

MH Dept. TRIESTE

2015

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Italy

- 100.000 inpatients in 1971 in PHs
- 48.000 inpatients in 1978
- All PHs closed in 2000

1978 reform law:

- no Phs admission, no new PHs
- community based care
- human rights focus / involuntary treatment
duration reduced (1 week +) – 2 psych. to mayor
- No police / justice involved – just health protection

Mental Health Departments

- They are rooted in areas of about 300.000 inhabitants and encompasses a number of components:
- -Small general hospital acute units (15 beds), 1/10.000
- -Community Mental Health Centers (up to 12hr, sometimes 24hr) 1/80.000
- -Group-homes 2/10.000 with a wide range of support up to 24hr (17.000 beds in Italy, mostly NGOs)
- -Day Centre (also with NGOs)

Trieste demonstration

- A town **without a psychiatric hospital** for 30 years.
- From total institution to a fully **community based service**, without barriers, immersed in the community, and a low threshold of access.
- Practice with the highest degree of **freedom**, following the principle of respecting user's power of **negotiation**.
- There are places, like the CMHC, group homes, day centres, social clubs, where anybody can live **health and ill mental health** in their interface in people's lives.
- Mental health issues are recognized in their intersections with **mental ill health and social inclusion** (with welfare systems), with justice, with general health and health needs.
- The paradigm of illness is broken in favor of that of the **person**.
- It is possible to open an issue of diverse **stakeholders** and collective subjects (users, families, networks, community, society) and of their power, while the vertical power of psychiatric institution has been dismantled.

Objectives / goals

- Replacing psychiatric institutions with a network of community services totally alternative to it.
- At the same time, enhancing rights of citizenship of people with mental health problems and providing a whole-life whole system response to their needs of care.
- The subjectivity of clients, their life stories and their aspirations are considered as the main tools for providing treatments and developing services.

Trieste / AAS n.1

- The Healthcare Agency is organised as follows:
- **4 Healthcare Districts** (each responsible for approx. 60,000 inhabitants), operating according to area (primary care and home care, the elderly, specialised medicine, Rehabilitation, Children and adolescents, Family counselling, District diabetes centre)
- **3 Departments** (Mental Health, Dependency, Prevention)
- **2 Specialised Centres** (Cardiovascular and Oncological).
- **118** Service for health emergencies
- 1215 employees.
- Budget: cash balance € 29,327,155.82

The Mission of MHD

- **The MHD shall operate for the elimination of any form of stigmatisation, discrimination and exclusion concerning the mentally ill persons.**
- **The MHD is engaged to actively improve full rights of citizenship for the mentally ill persons.**
- **The MHD shall ensure that the community mental health services of the LHC have a coherent and unique organisation as a whole, through a strict co-ordination of actions and links with the other services of LHC, particularly with general health districts and emphasizing the relationships with the Community and its institutions.**

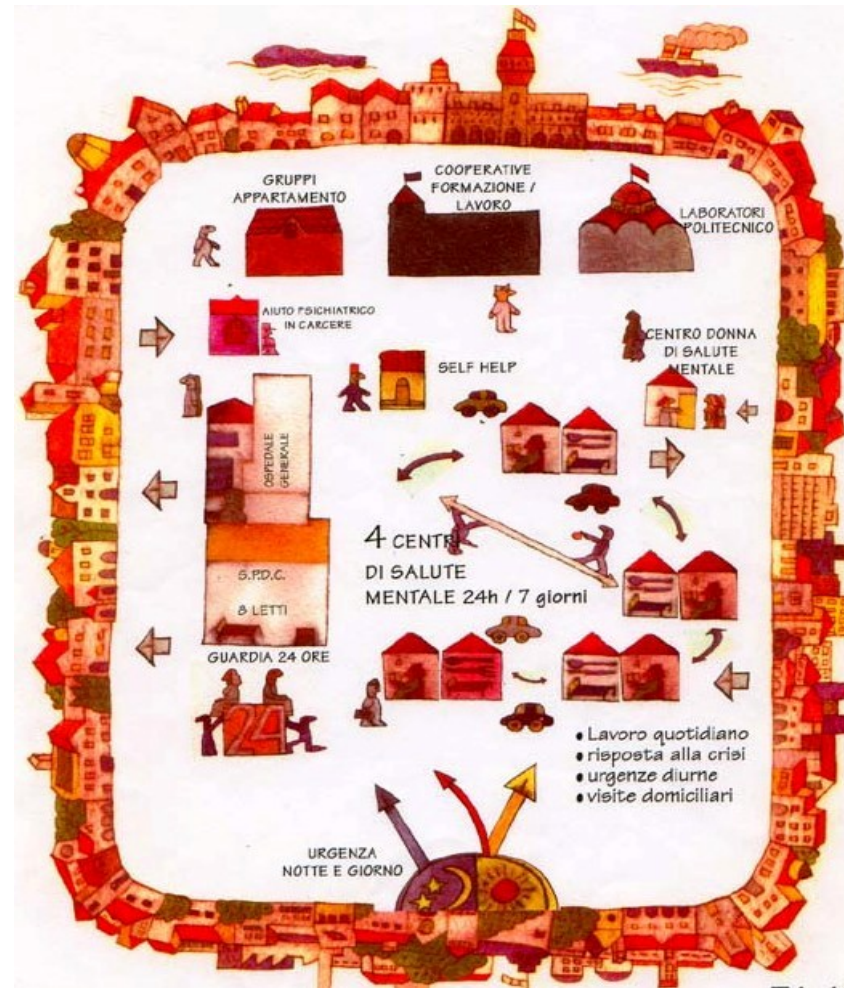
Today's features in Trieste (WHO CC lead for service development) are:

