Abstract: In Austria there are many different kinds of projects in the field of horticulture, farms, gardens, hospitals, care institutions and private initiatives. It is remarkable that the last ten years have brought developments and reformatory efforts to traditional institutions. Simultaneously, associations were founded to start new projects and to work together with organizations for people with various handicaps, university institutions and farm associations.

Keywords: agricultural integration; extra-asylum care; care farms; animal-assisted pedagogics; occupational therapy; mentally disabled

INTRODUCTION

Elements of farming for health in Austria are agricultural integration schemes, horticultural therapy, and animal-assisted therapy. There are a number of agricultural integration schemes for mentally disabled people and psychiatric clients. We estimate that the total number of organizations dealing with such schemes is about 20. The number of individual units run by these organizations is probably more than 250. Farming and gardening constitute considerable components of work-therapy programme. Animal-assisted therapy schemes and horticultural therapy projects also exist; data about number and type have not been investigated yet. Most of the institutions can be found in the northern, eastern and southern parts of Austria. The number is slightly increasing despite serious administrative and bureaucratic challenges. The problem is weak support by authorities and lack of information and cooperation.
This chapter describes different classes of agricultural integration schemes existing in Austria, horticultural therapy and projects in horticultural therapy, and animal-assisted therapy.

**FARMING FOR HEALTH – A SOCIOLOGICAL APPROACH: EXTRA-ASYLUM INTEGRATION SCHEMES FOR MENTALLY DISABLED IN AGRICULTURE AND HORTICULTURE**

Over all countries, mentally disabled persons – being among the weakest members of society – were particularly subject to the economic cycle of agricultural production. The attitude towards mentally disabled changed with changing living conditions and according to the progress of economic development and industrialization. Whereas in pre-capitalist rural communities it was insignificant whether one could read or write, people with learning difficulties later failed to meet the demands of society and got stigmatized. As a matter of fact, the sovereignty of mentally disabled persons diminished gradually. The 20th century saw the transition from the extended family to the nuclear family, especially in rural districts. Whereas there used to be plenty of people to care for the disabled within the extended family, this care has become virtually impossible within the nuclear family. Due to traditional role models women were and are most likely to look after the old and disabled, which added to the physical and emotional strain of agricultural work, especially in part-time farming. Besides, the mentally disabled themselves got deprived of the security they needed since there is usually nobody they can relate to in a modern nuclear family. In many cases they were sent to mental hospitals and excluded from society.

New solutions and strategies to implement an optimal integration into society have to be developed. Starting from the assumption that for various reasons the closure of large mental hospitals and the creation of an extended extra-asylum care system is generally desirable, the implication of such a decision must nevertheless be taken into account. Traditional forms of mental sanatoriums, asylums, hospitals or psychiatric clinics with closed and occasionally open wards are still the rule. Extra-asylum care institutions are still the exception. They run a farm and/or a (nursery) garden for downright economic motives. Yet integration models for mentally disabled people in agriculture can look back on a long tradition. While agricultural work originally had the function to segregate presumably undesired persons from society, the desire to cure the diseased began to gain ground. This was the time of the revolutionary discovery of the somatic causes of mental disorder (Meyer 1973; Wiesinger 1991b; 1991a).

**Classification of agricultural care institutions**

Various aspects must be taken into account when classifying the contemporary agricultural care institutions in Austria: the aim of the care, organizational peculiarities, differing social therapeutic doctrines and, last but not least, the social and legal status granted to the person in need of care.