



 CAMPO ABIERTO BOGOTÁ
**A CASE STUDY OF ALTERNATIVES TO
COERCION IN MENTAL HEALTH CARE**

May 2023

This case study is part of a three-part series commissioned by the World Psychiatric Association (WPA) and the Royal Australian and New Zealand College of Psychiatry (RANZCP) to examine how alternatives to coercion have been implemented in a variety of mental health care settings.

In 2019, the WPA initiated the Program on Supporting Alternatives to Coercion in Mental Health Care together with the RANZCP, and appointed a Taskforce to lead the work. The project has commissioned a literature review and discussion paper as well as the series of case studies. A WPA position statement that recommends action to promote changes in practice builds on this work.

This case study series is designed to share experiences and promote understanding of existing efforts to generate change in settings operating under varying social, cultural, and economic conditions. It aims to encourage and support mental health professionals around the world to work with people with lived experience, service providers and other partners to put alternatives to coercion into practice. It should be noted that the WPA has neither implemented nor evaluated the work described in the pages that follow.

The case study series has been produced by Community Works, an organization that specialises in participatory approaches to implementing community mental health initiatives.

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1. INTRODUCTION

The Campo Abierto psychiatric clinic in Bogotá, Colombia, has been implementing alternatives to coercion through its policies, philosophy and its practices. To study its work, we followed a rigorous investigation based on a protocol approved by the Ethics Committee of the Sanitas University in Colombia. The implementation of this protocol included interviews with 21 people, including patients*, family members, teachers, facilitators of artistic sessions, classes and clubs, and clinic staff. Once the interviews were completed, the information was analysed, comparing what the different interviewees said about the same topics.

After analysing the information, we began the process of weaving together these testimonials, resulting in the text presented in the following pages. It is important to clarify that, for writing purposes, in some cases the contributions of the interviewees are presented in paraphrased form, while others are shared verbatim. We thank the 21 people who generously shared their experience and hope that this case may serve as a reflection and inspiration for others.¹

NOTE

Campo Abierto promotes the use of the term 'people' rather than 'patients'. This person-centred language seeks to promote empathy with those who are hospitalized, understanding that everyone – including those who work in the clinic – could eventually be in a similar situation. However, given that different voices are contrasted in this document, including those of patients, health workers, teachers, facilitators and managers, we felt it was necessary to refer to 'patients' in order to make their voice known as users of the inpatient service and to avoid diluting the importance of their perspectives by referring to all interviewees uniformly. When we talk about Pensarte artistic sessions, we refer to patients as 'participants'.

1.1 Service Description

The Campo Abierto Clinic (Campo Abierto meaning 'Open Field' in English) has been providing care to patients since 2007 and in 2018 it started to be managed by Sanitas (Keralty Group) – a healthcare provider company. Since then, Doctor Andrea Caballero – a physician with specializations in psychiatry and clinical bioethics – assumed the scientific direction and the clinic embarked on implementing new practices and policies to strengthen its services towards person-centred care.

The clinic is a small building with three houses and a large green area; it has a capacity for 31 patients and currently has a staff of 54 people including administrative personnel, housekeeping, security, food service, nurses, general practitioners, medical specialists, psychologists, social workers and occupational therapists. It provides crisis care and offers a model that seeks short stays of around 12 days to favour the rapid reintegration of patients to their daily activities.

In 2021, a total of 772 people were hospitalized at Campo Abierto over the duration of the year, and in 2022 the number rose to 887. The socio-economic status of people who attend Campo Abierto, for the most part, would be classified as lower-middle or middle income relative to Colombians in general. All of them are enrolled in Sanitas, one of the existing Health Promotion Companies (known as EPS because of its acronym in Spanish) in Colombia. These organisations, form a core part of the country's public healthcare system and all Colombians are required to be enrolled in one.

People arrive at Campo Abierto with a range of mental health symptoms or conditions that require attention from a mental health professional. Most are treated on an outpatient basis, including partial hospitalization through their day clinic. Some people are recommended for full hospitalization when the intensity of symptoms is very high or they have a significant impairment in their daily functioning. The diagnoses for which hospitalization is most frequently offered include, presented from the most to the least frequent: depressive disorders, bipolar affective disorder, paranoid schizophrenia, anxiety disorders, substance use disorders, psychotic disorders, personality disorders and major neuro-cognitive disorders.

During the hospital stay, each person receives interdisciplinary treatment. According to the findings of the first assessments, such as symptoms, diagnosis, crisis triggers, comorbidities, risk and protective factors, an individual management plan is designed. Each plan typically includes:

- Individual, group and/or family therapeutic interventions.
- Work in thematic and psychoeducational guides.
- Activation of institutional or district pathways (if necessary).

¹ Some of the people we interviewed expressed a wish for their names to be included with their testimonies, so once this text was prepared we asked each person if and how they preferred to be referenced. For this reason, the testimonies are referenced in different ways – some anonymously, some with first name only, and some with full names – based on the preferences of each person interviewed.

1. INTRODUCTION continued

In addition to this individualized therapeutic plan, all patients are offered different activities for the productive use of their free time. Options include workshops, library (with more than 300 books), cultural and recreational activities, “clubs” (sewing, woodworking and concrete sculpting, gardening, planting) and artistic sessions (music, dance, illustration and creative writing).

When the objectives of hospitalization have been achieved, discharge is accompanied by guaranteeing care by the service that most benefits the person. In some cases, this might mean continuing to attend check-ups. In other cases, when there are still some symptoms to be controlled, the person might be discharged to the care of a day clinic. When there is still impairment in occupational or social functioning, the person is referred to the functional rehabilitation unit.

As Doctor Paola Rengifo, President of Colsanitas's Clinics, explains, Campo Abierto's commitment responds to a broader and more comprehensive mental health model, which seeks to complement the outpatient services offered in primary care with Campo Abierto's hospital services and community actions. Sanitas seeks to connect these three services so that the patient can experience continuity between one service and another. With all this, Sanitas seeks to respond to ‘the quadruple goal’, which refers to (1) the patient's vision, (2) the health worker's vision, (3) the vision of health outcomes and (4) the vision of financial sustainability.

Regarding financial sustainability, the Campo Abierto model appears at first to be costly, but long-term benefits have been pointed out. The model's individualized therapeutic plans, interdisciplinary approach and activities such as artistic sessions, ‘clubs’ and classes do require investment. However, the clinic's managers have started to identify indicators that suggest savings in the long-term. These include: fewer hospitalizations per year, shorter stays, adherence to treatment and fewer readmissions. Campo Abierto is still in the process of evaluating these outcomes more comprehensively, but from a cost-benefit point of view if these early findings are substantiated then their model would make it possible to treat more patients and make the use of hospital beds more efficient. As one of the Directors explains, having the possibility of receiving more patients favors the network and hospital sufficiency in a city like Bogotá.

1.2 Life in Campo Abierto



The different testimonies show the type of services that Campo Abierto offers. Many see it not only as a mental health clinic but also as a place where they learn to manage their situation. Several of the interviewees have been hospitalized at Campo Abierto more than once, so have been familiar with its services for years.

In analysing these testimonies, three key themes became apparent. First, patients talked about the importance of having a daily routine, following a schedule during their stay at the clinic and continuing to follow it after they return home. One patient explains:

- “ Then when you are hospitalized you have to follow certain rules in relation to getting up, bathing, grooming, taking medication, eating breakfast, so those habits that you pick up at the clinic you also repeat them at home, (...) you kind of get into a routine of what you have experienced at the clinic, so it makes you more active and keeps you in the state you should be in.” (Carlos Augusto Panqueva)

Second, the interviewees report good care and attention at Campo Abierto. They say, for example, that they consider temperature, making sure that patients have enough blankets for the cold. The food is also important. They describe how Campo Abierto offers homemade food and pays careful attention to healthy diet and nutrition of patients, which is also explained to their family members.

Third, the Campo Abierto environment is perceived in a positive way. Carlos Augusto Panqueva says: “The whole field is very beautiful, it is green, so one feels very comfortable in the clinic, like protected”. One of the patients – Fanny María García U. – talks about her experience at Campo Abierto and tells how as soon as she arrived at the clinic she saw a beautiful place, which she never thought existed. Beyond the facilities, she refers to the warmth and human quality of those who work there and the interest they showed in helping her. Fanny María García U. says that, although they were short experiences, they left a deep impression on her. She says that she remembers this clinic with much affection and gratitude. She remembers the loving people who work there and tells her family: “I was in paradise”.

1.3 Campo Abierto's Policies to protect patient autonomy

The Scientific Director, Doctor Andrea Caballero, presents the different practices and policies that are managed in Campo Abierto in order to protect patients autonomy and avoid coercive practices, recognizing the power that a physician or professional can have over a patient.

