



### ABSTRACT FORM

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|---|--|---------------------------|--------------|
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| <b>Title of the contribution/Titolo del contributo</b>  | Trieste coordinated network of services: whole life, recovery and citizenship for 50 years   |                           |              |
| <b>Objectives/Obiettivi</b>   | To inform about the development of the experience in Trieste 40 years after the Italian Reform Law in the light of human rights                              |                           |              |

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

Trieste is a city with no asylum for almost 50 years so far, with a totally open door system. It became a demonstration that is possible to act in a new way to foster recovery and social inclusion in the community, while embracing a human rights approach. The Mental Health Department became a WHO Collaborating Centre in 1987, because was considered a sustainable model for service development with demonstration of cost-effectiveness (WHO, 2001). The process of changing the thinking, the practice and the services led from a clinical model - based on the illness and its treatment - to a wider concept of community mental health focused on the person within the community. The organization is based on fully accessible 24 hour CMH Centers with a few community beds in each of them, supported by a very small General Hospital unit with a mobile crisis team. The personal healthcare budget system today helps to tailor individual recovery and social inclusion plans of care, entering the daily life domains especially for those with complex health and social care needs (about 150 people per year). Several social co-operatives provide place-and-train in a system of real job opportunities. The 25% of mental health budget directly supports a person's life (Mezzina, 2010, 2014, 2016). The total expenditure is 39% of the one of the mental hospital. A clear shift from residential facilities to transitional and supported housing, was aimed at the highest level of independent living (Ridente and Mezzina, 2016; Zero Project, 2015). Beyond psychiatry, the integration of mental health services in a system of healthcare districts for community based medicine (elderly, young and adolescent, disabled, specialized medicine, etc) supports adequate right to health care.

Involuntary treatment show some of the lowest rate in Italy and mostly managed by CMH Centres with open doors. Stemming from psychiatry, a regional deliberation in 2017 proscribed mechanical restraints in all healthcare and social care facilities, including nursing homes and general hospitals.

If “freedom is therapeutic” was the original motto in the Trieste experience, nowadays it is particularly relevant that principles such as open doors, hospitality, negotiation and alternatives to coercion are embedded in the service vision and culture. Nowadays the statement ‘Freedom first’ (Muusse and Van Rooijen, 2015) emphasizes that personal liberty is not the outcome but a pre-condition for care which overturns control mechanisms and supersedes them with people empowerment. Thus services also recognize the value of participation of all stakeholders, through networking, forms of coproduction, cooperation and exchange. For this reason Trieste is also a human rights banner for the United Nations (OHCHR, 2018).

A rights based approach must be valued indeed in the prospect of “the person as a whole”. We know that it can be healing as far as it "recognizes" the person, and thus refers to shared basic values of humanity, a recognition of the human commune beyond the disease. The person as such calls into question a whole life (in all domains), a whole systems, a whole community (IMHCN, cit.).