Services:

- **4 Community Mental Health Centres** (equipped with 6-8 beds each and open around the clock) incl. the University Clinic
- **1 small Unit in the General Hospital** with 6 emergency beds;
- **Service for Rehabilitation and Residential Support** (12 group-homes with a total of 60 beds, provided by staff at different levels;
- **2 Day Centres** including training programs and workshops;
- **13 accredited Social Co-operatives);**
- Families and users associations, clubs and recovery homes.

Staff:

- **215 people** - 1/1.000 (26 psychiatrists, 9 psychologists, 130 nurses, 10 social workers, 6 psychosocial rehabilitation workers).

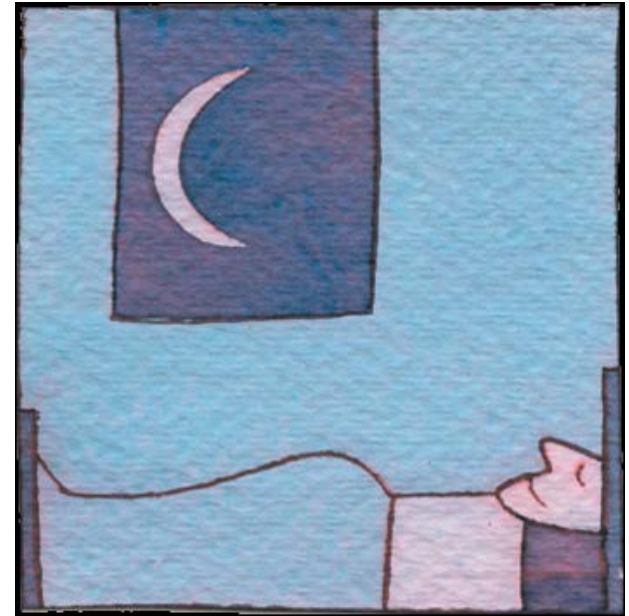


PROGRAMMES

- User training and involvement
- Information for family members
- Prison consultancy service
- Promotion of social enterprise activities
- Creative/play activities
- Promotion of self-help activities
- Intensifying relationships with health districts
- Intensifying relationships with hospitals
- Relationships with the city's cultural agencies
- Gender difference and mental health
- Prevention of "lonely deaths" ("Amalia" project)
- Suicide prevention "Special Telephone" project)

Where are the "beds" today?

- Year 1971:
- 1200 beds in Psychiatric Hospital
- Year 2015:
- 78 beds of different kind in the community:
- 26 community crisis beds available 24 hrs. Mental Health Centres (11 / 100.000 inhabitants)
- 6 acute beds in General Hospital (3,5 / 100.000)
- 45 places in group-homes (20 / 100.000)





Overarching criteria / principles of community practice in the MH Dept.

- Responsibility (accountability) for the mental health of the community = single point of entry and reference, public health perspective
- Active presence and mobility towards the demand = low threshold accessibility, proactive and assertive care
- Therapeutic continuity = no transitions in care
- Responding to crisis in the community = no acute inpatient care in hospital beds
- Comprehensiveness = social and clinical care, integrated resources
- Team work = multidisciplinary and creativity in a whole team approach

***Whole life approach = recovery and citizenship,
person at the centre***

What is a 24hrs CMH Centre?

An open door on the street

A multidisciplinary team in a normalised therapeutic environment (domestic) for day care and respite, socialisation and social inclusion

A multifunctional service: outpatient care, day care, night care for the guests, social care & work, team base for home treatment and network interventions, group & family meetings / therapies, team meetings, mutual support, relatives and other lay people visits, inputs and burden relief.