Low wall policy

The facility has a low wall height and Directors intend to maintain it as is. There are also protocols in place for detecting risk of patients leaving against medical advice, which have proven to be more effective than physical barriers. Staff are ready to talk to patients who feel a desire to leave before completing their treatment.

No locked areas; open offices

At Campo Abierto, historically there have been no locked rooms. While some might perceive this as risky, Doctor Andrea Caballero explains that: "one realizes that the more freedom patients have, the fewer adverse events occur. Before thinking about limitation, prohibition or restriction, there are specific care plans and measures (such as safety rounds) for each of the risks.

Voluntary discharges

When a patient decides to leave the hospital, Campo Abierto leaves open the possibility that they may return or continue their treatment. The clinic considers that although some patients may not agree with their hospitalization, this does not mean that they do not agree to continue the treatment. Campo Abierto provides these patients with any appropriate medical prescriptions and the possibility of returning when they wish to do so. When there is a case of voluntary discharge, a space is provided in the discharge form for the patient and/or their guardian to write the reasons that led them to make this decision. These forms are read and reviewed once a month by the quality committee to determine whether it is necessary to implement plans to improve patients' voluntary adherence to the hospital process.

Emotional first aid kit

When a patient feels the desire to harm themselves, rather than isolating, sedating or immobilising them, Campo Abierto staff accompany them. In some cases, for example, clinicians pass patients a kit in which they find instructions on how to regulate emotions and avoid harm. In this sense, they try not to be reactive to the patient's symptoms but look for solutions together with them.

No Uniforms

Prior to the pandemic, the therapeutic team at Campo Abierto did not wear any uniforms or gowns. This was to convey a more symmetrical and close relationship with the patient, communicating that they are there to collaborate and work with them, and not to exercise a role of 'power'. The message is "we all work together for wellness and recovery" (Doctor Andrea Caballero). Since the pandemic, staff wear personal protective equipment to protect everyone's safety.

Campo Abierto Facilities

The clinic has a large green area where patients can go outside to paint, write, read, and walk. As one of the therapists describes, patients can move around in these places and the staff is attentive to help (Liseth Díaz). One of the patients says that this helps a lot in recovery: "because first of all this is like a country house where there is a huge green space, where people do not feel confined (...) where you can walk, you can sit and sunbathe (...) some of us played soccer" (Carlos Alberto Gómez). Professor Ivonne Carolina Gómez, Director of the Cultural Centre of the Universidad Javeriana, says that it is a space where there is calm, peace, tranquility, a house that "breathes a lot of humanity".

1. INTRODUCTION continued

1.4 Safety Protocols

As a facility for patients in crisis, Campo Abierto receives people at risk of harming themselves or others as well as people experiencing psychiatric symptoms that are in moderate or severe intensity. In crisis situations, the facility does sometimes use measures that, by definition, can be considered coercive, such as involuntary hospitalization or immobilization and sedation. However, for these rare cases Campo Abierto has implemented strategies and protocols to ensure that these measures are used in the most respectful, dignified and compassionate way possible and only as a last resort when all other alternatives have failed.

In cases of involuntary hospitalization, for example, when a patient is experiencing psychotic symptoms and is unable to sign the informed consent, a re-consent process is used. 'Re-consent' means that once the patient has capacity to make decisions, they are asked again if they consent to continue treatment. The Scientific Director, Doctor Andrea Caballero, explains that: "this also makes a difference because patients recognize they need help, give us their consent to continue helping them, and this also reinforces the therapeutic alliance that is made with them".

Campo Abierto is committed to avoiding use of physical and chemical restraint and has clear protocols in place to ensure they are only used as a last resort. Despite these policies and other measures established to avoid coercive practices, clinical staff acknowledge that there are still rare cases in which physical immobilization and sedation take place, in cases of extreme agitation. This occurs only when it is a question of securing people's safety and all other options have been exhausted. This is explained in the informed consent form that patients and their families are presented upon admission. This admission process, combined with the 're-consent' process described above, informs patients and their families that Campo Abierto uses immobilization and sedation only as temporary, last resort medical procedures and enables them to consent to these as a way of preventing harm to themselves or others if they experience a crisis in future.

In the rare cases when a crisis does occur and all non-coercive measures for preventing harm have been exhausted, every effort is made to respect the dignity of the patient. Medical staff look for a way in which the patient can express their opinion and make decisions regarding some of the options. This is to respect their will and enable them to take part in their own treatment. A staff member describes how: "this clinic treats the person with dignity, and we treat people, not diagnoses, so we always try to put ourselves in the other person's place, to see what is causing suffering. If the person is agitated, the psychiatrists usually talk to them at first, and everything is discussed with them, and we accompany² them" (Natalia Vargas).

In order to do this, the patient is gently asked questions about what they are experiencing, guidance is offered, and each procedure is carried out calmly and according to the protocols. One of the social workers described how the staff works with patients to try different strategies for calming down, for example saying, "This is happening to you, yes? We are going to lower this level of anguish, what we are going to do is this: let's try to breathe. You can't do it? Let's try this other thing, yes?" The social worker also said they "can also explain that their mission is to lower the level of suffering" (Natalia Vargas)

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The importance of person-centred and rights-based approaches, such as those used at Campo Abierto, is often noted in conjunction with the challenge of achieving the ultimate goal of zero coercion. In 2021, the WHO produced a publication that showcased examples of good practice mental health services which have taken important steps to enact human rights and recovery principles. The authors explain that:

- *while the services presented have made concerted efforts towards promoting human rights and the recovery approach, none is doing so perfectly. They nevertheless offer good examples of what can be achieved, when human rights and recovery form the core of the support*³

All of this taken together suggests that the alternatives to coercion being implemented at Campo Abierto, while still in progress, represent a significant shift forward in mental health service delivery in Colombia, as well as inpatient crisis support services.

2 The concept of 'accompaniment' is widely used in Latin America. Although its literal definition refers to "being next to another person", it also refers to an "intentional presence" (Wilkinson et al., 2019). This involves focusing on the person being accompanied, to support their experience, goals and process, in a respectful and non-directive way (Hybris: Research and Social Intervention, 2019). In the context of Campo Abierto, it is a therapeutic accompaniment, which implies companionship, empathic listening, time and space for catharsis.

3 Guidance on community mental health services: promoting person-centred and rights-based approaches. Geneva: World Health Organization; 2021 (Guidance and technical packages on community mental health services: promoting person-centred and rights-based approaches). Available on <https://www.who.int/publications/i/item/9789240025707> (accessed 18 August 2022), p. 14.

1.5 Humanity, Empathy and Principle of Autonomy

A common theme brought up by interviewees was the humanity and empathy of the clinic staff. The Campo Abierto model responds to a policy of humanization and demonstrates clear commitment to improve mental health in Colombia. As Liseth Díaz, occupational therapist, explains “when I arrived at Campo Abierto the impact and the experience was incredible. Because it really is a place where there is humanization, where you really see humanization in every sense. And where the patient becomes the centre of the process”.

To put this into context, several interviewees referred to other psychiatric clinics where they saw situations of mistreatment. One of them saw a bucket of cold water used to wake a patient up. Another saw a patient’s arms and legs tied and pulled, hurting his skin. Another patient described his own experience at another mental health facility as “traumatic.”

In the words of one of the patients: “Here they treat you as a human being, they treat you as a person. In other words, you are a valuable person. Every person who comes here to Campo Abierto is treated as a special and unique being, they respect you, they value you, they value your opinions, your suggestions” (Ángela Ríos Zambrano). The patients’ relatives also speak of their trust in Campo Abierto, as a place they come to with all their love and “with their eyes closed”. She says that the philosophy of the clinic is one of service, but a service that goes beyond mere assistance (Clara Olaya).

When referring to the staff working at the clinic, the Director describes a profile that represents the values of Campo Abierto. The staff is able to combine setting limits for patients and asserting rules with the ability to offer affection and patience. Several refer to the nursing staff as “people who are part of a family” (Carlos Alberto Gómez).

Several of the patients refer to how Campo Abierto prioritises the development of personal autonomy. On the one hand, there is the vision of accompanying them in their decision making in an informed manner. One of the psychologists refers to the importance of the patient being the one to decide, understanding that “there are spaces we cannot inhabit for the other” (Andrea Niño). For example, Campo Abierto works hard to support patients to become responsible for taking their own medication and staff share with them how to keep a diary in which they record what they take and when.

While some mental health facilities place restrictions on working with sharp utensils, here there are no such prohibitions. Patients use pencils, pens, scissors and even fire for some specific activities in artistic sessions. This is to promote patient autonomy: “We are all in favour of the patient feeling at ease in a safe space and knowing that they are the owner of their life and that they must also decide at many times whether they want to harm themselves or whether they prefer to express it and make it known so that we can help him” (Liseth Díaz). For this reason the clinic’s professionals provide support and careful supervision for the artistic sessions, classes and clubs.

