



ABSTRACT FORM

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Title of the contribution/Titolo del contributo	An empirical ethics approach to Trieste mental healthcare		
Objectives/Obiettivi	Share first results form my PHD project in which we compare mental healthcare practices in Trieste (Italy) and Utrecht (the Netherlands).		

Contents-text/Contenuto-testo:

Max. 400 parole/words

In the workshop I would like to present some of the main themes of my current PHD project in which I compare mental healthcare practices in Trieste (Italy) and Utrecht (the Netherlands) from an empirical ethical perspective. Prior to this research, we conducted a study to examine the practice of mental health services in Trieste, Italy and how this city's model of community-based care, can be an inspiration for the Netherlands. The research resulted in the report 'Freedom First', which shows that mental health services in the Netherlands and Trieste (Italy) differ on several key points. More interestingly is that these different practices seem to be based on different values ideas about community mental health care. In a way the research 'Freedom first' stood in a long tradition of research, raising questions like what the 'active ingredients' of the experience of deinstitutionalization in Italy are (Barbui & Tansella 2008) or how the 'Trieste model' could be translated to other countries (Portacolone et al 2015).

In contrast, in my current research I do not describe the 'model of Trieste' as an organizational quest, but as an everyday care practice. By doing this, I hope to add another perspective on the process of deinstitutionalization and the experiences in Trieste. This is done by applying an empirical ethical approach to care to shift the focus from the moving out of the institutions, towards the daily practice of care. Empirical ethics is useful in making this shift because its focus is on daily practices and how these practices entail different notions of what is good care (Willems & Pols, 2010, Pols 2014). This is a question that is also relevant to other countries where deinstitutionalization is a topic. How may care in the community be shaped, and how can it be thought of as good care?

In my presentation I will go in to two of the themes that I will analyse further in my study. The first one is that spatial metaphors matter if it comes to care. In the study we articulate two different forms of spatiality in the mental health care practices in Trieste, that both project ideas about what good care entails, but in practice can lead to frictions. The second theme is how both in the Netherlands as in Trieste, uncertainty plays an important role in the care around the onset of a psychiatric crisis. In my presentation I will explore in which way temporality structures play a role in dealing with this uncertainty, and how different ideas about good community mental healthcare play a role in this.

references

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