Social cooperative home management

Leisure and daily life support (self care; breakfast, lunch and dinner)

And many other ordinary and extraordinary things ...

Hospitalisation / hospitality

Institutional rules
Institutionalised Time
Institutionalised (ritualised)
relations:

among workers / and with
users

Time of crisis disconnected
from ordinary life

Stay inside

A stronger patients' role

Minimum network's inputs

- Agreed / flexible rules
- Mediated time according to user's needs
- Relations tend to break rituals
- Continuity of care before/during/after the crisis
- Inside only for shelter /respite
- Maximum co-presence of SN

Hospitalisation / hospitality

Difficult to avoid:

Locked doors

- Isolation rooms
- Restraint
- Violence

Illness /symptoms /body-
brain

- Open Door System
- Crisis / life events /
experience / problems

How much does it cost?

1971:

- **Psychiatric Hospital 5 billions of Lire (today: 28 million €)**

2014:

- **Mental Health Department Network 18,0 millions €**
- **79 € pro capita**
- **94% of expenditures in community services, 6% in hospital acute beds**



Personal healthcare budgets

- In the last few years Trieste has built up the possibility of investing large sums of money to help particularly difficult patients using personalised healthcare budgets, by setting up special projects with the support of NGOs.
- 160 clients per year receive a personal budget in order to fulfil the aims of a joint and shared plan of recovery in the areas of housing, work and social relationships.
- This allowed the process of reducing group homes and developing independent living
- This represented about 17% of the overall budget of the DMH in 2011, while about 4% is devoted to economic aid, training grants, leisure and projects with NGOs (s.c. extra-clinical activities).

Moreover:

- About 180 people are in professional training every year on work grants, and 20-25 of these find proper jobs each year in the Trieste job market, many in the field of social cooperation and about a third in private firms.

The coops: activities

- cleaning and building maintenance (diverse agencies)
- Canteens and catering, incl. Home service for elderly people
- Porterage and transport
- Laundry
- tailoring
- Informatic archives for councils, etc
- furniture and design
- cafeteria and restaurant services
- Hotel
- Front-office and call-center of public agencies
- Museums' staff
- agricultural production and gardening handicraft
- carpentry
- photo, video and radio production
- computer service, publishing trade, CD-Rom
- serigraphics
- theatre
- administrative services
- Group-homes (type A)
- Parking

CSM DOMIO



CSM BARCOLA

Table 1. Development of people in high-intensity residential facilities between 2002 and 2012

	No of facilities	Beds	Deceased	Transferred to nursing homes	Transferred between facilities	No. of supported housing projects
2000 - 2002	12	93	-			-
2003 - 2005	12	88	8	9	27	21
2006 - 2012	8	42	6	10	44	49
10-year summary	- 4	-51	14	19	71	70
		Reduction				
		--55%	9.60%	13.00%	49.00%	48.00%

Facts on outcome, impact and effectiveness

- Freedom in care with no need for new asylums. :
- (a) Compulsory Treatment Orders (CTOs) discharge rates in the Region Friuli Venezia Giulia are one of the lowest in Italy, with 9 cases per 100 000 population per year compared to a national average of 17 (Ministry of Health, 2011). Moreover, two thirds of people under the CTOs were treated within CMHCs rather than in inpatient facilities in Trieste
- (b) There are no people in forensic hospitals from Trieste from 2006.
- (c) Mental health services do not make use of restraint measures, such as locked doors and mechanical restraint.

Transferability, scalability and cost-efficiency

- This organization has become the regional model for all mh Services in Region Friuli-Venezia Giulia (1.200.000) but not for the whole country, despite the request of family and user organizations.
- Many organisations from all over the world visit Trieste every year (up to 900 persons as professionals, managers, politicians and stakeholders in general).
- Trieste is Lead WHO Collaborating Centre for service development from 2005.
- The sustainability is demonstrated because the overall cost of services provided by the MH Dept is no more than 60% of the cost of the former asylum.
- The number of people treated in a more humane system of care is more than 5000 as compared to 1200 in 1971.

Outlook & Transferability

- The practice was recognised as an experimental pilot area of mental health de-institutionalisation by the World Health Organization in 1974, became a WHO Collaborating Centre in 1987 and is reconfirmed as such until 2018.
- This means assisting WHO in guiding other countries in de-institutionalisation and development of integrated and comprehensive Community Mental Health services, contributing to WHO work on person centred care and supporting WHO in strengthening Human Resources for Mental Health.
- Because de-institutionalisation was so successful in Trieste, the community-based approach has been implemented in the whole Friuli Venezia Giulia region and is acting as inspiring model for services, organisations and countries in more than 30 countries - so far particularly in Europe, Asia, South America, Australia and New Zealand.

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