

Trieste

Features of Living Well approaches:



Access

Provide timely access to help support when and where it is needed



Strengths

Work holistically, building up and on people's strengths



Voice

Put the voice of lived experience at the centre of services and the system



Citizens

See people as citizens within communities, rather than 'patients' or 'professionals'



Networks

Activate supportive social networks in the community



Collaboration

Work collaboratively and flatten hierarchies



Outcomes

Are accountable for people centred outcomes that promote choice, recovery and citizenship



Learning

Having permission to test and learn together

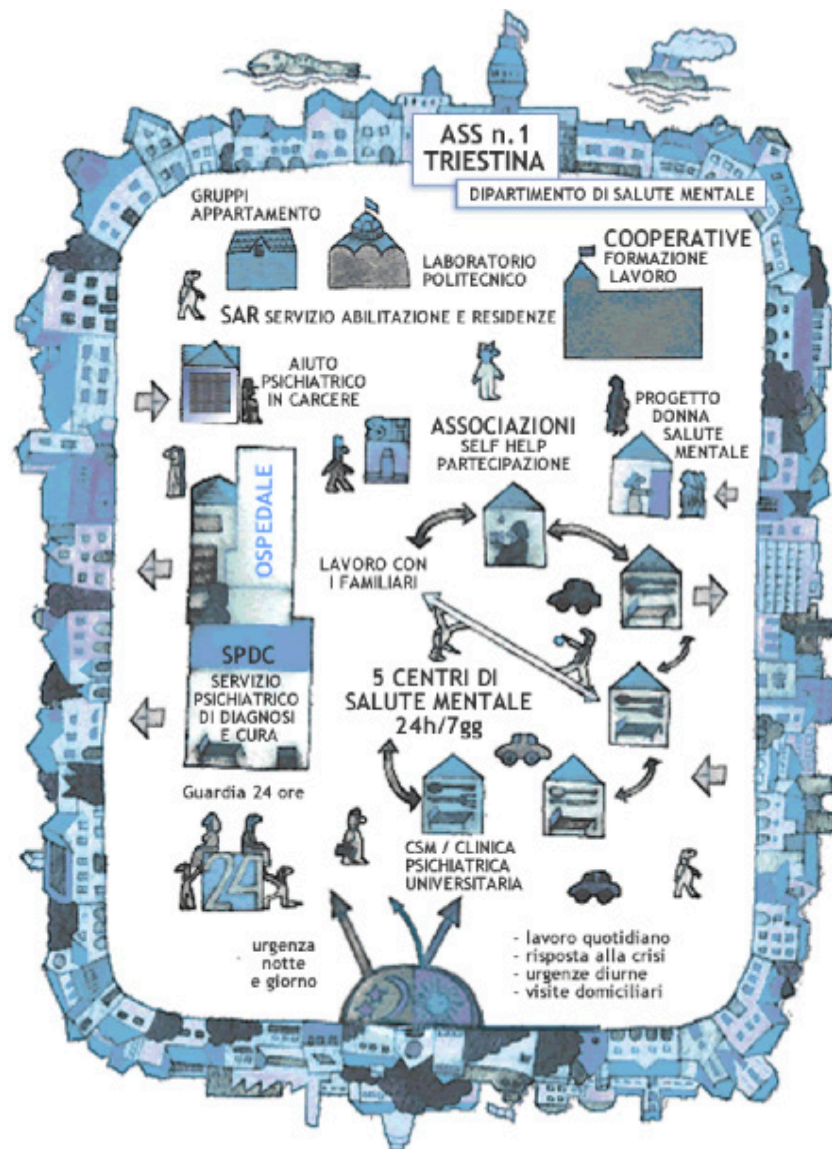
What is it?

When Trieste's Psychiatric hospital closed in 1980 a new vision for mental health services took shape in the city. Psychiatric institutions were replaced by a network of services that would be fully embedded in the community, highly accessible and with a low threshold of access.

