Partnership trip to the mental health services of Trieste and District

May/June 2006

A personal reflection of an N.H.S. Chief Executive from an English provider of secondary mental health services

Introduction

The Cornwall Partnership Trust has, for the past three years or so been a very active development site for what came to be known as the 'Whole Life Project' which saw a number of English sites, principally in the east of the country but including Cornwall and Plymouth attempt to re-think and re-shape their services in a way consistent with 'Whole Life' principles which very much adopting community based and socially inclusive approaches to mental health. The project was about looking beyond institutional care and traditional 'treatment' models to one, which promoted citizenship and social inclusion, drawing from examples around the world where service user outcomes were better than being achieved with the traditional UK models. Thus, within the project, sites were encouraged to collaborate between themselves and take the opportunity to visit and collaborate with centres of excellence within Europe and beyond and to seek new thinking from innovative and inclusive practice across the world, particularly in developing countries where sophisticated, and generally expensive forms of care such as those generally found in the western world were not available and yet outcomes were, in some instances, better than achieved in the UK.

Staff from Cornwall Partnership Trust took part in study tours to collaborating sites in Stockholm South, Cavan and Monaghan, Lille, Trieste and Asturias. Similarly colleagues from Europe visited English sites and strong collaborative networks developed. The key objective was to spread the important notions of citizenship, community and inclusion whilst tackling the stigma and discrimination against those citizens who have mental health problems. As part of this programme and as a keen participant in the 'Whole Life' Project I joined other Chief Executives and medical Directors on a Study Tour to Trieste in the summer of 2005. The impact of those three brief days was immense and had a major influence in my thinking regarding the future of services in Cornwall and perhaps England as a whole. Although, having planned to retire from my Chief Executive post in the following year I was wanting to maintain a role in mental health work, primarily in advancing the principles and practices of inclusion and citizenship within mental health work but also to continue to support work in the South west of England to demonstrate what might be the future for services in individual localities but perhaps also on a wider national scale.

Having hosted visits from colleagues from Trieste at a conference in Cornwall I used the opportunity of having been invited to an international conference in Trieste to speak on Social Inclusion work in Cornwall to seek an opportunity to have a slightly longer look at the services and people that had so impressed me on my brief visit last year. Thus during May of 2006 I was privileged to be the guest of my colleagues from Trieste. The following is a very personal reflection upon that visit and my thoughts and feelings as I spent time with and amongst staff, users and carers as well as a range of other key health and social care players in the city and its surroundings. It goes without saying that these views are my own and I wish for no assumptions to be made on those views alone. I have offered observations that are not meant to be impertinent but rather because my good friend Dr Roberto Mezzina asked me to do so as part of the reflection that is so much part of the 'Trieste' way of doing things. I hope that any comments are seen to be helpful but they are, first and foremost my personal views. Finally, in this introduction I would like to thank Roberto, Peppe Dell Acqua and all their wonderful colleagues and service users for making the trip so memorable, enjoyable and informative. The hospitality and friendship (not to mention patience at my total lack of Italian!) was immense and probably reflects certain underlying and fundamental values of comradeship and collaboration, which underpin much of what is so impressive about Trieste's mental health services.

Having delivered my presentation at the conference I had the opportunity to meet with colleagues old and new from across Europe and beyond. The opportunity to compare and contrast not only services but attitudes cultures and beliefs was invaluable and as ever there was so much to gain by just talking with like-minded individuals, who, despite the potential barriers of language and culture, seem to hold, in their hearts, a real desire to see mental health services move out of the shadow of institutionalisation and the margins of speciality into the real world of communities, citizenship, well-being and social inclusion. The twin evils of stigma and discrimination are on everybody's lips as different people spoke of different ways to attempt to overcome those two particular hurdles. There is common agreement that traditional approaches that reinforce stigma and discrimination must be challenged. Heroic tales of hospital closures, liberation of service users and huge steps forward in community engagement were shared both

in the many formal meetings but importantly in the social gatherings that are so important in forging lasting partnerships and alliances. It is clear that everybody had something to offer and many things to learn but it was heartening to meet so many people from so many countries who feel passionate about moving mental health from the margins of systems, services and the public eye into a recognition that it is part of being a community, part of being a citizen living alongside other citizens and that solutions lie in those relationships rather than only in artificial relationships of doctor/patient, nurse/doctor, carer/social worker. I experienced an avalanche of ideas, a multitude of inspirations and most of all a huge dose of hope and optimism that the world of mental health and citizenship is alive and vibrant and simply in need of people coming together and collaborating and influencing and changing; changing the thinking, changing the practice and changing the culture.

Day Two

On this first Friday I was delighted to be able to make the hour or so train journey to Udine to meet the mental health team that covered part of that region north of Trieste. Renzo Bonn, psychiatrist and his colleagues gave us their time to explain the workings of the team and the wider service and to demonstrate that beyond Trieste there is much to applaud in the mental health services in Italy. Renzo had been the lead psychiatrists in one of the Centres/areas of Trieste and indeed was much respected and loved in Trieste where his name was mentioned many times. We spent time at the mental health centre and with Antonio looking at one of the living situations in the town. As in Trieste I was hugely impressed with the level of commitment, dynamism and sheer guts of the team. There is a sort of 'organic' feel to the way they work which rarely takes the focus away from the service user and his/her life experience. As I would discover during the following week in Trieste, the absence of unnecessary bureaucracy and management is quite startling! Indeed it verges on the shocking insofar that transactions and activity that I may have long since conceded as helpful in England were totally unnecessary in this system. This is a feature I will return to later. I will not linger on the Udine trip simply because I have not discussed writing this with Renzo and his team and there will be other opportunities to do so. Renzo and I spent some time together and I enjoyed the hospitality of his lovely family and have agreed to remain in touch and attempt to ensure that any developments between the Southwest and Italy will; allow Udine to be involved. Less famous than Trieste one sensed that all that is good about the latter finds expression also in Udine.

Days Three and Four

Over the weekend I had the opportunity to get to know Trieste and my hosts very well and much debate on the nature of the world and mental health was discussed late into the nights!

Barcola

From Monday to Thursday I had the opportunity to become 'part' of the world at Barcola, the sector of Trieste headed by Roberto Mezzina and including medical and nursing colleagues I had met whilst they were visiting Cornwall. There was no formal programme but I was 'absorbed' into the daily life and work of the wider team in a way that I found quite humbling. People were unbelievably kind and patient with me, ensuring that I was included as much as possible without ever making me feel a nuisance or a burden. I was expected to 'blend in 'and play a part in the life of the place, which made the experience hugely helpful and inspiring. I resolved to try and capture feelings and observations into a Dictaphone rather than reflecting days or weeks later. The following represents a distillation of those verbal notes and observations plus a few retrospective comments.

Day Five

I arrived at Barcola, the Mental Health Centre at about 8.45 am in the morning. The reception area was a hive of activity: doctors, nurses, social workers all milling around the workbooks to see what had happened over the weekend and trying to somehow allocate the work that they needed for that day. It seems a very open system; people pick up the work as it comes in. There does not seem to be any obvious caseload system and whilst I believe the doctors do have their own patients, I think the nursing staff and others pick things up as they need to and by a process that seems, superficially at least, devoid of conflict or professional rivalry. There is a sort of communality that pervades. The work needs to be done; the team gets on and does it without the need for lengthy debates about eligibility, appropriateness or delay. It would be tempting to talk about democracy at play but this is a contentious subject and one that is worthy of further discussion later. Suffice to say that perhaps the system is one that hovers somewhere between democracy and benign oligarchy?

I was immediately struck by the informality of it all which was a an extremely pleasant sort of chaos but at the same time it seemed that everything that needed to get done, got done and time and energy was not wasted 'negotiating' the detail of the various roles. This was so refreshing to witness in action. There was maturity to it, which clearly is required for a team to operate with the minimum of complexity or bureaucracy. It was the first point where I became actually conscious of one of the fundamentals of Trieste, namely the centrality of mature and positive relationships within the team but also between staff and service users. Issues of workload or process seemingly did not unduly concern the team, it would appear.

After a brief meeting and a few introductions with people it became clear that a very, very close, almost family like situation, governed the workings of the service. Certainly the mutual respect was very apparent, even without the benefit of knowing the language, as indeed was the affection that existed between people.

As all this was going on, service users were mingling amongst the staff and certainly there was a huge amount of respect. I noticed that when users talked to the staff, the staff detached themselves from what they were doing and gave full attention to the service user and what they had to say. It is interesting to note the very strong eye contact and attention given to users, which was very focused despite all the distractions. There was little doubt that once engaged they had the full attention of the member of staff. This was a small detail but one which demonstrated a detailed playing out of the centrality of service users. I loved the way the service users attending the centre were not shepherded away from the dynamics of the hurley burley of the early morning work rush. It was their centre as much as the staff's and that seemed to be well respected. They seemed to understand that the work of the team was important and needed to be sorted out!

Following a brief discussion, I was asked if I would like to go with one of the psychiatrists, Francesca, who had a meeting to discuss a case with some of the Community Health Services. When we arrived we were faced with two doctors and two social workers and a nurse. The discussion centred upon a woman who was in a catatonic state in a physical health rehabilitation centre. The patient was from Madagascar and the discussion centred on whether she should continue to be assisted by the physical health team or that because her problem was psychiatric she should receive services from Barcola. The Mental Health Services were suggesting that she was too physically unwell to be transferred home to be supported solely by the psychiatric services. Although somewhat limited by the lack of Italian it was fascinating to watch as they debated what was an incredibly difficult situation. The woman was catatonic, was socially dislocated, and did not speak Italian. I was hugely impressed by the way in which people did set about resolving the problem and whilst there were clearly tensions, there seemed to be fewer of the positional stances taken that one might see in English systems. Again, it was very apparent of the informality and the way in which the different professionals seemed to operate from a very level playing field. It did not seem at all an hierarchical exchange.

Eventually an agreement was reached, an agreement which seemed to please the Mental Health Service as the person was going to be moved to another place to be reassessed but the Mental Health Service would attempt to involve the Madagascan authorities and possibly to assist the woman to go home but they would visit her again at the hospital on the following day, before she left. I had a real sense that all in the room never lost sight of the fact that the woman had complex problems which required all the professionals to work together.

