

TRIESTE MENTAL HEALTH DEPARTMENT

De-institutionalisation and human rights – the case in Europe.

“(…) In Italy, the 1978 Mental Health Reform began a process of “humanization” of the psychiatric hospitals and led to the creation of community based services capable of enabling patients to live in normal environments. The Italian city of Trieste has created an impressive network of community based services, protected apartments and co-operatives employing mentally ill persons. The psychiatric hospital in Trieste was closed down and replaced by community mental health services operating 24 hours a day. These centres provide medical care, psychosocial rehabilitation, social assistance and when necessary treatment of acute episodes. A number of protected apartments providing a “non medical” and friendly environment for the most severely and chronically ill were created. Finally, work opportunities have allowed many patients to secure a substantial integration into the community life.”

*From “Stop exclusion - Dare to care” –
World Health Day 2001.
World Health Organization, Geneva.*

The Mental Health Department in Trieste, the town where Franco Basaglia operated from 1971 to 1980, serves a catchment area of 247.000 inhabitants.

Today's features are:

- The facilities: 4 Mental Health Centres (equipped with 8 beds each and open around the clock) plus the University Clinic; a Service for (Re-)habilitation and Residential Support (11 group-homes for an amount of 81 beds, provided by staff at different levels; a Day Centre including 6 creative workshops); 13 accredited Social Co-operatives; a small Unit in the general Hospital (Service for Diagnosis and Care, with 8 emergency beds).
- The staff: 236 people (28 psychiatrists, 6 psychologists, 180 nurses, 10 social workers, 6 psychosocial rehabilitation workers).
- The cost: 14.200.000 euros (in 1971 the psychiatric hospital cost an equivalent to 28.400.000 euros).

FUNCTIONS/ACTIVITIES/PROGRAMMES

- Overnight hospitality
- Hospitality/Day hospital/Day centre
- Out-patient activities
- Home-care activities
- Individual and group therapy
- Psycho-social support/activation of networks
- Psycho-social rehabilitation
- Residences
- Professional training
- Job placement
- Aggregation and free time

- User training and involvement
- Information for family members
- Involvement of GP (“Health tutor”)
- Prison consultancy service
- Prevention of “lonely deaths” (“Amalia” project)
- Suicide prevention (“Special Telephone” project)
- Continuous improvement of quality
- Facilitating itineraries for membership in associations
- Basic and professional training activities
- Promotion of social enterprise activities
- Creative/play activities
- Promotion of self-help activities
- Intensifying relationships with health districts
- Intensifying relationships hospitals
- Relationships with the city’s cultural agencies
- Gender difference and mental health