

De-Institutionalisation and Community Living since 1980

Italy/Trieste Mental Health Department & WHOCC

SUMMARY OF PROJECT

Since 1980 the city of Trieste has closed psychiatric hospitals and set up a network of 24-hour community mental health centres capable of dealing with the most severe conditions and of supporting clients in their daily life, with a view towards recovery and social inclusion.

“As a result of the community mental health centres, deep changes have also occurred in the attitude of communities towards mental health issues.”

—Roberto Mezzina, Director, MH Dept / WHOCC of Trieste

FACTS & FIGURES

- The Trieste DMH manages 4 community mental health centres, each open 24 hours/7 days a week, with 4–8 beds.
- The mental health system includes a rehabilitation and residential support service, with 45 beds in group-homes, as well as a network of 15 social cooperatives, that integrate persons with mental health issues and other disabilities as full members of a social firm.
- Each year 160 clients receive a personal budgeted plan of care.
- About 180 people are in professional training on work grants, 20–25 of whom find employment in the Trieste job market annually.

PROBLEMS TARGETED

Persons with mental health issues used to be held, treated, and categorized as inmates, kept in a locked institution, and excluded from families and community.

SOLUTION & METHODOLOGY

As a result of the Italian Mental Health Reform Law (1978), psychiatric total institutions (e.g., asylums, large psychiatric hospitals) were closed and replaced by regional Mental Health Departments over a period of two decades. These offer a wide range of services, such as community mental health centres,

small units in general hospitals, day-care centres, and community residential solutions for supported housing. Inpatient beds were closed and patients discharged to their original families, to independent living, or to group-homes. The Trieste Mental Health Department represents the pioneer and most successful example of this reform effort. Beneficiaries can now use services without losing any rights, such as community membership, employment, and the full respect of their human rights.

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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