We came back to the Mental Health Centre at Barcola and it was just amazing really to see how the whole place seemed to operate in a very organic way. Everyone milled about and if one didn't know better one might have seen it as some form of chaos but things were getting done, things were getting sorted. The hub seemed to be around the duty desk where they had a nurse who was filtering all the calls. There was no receptionist and I heard one comment that by having one of the team taking calls they feel that when a call comes in then there is someone on the end of the line who can directly answer the query or give information. Whilst this has merit I wonder whether a highly trained information/ customer service person might do the job equally well and free up the professionals' time.

People milled around picking up work, agreeing what should be done and who should do it. It was very interesting the way in which there didn't seem to be formal organisation but people picked up the work and openly seemed to work with their colleagues in agreeing the actions which needed to be taken. I

suspect that senior doctors and the chief nurse had a greater say in some of the decisions although I have no evidence to support this view. Throughout all this, service users continued to occupy the same space as the staff and it was fascinating to see the level of contact, both physical and from the personal dynamic point of view. There was plenty of physical contact with service users, lots of recognition, lots of acceptance of them as part of what I can only describe as a big family atmosphere. At no point did I see anybody patronising anyone or treating anyone any differently than the way in which team members behaved with each other.

Throughout all this activity I was talked and walked through the various things that were happening in the centre, much to the amusement of service users. I was allowed to sit in on a number of meetings, groups and discussions and whilst clearly I did not understand what was fully going on because of my inability to speak Italian it was fascinating to see the interactions between staff and the service users. People did not seem to get hung up unduly on problems of confidentiality. People were respected and told that I was a professional from England who would like to participate and people seemed genuinely happy for me to do so. One group I joined seemed very focussed and I was particularly impressed with the way that there was absolutely no distraction from what was being said despite my presence. The fact that a complete stranger to the group was present did not appear to hinder them in any way at all. Very focussed, very intense, indeed. I was introduced to a lot of service users and again although there was a language problem, I thought it was really very encouraging the way in which it was seen to be the service users' space that we were occupying and therefore introductions were appropriate and a priority. Perhaps users of the Centre are used to seeing strangers? Indeed, one of the service users came up and offered to act an interpreter as she had spent time in England and knew the language quite well.

I was witnessing the various professions, doctors, nurses, OTs, social workers interacting almost interchangeably, although I also witnessed discussion between a team of senior medical staff and one of the senior nurses where very different opinions were given about the hierarchy and the various protocols that existed. However, it was in the form of a real dialectic and one did not feel that at any point the doctor would assert his position in any way, although it was interesting the different perceptions about the roles. Throughout the morning the place just simply buzzed with activity. There was almost permanent engagement between staff and the service users and that involvement included all the staff. One of the cleaners, whom I gather was ex service user, also seemed to play a very important role in the centre and I noticed with great interest and humility, that at one point a user was about to leave and the cleaner took it upon herself to help her make herself more presentable before she left. It was very touching that there was this level of care and attention. One of the things I noticed more than anything in comparison with services in England is the amount of genuine affection and physical contact, which seems to shape the feeling of the service itself. It is spontaneous and universal and perhaps one of the real legacies of the powerful underlying principles that have evolved in Trieste since the 1970's. At times it was virtually impossible to work out what was going on but, like a hive of bees; everything had a purpose and the 'whole' worked wonderfully well. Everyone seemed to know what he or she was doing and what they had to do and the work of the centre was certainly consumed.

At one point a problem arose when a service user came in very wet from the rain, the police having been in the centre earlier looking for him because he had stolen things. I witnessed a very interesting exchange between a psychiatrist and the police negotiating to ensure that the chap was not arrested and he did manage to persuade the police that they should not arrest him but rather to agree to various things that the Mental Health Team could do to try and protect this guy from further involvement with the police. Ironically, the Team's view was that the guy who had been very uncommunicative and very unsociable was, in fact, very well insofar as he was actually quite active and engaging. The psychiatrist was trying to persuade the police that this was just a phase that the guy was going through. He had all sorts of problems but again I was allowed to sit on an interview with this service user with two doctors, two nurses and a social worker, who simply talked to him and tried to understand and try to negotiate what they would do with or without the police but again it was very impressive the way so many people were talking very informally on settees and very tactile again with this quite challenged service user. Eventually, the police came and did what they had to do. It was interesting that that the negotiation was a very dynamic thing, it wasn't staged; it was strictly just a quick meeting to agree the tactics before the police arrived and it seemed to work very well.

So, I had been involved in two situations where it seems that the Mental Health Service, because of its position and its influence, was able to actually get the best 'whole life' outcome for the service user. The

best outcome for the user never moved far from anyone's consideration and everybody saw it a key part of their role to 'negotiate with the community. In all this they found the time to try and explain to me what was happening and the ways of working. It was a very dynamic situation and perhaps we would find it difficult to work in this way because of our bureaucratic systems and processes and there is very little doubt that this Mental Health Team had become part of the life of the community locally and a sort of 'crossroads' for lots of interactions between the community, service users and staff.

I discussed with people the question of caseloads and how those caseloads were organised but it would appear that that is a secondary issue. Most people are under a particular doctor and there is the notion of key workers but at the same time they also ensure that all of the staff are able to respond to and work with individuals, both those that were coming and going to the centre but also those that were temporarily housed here. I am told that about 20 people come in for their breakfast, about 45 for lunch, and about 30 for dinner. Many of those people are people for whom the contact with the centre is the critical point and the way in which people keep in touch with services. This includes an assertive outreach function and what might be described as a Crisis intervention approach. The big difference with the UK is the fact that the community service is fully integrated with the Mental Health Centre at its heart. This allows, perhaps ensures, lots of activity, lots of consultation. It was interesting that in the space of perhaps 45 minutes I had met psychologists, social workers, nurses, support workers and doctors which certainly it contrasted enormously with the more staged individual interviews in our country.

Having been involved in this service for perhaps four hours I can say that it certainly had a significant impact upon me. I had been left to wander about the place, talk to people, as well as not talking to people (!) and to just observe and be part of the dynamic. In that sense, one felt very privileged after initially feeling quite uncomfortable wandering around without any opportunity to communicate verbally. After a while one realizes just how important other forms of communication are and just how much one can contribute without the ability to communicate verbally. I think that there are real lessons to be learned in this respect. It was fascinating.

During lunch I met a visiting colleague from the south of Italy. The interesting thing about the conversation was that like Cornwall the region he came from were what they call a 'Priority One' EU Area which, I presume is the same as 'Objective One'. They too had accessed a lot of Objective One money for their schemes and I am sure we would find it very helpful in Cornwall to connect with them to try and obtain the same support from European funding for a co-operative which was trying to amalgamate employment with cultural activities from the region. It sounded very interesting and my new friend was keen to follow up links with Cornwall. I think that is one to follow up both in terms of the Cornwall Food Project but also for widening our understanding of cooperatives and engaging with the local and regional economy.

I was particularly interested in the way they were attempting to connect small enterprises rather than evolve huge enterprises and I think again one of the things we have been thinking about in Cornwall is how one does connect smaller businesses or enterprises that can have a mutual benefit rather than try to turn them into huge competitive organisations.

After lunch a daily event for basically the whole of the centre, or those that were available is a team meeting. I saw this the last time I was in Trieste at a different mental health centre and again it followed exactly the same pattern of basically a free-ranging discussion between all the staff. They spoke about people about whom there were serious concerns but also in a crude sort of way to organise work and priorities. I suppose the nearest one could associate with this is some sort of ward round or team meeting but it was fairly unstructured but people exercised remarkable discipline both in terms of listening to each other and respecting the views that came up.

As I said earlier, one witnessed a fair amount of professional challenge and disagreement but this seemed to be handled with a maturity perhaps we do not always see in our own systems. One cannot underestimate the importance of debate, challenge and differing views in this system. It is a natural dialectic, which perhaps is not as easily promoted, in a more hierarchical system such as that in the UK. Certainly I saw no evidence of the doctors having the final word, although clearly Dr Mezzina, I suppose, as the Director of the service, took the liberty of summing up after the conversations which I suppose allowed him to convey a point of view. However, it is remarkable that on a couple of points there was

major challenge to him and not necessarily agreement but there was a good level of tolerance of the different points of view, especially on very, very specific points.

Notwithstanding the heavy workload and the demanding agenda, they were sensitive and concerned enough to ensure that I could participate by asking Daniela, one of the nurses that speaks good English, to sit and whisper in my ear the translation of the conversation as it went on which made me feel very much part of the discussion and, in fact, they did take considerable time to stop and allow me to catch up, understand and even give a view. They discussed service users whose problems were very much those facing service users in the UK and I certainly had the sense that the people they were discussing were not hugely different to the sort of people that any team of ours would be discussing, although it must be remembered that they have in many ways incorporated all the functions that we might see in different teams to a single sector based team.

They did focus on one particular case, which had given the whole centre concern. It concerned about a man who lives with his parents and his sister who also had mental health problems. The guy had been admitted to the centre as a condition of leaving the criminal justice system. This bringing somebody into hospital as an alternative to prison and if the person does not agree then the police would revert back to take them through the Criminal Justice system. Over the weekend this man had left the centre and gone back home and there was a huge discussion about how they should deal with the situation. It should be borne in mind that this is a service that has not had any compulsory admissions for at least one year that I know of and I think it is even longer than that. Clearly the prospect using a formal order was something the team wanted to avoid. It was fascinating to see the amount of time spent looking at the various options again in a round the table discussion and very eclectic manner. It was a very genuine way of seeking solutions and being innovative and by lateral thinking and one was very impressed with the sorts of suggestions and proposals that were coming up that did not get overly concerned with diagnosis or clinical detail. Obviously, I did not catch all the conversation but from what I could hear and what I could make out it was a very, very, genuine attempt to look at every possible option to negotiate this chap back into the service in a way that least threatened his citizenship. What was interesting was this was a prelude to a meeting with the family which was to take place at 3.00 pm following this. Again, I was very grateful for the fact that I was included in everything so I had seen them moving all through these processes and I was invited to join the meeting with the family and again, whist not having the language I was able to see the remarkable importance put on relationships, openness and involvement. The place of carers appears to be given far more place in this model than in the UK.