The service offer is delivered primarily through four Community Mental Health Centres (CMHCs), which are open 24/7 and have a small number of beds. Practice in the CMHC multidisciplinary teams is informed by the interplay between medical and social determinants in mental illness. Alongside the CMHCs, the general hospital has a psychiatric unit, which has 6 beds, used mainly for emergencies. A Rehabilitation and Residential service provides supported housing and a network of social cooperatives offer training, employment and social support services, including activities for families and carers.

How does it work?

The offer of support is underpinned by a culture that recognises the right to be 'mentally different', as opposed to 'mentally ill'. It focused on people's right to citizenship and to participate in the social life of their community. By dismantling the vertical power system of the psychiatric institution, Trieste has been able to focus on the subjectivity of clients. Their approach emphasises clients' own power of negotiation and embraces their life stories and aspirations as the main tools to develop treatment and services.



The service is composed of:

4x Community Mental Health Centres that each serve a population of 50 to 60 thousand. They are open 24 hours a day and each have four to eight beds.

1x General Hospital Psychiatric Unit with 6 beds that is mainly used for emergencies at night, with people usually staying less than 24 hours.

A Rehabilitation and Residential Service which has its own staff and liaises with nongovernmental organizations (NGOs) in managing approximately 45 beds in group homes and supported housing facilities.

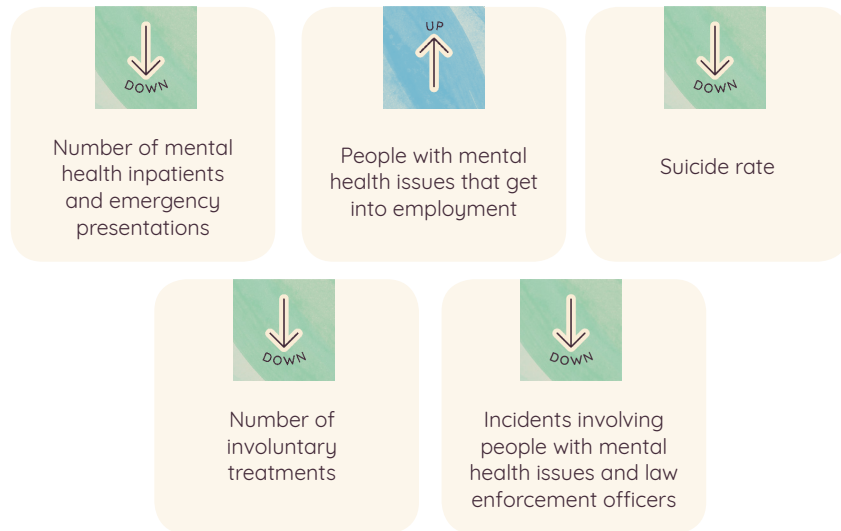
A Recovery House that was set up in 2015. It offers a safe space for mental health service users, their families and professionals to come together and explore different paths to recovery. The process is based on dialogue, shared learning, reflection and mutual support.

The DMH collaborates with a network of 15 social cooperatives that provide a wide range of employment, training and support services. The DMH also funds a number of programs provided by NGOs, for example: associations of users and caregivers, clubs, self-help centers, training leisure and cultural activities.

Trained peer support workers are part of the community mental health team. Associations of citizens are channels for users to engage with and shape services.

Around 160 service users each year receive a personal budget. This corresponds to around 18% of the DMH's yearly budget.

The difference it makes



“The focus is on the person; the illness is put ‘in brackets.’ Long stays in hospital never treat mental illness; they often make it chronic and promote demoralization, along with new and worse symptoms. For deinstitutionalization to work, there must be not just the closing of hospitals, but also the opening of society. Patients had not only to be discharged from closed units, but also embraced by open communities. This doesn’t happen without a lot of organization, preparation, hard work, persuasion, and occasional turmoil.”

- Dr. Mario Colucci, Psychiatrist *

* World’s best and worst places to be mentally ill, Psychology today Dec 2015

<https://www.psychologytoday.com/us/blog/saving-normal/201512/worlds-best-and-worst-places-be-mentally-ill>

From the evaluation

The radical reform of mental health services that started off in Trieste in the 70’s has had a very significant impact in the city and also an important influence on mental health services across the country.