The President of Colsanitas’s Clinics, Doctor Paola Rengifo explains how they begin to think about possibilities of doing things in a different way to achieve functional rehabilitation. The aim is for patients to acquire tools to feel productive and not to be limited to feeling like psychiatric patients, but to be able to “take control of their lives” (Carlos Augusto Panqueva). This search for alternatives has been one of the pillars of Campo Abierto’s approach to treatment, along with a policy of continuous innovation, seeking to make hospitalization a meaningful experience for patients. In this search, clubs and artistic sessions (music, dance/movement, illustration and creative writing) were created with the Proyecto Pensarte, meaning Art and Mental Health Project.



2. ARTISTIC SESSIONS, CLASSES AND CLUBS AT CAMPO ABIERTO

The clubs and artistic sessions (music, dance/movement, illustration and creative writing) at Campo Abierto arise with the idea of going beyond traditional therapeutic activities. In mid-2018, with the support of the Botanical Garden, 20 patients were trained as urban farmers and started their vegetable garden at one of the EPS Sanitas medical centres. At the end of that year, they took their garden to the Campo Abierto Clinic and the hospitalized patients were involved in this activity, helping to take care of the crops until the first harvests were obtained.

After this first experience, the clinic staff noticed that patients, regardless of how far away they lived, came back to visit Campo Abierto after being discharged and continued to experience the clinic as a safe zone and a place to meet and listen. In addition, clinic staff began to observe that patients who participated in the vegetable garden had fewer relapses, fewer readmissions and fewer days of stay. So they said, "Well, it worked with the garden, what else do we do?" (Doctor Andrea Caballero).

2.1 Connections Clubs

In March 2019, the painting classes began with the first volunteer from EPS Sanitas (Sanitas Health Service Provider following its acronym in Spanish) coming to teach. The initial idea was to engage fifteen inpatients at the Campo Abierto Clinic every Saturday; however, the fifteen patients who signed up for the first class were discharged and still continued to come every Saturday. For this reason, the activity was formalized and the scope was extended to all hospitalized patients and those already discharged who were still interested in participating.

With the aim of making the patients' work known, the clinic sought the support of the Julio Mario Domingo Library (located in front of the Clinic). From the first contact, the Library collaborated by providing a public space to exhibit 41 pieces of artwork created by the patients for 3 days in April 2019.

The exhibition was called CONEXIONES (CONNECTIONS), and it greeted visitors with a sign at the entrance that invited them to experience: "a different language, an intimate contact, an unconscious approach; (...) a moment and a space to reflect on the human condition, to put ourselves in the place of others, to distance ourselves from particular visions and get closer to those of others".

It was considered by several interviewees to be 'a success' and for many a meaningful experience, including for staff who felt positive impact seeing patients exhibiting their work, and seeing families proud of what their relatives were doing:

"I see the pictures and it's a very big excitement, the patients, very elegant, exhibiting their works and people really felt a very nice connection and I think it changed a lot their perception of what is a mental illness and what is a patient suffering from a mental illness. Yes, I think they had... like the experience of knowing that you can be that patient at any moment, that is, that there can be a very difficult situation or a very critical moment that makes you fall into a crisis and require help. So it was also a very nice connection between the general public and our patients." (Doctor Andrea Caballero).

Although it was thought that this would be the end of the activity, patients continued to attend painting classes every Saturday. So Campo Abierto decided to make the activity official, set up its first ongoing club – the Arts Club – and start partnerships to look for different practices. One of the objectives was: "that within the clinic, the patient does not feel locked up, or restrained, or, let's say, all the things that surround mental health treatment. And we saw in art the possibility of co-creation and exploration of other forms of treatment" (Doctor Paola Rengifo). Thus, other clubs emerged: pottery, woodworking, sewing and knitting.



2.2 Pensarte Project – Art and mental health: Cultural Management Centre of the Universidad Javeriana

In mid-2019, Campo Abierto sent out a call for proposals with the aim of expanding the classes offered to patients. Proposals were received from three universities and finally the Pontificia Universidad Javeriana was selected, thus initiating the Pensarte project – art and mental health. Professor Ivonne Carolina Gómez, Director of the Cultural Management Centre of the Universidad Javeriana, tells how the University had already been doing similar work as part of a research project that studied the use of performing arts with people who had mental health challenges.

Pensarte arose as a pursuit to humanize medicine by allowing human sciences to enter the clinic and including the arts in the routine of patients. Pensarte seeks to build a bridge between the arts and the health sciences in order to reduce the gap that exists between those people who are experiencing psychiatric symptoms and those who have never experienced them.

Thus, through music, writing, dance and illustration, patients find different forms of expression that allow us to get closer to them and, for a few moments, put ourselves in their shoes and begin building a mental representation of what they are experiencing and that can cause them suffering.

In Spanish, the term Pensarte is a conjunction of two words: Pensar – which means ‘to think’ and ‘Arte’, referring to arts. The combination of these two words alludes to the connection of art and mental health.

To start Pensarte, a group of young professionals who were graduates from the Javeriana School of Arts, guided each of the artistic sessions. Professor Ivonne Carolina Gómez, Cultural Manager of the Project, tells how she looked into who could be the most appropriate, selecting those who had shown affinity with this topic since their undergraduate thesis. She says that they were “wonderful young people who also connected with the idea of coming to the clinic” (Professor Ivonne Carolina Gómez). In addition to this, the clinic’s health professionals were mobilised to accompany the sessions, as they continue to do today. Patients choose which of the artistic sessions they want to participate in.

So far, three cycles of Pensarte have been carried out (2019, 2020, 2021), with artistic sessions in music, dance, illustration and creative writing offered from Monday to Friday. Each of these cycles has had a closing ceremony in the health service provider facilities and exhibition of material created by the participants. One of the psychologists says: “The closing [ceremony] of the first part of Pensarte was absolutely beautiful. The patients managed to transmit everything that was their experience in a way that touched hearts in every way... in understanding that... that this way of being so healthy and so beautiful to live well is validated, to transform their life, they shared it with everyone with new words, with art....” (Andrea Niño).

NOTE

Because the interviews for this study were conducted during the COVID-19 pandemic in 2021, when there was no certainty about the possible continuation of artistic sessions and clubs, several of the testimonies are in the past tense. However, at the time of editing this final document, in 2022, it has already been possible to resume both artistic sessions and clubs, giving continuity also to the benefits they bring.

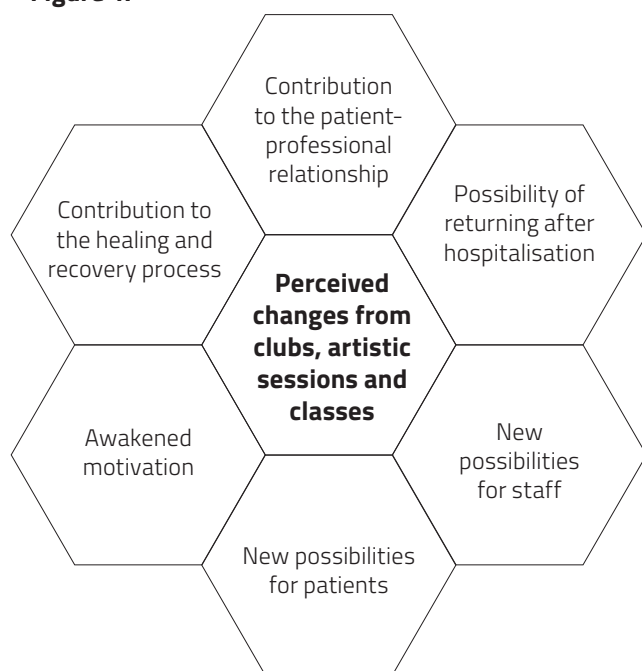




3. PERCEIVED CHANGES

The interviewees share perceived changes in relation to their participation in classes, artistic sessions and clubs. Several shared a sense of satisfaction and even surprise at having found abilities and possibilities that they had not contemplated before. Many have found in these activities a space of tranquillity, which has allowed them to take distance from their suffering. Some of these changes are presented in Figure 1 and described later in the text.

Figure 1.



3.1 Contribution to the healing and recovery process

Several participants describe how the classes, artistic sessions and clubs have helped them heal and contributed to their recovery process. They report, for example, that it was helpful to be in an environment that 'revolved around recovery' (Felipe Rodríguez). In the words of Fannymaría García U.: "We all ended up well, that is to say, we were all entertained and that heals, that heals you inside". One of the psychologists tells how exciting it was to begin to see the effects that these spaces had on the patients. For example, when potting plants in the garden, they were calmer (Andrea Niño).