I was very impressed with the amount of time that was spent with the family. The service user's father, mother and sister were joined by four members of staff; the doctor, the nurse, social worker, somebody else who I am not sure but may have been an OT, and I was allowed to sit in. It was impressive to see how much time was given to an open and non-patronising discussion. It was not time where the professionals talked at the carers as there was some very, very, active listening going on and I was very impressed with the very social inclusive way in which they were approaching the problem. They were not focusing exclusively upon how they can get this chap into hospital but also how the family could be helped to help the service user to help himself. It was a very impressive piece of interaction, I thought, and we could certainly learn a lot from the importance placed on carers. Very humanistic, very respectful and without a single sense that 'doctor knows best', even though Roberto and the others inputted quite significantly. I, as an outsider, never felt once that the family were in any way intimidated, oppressed, or made to feel that they were confronted by hostile, or even highly qualified, professional staff.

For the rest of the day I was 'attached' to a number of different staff members and overall it was a remarkable and pleasant experience. We would be accosted by service users and staff alike and I was most impressed with the fact that no matter what was happening there was a genuine pause whilst the interaction took place, albeit a fairly brief one, and it seemed that information and communication was passed on in this way. I think it is a very strong argument for more integrated mental health centres. The pace of the day seemed to be determined by the hyperactive opening hour or two, which was very intensive in the morning, followed by lunch where people seemed to take the opportunity to share and discuss. Lunch is a sort of natural break where people socialise and talk and discuss with a different sort of a pace and the meeting after seemed to consolidate this reflection and the reflection of the day's events and planning ahead. I then had the sense in the afternoon, although the activities picked up again, that there was a lot more measured intervention perhaps. It was a remarkable feeling.

It was most interesting that the case that we had been discussing had further discussion with three or four members of staff, I was allowed to participate and the decision was taken that they would go out to the house and attempt to persuade the gentleman into hospital but expected that there may be difficulties with this and they anticipated having to use a formal process. Remarkably I was invited to go along and whilst perhaps this might in some circles to raise some issues the view was that my presence might assist the agreement to go into hospital voluntarily. This was the goal and thus my inclusion! I am not sure how I felt about all that but I was very happy to help out simply because I felt I had been involved in the process and interestingly enough, their first response was not one of "call the police, call the ambulance, call whatever", even though the view was there was a high degree of risk and that this man had been and could be very aggressive towards members of staff in this situation. I thought it was impressive, given our UK obsession with health and safety and various things like that, that again the first thought was how this gentleman could be persuaded to come into hospital without the course of formal admission. Thus the pragmatic view that turning up with a doctor and three other people might be helpful prevailed and off we went in three very small cars. As it turned out the man wasn't at home so we drove around the streets of Trieste hoping that we might find him but that did not happen. They planned to have another attempt in the morning.

As we were in the centre of Trieste, they kindly decided at 5.30 pm that perhaps I ought to go back to the hotel although they were obviously going back to work and perhaps that was the reflection of different working hours, the Centres, of course, being 24 hour Centres. Although they work shifts, they are split shifts; so one of the nurses that I knew very well from when he came to Cornwall had come in at about 3 o'clock and would work through the night. Again, an absolute sense of team working and I have worked in some very, very good teams in my time, but I was hugely impressed with the way the whole team operated. Although there were lots of 'snarls' and sharp words, there was a really, really strong sense of mutuality and I think the way in which they mingled with the service users and were always polite and respectful, was very impressive.

Most people don't seem to have personal offices or even desks but rather they seem to operate wherever they could grab a space. There were some jokes however about Roberto having the biggest office but again relative to what perhaps our clinicians might expect and want, it was very humbling and indeed there was very little emphasis on personal space. Very few offices have pot plants, pictures of the family around and personal equipment, pens and paper. Offices were very functional and used in a communal way and I think that encouraged people to keep moving around and do the things they needed to do. The virtual absence of administrative staff and no managers raised some interesting debates. Everybody seemed to have what you might call management /administrative tasks and he or she knew what they had to do and got on with doing it. I think it is fair to say that the absence of bureaucracy in their day to day work is quite frightening in terms of what we expect our staff to do, or our staff has to do. Similarly the documentation is simple, straightforward and, one might argue, very effective and it is quite alarming to think what we expect our staff to do.

So overall, a remarkable day - one for me, which was hugely interesting and exciting because it was right at the front end and seeing it as it, literally came in off the street. Being involved with service users and carers and, indeed, with crises and with groups was a very, very, emotional experience in many ways and one in which I was made to feel like a colleague rather than a faceless outsider. Perhaps the most remarkable thing of all was a real sense of integration and the service users being right in the middle of everything and I must admit that I liked the simplicity of approach, which was supported by a very mature and sophisticated set of relationships. It was a fairly simple model but with very sophisticated interventions supported by simple, bureaucracy free processes.

This is a mental health centre; this is where people come and this is where people are treated with respect and dignity. A very simple and powerful message for me when I think of perhaps how we make people refer and perhaps how we sometimes respond Certainly I had the sense that when people turn up, or when people ring up, they get an immediate response despite having the sense that the service was extremely busy and, indeed, they had very real financial problems and restrictions on services. I heard no mention of 'sessions', CPD or ritualized processes to accommodate mangers or senior clinical staff. It is highly appropriate, given the debates that rage about how many in-patient beds a population needs, to mention that they were a little upset because they usually operate with eight beds and they currently had to operate with six beds. In fact, they were operating with six in-patient beds for a population of well over 50,000

Whilst in terms of beds per 100 thousand population, this may not be a lot less than is used in Cornwall the length of stay was much shorter and there was a much more dynamic use of the beds and very much integrated with the rest of the centre's activity. This is the second time I have been here now and I am pretty certain that although it is an urban area there is still a very strong argument for Cornwall thinking about how it can develop the notion of mental health centres which act as a focal point for significant sized communities. One might think of Cornwall working towards perhaps 8 or 10 such centres over time from where it could provide more integrated functions and perhaps basing the main centre of population with outreach from there.

The challenge would be to break through the traditional notions of primary and secondary care. Mental Health Centres become part of the primary access to help, working closely with local community facilities, GPs, housing, employment and leisure points. The current tendency in the UK to attempt to segregate people on diagnosis or severity seems very socially and clinically exclusive. The service should be able to intensify 'organically' dependent on the individual's needs and wants. The Trieste service is very much a community service and people do walk in off the streets literally and they do take on people with a wide range of mental health problems. Perhaps their GP service is less well developed but they too have opportunities to make their service more integrated into general healthcare and are working on this. It may be a useful avenue for collaboration to consider how better to get this better accessibility, integration and inclusion without sacrificing anything on the altar of the Primary/Secondary debate. The consideration may need to move from one of 'stepped or tiered' support to one where the user has choice, in terms of access, 'treatment', and setting. Mental Health centres as a focus, working closely with local health and wellbeing services would offer a novel way of delivering services if the mental health centres were required to establish themselves in a very user friendly and responsive way in the communities of Cornwall. Perhaps there could be a way in which service users could be an integral part of running or developing the ways of working in the centres. Perhaps they could become genuine community controlled resources?

Day 6

Again, I arrived at the centre at Barcola at about 8.30am. It was already a hive of activity, which again contrasts with some our services. Once again the focus of activity was the central reception area where the day books and the various folders with information on services users etc are kept and people come in to see what issues have arisen from the night or day before and also whether there are any tasks that have to be picked up etc, etc.

Once again it was evident that the staff and service users mingled without any sort of formal separation, people acknowledged each other as they went by, whether they were staff or service users. It had been arranged for me to go out with Raphaela a rehabilitation worker, who took me in one of the 4 Centre cars (they don't tend to use their own cars) to the site of the old psychiatric hospital, St Giovanni where one of the buildings is now utilised by a number of the social co-operatives. We were joining a meeting to decide whether or not a service user would be given a contract to join the co-operative. He was a longstanding service user who had been at the cooperative on a 'trial basis' for some time and today a decision would be taken on the future of the arrangement.

The meeting was typified by the very informal and relaxed atmosphere in which it was conducted with a number of us squeezed into a fairly small room. Initially there was a conversation between the vice-president of the Co-operative, a very powerful women who spoke a great deal, and Raphaela, who was there as the representative of the mental health services attempting to get the contract signed to enable the service user (Stefano) to start with the cooperative. There was also a woman who headed up the cooperative, which provided the housing where Stefano lived, and also a woman who was the head of the specific part of the co-operative that was considering taking Stefano onto their workforce.

There was a fairly lengthy and at times, lively discussion between everybody. I presume that they were checking out the suitability of the contract and how the initial period had gone. After a brief time Stefano was invited in. He was a very timid man in perhaps his early 30's whom I gather is very much dominated by his elderly mother but who has had a fairly major mental health problem of a 'psychotic type' who

actually had done very well on his initial placement. The meeting was able to tell him that he had been accepted on a 12 months contract into the co-operative. He was obviously very pleased and it was fascinating to see how all parties, the service user, the co-operative, the mental health services and the Housing co-operative signed the contract. It was all done on a very amicable and equitable basis and it was great to see them do business in such a human and unthreatening way. We might learn a lot about the importance of setting and approach given our traditions of more formal meetings and interviews. Once again I absolutely amazed at the relatively small amount of paperwork and bureaucracy for such a significant and important event. Stefano and some of the others left after this business had been conducted and I sat as Raphaela and the Vice President of the Co-operative talked about a number of other cases that were given rise to concern or that there were issues about. Again I couldn't follow it all, in fact very little of it, but it was very interesting to see again how they very much worked together to resolve problems. Later Raphaela told me that this particular Co-operative was very helpful in the main and I then had the opportunity to look around.

I saw a fascinating combination of different business activities that these co-operatives had. I was shown a radio station that was part of one co-operative, whilst another one was a place where there were lots of people sewing and making clothes. There was no mistaking that this was a real business but one where clearly different abilities and skills were accommodated. I spoke with some of the cooperative members who spoke English who were very proud of their organisation. I was also shown into another room full of computers where people were producing the most amazing posters and pamphlets and booklets and clearly it was a graphic design co-operative withy a very impressive output. The quality of the product both in terms of design and finished article was excellent. Had I not been limited in what I could take back I certainly would have spent money here!

I was shown around by an ex service user who was in fact the supervisor who ran that particular part of the co-operative very effectively and did in fact speak a little English. I was grateful for his friendly and informative tour of the business. So once again an incredible morning just seeing the very strong relationship between the housing providers, the co-operatives in terms of work and the mental health service and I understand the contracts basically tie the service into continue to support the person while they are in the co-operative for a period of time.

