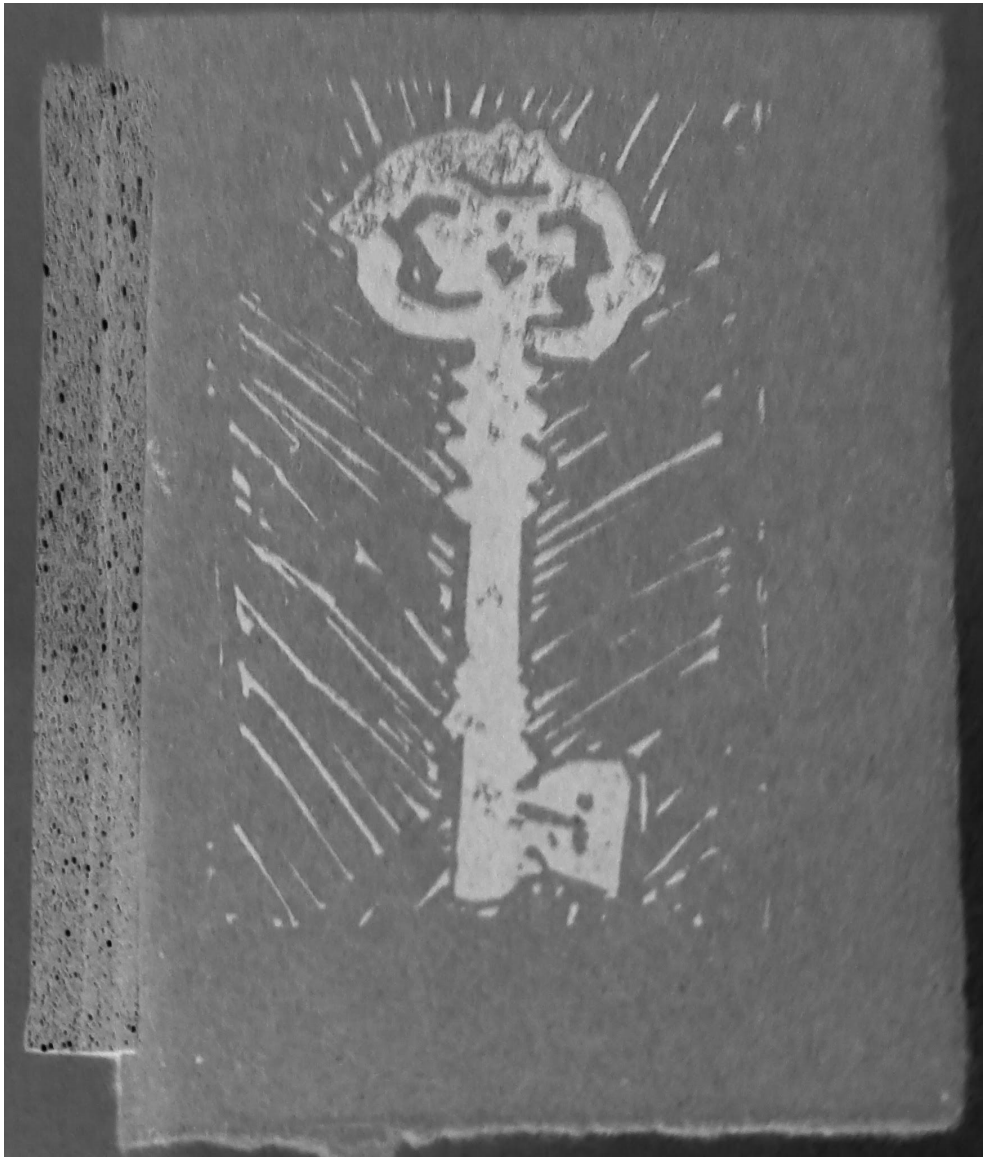
Those in Trieste who have experienced mental distress are less likely to get into a crisis because

there are community services that can be accessed 24 / 7. It's not merely a hospital based 'crisis' service as in the uk.

There are opportunities to do paid work through the many cooperatives, such as the design based colettivo M-ARTe. Paid work because there were demands by the patients back in 1972, and went on strike for pay for the work they were doing in the hospital. At this point as mad patients they still had no rights in Italian law.

Under the restructuring of Trieste's services, the patients became 'residents', which implies a right to remain and privacy in their room, unlike the UK surveillance obsession.

M-ARTe - up close no one is normal? - Building a Sculptural Installation Collectively Workshop. Trieste day hosted by the Mental Health Social Justice Network (Birkbeck Uni June 2025).



The Book of Risks

Il Libro dei Rischi

Please write
and draw possible
risks in the Book.

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Per favore scrivi
e disegna i possibili
rischi nel libro.

The risk of not being able to go out without permission. The patient could be locked in hospital without access to fresh air or nature.

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Il rischio di non poter uscire senza permesso. Il paziente potrebbe rimanere chiuso in ospedale senza accesso all'aria aperta o alla natura.