Some interviewees refer to the therapeutic and transformative nature of these activities, since they allow them to express themselves, to have catharsis and also to learn to manage their impulses. Carlos Alberto Gómez, for example, explains how painting helped him to feel better: "I had many crises and they were unmanageable and as a result of this [experience of painting] I have been, for example, without medication". Another patient commented: "You felt that on Saturday you were healing a little bit of everything" – (Felipe Rodríguez). Along the same lines, one of the occupational therapists described the therapeutic benefit of the activities, explaining that they provide patients with tools to handle moments of crisis (Xandra Ianini).

Artists facilitators, teachers and professionals involved in Campo Abierto's clubs and artistic sessions pointed to specific examples where they observed the transformative effect of art and said "something is happening". One patient, for example, entered the clinic with mutism, and after several days without speaking: "in a creative writing session she broke her mutism and began to speak, and began to tell and began to write" (Professor Ivonne Carolina Gómez). One of the social workers explains how these activities allow people "to recognize and validate the wonderful inner world in a human being", which sometimes is not achieved during a consultation (Natalia Vargas).

3. PERCEIVED CHANGES continued

Other examples mentioned by interviewees include:

Dance

People noted the wellbeing that movement brings. For example, people were able to have more range of motion in their arms, or decreased body aches and muscle tension.

Planting

One of the clinical psychologists (Andrea Niño) says that a patient who was closely involved in the process of planting succulents, after overcoming a crisis said: 'if I had not known the plants, I would not be alive. I think the plants saved my life'. Today she is the leader of a similar program.

Music

One of the social workers explains how this experience helps patients to work on their mind-body connection, which can be useful during a panic crisis. For example: "What is beating is my heart", or "What I am feeling is in my abdomen" and thus they can better express and connect what is happening to them (Natalia Vargas).

Writing

One of the participants in these sessions describes how writing helps her to get things off her chest: what bothers her, makes her angry or sad. "When you start to do this exercise [referring to the exercise of writing], your body, your heart, your soul and your mind start to heal, to rest, you feel that all the bad things are coming out and besides, it is accompanied by psychological therapy, so you start to feel lighter. You start to feel more healed, less hurt" (Ángela Ríos Zambrano).

Painting

For one of the participants, art has allowed him to heal by expressing what he feels and seeing that there is something else that motivates him: "It's like there is something in you that says: hey, there is something worthwhile in this world, if what you are doing is worthwhile, you are doing it well. Like it helps to heal all your stigma, art works in many aspects and helps you to recover little by little, like reaffirming yourself" (Felipe Rodríguez). He even decided to change careers and study plastic arts.

Ángela Ríos Zambrano says that after the workshops she felt 'looser', they helped her to be more aware of what was happening to her and she identified things she could do to solve it. These activities allow patients to explore other ways of expressing themselves. One of the artists facilitators, for example, refers to what she has heard from the therapists: "this person never says this to me in therapy, never. And today thanks to a letter [a letter he wrote in one of the sessions], I understand a lot of things and now I know how to help him better" (Mauricio Díaz).

This is how artistic sessions allow patients to communicate internal processes. In the words of one of the therapists: "everything that the patient creates through art, reflects that person's internal part, so when we see these activities and all that they are reflecting we say "well, it explains a lot from his inner self – all that he is manifesting, or all that he is reflecting" (Xandra Ianini).

In addition to these patient's testimonies and stories, Directors explain how they have also observed important changes, but recognise as well the difficulty in confirming whether these are direct effects generated specifically by the artistic sessions, classes and clubs. While they are still in the process of more thorough assessment, existing information on baselines and patient records detailing drug treatments, days of stay, readmissions, activities developed, consultations have informed some working hypotheses. Some of the possible effects that the clinic is currently assessing more thoroughly are whether the artistic sessions, classes and clubs held at the clinic lead to:

- Fewer hospitalizations
- Shorter length of stay
- Fewer adverse events, such as self-harm, aggression and readmissions to hospital.

Although the professionals see the impact on a day-to-day basis, it is complicated to transfer this to indicator boards. One of the managers refers to the first organic garden with the Botanical Garden: "I said it is nice, because we are all very happy, but let's check if this has an impact" (Doctor Paola Rengifo). In addition to patient satisfaction, it is important to measure whether this will bring better health outcomes for the participants (Doctor Paola Rengifo).

The possible reduction in the number of days of stay also leads to thinking how this approach might improve the financial sustainability of the mental health system, given that these clubs, artistic sessions and classes might be enabling the clinic to treat more patients each year. Even if this is considered at the level of Bogotá, it is important given that these alternatives to coercive practice are beginning to be seen as potentially allowing shorter stays and therefore more capacity to receive patients without the need for so much additional infrastructure (Doctor Paola Rengifo).

Doctor Paola Rengifo explains that "These are things that one says no... no... they are not normal, let's say. Twenty years of professional practice and I had never seen such extraordinary results... that they have achieved with patients", pointing to these complementary activities as a winning bet and the possibility of an alternative model to the one traditionally known in mental health hospitalization and psychiatry.

3.2 New possibilities for clinic staff

The active way in which clinic staff accompany artistic sessions, classes and clubs has opened up the possibility for them to benefit from and enjoy these spaces. Several interviewees shared how this allowed staff to relax because “it was like “having a breath, a different activity” that helped them to ‘disconnect’ (Doctor Andrea Caballero). While it is part of their functions and routines, it does not carry the weight of other activities at the clinic. One example is planting in the garden, which many call ‘the garden of calm’ and which some professionals come to work in at the end of the shift. One of the social workers shares that “Saturday or the day of the workshop became a delightful thing, breaking my routines” (Natalia Vargas). The Director of the Javeriana’s Cultural Centre describes how this created a change in the hospital environment as clinic staff could let off some of the emotional load during the activities (Professor Ivonne Carolina Gómez).



Some professionals say that these spaces also contribute to integration as a team. On a day-to-day basis, everyone is on their own tasks, but “there was a time to connect, to laugh, to relax, to let go, so on an emotional level, the load was also reduced a lot” (Andrea Niño). In addition, she says that the wellbeing of the patients began to spread to the doctors, general practitioners, psychiatrists, nurses and they all ended up as a team doing the same activities.

One of the Directors highlights the openness to innovation that has been generated from this exploration of alternatives. She says that “supporting each other has favoured this change management to involve new activities” (Doctor Paola Rengifo). Thus, it is more common today to hear a doctor or a nutritionist ask: “What if we do this?” (Doctor Paola Rengifo). She explains that in part this is due to how staff have consolidated as ‘the Campo Abierto family’. Not only the doctors, nurses, therapists and psychologists, but also the security assistants, the kitchen and cleaning staff, all the people who work there. This cohesion has enabled them to support each other with a common goal: the wellbeing of the patients.

With this in mind, the Campo Abierto team is open to innovation, to new ideas or pilot initiatives that can benefit patients. In the words of Germán Rojas, one of the patients: “in addition to the doctors, we have to take into account that the cleaning staff are fundamental. In a medical organization, if the cleaning staff did not operate with so much magic, I think it would be a challenge if a clinic did not provide this service. It is almost as important as the roles of doctors and the administration”.

3.3 New possibilities for patients

Functionality, productivity and rehabilitation

Occupational therapists agree in explaining the therapeutic potential of artistic sessions, classes and clubs, and specifically their contribution to patients’ functionality. They refer to the skills that can be developed by following instructions, schedules and handling materials, including the development of autonomy and self-efficacy (Liseth Díaz). For those who have continued to attend artistic sessions after hospitalization, this implies a space of independence, since they move to and from the clinic by their own means.

This contributes to the rehabilitation process, given that participation in these activities paves the way for the patient to eventually become involved in a formal activity, in which he/she must comply with schedules and have work habits. One of the social workers pointed out that: “I feel that a person can have a place where he/she feels very useful, that also saves lives, yes? because I have something to work for, I have something to do...” (Natalia Vargas).

Several patients tell how through art they begin to feel functional again. They tell how there has been a change from doing “nothing” to start working and having new challenges (Raúl Palacios). Those who have participated in the vegetable garden, for example, can see that the food they grow is the result of their efforts. Germán Rojas says, “In the garden I feel useful, we plant onions, tomatoes, parsley, cucumbers, beets, broccoli, spinach, carrots, pineapple, everything”. So for patients to see these foods grow thanks to their efforts – and also to see them used for food preparation in the clinic – “is absolutely gratifying” (Doctor Andrea Caballero).

In addition, there are those who report that they are beginning to feel more active. One patient says that he used to spend a lot of time lying down, holed up in his room, but “with Campo Abierto they gave me more wings to be an active person” (Carlos Augusto Panqueva). This has helped them to let feelings of lethargy ‘go by the wayside’ as they perceive their creativity and realize that they can create new things. Some participants have brought pots, soil, hoses and other work implements, which they perceive as a possibility to have a more active participation (Carlos Augusto Panqueva).