Unfortunately it has been pouring with torrential rain for the past 2 days and having got soaked a couple of times we drove back to Barcola and again I walked into lots of activity and it was very interesting because of course yesterday I had picked up some of the lives and stories of a number of the people there and many of them were still there and recognised me and came up and made me feel welcome. I think it was telling that service users saw that as part of their responsibility as well as the staff were very busy, I gather there were only three or four nurses and this caused certain problems but as I say they just got on with organising themselves. The most amazing thing is that there was not a sight of anyone vaguely administrative, secretarial or managerial in the building, it simply was the various workers getting on and organising.

I had a long conversation with Roberto about a number of issues and he was able to tell me that the gentleman we had been out looking for yesterday did in fact agree to come back to the Centre. However, his sister had asked for, and been given 'overnight hospitality' at the Centre as she had become distressed at the conflict and at the potential for family problems. Thus her brother had been taken to what is the equivalent of the general hospital where the mental health service (for the whole of the Trieste region)' has 8 emergency beds. I went with two male nurses to take the sister home and then went on to the emergency centre where we were to pick up the service user and bring him back to Barcola where he had agreed to remain informally. People were very pleased that they had managed to negotiate a way of avoiding compulsory admission, which, as I have noted previously, is regarded as a service failure on the rare occasions it is used. We got there and he didn't seem too happy but I gather that the thing that swung it was basically that the charge sheet that the Police had given indicate that part of the condition for him not being taken through the courts was that he accept a degree of contact with the team at Barcola and certainly his residence was to be there. He had agreed that but it was clear that there would need to be careful 'handling' and 'negotiation' to ensure the tenuous accord was maintained. Again, I was impressed that the negotiations were seen as a central task for the team.

The siting of the 8 emergency beds was horrendous as basically they were in the subterranean part of an old 20th century or possibly 19th century general hospital. Whilst other floors of the hospital may have

been much better this was just the cellar part which resembled the old mental health hospitals with it's grim tiled walls and floors, its awful open piped alleyways, and at one end of a corridor a very poor quality clinical setting where there were 4 male beds and 4 female beds from where, we were to pick up the service user. However Roberto had arranged for the head of unit, a wonderful and vibrant woman named Nicolette, to show me around and she described the old unit as 'Guantanamo Bay'. She told me it was "fucking shit" which I thought was a really good description of the physical environment. It was clear from talking to Nicolette that notwithstanding the poor ward environment the attitude and practice there was as positive and respectful as the rest of the service. Nicolette then took me up two flights of stairs into the hospital where they had just had developed a brand new unit for the emergency beds and which was due to open within the next week or so. Wow! the contrast was remarkable. The replacement unit has 6 beds and it is the most fantastic design you could imagine. If we think our hospitals are modern then we should take another look at them. This was just a superb modern design with great attractive, functional and stylish furniture, modern artwork, and most importantly a very high level of comfort and facilty. I think it was a Finnish company that had done the work; absolutely fantastic! I would have been very happy to have it as a flat, beautiful finishes, well thought through, very practical, absolutely amazing place. As she proudly showed me around the en-suite bathrooms, the beautiful designs, the sitting areas I had to remind myself that this facility is one which when people have serious mental health problems during the night they are brought or sent to this place having pitched up at accident and emergency or even within police custody. Basically, people are taken there so as not to disturb the people in the mental health centre late at night. They accept people from 8pm until 8am. The most fascinating thing about this is that nobody is allowed to stay more than 24 hours and the following day each of the mental health centres rings up the emergency unit to see if anybody from their area has been admitted and if there is, the team provides an immediate response that morning to assess and take over the work.

When I pushed them they did say that occasionally, and it was seen to be very occasionally, people were allowed to stay for 48 hours but absolutely no longer. What amazed me was the detail and the thought that had gone into designing this unit when most people were only going to be staying there anything between 1 hour and 24 hours. Again an interesting concept that we could learn quite a lot from in so far that the people admitted are often in extreme distress and who may need to be closer to physical health support. Whether they are people who have overdosed or are physically in a bad way, the view is that during the first 12 to 24 hours they may well be in need of physical healthcare as well as mental health care. This also means that the mental health centres are not constantly being disrupted during the night period when there are relatively few staff working and people are sleeping.

Not only was the quality and design thoughtful and respectful but also one could feel that some of the marked contrasts with our own approaches in the U.K. I did ask them a number of questions again based on what we would probably expect to see in our system particularly about health and safety. Clearly, the paradigm is different and they really did look at me as if I was joking when I asked how they ensured the safety of service users. The response was 'well we just don't let these things happen'. The only locked area in this new unit was the area where they had a pharmacy. The bedrooms weren't locked and I asked the question about what happens if there is an agitated male and a vulnerable female on the unit at the same time and how they dealt with the possibility of maybe the male assaulting the female. The response was simple; I just got an absolute no, of course we are not concerned; the reason being given was that staff are there and wouldn't let it happen. Clearly a very different mindset and certainly not as defensive and not as risk averse as we are in the UK. The staff would make sure that things like that wouldn't happen. Rather than put in place elaborate processes, checks, assurances or put in place oppressive systems or regimes the view is that it is the role of staff to work with people respectfully, including ensuring their individual safety through positive and dynamic nursing, of course it helps when the staff hold the values, principles and determination to make it happen this way.
Again a remarkable contrast with the UK's pre-occupation with risk and attempts to take all risk out of services which sometimes also takes the respect and effectiveness out of the service.

Nicolette's fire and passion for service users was just amazing and she was so obviously proud of what she had done over the last 20 odd years in the system. The new unit was of exceptional quality and I really think that the model has some mileage for the UK to consider working with the acute unit or even converting certain aspects of our own beds to operate in this way. The other interesting thing was there was absolutely no question that people got stuck there; they literally stayed there for a maximum of 24

hours. All parts of the service played their part. There was no allowance for disagreement on 'territorial' grounds.

We went back downstairs to the awful place and collected the young man who was clearly not altogether happy about coming back to the centre but realised that the consequence of not doing was that he would probably be arrested by the police. So he came with us in the car, grumbling most of the way, back to Barcola where he was given a very warm welcome back. He just came into the building and was allowed to settle in with the minimum of formality or administration. On a number of occasions he barged into a number of meetings or groups that I was involved in and again he was tolerated and respected throughout this process. He had had the rules laid down to him when he became a bit aggressive but again it was wonderful to see how they didn't consider it necessary to do a line of vision or take special measures, as well as the myriad of defensive practices that are common in our units. He was told that he had to do certain things and the staff were very attentive to him and that was the way it was. Our own 'Tidal Model' is sympathetic to this approach where, much is dependent upon establishing, maintaining and developing relationships rather than delivering processes.

I spent a while talking to a number of service users, (I say talking, we were communicating in a number of ways) and I think they were genuinely fascinated that not only had I visited the Centre but that I went back!

Into lunch time and I was 'encouraged' into eating lunch – although I said I wasn't particularly hungry three of the staff sought me out to make sure that I had eaten something and interestingly enough when I got upstairs the two service user ladies who prepare the lunches sat me down and gave me a plate of very nice pasta and asked if I wanted a sausage. I thought a sausage would go nicely with the pasta but hadn't realized that it was in fact a whole additional course with sausages. Finally when I was finished I was persuaded to have fruit and yoghurt for desert. I initially said a polite 'no' but I was 'bullied again' by one of the ladies who seemed concerned that serious harm might come to me if I didn't have a proper lunch! It was perhaps typical of the impressive holistic attitude towards food and physical well being- even of an overweight, visiting English manager! Typical of the whole place I very much felt that caring for people's well being, in every sense (Whole Life!) is very much part of the ethos at the centre. This wasn't vending machine food; this was home cooked, healthy Italian food – very good and very complete.

As on every day, the team meeting followed lunch and the more I sat through these meetings, the more important I saw them to be. They are not at all formalised but people do bring specific problems to the meeting to get the opinions of their colleagues etc. I was asked to do a mini presentation on the next day about how we do things in England and there will also be a discussion to compare services in the two countries. After the team meeting Roberto and I went back into Trieste to meet with Franco Rotelli who is the senior figure in the wider Health Services of Trieste; not just the mental health service. Franco is a hugely important figure to the work of Trieste's mental health services. Along with people like Peppe Del Acqua, his credentials stem from his being a close comrade of Basaglio and in fact he took over from him when the great man died. Also of course because of his influential position in the city. Roberto and I spent some time talking with Franco about setting up even stronger links between Cornwall and the Trieste area, mainly around mental health but he was very interested in setting up a formal sort of back to back set of visits where the Italians would come to Cornwall and look at a range of services in primary, secondary care, etc and then immediately afterwards a Cornish delegation would visit Trieste and look at various aspects of mental health, well being and citizenship and their inter-relationship. The idea would then be to bring everybody together to evaluate the visits and establish a formal link between the two parts of Europe, centred on specific pieces of work that promote collaboration and progress. We all agreed that the important thing would be for it to be action orientated with specific goals and outcomes rather than just being pleasant talk. Roberto and I agreed to think how we might set something up, possibly for September. I will discuss with Sandra Benjamin on my return. Hopefully people in Cornwall will be as enthused as I am to see something established; it really is a very good opportunity to feed into the reform agenda around mental health, well being and 'Whole Life' with some excellent partners.

So, all in all, a very full day, and a day where I was able to follow through the chain of events surrounding certain individual service users as their lives move forward and also to meet some new characters and new staff and to further observe just how they work together, which I have to say, to date, I have found quite amazing, in terms of the 'connectivity' and clarity of purpose from virtually everybody.

As I have said, I am not at all sure how the 'whole', works, but it seems to, and every single hour one is seeing the most remarkable evidence of a genuinely inclusive service and one that sees itself at the heart of its community and which is remarkably free of bureaucracy and professional rivalry. One does feel that everybody just knows what the right thing to do is. I saw no suggestion of people being rejected from entering the service, I saw no discussion about people being ejected from the service, and I saw no evidence of anybody being turned away from the service. The service users I was meeting were no different all to the people that one would meet in Bodmin or Longreach. On my briefer visit last year I was rather uncertain as to the range of people the service was working with (and indeed getting such wonderful outcomes for!) but on this visit I see that suggestions that they work with somehow less challenging people is simply not the case although they are part of a very different process and also a contrasting professional perspective founded upon a wider, less 'biological/organic' view of the world of mental health.