The risk of restraint. A patient should not attempt to leave because the patient has not been given permission to leave, until the Assessors decide the time is right.

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Rischio di costrizione. Un paziente non dovrebbe tentare di andarsene perché non gli è stato concesso il permesso di andarsene, finché i valutatori non decidono che è il momento giusto.

The risk of crying and feeling overwhelmed when everything becomes too much on the ward.

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Il rischio di piangere e di sentirsi sopraffatti quando tutto diventa troppo pesante in reparto.

The risk of breakdowns or psychosis, due to the stress of being in a ward surrounded by disorder and confusion.

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Il rischio di crolli o psicosi, dovuti allo stress di trovarsi in un reparto circondato da disordine e confusione.

The risk that the patient has only dirty clothes. The washing machines in the ward rarely work. The patient's family members will have to wash the patient's clothes.

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Il rischio che il paziente abbia solo vestiti sporchi. Le lavatrici in reparto raramente funzionano. I familiari del paziente dovranno lavare i suoi vestiti.

The risk of loneliness with limited visits from friends and family.

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Il rischio di solitudine dovuto alle visite limitate di amici e familiari.

The risk of eating unhealthy foods. Fruit and vegetables are not available at every meal.

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Il rischio di mangiare cibi malsani. Frutta e verdura non sono disponibili a ogni pasto.

The risk of being unhappy and finding the strange environment of the hospital disturbing.

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Il rischio di essere infelici e di trovare inquietante l'ambiente strano dell'ospedale.

The risk that the patient feels uncomfortable and does not find comfort on the hospital ward.

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Il rischio che il paziente si senta a disagio e non trovi conforto nel reparto ospedaliero.

The risk of staying awake at night. Prescription drugs can make insomnia worse, so patients often take sleeping pills.

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Il rischio di rimanere svegli di notte. I farmaci da prescrizione possono peggiorare l'insonnia, quindi i pazienti spesso assumono sonniferi.

The risk of being labelled mute, when the patient remains silent and reflects during the Assessment on the ward.

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Il rischio di essere etichettati come muti, quando il paziente rimane in silenzio e riflette durante la valutazione in reparto.

The risk of not finding paid employment. Employers are reluctant to hire people who have had mental health problems.

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Il rischio di non trovare un impiego retribuito. I datori di lavoro sono riluttanti ad assumere persone con problemi di salute mentale.

The risk that when the patient speaks he or she will not be listened to by hospital staff.

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Il rischio che quando il paziente parla non venga ascoltato dal personale ospedaliero.

The risk of not understanding what is happening and being confused by the unwritten rules of the hospital ward. Because in a locked ward there is no welcome information.

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Il rischio di non capire cosa sta succedendo e di essere confusi dalle regole non scritte del reparto ospedaliero. Perché in un reparto chiuso a chiave non ci sono informazioni gradite.

The risk that the patient does not have a private space in the hospital ward. It is stressful to live under surveillance and risk assessments without any privacy.

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Il rischio che il paziente non abbia uno spazio privato nel reparto ospedaliero. È stressante vivere sotto sorveglianza e valutazioni del rischio senza alcuna privacy.

The risk of the patient saying the wrong words, they are judged by the words they say on the hospital ward.

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Il rischio che il paziente dica parole sbagliate. Vengono giudicati in base alle parole che dica nel reparto ospedaliero.

The risk of the patient wearing the wrong clothes. They are judged by their appearances in patient assessments.

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Il rischio che il paziente indossi abiti inappropriati. Vengono valutato in base al suo aspetto nelle valutazioni del paziente.

The risk of being triggered by disturbances. The only way to avoid seeing scenes of violence in the ward or on television is to leave the room.

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Il rischio di essere innescati da disturbi. L'unico modo per evitare di vedere scene di violenza in reparto o in televisione è uscire dalla stanza.

The risk of taking too strong medications. Sedatives can be too sedating, and stimulants can make the patient agitated.

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Il rischio di assumere farmaci troppo forti. I sedativi possono essere troppo sedanti, e gli stimolanti possono agitare il paziente.

The risk of being labelled for life, and not necessarily with the same label. The hospital's assessment team likes to mix things up.