Many describe how they begin to feel more productive and useful because they build opportunities to generate income from their products (Patricia León). Carlos Augusto Panqueva says: “So in Campo Abierto they gave us the tools to be productive, that is, in my case they gave me the tools... I had the mental and motor capacity to be able to make lamps and sell them. So I have been selling them to family and friends, and I have felt very productive”.

3. PERCEIVED CHANGES continued

For many, this has also contributed to their self-esteem, because by participating in these activities they have realized that they are capable of creating, inventing and doing things. Fanny María García U., for example, says: "I got a lot of nice things from it: to hold myself in higher esteem, to value myself more, to know that I am a valuable person". Also, Ángela Ríos Zambrano tells how before entering the clinic she did not do handicrafts, but while she was there she learned several techniques and trades. Now, for example, she weaves bracelets with thread to sell, and also receives orders for paintings and wooden boards. She says that this has allowed her to realize what she is good at and all the wonderful things she can do.

Interaction with different people

Participation in the artistic sessions, classes and clubs has allowed participants to interact with each other and with people outside the clinic who assist with the sessions. One of the patients says that he became friends with a civil engineer who helped with his knowledge of concrete for the walls. He shares that: "Then you also feel that you can interact with people who do not have mental problems, who do not belong directly to the clinic, but who are external people. And that is also reflected when you get home, for example, in my case I interact with people I don't know, let's say they have seen my lamps by reference, and I can go directly to them and offer my product" (Carlos Augusto Panqueva). Other patients tell how these spaces have helped them meet more people and relate to each other. One of the therapists says that this also generates a sense of caring for others and a sense of belonging (Xandra Ianini).

New relationships have been generated and patients begin to share with each other. Carlos Alberto Gómez says: "We shared, many times we were painting something and he would send me via WhatsApp what he was doing and I would send it to him and we would look at what we were doing.... and he lost that loneliness because through this he knew he had someone to count on". Others describe how it helps to see other people's work, and to talk about problems with other participants (Felipe Rodríguez).

The Director describes how the first group of patients began to become a support group. One of the participants describes: "The first few days everyone was quiet at their own table, but by the fifth workshop we were all talking, all laughing, we all knew each other's names (...) and those were the workshops: a family, so we all knew each other, we all supported each other, so we showed each other's strength, each other's strength, so we all worked as a team" (Ángela Ríos Zambrano).

Improved perception of patients

For some people who first came into Campo Abierto as volunteers, facilitators and teachers, the experience has allowed them to break away from preconceived ideas about what a patient facing mental health challenges is like.

One of the participants shares the surprise of her relatives: "they are surprised to see the abilities that one has, or that one had hidden; 'mom, you do this? I can't believe it! you do this? do one for me' (Ángela Ríos Zambrano). Also, 'Look at everything you can do, didn't you realize what you can do? what you are capable of? Look! (...) You are valuable!' (Ángela Ríos Zambrano).

Another patient tells how his family began to see him as an independent person who could have an income and his own space and independence in the house. He says that they no longer saw him as a burden, that they recognized his autonomy, and he emphasises how Campo Abierto helped him generate tools to fend for himself (Carlos Augusto Panqueva).

3.4 Awakened Motivation

“ they imbued us with that love for something.”
(Carlos Alberto Gómez)

Several members of the health team have been surprised by the motivation that the clubs, artistic sessions and classes have awakened in patients and by seeing them engaged in an activity (Xandra Ianini). One of the health workers also identifies a change in the willingness of patients to try different techniques, given that sometimes episodes or relapses occur by repeating the same thing. One example is using a drum in moments of anger, which helps to calm down before speaking: "So it is to be able to reach a sense of wellbeing, but by a different means" (Andrea Niño).

There have been several signs of motivation on the part of the participants. Some have brought refreshments to share and some family members tell how for their relatives the fact of having an artistic sessions was a motivation to get ready. "Ah! I have class? then I have to get up, get ready, so I can be presentable for this type of activity" (Anonymous family member). One of the participants said that it was hard for her to get up early, but on the days she had artistic sessions she got up in a good mood (Fanny María García U.).

For some patients, participation in the clubs motivated them to start a new path in art. For Felipe Rodríguez, for example, it was a great motivation to find that he had a talent for painting well. For this reason, he expresses his gratitude for the support and says that when he was back home, but still participating in the club, he would say: "I already want Saturday to come so I can paint" (Felipe Rodríguez). He says that "it felt like a part of home. The heart is where home is, and my heart was in art and it made me feel very good" (Felipe Rodríguez).

The clinic staff has also shown motivation for these activities. Doctor Andrea Caballero tells how the staff "started to get in charge". For example, those in the sewing club during the weekend were looking for fabric, designs, models. In addition to the motivation for the activities, the attitude of the staff in general is also evident. In the words of Germán Rojas: "everyone here works with magic, I haven't seen a single person who is bored here, all the employees are optimistic".

3.5 Contribution to the patient-professional relationship

The participation of the clinic staff in the activities has also benefited the relationship with the patients, since they have the possibility of sharing from a more parallel place, in which everyone is exploring. As one of the therapists says: “seeing, let’s say, the human side of the therapist and the fact that the therapist also participates, does things, contributes, means that there is no longer: ‘the therapist is up there, the psychiatrist is up there’ (...) in art we are all experimenting, learning, improvising, or improving because there are patients who know a lot, and many of them like art, so sometimes they teach us” (Xandra Ianini). One of the social workers also says that when she ‘takes off her gown’, it helps to be there as a participant in the club, which allows her to have a different type of relationship with the participants. This has made it easier for her to bond, and she has had opportunities to hear from participants about their experiences and needs (Natalia Vargas).

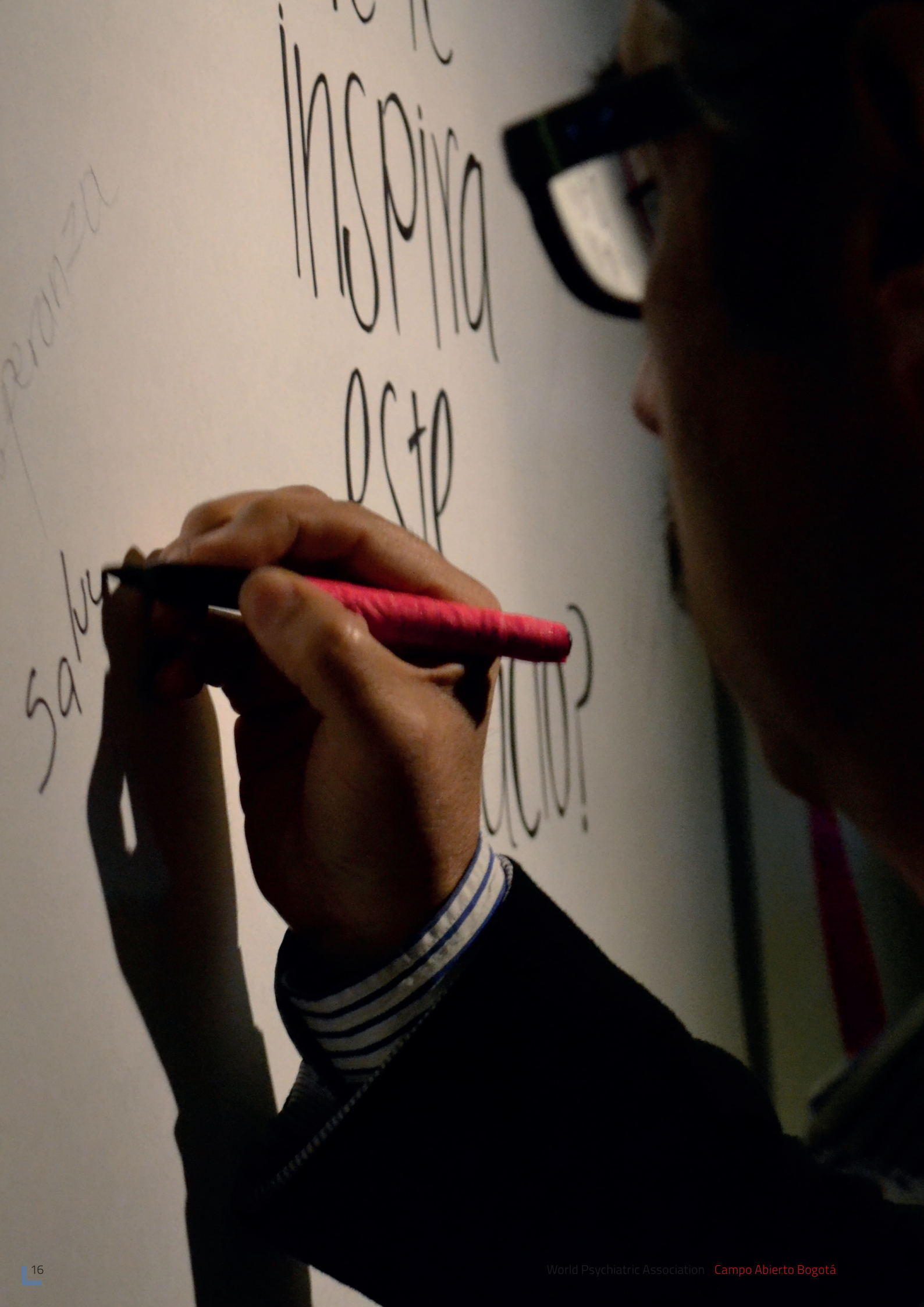
In addition, when patients participate in the artistic sessions after their hospital stay, it allows professionals to follow up on patients who have completed their inpatient treatment. This way they can identify whether they are taking their medications or if they have any symptoms and respond promptly (Doctor Andrea Caballero). One of the therapists, for example, was able to refer a person who came to participate, which would have been delayed if they had waited until the time of their next clinical consultation.