The strength of the integrated, 'Whole System' approach has reaffirmed my view that 'post NSF' there is a strong case for bringing together teams, consolidating some of the specialist functions (or perhaps better described as ways of engaging/relating) This would need to be accompanied by attempts to move the thinking and the behaviour away from the secondary and defensive service to something far more responsive. It has to be said there is a generosity of time and effort which I am not saying doesn't happen in England, but was so much more apparent in Trieste where people didn't think twice about the demands, of whether it is a weekend or evening or whatever, they seem to just get on and do it, although I am sure that if there are tensions underneath it was certainly not very apparent. The other aspect that one sees in everything is that people seem genuinely interested in supporting each other and do it as a matter of course. They don't appear to need reminding and certainly it was impressive. It was another really enjoyable day. I have been very privileged to be included and welcomed so warmly into the workings of the service by staff and users alike. I have been given free licence to be as involved and engaged as I wish to be.

Another interesting aspect is confidentiality. It might be challenging to say, but it feels almost like it doesn't have the same negative impact on the work that it does in the UK. This is not to say that confidentiality is not important, as it clearly is, but somehow everyone has negotiated and agreed that it is okay to talk. There was very little of people going off into rooms to have closed conversations because, as such, conversation and dialogue is a key part of the life of the centre and those who use it. It seemed to me that this contributed to the atmosphere and attitude of the service and perhaps help to build a greater sense of 'community' and 'mutuality' than services that are obsessed with individuality and individual pathology? It seemed very effective. I certainly think that the absence of hard routine and process helped people to feel 'at home' which contrasts with more traditional in-patient regimes in the UK. Again, it is encouraging that the 'Tidal model' approach seeks to move more towards creating an environment that is rich for all those in the unit whilst giving individuals the control and focus they need to assist them.

Day 7

Arrived and met with the now familiar faces! People seemed to be getting used to my being there. I was becoming a familiar sight by this point. The users and the staff carried on doing what they would be doing whilst I looked, listened and learned which was great. Various new people came and went and I was introduced to them. I forget all their names but remember all their faces and their stories and it was such a pleasure to meet them.

I met with a young woman whom I suppose would best be described as a social inclusion worker of some sort, who works for a voluntary organisation that is contracted to provide day services and I am going to see some of their work later today I think. I was expecting to spend time with a guy called Renato who works with a number of big social co-operatives and who will to be arriving to show me some of the placements made. I spoke with a lady who helps out with cleaning and who also helps out in the kitchen, etc, who amazingly turned out to be English. She had moved here 30 years ago, so she has been associated with the service for many years. Her reflections on life as, if you like, a stranger within Italy were very revealing.

Last night at dinner we spent a long time talking about how we could possibly try and get the best of two systems by looking very carefully at management structures and clinical delivery systems. One has a

sense that we in the UK are perhaps somewhat over managed and have difficulty in getting full clinical engagement and thus less able to give more autonomy to clinicians. In Trieste there is a debate running about perhaps how to move in the other direction. Historically, they are very averse to management as a separate process, mainly because they associate that with the institutional care that used to be here, when there used to be a clinical powerbase and an administrative powerbase that constantly battled. Thus it is one of those legacy things that they fear that bringing back managers could move them backwards to that time of conflict and in-fighting. We discussed how one could keep all the benefits that clearly this system has but at the same time perhaps recognising that there does need to be a bit of structure to how they deliver and plan their services in a more holistic and integrated way.

We contemplated how we might somehow think through this together in a way that might enable the English system to operate with fewer managers, (despite our heavily bureaucratic system which makes this difficult) whilst giving our Italian colleagues an opportunity to think about how they could preserve all the strengths of their system (and there are very, very many of them) but strengthen it by creating a sympathetic and appropriate management approach, Their present system does put a heavy burden upon the senior clinicians to be doing lots of different things, some of which they may not be best suited or experienced to deliver. There is some tension also because even though they operate in a very team way, it is clear that the doctors are in charge and there is some question mark about how valid that is in a people orientated, democratic and citizen focussed service. I think the other concern is that the inheritance of Basaglio is such that now there are fewer and fewer of the, if you like, original disciples and therefore there is a fear that when people like Roberto Mezzina and Pepe Del Aqua move on or retire, then perhaps the newer doctors will not have the same philosophical solidity and value base, and therefore there is a danger that a lot of the things that have been achieved here could change because some of the newer doctors don't share the fundamental approaches or principles of the radicals of the seventies and eighties.

There is also the real danger that time moves on and leaves Trieste behind! The service has thrived on a dialectic tension around new thinking and developments worldwide but there needs to be certainty that the right choices get made. The development of the wider health and well-being agenda and the need to 'dissolve' some of the specialist notions of mental health into more primary, less stigmatised approaches is a considerable challenge and one I know key players arte facing.

So it is an interesting point in the history of Trieste in terms of where they go from here, and indeed how they continue to be at the forefront of progressive mental health work. Certainly, I think that there is a realization that their own thinking needs to be cross-fertilized with radical thinking from elsewhere and there is a strong interest in linking this to the work we have been talking about doing in a joint way. I believe that there is huge potential for the NHS as it seeks to cut costs, increase efficiency, and redirect attention and resources into prevention and user choice whilst tackling stigma and discrimination and social exclusion. It may be worth this being a subject of some cross-organisational work involving senior clinicians and also managers. The key is taking the bureaucracy out of management and practice and about actually how one co-ordinates the management of services whilst liberating and freeing up clinicians to do the things they do best, whilst enabling them to be hugely influential in driving the service forward. The really clever trick will be to achieve this without compromising the values and belief of clinicians and in a way that maintains the integrity of the wider objectives. At all costs the 'English' disease' of creating a separation between management and delivery is to be avoided. Day 8

Day 8

For some reason, things seemed a lot quieter or less frenetic than it had done, However, I spent most of my time upstairs and it may be that more was going on downstairs. I think the upstairs area, where the communal areas are, tends to get used a bit more in the afternoon, and certainly around lunchtime. Most of the clinical areas downstairs were probably being used with individuals, or perhaps Wednesday is just calm day. It certainly seemed very calm at Barcola on this day. There were various quiet activities going on between staff and users.

On further reflection I believe it is important in England to better develop the role and significance of the voluntary sector for promoting mental well-being in communities. There is a general acceptance in Trieste that in many ways, co-operatives or the voluntary sector are better placed to deliver certain things than, if you like, the mental health services, and certainly things like employment and the

development of partnerships. I think during my stay I have been struck by the very effective way in which the various organisations do network. It doesn't seem at all strained because they do appear to generally want to work together and avoid some of the bureaucratic stuff that gets in the way in England.

Later in the morning I went out with Renato who, as far as I could gather, is a nurse by trade, but actually whose job is about supporting people with serious mental health problems in work and in work placements. We actually went around a number of businesses where people with mental health problems were working. At times the detail of the arrangements was a little difficult to follow but basically I think we were visiting people who were in, what they called 'rehabilitation' whereby people work to a maximum amount of money. They are only allowed to earn so much because they are on some form of invalidity benefit but the idea is to prepare them for work and whilst they do get paid it is not an awful lot; but they do get a wage and they work a maximum of I think probably 25 hours per week. We visited one woman in a clothes repair/dry cleaning operation, and again one felt the user was very well integrated, This was a local small enterprise which supported the service user very strongly, not just in the business but outside in her social life too. The service user had been there seven years. The fact that she was in her mid fifties, it was felt that she probably wasn't going to move on to get a full time job basically because the economy in Italy is such that jobs are scarce anyway.

The second guy we went to meet was working in a shop in the town. Again he was someone who had been very, very unwell, but who had been over a year in the placement. It was amazing how free and open everybody was about the fact that he had had a mental health problem and he was certainly, again, very well integrated into the wider aspects of the shop and its staff. He had been a guy with many challenging behaviours who had presented all sorts of problems but it seemed, certainly from my short visit there, that he had found something that had really made a difference to his life.

It is interesting that both these two people and the others that we later had, through their placements reversed histories that were punctuated by frequent and often lengthy in patient stays. I don't think any of them had fallen back into that pattern. After many, many years of being in and out of hospital, they continued to receive support from the centre, but on a very minimal, 'when needed' basis. It was clear that the important role of work and workplace had not only helped these people to enjoy a better quality of life and health but had prevented the need for expensive clinical interventions. These were people with serious mental health problems and were not people that make 'easy placements'.

We went on to a couple of other places and met two other people who were again in small businesses, and what was really impressive was the relationship between Renato and the employers, There was clearly a rapport and mutual trust existed. I was told that if there were any problems with the service users employers knew to ring straight away and the response would be immediate. Obviously I think that is not dissimilar to what we try to do with the social inclusion workers in Cornwall but certainly what I saw in action was very impressive. Renato is told me that there are well over 150 people being supported in this sort of work with perhaps the most significant being the proper, full time jobs ones where they continue to support people.

I believe that once people they have there for two years people get a two-year contract. If they succeed in the two years, then they get another two-year contract, then the critical point is five years because if they manage to keep the job for that amount of time then the job is permanently theirs, and this is one of the targets they aim for. I believe that this process is one that gives all concerned the confidence to make things work. I think there is also flexibility in the system, so that people know that they are not tied in and people recognise that mental health problems aren't just one of those things that come and go briefly. I understand that employers are helped to be quite tolerant about sickness, although clearly they have to make sure that the person isn't spending more time off work than at work and generally that appears to be the case. All in all, very impressive, well-tested and effective systems of employment support. Very 'low tech' in some ways but with good levels of support, backed by contracts which, if you like, guarantee the support both to the service user but also to the employer.

I talked at length through a colleague who acted as interpreter, about the sort of respective approaches to employment support in England and in Italy. One suspects that this is one of the unsung parts of the service down in Trieste but one which plays a huge part in the overall dynamic of the service. Again the most impressive thing was that there seems to be a direct correlation between the employment support and the lack of a need to be in touch with the formal services which, I suppose, is like Pentreath or our

own Employment Support work, but impressive for its maturity and the extent of local knowledge. Renato bumped into someone in the street and found out that actually he had been thinking about opening a new shop, and there and then on the street he seemed to do a deal for that person to take at least one person from the service. It was a very nice example of the dynamism and community engagement that shapes the approach.