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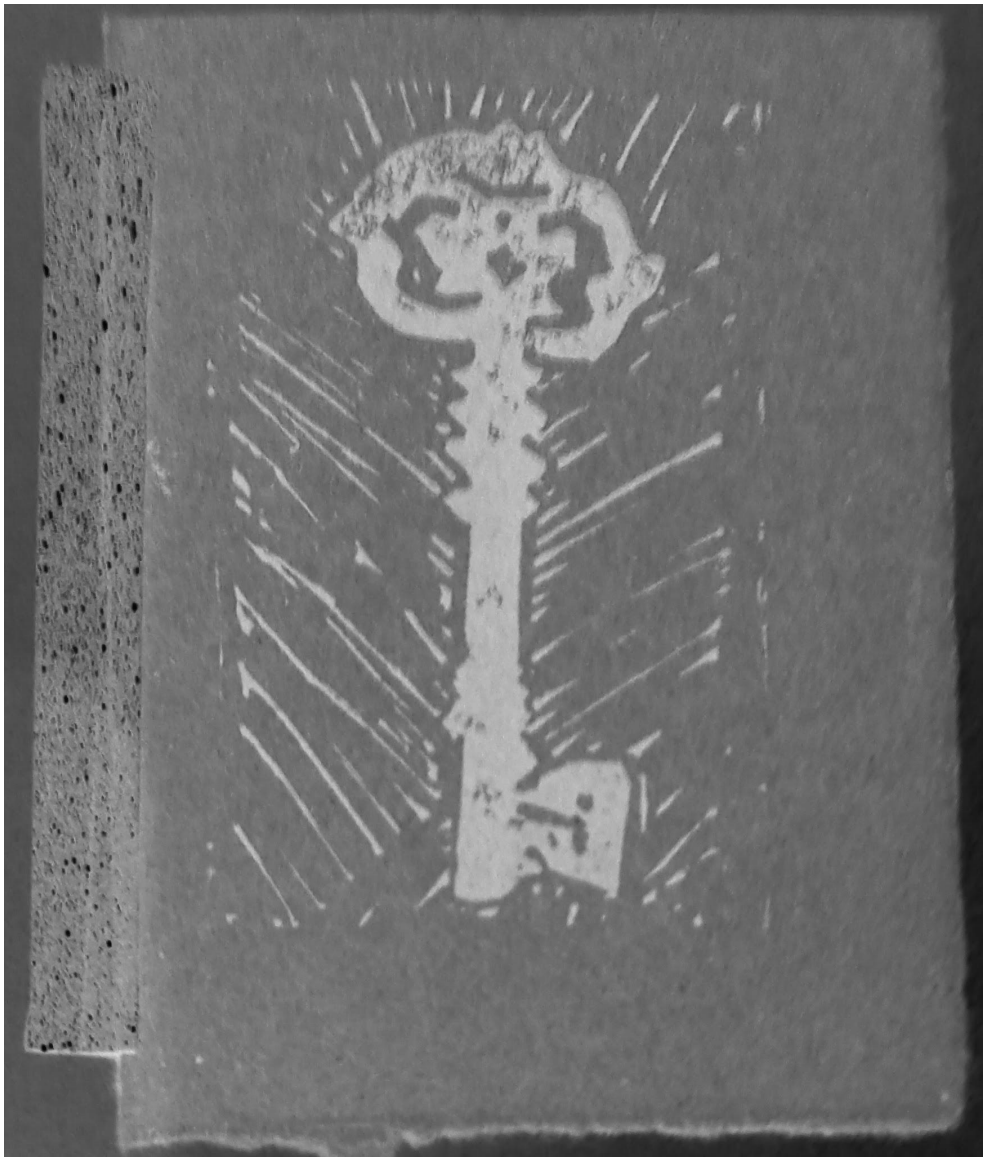
Il rischio di essere etichettati a vita, e non necessariamente con la stessa etichetta. Il team di valutazione dell'ospedale ama variare le cose.



My advice to the Mad Assessors is to not ask, what sort of a RISK are you? But consider how the Mad Institution is a RISK to the patient.

The Risk Conversation
Trigger warning!

Do you have any suicidal thoughts? Is always asked when a patient is Assessed. It's meant to be a tick box yes or no answer. Alongside questions about self harm and hearing voices. The Assessment questions are meant to be quickly checked through, rather than offer a space for conversation. Because it's vital for the Assessors to keep some distance between them and the patient.

The Risk of getting too close. The office or main surveillance room is architecturally central to the hospital ward. The Assessors do not need to look far to see if anything much is happening untoward, especially if there are 'Oxevision' cameras. But must rush for an incident when it happens.

The Risk of anyone getting outside. There are now airlock doors in hospitals for extra security. There's little chance of anyone getting out if they rush for the doors. There's little chance of anyone being safe if there's a fire inside.

Them that hold the keys, hold the power.

Mental distress has been perceived to be an act of badness as well as madness. An act to be punished for, hence the similarity in the architecture of institutions imprisoning people, hospitals and the old asylums.

The key is a weapon of Power that locks ‘mad’ or ‘bad’ people inside. To understand how to challenge the Authority, we need to know how the keys work.

Physical keys lock the doors of the hospital buildings, denying the patient from leaving the building as and when they choose. The keyholders are trusted to open the doors, to let those who have permission in and out of the buildings.

Keys as visual codes. The Assessors often judge by the appearance of the patient to see whether they are well or ill looking. A patient must be well dressed, not unkempt if they expect permission to leave.

Keys as spoken language. The Assessors' spoken language might be riddled with jargon. Confusing the patient as to what is being said when in an Assessment session.

Jargon-riddled definitions can be found quickly online, but a wider knowledge of the ‘science’ is needed to understand the context. So it is wise to study the writings on Madness by professionals to get a feel for the language.