3.6 Keeping engaged after residential care

One of the changes that the artistic sessions, classes and clubs have made possible is that patients can continue to attend the clinic once their hospitalization is over. One of the therapists explains that sometimes patients do not want to leave, probably because they feel loved and cared for while being there. But the clinic emphasizes the need for them to acquire tools so that they can return to their homes (Xandra Ianini).

As one of the directors explains, “it was a very big concern that the patients loved to come here to be hospitalized. And that was something we had to change, and with the clubs we managed to change it: “you can always come, but not necessarily to be hospitalized, that is, you can come to accompany us, to spend the afternoon together, but don’t stop taking your medication to be hospitalized in Campo Abierto” (Doctor Andrea Caballero). Patients have seen that they can continue to go to the clinic without having to be sick. Thus, instead of repeated hospitalization they are able to live outside the hospital, but continuing to engage in functional rehabilitation through these activities in that familiar setting as part of their therapeutic plan.

These new possibilities offered by the artistic sessions, classes and clubs are not in vain. As one of the psychologists explains, it is the relationship between art and the sensitive part of human beings that “sometimes have connections similar to emotions” (...) so it is easy for them to connect with the biological or neurobiological channels that explain anger, that explain fear, and that explain sadness (...) so it allows the emotion and the intensity of the emotion to change (Andrea Niño). In this way, new possibilities arise for patients to live with their emotions, without the need to harm themselves.



4. SUCCESS FACTORS

Several of the interviewees recognize the importance of offering alternative activities to traditional psychiatric and therapeutic treatment, thus contributing to a comprehensive treatment and a projection of life into the future (Mauricio Díaz). According to Mauricio Díaz, it has been incredible to see how patients begin to identify this as a life alternative, with possible benefits for when they leave the clinic. They are seeing the possibility of having a trade, a space in the arts, in addition to finding skills that “were hidden” (Xandra Ianini). Some of the factors that have made this a successful experience are presented below.

4.1 Support

Support between clinic staff and facilitators of artistic sessions

Professor Ivonne Carolina Gómez describes how a team has been building between the professors of the Universidad Javeriana and the staff of the Campo Abierto Clinic. In this sense, it is much more than just meeting deliverables, but working in an environment of trust, as part of a “collective construction laboratory” (Professor Ivonne Carolina Gómez). During the process they support each other, especially when there are ups and downs of emotions. When clinic staff have difficult days, such as those with various pandemic challenges, the artist facilitator could “help from another perspective” (Professor Ivonne Carolina Gómez). This constant dialogue has been key. Among the Javeriana professors themselves, support has also emerged. Each one can share his or her experience in an online blog, which has motivated this support to emerge.

Support to facilitators of artistic sessions

Support for the facilitators who lead the artistic sessions has been key. Professor Ivonne Carolina Gómez explains the importance of building a support network to back up and accompany the team, taking into account what the artists facilitators have to deal with. Support strategies have been sought so that there is “a base of comfort and confidence” and so that the sessions are as positive as possible (Professor Ivonne Carolina Gómez). They also have other types of support in case it is needed, including the University’s psychological and health counselling centre and the pastoral centre in case someone requires spiritual support. Professor Ivonne Carolina Gómez points out that it has been equally important to select facilitators who have an affinity with the theme, beyond talent and artistic ability. This, recognizing that not everyone finds it easy to work in a mental health clinic.

The payment of the Pensarte project professors is also identified as a success factor. Professor Ivonne Carolina Gómez describes how this has made it possible to secure commitment of professionals who offer the artistic sessions, as well as making it possible for the University professors to set out conditions, such as a good Internet connection during the pandemic, regular meetings to talk, requesting that the therapists take part in the sessions, among other things. Thus, she explains how the economic component has given “seriousness and commitment to the matter”. One of the artist facilitators, for example, describes how in addition to the artistic session there is planning time, and after the session an exercise of reflection on what happened in order to take it into account for the following sessions. All of this takes time and energy. In addition to the importance of receiving payment for this, the facilitator explains how payment “also puts the job in the same place of importance as any other job”, giving legitimacy to their work Candelaria Gabriel Torres Caballero.

4.2 Willingness to do it

Willingness was also pointed out as a success factor. On the one hand, willingness on the part of the patients. It is having the will to say “I want to heal myself, I want to be cured, I want to be well, I want to transform myself and I am going to do it” (Ángela Ríos Zambrano). Ángela Ríos Zambrano recognizes that sometimes getting ready to leave is not easy, but it is a matter of having the will to want to transform your life and do something that benefits you. Several of the interviewees point out the importance of making sure that attendance at artistic sessions, classes and clubs is completely voluntary.

One of the therapists points out the importance of the willingness of those who are part of the clinic and the Health Service Provider (Sanitas). She says: “We all want to, we all put a grain of sand in this construction, because without the staff it would not be possible, without the patients it would not be possible, without the administrative part, let’s say, because the scientific part is moving all the time, but without the administrative part it would not be possible either” (Patricia León). In line with this, the work team is highlighted as one of the success factors. One of the Directors says: “I have to say it with great pride that the team I have at the clinic is also a success... yes, the clinic team, I don’t know, it would be more difficult if it were not them, I mean, because they are technically very good people, but also philosophically totally committed to doing very well for the other, I think that is also what I see as... as very key” (Doctor Paola Rengifo).

The patients also recognize the importance of the teacher’s motivation: “I think that was fundamental, like the teacher pushed us to do things well, congratulated us, corrected us in a good way, you know, like the good treatment, I think that is something fundamental” (Felipe Rodríguez). In the case of the Javeriana artists facilitators, it has been important to feel that they are contributing: “I can’t believe that we are doing this” “I can’t believe that I am in this clinic, that I am helping to change the world” (Professor Ivonne Carolina Gómez).

The willingness on the part of the organisations and their managers has also been key to allow these processes to take place, given the type of permits and administrative contributions required. In the case of Sanitas, one of the managers explains how this has to do with the openness to innovation: “It flowed because we are a dynamic company open to innovation (...)” (Doctor Paola Rengifo).

4. SUCCESS FACTORS continued

4.3 Capacity for exploration and flexibility

During the artistic sessions, flexibility and the ability to adapt activities has also been important. Being able to plan a strategy but still remain able to do something different during the artistic session or workshop is indispensable. The dance facilitator, for example, says that even if there are changes, it is key to have a structure to which can return (Candelaria Gabriel Torres Caballero). To achieve this adaptation, she points out the value of listening and asking what works for the group. For this, it is important not to plan the session schedule rigidly, but to be willing to change. In her words: "I think it is listening to your group and also letting yourself be surprised (...) to the extent that you can see beyond the indication, see what happens, and see where the person flourishes, and from there you can come and make your work plan..." (Candelaria Gabriel Torres Caballero).

Another success factor is the ability to individualize the strategy and give patients different options, recognizing each one's style. In art class, for example, some would say, "I'm going to do it differently" and "wonderful things would come out. One invented a painting technique that wasn't in the booklet and then it became the most popular one" (Andrea Niño). As one of the psychologists says: "it is absolutely authentic to be able to say "my wellbeing is built from what is important to me, it is my path so I feel it is my own" and by feeling it is my own, we all enjoy it more" (Andrea Niño).

4.4 Other success factors

In addition to the factors that have made the artistic sessions, classes and clubs successful, interviewees alluded to two other themes that make Campo Abierto a successful model.