I returned in time for the ubiquitous lunchtime routine which, as I've said previously, is a fairly significant event for everybody. It's an opportunity for people to come together; there is a lot of social discourse; people catch up and it is quite clear that this is more than just a meal, it is a human exchange crucial to the cohesion of the Centre. It does further reflect the very different nature of life in Italy and England in that it is inconceivable I suspect for my Italian friends not to have a lunch and not congregate together. Perhaps in England the traditions are quite different. But it is well worth teams in the UK weighing up the perceived efficiency of missing lunch and informal contact .particularly because so much seems to happen at lunch and the meeting afterwards which seems to progress naturally after the meal. Having finished lunch (once again I was cajoled and encouraged by the ladies I have come to see as my Guardian Angels who took it upon themselves to make sure I eat a three course meal every lunch time!) Quite a difference from grabbing a sandwich. It was is a remarkable experience to see how much goes on when people sit down and eat and take time away from offices, phones and the demands of individual working.

On the subject of offices, I think it is worth mentioning that most people do not have personal office space. I think possibly that Roberto might be the exception! (Although I know that his office is used by others when he does not need it) All the other offices are communal and shared. Nobody seems to bother, nobody seems to mind and nobody seems to be possessive about them. People hardly sit still long enough to use a desk; it is a very attractive aspect of this work setting. People's individual space just doesn't seem to come up as a topic of discussion; it is all shared space and people move between offices and between spaces and it seems to work 'naturally' which is quite interesting given our own obsession in the UK with personal space.

After lunch at the daily team meeting, I gave my presentation on services in Cornwall. Roberto had asked me to present a picture of what we have been doing in Cornwall in terms of the Trust's mental health services. In addition to the Barcola staff, doctors from some of the other centres also turned up. I think the idea was to share and compare and then debate some of the strengths and weaknesses and to then perhaps have some discussion about how we might move forward in terms of different systems and how we might find novel ways of dealing with persistent challenges. There followed a conversation that Roberto felt was topical for Trieste regarding how they might move into, or develop a progressive way of managing their services and dealing with the issue of the role and position of doctors in the system. It was a very useful and lively discussion. I think it probably helped move this discussion forward. Again, there was interest in how we organize services and how we 'manage' the different parts of the service. In Trieste it would seem that basically only doctors can lead services. I believe that this is not necessarily a 'power issue' but rather that the concept of them not being the service leaders is alien to the thinking in Italy. To date and perhaps historically it has been seen to be only the senior doctors who had the vision to 'take on the old institutional system' (especially as the old Hospital administration is seen to be synonymous with the 'bad old days') and bring about change?

However, clearly, there are some very talented people from other professions who could, and probably should emerge, be trained and enabled to 'run the services' but it appears not to be seen as acceptable although there is a sense that things might change, and when we spoke to the senior director, Franco Rotelli, he was certainly interested in exploring some of those issues. This is particularly important given the change in demand in Italy and the need to perhaps plan their services a little more. Notwithstanding the need to avoid jeopardising the more organic way that they currently work, there is an appetite locally to begin a process of thinking about how Trieste can move into its next phase. As I say, there is an air of urgency that possibly over the next few years there a need to secure all the things they have achieved over the years whilst not just 'drifting' or remaining static in a changing world. In one sense, this is not dissimilar to what we have been having to look at within Cornwall and across England, in terms of getting the right shape, although ironically perhaps in a way that frees things up from centralised and bureaucratic control to more local ownership and 'earned' clinical autonomy within a strong value and practice base, centring upon citizenship, 'Whole Life', social inclusion and the autonomy of citizens within their communities. I think there is a lot for us to learn in England about having a less hierarchical and

extensive management network coupled with a complete separation of functions, and certainly this is something that the Italians would wish to avoid. I still wonder whether we ought to be more bold in terms of what we are and aren't prepared to do with regard to the bureaucracy in England, because clearly this does consume an awful lot of time and energy (not to mention some of the perverse impacts upon the central tenet of 'putting users first…but only after the forms have been filled in!), which could, as witnessed here, be put into far more effective use, clinically and in terms of the delivery of the service too.

After the meeting I had a long discussion with a visiting colleague from southern Italy, He was in charge of a system of co-operative ventures down there, and he was very keen to form some links with the South West of England. It was probably more than the scope of my visit to fully make use of this contact as he almost seemed to want to be getting into special trade agreements between the two areas of Europe. However, I took his number and perhaps can make some connections various Cornish enterprises, such as the food project, where there might be some useful connections.

I also met up with one of the directors of the general hospital of the health services who had attended the presentation I gave, and had a long conversation with him about things like compulsory admissions, and people turning up at A&E, and again a very useful conversation about different ways of approaching issues of demand and of working with mental health problems at the places people present rather than always 'sifting' them into specialist services. I think there is a lot for us to learn about the notion of having emergency psychiatric beds located in general hospitals, but only being in for a very short period of time. As described yesterday, certainly it is something I would quite like to develop the thinking of at some point.

At the end of the day Roberto and I went up into the highlands; a beautiful rural part of the District behind the city, and through winding roads, which looked back over the beautiful bay that Trieste sits in. A very wonderful sight. We went up virtually into Slovenia, the border not being far away. These highlands are mainly inhabited by Slovenian speaking Italians. We visited a day/resource centre that used to be the equivalent of Barcola in terms of it being a 24-hour centre, but it is now become a resource centre. It was really impressive looking at the range of activities that they offered and increasingly they are trying to draw the local community into the life of the centre by offering courses and activities to the local communities and certainly they try and outreach from the centre into the very rural community. Given it was operating in a very rural area it offered some real interest to somewhere like Cornwall? Again however, one noticed huge differences, which I think are mainly cultural in nature.

The very dynamic and friendly young Macedonian woman who ran the place was telling me that usually the centre doesn't open until 10am and there are a group of people who come in the morning and the morning is rounded off, predictably, with a comprehensive lunch, and then there is an afternoon session. The interesting thing is that the centre remains open to include an evening meal as well and it is rare that the place closes before 9pm. It again contrasts with our traditional U.K. hours which tend to get people out of bed very early and send them home very early. One of the logics of staying open later is that many people who are isolated or on their own or in difficulty do not have the social benefit that goes with important social activity of eating a meal. Also, as in the UK, the early part of the evening is often difficult for people who may have been or are socially excluded difficult. In a more 'holistic' and 'Whole Life' system in the UK we might usefully learn from this service. I was again very impressed with the way in which the atmosphere and the whole feeling of the place was one based upon engaging very, very fully and strongly with the users, who exerted a considerably amount of influence upon the place, but the plans to outreach and in reach in the ways I have described are very impressive, and again for such a rural area it was quite promising. That was the end of the third day at Barcola. They have been very full but enjoyable days; I left the hotel at 7.30 this morning and arrived back at 7.30 in the evening, had half an hour to get showered and changed before I went out with Renzo Bon to have a pizza and a couple of beers and carried on talking about work until about 10.30.

Day 8

I spent the first part of the morning at one of the other mental health centres, Gambini, run by Dr Signorelli, a very strong and interesting woman who has worked all over Italy as well as Trieste and who had some very radical views. This centre was one of the first ones opened and having been told it was in need of being refurbished, it seemed not too bad at all, very different and in a very modern style being

very bold in terms of modern furniture and design. I think in the UK we are obsessed with very traditional things, and this creates a conservatism of approach which gives out very different messages. I think the bold approach is something that perhaps encourages a bold approach to the clinical work as well.

I had the opportunity to talk to a lot of different people. Interestingly, there were a number of refugees making use of the service, including a guy from Iraq, who thankfully spoke very good English, but all of them were able to describe the sort of benefits they got from attending the centre. Like all the other centres I've been to there was a really strong sense of people working collaboratively and collectively, Having said that, some of the nurses also perhaps took the view that the services would benefit from a degree of co-ordination and management and certainly that was my impression, However, the Trieste experience it is such a delicate and wonderful thing, one would wish to avoid overdoing it, as clearly one of the strengths is the fact that its not over managed and certainly not over organised or bureaucraticised.
I had a long discussion about services for women, and the need for more specialised services. There seemed to be a little tension about in so far as they used to have services that were designed in that way, but they sort of got curtailed somehow. I'm not sure, but there was a sense that there was some sort of ideological difference of opinion around perhaps the value of women's services. Although I suspect money came into it too it is an interesting debate and certainly in England there is that same debate and perhaps the UK would do well to consider how it might develop such services but only after careful thought about the nature of women/family services. I spoke at length with a really interesting psychiatrist, Serita, who again had very progressive and radical views about the future of mental health services and the integration within communities. We discussed how one might dismantle the specialist mental health services to integrate them into more general services. I found it so refreshing that even some pretty radical views were very much shared by the doctors who seem sufficiently confident to not worry too much about power and control, although it could be argued that there are other schools of medical thought in Italy which are appalled by the idea of perhaps doctors letting go some of the control which they have.

I was collected from the centre by Renato, who, along with Alexandro took me to visit a number of people, service users who are in work in different places, Renato who is so committed to his work, he feels passionately about demonstrating how people have avoided needing to use services as a direct result of a work placement and clearly the amount of time he puts into supporting employers, etc, is just phenomenal.

We first went to see a youngish guy who not only had suffered from major psychotic symptoms but had three major suicide attempts and he was now working as a chef in a very successful restaurant. He had moved on from being just an assistant to actually being the main chef and very proud to tell me that they had had the television cameras there because he had won an award for a dish that he had invented so again He was very successful in what he was doing. He had also diversified and he had made some masks, artistic pieces of work that had won a competition in the region. He also played base guitar in a band and it was just one of those really successful stories that the guy had got back his pride and his dignity and his health and well being. He did not see it as anything special but he was able to see that having work and having value was a major help. We talked to him but he had to go because he had customers waiting!

We then moved on to a social co-operative, again in the highlands, where I met a guy who had been very paranoid, very deluded and indeed had delusions that he was one of the psychiatrists, which was quite interesting and Renato and Alexandro, thought it a bit of a joke that they had two 'Mezzinas' to work for. Again, this guy was doing a hugely responsible job, all sorts of maintenance and gardening and looking after buildings, working in the social co-operative. I understand social co-operatives have a responsibility under Italian law to employ a certain percentage of disadvantaged people. They use that phrase loosely but this was a particular one, which mainly took people with mental health

The afternoon was spent speaking with people who had benefited from the service and it was very clear that there had been much success in this work which in turn benefited the clinical aspects of the service and allowed the more 'Whole Life' approach of fewer in-patient beds –days and a greater degree of social inclusion.