Psychiatric hospital closure: In 1980, after 9 years of phasing out, Trieste’s psychiatric hospital was closed and replaced by a network of mental health care services in the community. Following in Trieste’s footsteps, all psychiatric hospitals across Italy were closed by the year 2000.

Support in the community: across town there are approximately 50 sites where mental health activities of different kinds are carried out.

40% reduction in suicide rate: Trieste’s suicide prevention programme has succeeded in reducing the suicide rate by 40% over 15 years.

The lowest rate of involuntary treatments across the whole of Italy: in 2016 only 20 people underwent involuntary treatments. This is equivalent to less than 7/100.000 inhabitants.

No psychiatric service users are homeless: there are no homeless clients because the CMHC beds function as shelters until suitable accommodation can be found.

Employment and integration: about 250 people every year are in grant-funded professional training and about 10% of them find jobs in the social or private sector.

Forensic hospital closure: the number of inpatients in forensic hospitals had been steadily declining, from an average of 20 in the ’70s to an average of 0.5 in the noughties. Trieste’s forensic hospital was finally closed in 2015.

Fewer staff: in 1971 there were 524 members of staff. Today they are 220.

From the evaluation



A radical reduction in the number of psychiatric hospital beds:

in 1971 there were 1200 beds in Trieste's psychiatric hospital. In 2015 there were 6 acute beds in the general hospital; 26 community crisis beds across the four mental health centres; and 35 places in supported group homes.



Better outcomes for service users:

in a sample of high priority users a 5 year follow up showed a high rate of social recovery, reduction of symptoms and increased social functioning. There was also a 70% reduction in days of admission. Other studies report a 50% reduction of emergency presentations at the general hospital over 20 years and evidence that CMHCs are effective in crisis resolution and in preventing relapses. Moreover, qualitative research highlighted the connection between recovery, social inclusion and participatory citizenship.



Lower cost: in 1971 the budget for mental health services amounted to the equivalent of €26 Million. In 2001 it was €14 million.

"Mental health services in Trieste put their trust in us and in our potential every single day. The memory of what we have gone through is alive in us, but we have managed to take a positive outlook on it. Personally, but I believe I speak for others as well, if it hadn't been for Trieste's mental health services, I don't know how our stories would have turned out. [...] I often think about the lottery of birth, of being here in Trieste and having the opportunity to undertake this kind of journey..."

- Silua, peer supporter and service user *

* Una Citta' <http://www.unacitta.it/newsite/index.asp> n. 250 / 2017

"As for 'permissions', we do not have fixed protocols, but we act on a case by case basis. Our experience suggests that no protocol works for everyone: each person has their specific needs. We have taken initiative to do things that, when you describe them, could make you smile. For example, we accompanied an inpatient home so that he may take care of his cat. In this example going home was a primary need for him and therefore we felt that we could not ignore it."

- Angelo Bessio, mental health nurse *

* L'esperienza di Trieste, <http://www.nuovarassegnastudipsichiatrici.it/attachments/article/131/NRSP-Vol.9-11-L'esperienza-di-Trieste.pdf>

"Services offer you a support net, which is there for you, although not always visible. This is what enables you to move on, because when you 'get out' and get back into the community, there are many setbacks and knowing that there is someone or something you can count on is very important."

- Siluana, Empowerment College staff member and service user *

* Una Citta' <http://www.unacitta.it/newsite/index.asp> n. 247 / 2017

Find out more

Site of the Mental Health Department of Trieste

www.triestesalutementale.it

From the Asylum to territorial services for mental health Dell'Acqua, P. , Innovation for Development and South South Cooperation (IDEASS Italy),

<http://www.triestesalutementale.it/english/doc/BrochureTriesteENG.pdf>

Community Mental Health Care in Trieste and Beyond. An "Open Door No Restraint" System of Care for Recovery and Citizenship. Mezzina, R., The Journal of Nervous and Mental Disease, Volume 202, Number 6. 201

<https://www.ncbi.nlm.nih.gov/pubmed/24840089>