Support to the family

Some of the family members and patients describe how important the accompaniment provided by the Clínica Campo Abierto to the families is. In some cases, the recommendations help families make decisions about how to act, to reduce the fear they have of certain actions or attitudes (for example, the fear that the family member will not take his or her medication), helping each family understand the situation and identify things that can be done. Some family members have found it helpful to learn about support networks, as well as activities that might be beneficial to them.

Involving the families has been fundamental, making them part of the activities and sharing the commitments with them. One of the family members says that the family has a lot to do, "because sometimes the clinic can give us many things and sometimes at home we don't help them, we don't give them the importance of these programs, so we would be kind of limping" (Clara Olaya). Thus, for family members it is important to learn about the situation that their loved one is going through, as well as to accept the situation and be able to talk about it.

The social workers meet with family members to share tools, explain how their family member is doing and what they can do when they go into crisis again. They also explain that it is not always necessary to take them to the clinic, as there are situations that can be handled at home (Anonymous family member). One of the family members tells how when she arrived at Campo Abierto they explained to her: "the medications, the doses, the type of therapy she was going to receive, what was going on with her, how long she could be there, what accompaniment or what we should do as family members to help her, and I liked that a lot, because it is something totally unknown (Anonymous family member).

The treatment they give – Human quality

The way patients are treated at the clinic is fundamental. Patients refer to the way they are treated, "they make the clinic become a home, where we are all one family" (...) "So much so that this is not generated in the form of compulsory treatment; so much so that the person wants to do it and wants to do it and does it. That generates that love for what, let's say, to start doing. Because when it is done in a very aggressive way; the patient locked up does not do it" (Carlos Alberto Gómez). Some even refer to this humane treatment by saying: "That is why I believe that my recovery was successful" (Mario López).

The Scientific Director also alludes to "the heart of the people at Campo Abierto". To encourage this, the clinic's Directors give symbolic awards to their staff (such as a diploma), recognising Campo Abierto values and honouring their role in helping patients to feel at ease. One of the family members also refers to the clinic guardsmen: "And the guardsmen, you get there and from the guards onwards they are very human, very, very nice. They know people's names" (Clara Olaya).



5. CHALLENGES

Campo Abierto's commitment to seeking alternatives has also brought challenges, which they have faced and developed strategies to overcome. For example, for some patients the techniques used during the artistic sessions are new – how to handle brushes and colours, or how to make the materials. But little by little, through trial and error, they learn what works best. For others, the difficulty lies in conveying what they feel to “the outside world” (Raúl Palacios).

Another challenge is achieving a constant commitment on the part of the participants. Some patients describe situations that make it difficult for them to attend, such as an issue with transportation, or if someone is feeling unwell, or has fallen asleep. The health personnel point out the importance of not losing motivation, of not shutting down. One patient suggests the importance of people feeling at home: “You know, we all want to go home one day. So if you make art feel like home for that person, he/she will be motivated to go, every day or whenever he/she can, with all the desire to do what he/she likes” (Felipe Rodríguez).

5.1 Pandemic – virtual version

The COVID-19 pandemic brought new challenges for the artistic sessions and clubs due to restrictions on face-to-face and group meetings. At that time, clubs were cancelled and Pensarte's strategy was reinvented to offer artistic sessions virtually, giving patients tablets so they could connect. While handling the tablets seemed to be a big challenge at first, patients quickly learned how to use them (Patricia León). Some patients were in their rooms, while others were together in the lounge. Practitioners were spread out to support the connection process and guide them with instructions. The artists facilitators worked with the clinic staff to avoid the risks that using the tablets could bring. Despite the challenges and discomfort brought on by the pandemic, they managed to get organized.

Virtuality also allowed patients who finished their hospitalization to continue connecting from home, reaching around 400 participants in these artistic sessions (Doctor Andrea Caballero)⁴. After two semesters of virtual Pensarte, the closing ceremony could be done in person at the clinic with biosafety protocols in place.

In addition to the disruption of artistic sessions, the clinic had to change the model of care. For example, new patients now had to be held in isolation before taking a second COVID test. To mitigate negative impacts of isolation, the clinic's management and staff developed activity guides with different topics and approaches that each patient could do in their room and take the booklet with them when they left. In addition, in keeping with their philosophy, Campo Abierto staff previously did not wear medical gowns. However, this new protocol required them to do so, in addition to the use of masks, which made it difficult for patients to recognize their doctors. They began to share photos of the team with patients.

In addition, there were restrictions on family visits, seeking alternative options such as video call interviews with the team, including psychiatrist, social worker, psychologist. In some cases, visits were received in the open air. Cell phones were allowed in to avoid the use of public telephones as a possible vector of contagion. Thus, the nurses would hand them in at a certain time and then pick them up to disinfect and store them.

⁴ This number corresponds to the total number of participants during the three cycles of Pensarte, including face-to-face and virtual sessions.

5.2 Challenge of facilitating sessions

The actual exercise of facilitating the sessions is not an easy task either. First, artists facilitators point out the importance of achieving flexibility without losing the objective of each session. To this end, some of them share the objectives with the participants and are also attentive to identify when a change, adjustment or different space is required to address a certain topic.

Second, some point out as a challenge the ability to work with a diverse group. It is common to have participants facing different levels of discomfort, some who have just entered the clinic and others who are on their way out. This challenge of: “allowing these differences and not generating judgments or expectations of the others among the group, but allowing (...) can be risky because not all of us are always ready to understand that the other goes in his time and that the other goes in his moment” (Andrea Niño). The important thing in this regard is that facilitators of artistic sessions, as well as health professionals are alert and can set off the alarms in time.

Third, one of the teachers shares the challenge of getting participants to focus their attention. At first it was frustrating but little by little he found strategies to achieve this, such as playing music in the background, or allowing each participant to choose what to draw, using the same technique they were working on that day.

Finally, some artists facilitators find the rotation of patients challenging, but at the same time they understand it. In the words of Candelaria Gabriel Torres Caballero: “on the other hand, here the link was so clean, so clear, of the roles too, how good, it’s like: your absence hurts me, but I’m very glad you’re leaving, because I know that’s an indicator that you’re better. So that was hard too but beautiful in that prospect”.

5.3 Doctors and Artists Collaborating

Another interesting challenge pointed out by the interviewees is the encounter between physicians and artists. On the one hand, Professor Ivonne Carolina Gómez, the Cultural Manager of the Project, describes how this encounter implies a possible change of imaginary or paradigm, on how they see each other. She points out as well the expectation that the arts can understand science and science can understand the arts or humanities, in order to identify how they can complement each other. This is also what the Scientific Director narrates: “I would like humanities to enter the clinic, and I feel that humanizing medicine has to be that: to include arts and humanities, and that patients receive a support that is not only purely medical and scientific”.

Even the contracting process was interesting, since it was the first time that the EPS contracted this type of services, so a new budget code had to be created. Thus, the promoters of the initiative had to make this administrative adjustment to achieve it.

5.4 Other challenges

Another challenge has been being able to provide materials for the artistic sessions, classes and clubs. At the beginning they thought that there were going to be few participants, since they did not expect the sessions to be so successful nor such a high volume of people, and they began to realize that the materials were not enough. First the volunteers and clinic staff provided materials and then the health care provider (Sanitas) began to take charge.

Finally, the Directors point out the challenge of replicating the model. They point out that they want to “replicate the model from the beginning to another area of the city of Bogotá” and “to go along with the transformation of the classic mental health services to other models, it is also a challenge, and we are working there as with positioning” (Doctor Paola Rengifo).

6. MEANING OF ARTISTIC SESSIONS, CLASSES AND CLUBS

Patients

A new way of seeing life.

Being financially productive: receiving your own money; rewarding to feel active in society.

I made a lot of friends; We were doing therapy without intending it between us and it was a very nice thing.

Tools that help you to self-help, self-regulate.

It's a time when you start to heal; you're re-starting; you're filling up again like that nice energy.

I liked everything and it kept me busy all day.

Freeing myself from a lot of things; I felt that I could kind of blossom.

Health personnel

It is a satisfaction to see patients flowing with what they are doing, to see the effectiveness of their skills and to believe in them, as well as to set goals, project themselves and develop self-management, to empower themselves.

Hope – I think that's the first word that comes to my mind.

It is to understand that in reality my profession makes sense.

To demystify what a mental health hospitalization is.

The most important thing is the transformation one sees in one's own life. When one dares to respect others and see them as equals, one also begins to see oneself with that level of dignity, and equality, and equity, and respect, and love, and that transforms you, it ends up changing the way you see life.

Family members

Social, emotional, functional and self-esteem enrichment for the patients.

It gives them an opportunity to share and talk with other people, and in general helps them to improve their behaviours and attitude.