In drawing this ‘reflective’ account of the four days spent with the team at Barcola to a close it is worth saying that I certainly think that the ‘whole is greater than the sum of it’s parts’. There is a very clear sense of common purpose, common approach and an implicit mutuality which binds the service. There is an undeniable adherence to the principles of the co-operative movement and when talking to various team members sense that socio-political thinking is fairly consistent. This perhaps contrasts somewhat with the UK where professional bodies, individual theoretical schools and national conservatism somewhat works against both the communality and the coherence. Whilst professional tensions (and inequalities!) exist there is, seemingly, a better environment for resolution between individuals and groups. Clinical and social interventions did not appear to be as fiercely defended by ‘interest groups’ or professional groups and thus differences tended to be debated and discussed as part of the essential dialectic of change, democracy and learning. Perhaps in the UK such issues become ‘battlegrounds’ between organisations and individuals or individual professions. In the UK we are delighted when a team finds the right ‘formula’ which gives it a collective confidence to work creatively and collectively, perhaps even democratically whereas in Trieste I felt it was the expectation that this would happen.

The successes of the Trieste service are well documented and even without the ‘soft’ evidence that one can witness through being with the service is backed by hard evidence based upon outcomes that are hugely impressive when contrasted with the best in the UK. I refer of course to the lower rate of in patient stays (and therefore numbers of hospital beds), the number of people with serious mental health problems who return to full time or part time work, the reduction in the suicide rate and the virtual absence of compulsory admissions. For the ‘evidence obsessed’ UK establishment these outcomes are important to avoid dismissing Trieste’s achievements. If one completely ignores the benefits of social inclusion, community cohesion, social justice, community development and freedom; if one ignores the importance of citizenship and all that it can bring then the Trieste experience remains impressive and important to the UK where the need to modernize approaches and get far better outcomes for fewer resources is clear.

I am firmly of the opinion that a ‘reform programme’ would allow most services in the UK to start to emulate the outcomes seen in Trieste whilst either saving money or allowing the benefits to be extended to the wider community. For too long in the UK, financial pressures and low priority for mental health stimulates a ‘retrenchment’ approach which sees innovation strangled and a ‘firming up’ of what is amusingly called ‘priority services’. Those services inevitably are around in patient care and Community Mental Health teams. More time goes into ‘Patrolling the Boundaries’ between health and Social care, between severe mental health problems and ‘common’ mental health problems etc, etc.
A bolder approach to setting up and sustaining more integrated, socially inclusive and community services would deliver better outcomes and perhaps enable a more optimistic environment for professionals, users and families to operate in a far more community integrated way and without the tension of screening, allowing in, keeping in, pushing away, discarding, retaining people within the service depending upon their eligibility. Trieste appears more at ease with itself in dealing with the ‘mental health of the communities they serve but this is backed by a greater degree of acceptance of the more integrated approach.

Trieste has its own challenges. It is by no means ‘safe’ in the context of the wider Italian landscape. There are other power brokers who would wish to see a reversal of some of the achievements in Trieste. As everywhere the finite nature of resources frustrates in much the same way it does in the UK and they have to ‘redefine’ the nature of the relationships between Users, carers and the different practitioner groups. The undeniable centrality of users as citizens needs to be strengthened by actually giving users greater influence and power over services and choices around intervention/support. All these are not insurmountable but I believe the greatest challenge is how the service keeps moving forward; how it maintains the momentum started thirty years ago and how it ensures that the less tangible principles, ethics and politics are maintained, sustained and protected. In a system that is so dependent upon the handed down culture and the role of the ‘elders of the system’ there is a fragility that could be exposed if and when certain important ‘holders of the truth’ move on, retire etc. One can hope that the dynamic system will nurture new champions and new aspirants to the adventure and one feels that this will happen but I also wonder if the time is right for Trieste to reflect and debate how to remain pre-eminent in mental health work both in terms of approach but also outcome. I have set out some thoughts on this in the attached paper.

One thing is for sure, Trieste and the people there are very special. They have achieved what many of us have aspired towards for many years and they have done it in a ‘low tech’, humanistic and value driven way. They have managed to resist pressures to be a public protection agency, they have managed to avoid becoming a bureaucratic system and they have avoided wasteful and selfish professional and clinical bickering. Most impressively they have managed to evolve and nurture the original principles of Bassaglio and the early pioneers regarding “whole Life’ and the centrality of fraternity, citizenship and freedom. This is in itself a wonderful achievement in a world of increasing cynicism, risk aversion and political sensitivity

"…….if only we had Gattuso and Pirlo we would be the best team in Europe….."

….or how to make a great team even better!

There is potentially a terrible arrogance and impertinence about offering an opinion about what would make a great thing even a little better. There is also a risk that making slight adjustment to something that is generally working very well can have a disastrous impact. However, one senses that the service in Trieste has thrived on debate, challenge and the dialectic process and it is important, I'm sure, for those who work there to feel that their hard work and that of those before them can be secured and protected, regardless of who is currently in charge of the service.

Leadership

There is perhaps not a day goes by in Trieste that the name of Bassaglio is not mentioned. I suspect that other names, Rotelli, Del Acqua, Mezzini occur frequently also. It is perhaps one of the strengths of the service that there is a history and a legacy and indeed, like all great adventures, great tales of challenges and victories. All of these sustain and nourish the principles and culture that are required to continue to be successful. The role of leader in a 'mutual', democratic, even socialist service is delicate but crucial. Trieste has enjoyed strong but democratic leadership that has been 'handed down' generation by generation. The question will be; "will there always be a number of people who will emerge and be willing and able to offer that same sort of leadership" The answer will inevitably be "Maybe" or possibly "Hopefully" or even "Probably" but I doubt whether it can ever be 'Most Certainly". It is just in the nature of things for there to be periods when those 'significant' individuals do not 'just emerge'.

Trieste's success is built upon doing what it needs to do without ever losing sight of the core principles that underpin the philosophy and practice and perhaps once again it needs to reflect upon the wider nature of leadership and develop it's own processes to ensure leadership at all levels. It is one of the most common misconceptions that leadership can only be exercised by an individual or a small number of people. A mature service like that in Trieste should be capable of further developing leadership potential amongst a much wider group of staff, and possibly even service users. In this respect leadership would be about making explicit the values, nature and culture of the mental health service and developing in a wide range of people the ability to translate by example and discussion how the values of the service can be transformed into action. If such a cadre of people are to be developed then the system must have the confidence to empower them to 'make things happen'. At this stage it is important not to conflate leadership with management of which I will return later. Leaders need to be given (or take!) the opportunity, time and autonomy to find ways to convey and share ideas and proposals; to be allowed to think through challenges in a 'global' way and to be listened to by users and workers alike. In turn, they as leaders need to be helped to develop the skills that make good leaders; the ability to listen and respect, to distil thinking and take abstract concepts and make them real for the service; to understand where the service wants to be (or go!) and to evolve ways to get there.

The collective leadership development of a group of people would allow for the consolidation of the core values and principles and the deployment of those leadership skills across the service either in terms of districts/centres or functions. By functions I mean that certain individuals would become champions for specific aspects of the wider service; empowerment, employment, families, citizenship, partnerships, etc, etc. Whilst there may be individuals who 'naturally' fulfil these roles already it is important to make it explicit and for there to be a collective and mutual respect for the role. The key would be to ensure that this in no way impeded the 'organic' operation of the day to day service but very much 'scanned the horizon' for opportunities and challenges regarding keeping 'ahead of the game' and remaining a radical force for the liberation of citizens who have mental health problems and those who are at risk from real life pressures that threaten to socially exclude them.

The benefit of such an approach is that it enhances the rhetoric of a democratic way of working and consolidates the real leadership activity that no doubt currently is exercised informally by some people. It would also give the opportunity to make progress on a greater level of influence for service users as a

collective group although the most important thing would be to maintain the current approach of the individual user as the focal point of work with them. I believe such an approach would also be consistent with the tradition of debate and dialogue but with a more egalitarian approach to the 'holding of knowledge' to inform that debate.

It was clear on my visit that there is a huge pool of knowledge, experience and imagination in staff and users at all levels but it was less clear as to how much those voices were heard and listened to by those who occupy more traditional leadership roles. I am not saying that they are not listened to but merely I pose the question as to whether the abundance of energy and talent is being fully utilized.

It is also important not to confuse the above with clinical leadership. Teams will have 'negotiated' or become accustomed to ways of working that include a tacit (or explicit) agreement on who 'leads' on individual pieces of clinical work. I think the important point here is that the leadership is commonly accepted, either because it is the right thing for an individual case or because the team has decided that it makes clinical sense. There are also the legal requirements that may apply to certain aspects of a person's 'treatment'. The two forms of leadership are in no way mutually exclusive and can co-exist in a service that is confident and mature.

I am aware that there is currently an academic programme which seeks to develop staff but again I believe that this can be seen alongside leadership development which would also have an added benefit of key people 'learning together' with all the benefits that brings in working towards collective values and outcomes.

