



ABSTRACT FORM

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Title of the contribution/Titolo del contributo	Recommendations on the phasing out of psychiatric hospitals: results from a qualitative research		
Objectives/Obiettivi	The presentation will focus on the research done on the experience of actual leaders of deinstitutionalization worldwide		

**Contents-text/Contenuto-testo:
Max. 400 parole/words**

The Trieste Declaration 2011 was approved and signed by all the delegates attending the meeting “Beyond the walls: the transition from hospital to community based care. Deinstitutionalisation and International Cooperation in mental health”, Trieste, 13 – 16 April 2011, that was attended by 300 participants from 28 countries - 21 of them European - representing national and local institutions, projects and civil society organizations, the World Health Organization, the European Commission (Directorate General for Health and Consumers - DG SANCO), governments, NGOs and international networks. It has been signed by the Director of the WHO Department of Mental Health and Substance Abuse in Geneva, Dr. Shekar Saxena, and Regional Director for Mental Health-WHO Copenhagen, Dr Matt Muijen, as well as by organizations like IMHCN, MHE, GIP, WAPR among others. The Declaration was officially sent to WHO and the European Commission.

The presentation will analyze the results of a qualitative research with the aim of verifying the content and the theoretical background of the Declaration through a semi-structured in-depth **Questionnaire on the process of gradual phasing out mental hospitals** submitted to protagonists of the process of deinstitutionalization with a specific experience in working on the field. Main aim was to gather evidence, know-how and good practice. Responders were from 12 European countries, 3 from the American countries, 2 from Asia, 2 from Australia and New Zealand. The qualitative research was conducted through a categorical analysis using the principles of Grounded Theory and thematic analysis encompassing the

identification of key-words, national and local examples, discrete definitions, diversions and contradictions, controversial issues, essential system components (services and programs), quotations from texts or official documents.

Interestingly, some of the conclusions differ from previous documents based on working groups, consensus conferences and the use of structured questionnaires, often submitted to clinicians with no specific expertise, thus underlying the profound complexity and diversity of the process of D.I. in various continents, nations and local contexts and the relevance of the value base including human rights considerations. Moreover, it provided a remarkable amount of indications, analyses, suggestions, narratives that came from live experience, from positive as well as negative aspects of those processes. The meaning of D.I., its possibilities and caveats (do's and don't's), the "how to do it" related to staff culture, and the several concurrent levels of action are clearly pointed out by the interviewees.

a specific contribution of the WHOCC of Trieste to the QualityRights initiative, the research issued a set of guidelines and recommendations for de-institutionalization and related training.