Directors

This has shown us that what we thought was impossible before, is possible. And it gives us fuel to continue thinking about what else we can invent, what else we can think of for patients.

Personally, it is an enormous satisfaction; feeling that I am doing something for society.

That has filled me with gratification, with hope, with fuel that fills me with strength to continue innovating and to continue thinking about things beyond the purely medical for patients.

Professionally, it is to be able to develop and demonstrate with concrete facts that these activities are useful.

Teachers and Facilitators of Artistic Sessions

Important to find spaces in which artists have possibilities both economically and humanly.

Basically, from an act of faith, feel that everyone has the power to transform the environment of a person, and that person modifies the environment of his or her family, that family modifies the wider environment and that wider environment transforms the world, and how we see the world in terms of empathy, solidarity, accompaniment and care for others.

For patients not only a drug treatment is important. It is not only important to give them the medicine for their body. But it is also important to give them that little drop for their spirituality, for their inner being, for their being that comes out within the physiological component of nature.

The classes helped to get closer to the patients, to be present from a horizontal place and to take away her fear in case she finds herself in a similar situation someday.

Understanding that as long as the work is for someone else, there as a place of... relevance and vast flourishing, as it speaks to me of deep generosity and of what this can produce, even if it is small, one does not change the world but a world, that of each person.

7. CONCLUSION

After this exercise of listening to different voices, it has been surprising to find that the general feeling of wellbeing and positive change has emerged so strongly as a theme across testimonies. Even though each person speaks from their own experience and from their own way of living, feelings of gratitude, wellbeing, growth, and transformation, have all been expressed by the voices we heard. It has reinforced the sense that sharing the experience of Campo Abierto carries value for other people wishing to implement alternatives to coercion in mental health care.

The idea is that these practices and policies can be taken up by other clinics in Colombia and other countries where coercive practices are routinely overused. As one of the clinical psychologists says: “Hopefully many people will be interested in reading this article, so that they will also be interested and take the risk to do it differently, to implement things that are based on evidence”.

Finally, it is worth noting the unexpected value that patients placed on the interview process. For some of the interviewees it was important to share their process, to get ready to attend the interview, to prepare some of their artwork to show. Thus, we have prepared this text with great care and affection. As Carlos Augusto Panqueva says: “Campo Abierto is a window so that this work can be multiplied in other countries and the world”. We are very grateful to all those who have shared their testimony with us and we value very much all their contributions to what the Campo Abierto clinic has achieved.



APPENDIX 1. TIPS FOR THE WORLD

Several interviewees left advice for others in the world. On the one hand, some communicated the message that "it's worth a try"; others communicated messages about not being afraid.

It is worth trying

Patients

- “ my advice would be that it's worth a try, you know? It's worth it even if you don't know how to paint, in the case of painting, even if you don't know what you're going to do, in your workshop, eh I think it's worth trying to try one more time.” (Felipe Rodríguez).
- “ In front of such an opportunity: Take it, take it because as I told you at the beginning of the interview, that is a gift for oneself.” (Ángela Ríos Zambrano).

Relatives

- “ Yes, no, no, no, to underestimate it, not at all, this type of activities: no, on the contrary, it is a great help. Because any activity that makes them feel productive, for example, is much better.” (María Margarita Yañez).

Clinic staff

- “ ... dares to. I think it is not so different from what we propose to patients, it is flexibility, it is willingness, it is “see, because we have been doing it this way for many years, it does not mean that there is no other way to do it as well or even better than what we have been doing traditionally, in Colombian health”. It is the same, it is let's dare to do it differently, let's allow ourselves to find, to build, to share the successes that have already come from one side, we have already travelled a road, and we have learned...” (Andrea Niño).
- “ I would tell to many; not to be satisfied with what you have, but look beyond and to dare to go beyond, yes? to go beyond the intra hospital barrier, to not only see the patient as a patient, but as a person with projects that can go much further and enjoy ” (Patricia León).
- “ Try to look for activities that are really attractive, simple, that can be enjoyed, they should be exploited to the maximum. Get involved in the activities as well” (...) “I think art is the most valuable tool we can have to... to work on mental health.” (Xandra Ianini).
- “ I think the most important thing for therapists in other countries is: to understand that we play a very important role in mental health, that occupational therapy is sometimes forgotten” (...) “ Let's work to make this profession grow, to make the need for occupational therapy evident to others, because only we work on independence, only we promote functionality (...). So, undoubtedly, the invitation is: let's build everything within our reach from functionality, from independence, from motivation and let's create projects that allow others to see how important this is.” (Liseth Díaz).
- “ One may not be doing much for oneself, but it opens a world of possibilities for a sector that has also been... let's say injured in many things, so it's nice that you open the door to others who come after you, and do it well, and do it beautifully.” (Natalia Vargas).

Not being afraid

- “ So you don't feel that the family or society can't cut your wings to fly, so you can have the ability to move forward and leave your fears behind to move forward and feel that you are an active person.” (Carlos Augusto Panqueva).
- “ Yes, I want to say something because it can reach a lot of people, about how to let go of the fear of being seen as a psychiatric patient. To get rid of that fear, to think that one is capable of producing, of self-support, of collaborating with other people and not to be stigmatized as a psychiatric patient.” (Carlos Augusto Panqueva).

Other advice

- “ To do things from the heart, really. That he did things because he wanted to help others, not looking for a benefit but... looking to help a human being; looking to help that help that at some point someone could give you when you need it.” (Mauricio Díaz).
- “ This is a sea stone. This is what nature itself formed, so it is not... it is to see that we are nature and that our history is always natural and that sometimes culture is very artificial. So our feelings have to be very natural to bring it out.” (Raúl Palacios).

APPENDIX 2. OTHER COMMENTS

Gratitude to Campo Abierto

- “ I would like to thank Campo Abierto for all these things they have given us, and I hope they don't end, I hope there is support to continue doing them, not only for me but also for other people who can also take advantage of them.” (Ángela Ríos Zambrano).
- “ To make an objective analysis of the Directors here, which I admire more and more, I pay all my respects and all my benevolence to three people: in the first place, Doctor Caballero has been a leader without the need to scold anyone here, everyone obeys her because everyone already knows what they have to do. And she is punctual in her instructions. Everyone is happy with her.” (Germán Rojas).

Other comments

- “ I think that the day they ask me and every time they ask me: “What has been the most beautiful experience you have had? I am going to say the one in Campo Abierto (...) It was something so, I don't know, so natural but at the same time so meaningful.” (Mauricio Díaz).
- “ And I think that before starting processes like these it would be important to do these humanization exercises that we have here; what would happen if you were the patient today, what would you like them to do with you, what would you expect to receive?” (Natalia Vargas).

The interview process as such

For some of the patients, the interview process as such for this project was a meaningful experience. Some of their testimonies:

- “ And I arrived and I said, I never wear make-up, I always go around like this all... and I said “no, today I have to make myself prettier than usual”, then I arrived and my son: “Mommy, put this on you look prettier” (Ángela Ríos Zambrano) and I put on make-up, I organized myself and: “Mommy, you look beautiful””. So it is to be able to do that in oneself, that is the healing of oneself, the healing...” (Ángela Ríos Zambrano).
- “ But please, I have to thank you, you gave me the opportunity to talk about this place that I love so much, and it's not now, it's since I met you, since I met you I only speak well of Sanitas. I mean, I can't say enough about everything I have experienced here and how wonderful it is.” (Fanny María García U.).

One of the occupational therapists says: “I think that few dare to look at what is inside a mental health institution, but I think that what is done inside can go outside and show that they are like us, that the disease is not as distant as it is sometimes seen and lower the level of stigma, which I think is the biggest limitation for our patients.... That is everyone's mission, isn't it, that we can all go towards a single place” (Patricia León).

Excerpts

One of the Directives refers to the name of the Clinic and says that understanding the clinic to be: “a field where we can really open the mind for Mental Health patients. And to open the mind is to do a whole process of... of change management with our health teams” (Doctor Paola Rengifo).

“It's finding that you have wonderful things to give because you're seeing in other people those wonderful things. And to develop that and to be able to give it, and to be able to share it. It's a wonderful thing” (Fanny María García U.).

“We work hand in hand with the therapists for the thinking sessions and the dialogue, that is to say the way the therapists communicate with the patients is something that also makes you suspect that you are in a special place” (Professor Ivonne Carolina Gómez).

In the words of Doctor Andrea Caballero: “I have always had the perception that the patients' words sometimes are... can fall short, because the symptoms are very active, because they do not find the words for (...) an emotion or a thought, or because many times they do not want to talk about the subject because of the stigma that this represents”. She shares how she sees in the human sciences, in art, music and literature, a tool to be able to better understand patients, enabling more strategies to communicate. One of the therapists agrees that this opens space for other forms of expression (Liseth Díaz).





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