Service User empowerment and community engagement

The service in Trieste is a wonderful example of how to put the individual citizen seeking support at the centre of the work of the team. I was very impressed with the time, respect and approach that gave the user a sense of centrality. My only question would be the extent to which service users, their families and the community in general are able to influence service development in the medium and long term. Of course, it could be argued that the service operates in exactly the way users wish but there needs to be a way of checking this out; of evidencing the 'level of satisfaction'. However, if the service is to move forward in the spirit of citizenship and community engagement it will be important to acknowledge that in a 'Whole Life' system people know what they want and need and also have aspirations and dreams which need to be heard and accepted. A modern mental health service needs to be responsive to the notion of the 'expert citizen' whose views about service shape and development is as significant as those of doctors, nurses, social workers etc. This is particularly important in terms of the battle against stigma and discrimination. Trieste has moved further than most in engaging with local industry, communities and citizens at large but there are always opportunities to do more. In the UK the notion of 'Foundation Trusts' has emerged. Cynics might suggest that this is simply a move away from the NHS but there are real opportunities to be had through the new governance arrangements. The notion of such trusts being ''social benefit organisations' with a membership base drawn from the community introduces an opportunity to further de-mystify and 'de-medicalize' mental health services by citizens influencing development and supporting less institutionalized, community solutions. The extensive experience of Social Cooperatives in Trieste could well be a useful source to call upon when considering governance arrangements

Thus, Trieste might consider how to formalize a mature and 'equal' relationship with groups of citizens, including those who use services. I understand that partnerships with "family associations' are strong and it could well be that this could be the basis for moving forward. In the UK we have had to recognize that the needs and wishes of family are not necessarily the same as those of the users themselves. Perhaps each centre/district could develop a Users Council which would have a clear role within the workings of the service. This could have a representative function, i.e. to represent the views of other users. This would require a process to ensure that it was indeed representative. The other approach might see the establishment of a group of users or ex users who act as 'expert' advisors to the service to ensure that the user focus and involvement is maintained. In the UK we have long accepted that if we are to gain the benefits of user expertise then we must pay for those skills and experience as we would for any worker.

Skill Mix

During my visit to Trieste I was hugely impressed with the levels of skill and expertise of all the staff. The way they worked together and carried out a comprehensive range of tasks demonstrated the 'Holistic' and collaborative ethos that exists. However, it was less clear how the overall service ensured that scarce resources were deployed to best effect and perhaps some tasks were being undertaken by highly qualified staff when they could be carried out by less qualified but well trained and experienced people (including ex service users). This is particularly significant if Trieste is to further promote a move away from the 'institutions' of specialist services. There needs to be recognition of the fantastic work of the employment support staff (e.g. Renato). Social Inclusion workers working to somebody as experienced and skilful as Renato might through supporting those processes achieve even greater outcomes for even more people and thus further reducing the demand for more 'clinical services'. Trieste has evidenced the success of this approach but there is a danger of relying too heavily on one or two people. I witnessed qualified staff doing things that could have been done by others and probably by others who had more time to support the recovery process.

The danger for mental health services across the western world is the assumption that we need more doctors, nurses, social workers when in fact we need to have more 'common sense', practical, 'community wise' people to further social inclusion and community engagement.
Also social inclusion work needs to be made more attractive for professionals to want to work in rather than them believe that as nurses they should be doing 'medical/nursing tasks alone.

As previously mentioned I believe that there needs to be a debate about giving 'non-medical' staff greater influence in the service. There is certainly the expertise and there is a need to reduce the over-stretched demands for the medics to be involved in all aspects of the service and I know that there are discussions about how different people might have responsibility for different elements of service delivery. This has much merit but there is a danger of diffusion rather than delegation and perhaps invites a debate about the wider issue of the role management plays and could play in taking the service forward.

The fact that Trieste has perhaps some of the most 'liberated' and progressive psychiatrists I have worked with, hides the reality that power still sits with them. A challenge for the service will be whether it can move from this benign and progressive hierarchy to a genuinely 'mutual' collaborative. Perhaps this is not desired or necessary because the power of doctors is devolved and not abused. However, the risk is that future individuals may not operate in such a benign way! It is a 'wicked' issue and one which perhaps is better left alone but it seemed something which was worth mentioning.

Integration and partnership

Trieste enjoys some wonderful and productive partnerships both across the healthcare sector but also with local businesses, cooperatives, etc. It has evolved mature and creative relationships with many public organisations (e.g. the police)and this is a fantastic achievement but again there needs to be an explicit debate about where the service wishes to position itself in terms of future assimilation into the wider community. In closing the institutions the next challenge is to work away from segregated services for people with mental health problems. In the UK there has been a rather unproductive tension between primary and secondary care based upon the false premise that there is some sort of 'natural' divide between 'common mental health problems' and 'serious mental health problems' Only latterly has there been a greater acknowledgement of the unhelpfulness of 'hurdles' and boundaries. It is now generally held that people with mental health problems wish to have greater choice about how they access support and indeed from where. This involves a greater access to good information and support from non specialist services but the certainty that a range of expertise is available and that they do not have to negotiate their way through complicated and bureaucratic processes. On the other hand they do not wish to lose the advantages that more specialist workers can bring. Most importantly they want to retain all the benefits of citizenship.

In the UK there has been, in many regions, an integration of health and social care services which have been a real benefit for service users. This reflects the acknowledgement that health and social needs are very much part of the same if one employs a 'Whole System' approach. It has got rid of a number of artificial and bureaucratic boundaries that made little sense to service users or their families. It is worth considering how in Trieste there can be an even greater coming together of health and well-being

services and perhaps aligns this more with general and public health agendas. Indeed for the UK and Italy the challenge will be to incrementally place mental wellbeing back into the mainstream of ordinary life and away from the traditional ‘’tyranny of patienthood’ that people with mental health problems have traditionally been subject to. I believe that specialist services like those of Trieste have shown the way in terms of radical alternatives to hospitals, incarceration and isolation and the big challenge will be how general medicine and primary care can adapt to see that the mental wellbeing is not once again plunged into a world of hyper medicalization and the influence of the pharmaceutical industry giants. Ultimately perhaps, the vehicle for providing health and well being support to people with of life and mental health problems will not be a health or social care organisation but a community organisation into which health and social care professionals work in an integrated way with others from the housing, leisure, civic and community groups. I believe that mental health services in Trieste need to be at the forefront of that debate if they are not to be ‘consumed’ by the agenda of general health care modernisation.

Management

I am very mindful that the issue of management in mental health is both sensitive and ‘loaded’. I understand that historically, in Trieste, the liberation of service users came about because of a challenge from clinicians to ‘administrators’ (perhaps synonymous with managers?) Thus the wonderful services of Trieste have emerged in a ‘management free’ way with only the overall service having direct management, usually from a senior medical person. This appears to have served Trieste well over the years and it is refreshing to see just how little bureaucracy and unnecessary administration there is in contrast to the UK. There is no doubt an argument that the service manages itself because of the unique cohesion and collectivity of the enterprise and the similarly unique relationship between the service and the people who work in it. I think the debate is not whether to change the unique and highly successful formula that has been nurtured over the past thirty years, or to move away from the idea that all colleagues must live and practice within the shared value base of their inheritance. The question is, can the service grow and respond to a changing set of needs without a degree of management capacity?

The danger with such a question is that it begs the crucial a question of what we mean by ‘management’. I certainly do not simply mean administration nor would I wish to see a single kilo of bureaucracy imported from any other system. I do not see management as a system to be imposed but rather an intrinsic part of the service; an organic component of what currently exists; something to make what is there work even better for the citizens who need the service. There is much spoken and written about management and management theory, much of which is culled from rather sterile commercial models where efficiency is seen as a codeword for increased profit. Sound management when deployed within the culture and ethos of the organisation can only enhance the good outcomes already being delivered. Within the social cooperatives, effective management ensures that the desired outcomes of the cooperative can be worked towards and members willingly accept the management activity that makes the individual parts of the enterprise work more smoothly and effectively. Experience in Argentina of the cooperatives that occupied and brought back to life factories closed following the economic collapse dispensed with the notion of highly paid managers operating by diktat but recognised the importance of management tasks alongside those of production.

It is with this in mind that one could get excited about Trieste giving some thought to how it might evolve and develop its own style of management; one that reflects and is reflected in the core values, principles and practice of Trieste. Whatever, management consultants and management schools may say, there is no ‘high magic’ to good management, just as there is no ‘high magic’ to good nursing or good psychiatry. It is all about individuals and relationships. Managers who share the values and beliefs of practitioners will seek the same results and contribute to the same sort of success. Where the development of management capacity overlaps with leadership development remains to be determined but it is important to recognize that the two are not the same although good managers are invariably good leaders whilst good leaders do not necessarily make good managers!

I could envisage developing from within existing staff a number of experienced and committed staff to be considered as potential managers. They would need to demonstrate the following points:

- That they understood and knew how to work within the core values, traditions and values of the service

- That they understood the core management tasks that they were to be charged with
- That they were clear about accountability arrangements and the partnership approach with clinical staff.
- That they could demonstrate an awareness of how they further the ambitions of the service whilst maintaining resources and service at or above the required level.

One might consider each centre/district having a 'Service Coordinator' who had a double role of providing management capacity for the district but also being responsible to connect with the managers at the other districts to develop greater cohesion and partnership across the whole area. They would also form a link with the 'centre' and support the Director. In addition each one might be given an area wide responsibility for service development. This might ensure that the benefits of innovation and success can be replicated and prevent 'wheels being re-invented' and furthering the sense of mutuality, so important to the Trieste experience.

The novel approach for Trieste might be that managers would be selected by the wider team and given a 'franchise' to deliver the teams goals. The manager would then set about preparing a management action plan to share and agree with the team. Once agreed, the manager would have the mandate to organise the service to achieve the agreed plan.

In addition to the broader operational arrangements for the team/ centre, the manager would have a mandate to link with wider community groups and facilities in a service development role. This would free senior clinicians from being the sole representatives of the service with other organisations and indeed with the outside world. Trieste has thrived on networking with the wider world and this remains important but perhaps the work could be shared through an integrated clinical/management system as might the opportunity to import new thinking into the system.

Much has been said in the UK about the tension between managers and clinicians but in many instances managers are indeed former practitioners and carry as much passion and commitment to values and principles as practitioners. In an ideal world I think that each centre/ district should, in addition to the current 'collective' approach could operate a triumvirate leadership model which saw a lead clinician working closely with a manager and a user representative to shape the work of the district, linking closely with other districts and the 'centre'.

In observing services, albeit for only four days, there appeared to be scope for a more co-ordinated use of resources although care would need to be taken not to compromise what is, in most respects an excellent service. There was, however, seemingly, at times, a degree of duplication and complication in the work of the team that with the Trieste experience that I feel might have been resolved by a more managed approach.

I realize that in offering these observations I am making a number of impertinent assumptions but I have been encouraged to express an opinion. I also have been so impressed with the Trieste experience on my two visits that I feel a desire to contribute, if only fractionally in ensuring continued success but also even greater influence on mental health services across the rest of Europe. The above observations are offered in a spirit of comradeship and admiration for the best mental health services in the world.
..and with Gattuso and Pirlo we will win the Champions league..!

Tony Gardner
July 2006