

Community mental healthcare in Trieste and Utrecht

An empirical ethics approach

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No conflict of interest to declare

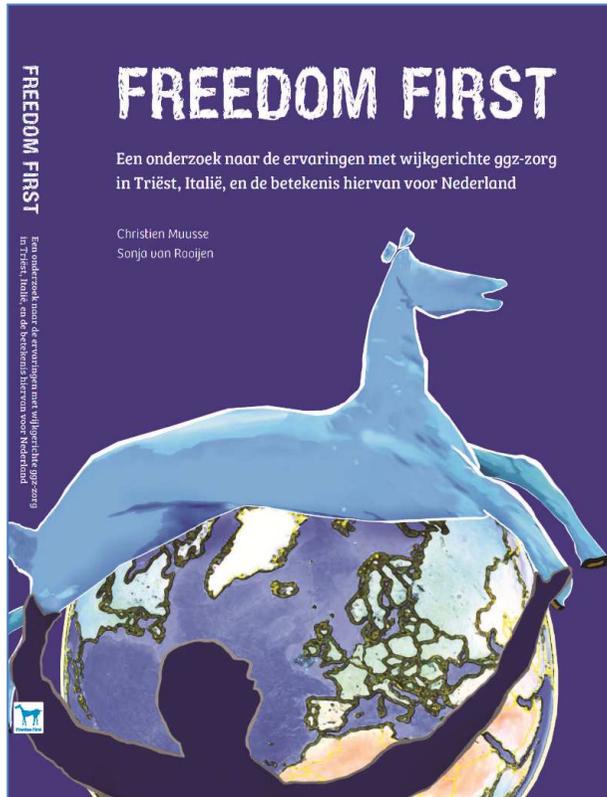


Dutch Context

- Deinstitutionalization is back on the agenda since 2012:
- Administrative agreement:
- a reduction of the beds of one third in 2020 in comparison to 2008. Substitution with outpatient, community care.
- How to do this in Practice?



Starting point



- Results from journey of 2014:
- Not only about organisation, but about values & care
 - Human rights
 - Holistic
 - Ecological
- Meetings around values & care
- New comparative research from ethnographic perspective

Research Q's & relevance



In Dutch mental health, 'crisis' is often a reason for hospitalisation or forced care: in working on de-institutionalisation we need different modes of working and modes of thinking about crisis.



Different logics of care lead to different practices: what can we learn from this?

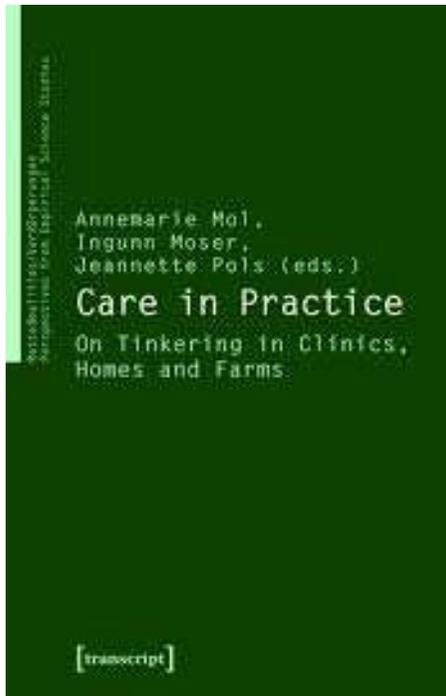


What is there to say about the 'goods' and the 'bads' of the different approaches? What can we learn from this to further improve care around the onset of a crisis?



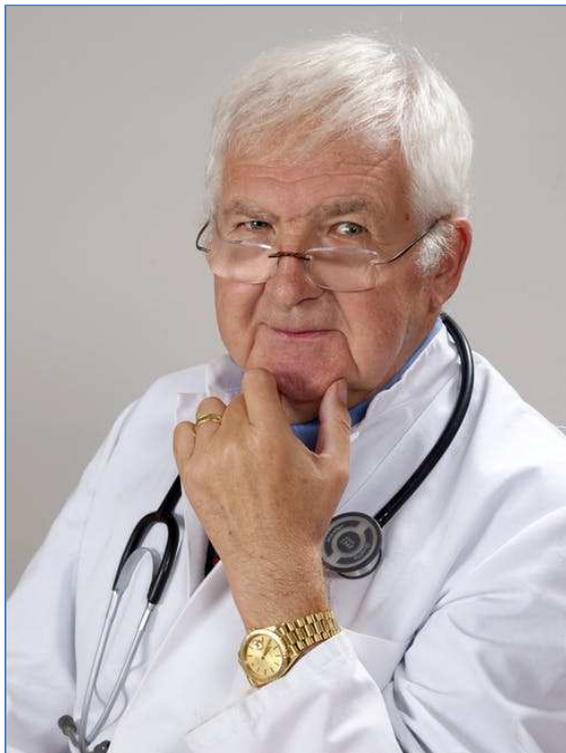
- **What:** daily care practice around onset of a crisis.
- **Normativities :** values, ideas about good care
- **Relating & Contrast :** how does it differ & what can we learn from it?

Theoretical framework



- Empirical ethics (Law, Mol, Moser)
- Contrasts with principlism (Beauchamp & Childress)
- Care is normative: values are enacted in daily care practices.
- Special focus on what is seen as the good (and bads to be avoided)
- Human & *non*-human actors
- How to study?: go outside!

Working on and with relations



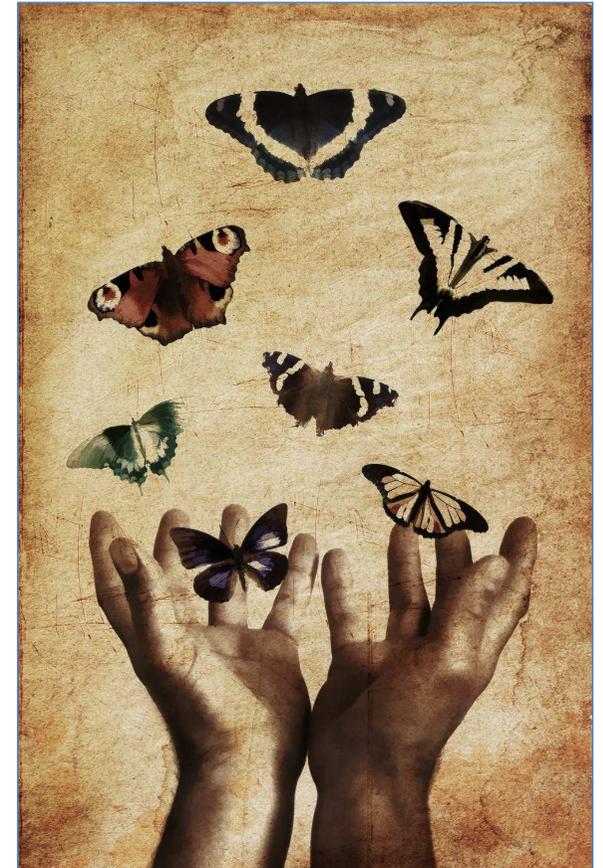


- Radical relational approach
- Work on maintaining and creating relations
- Keeping equilibrium

Autonomy

Idea of autonomy: when do you interfere & intervene?

Relational autonomy versus individual autonomy



Spatial methaphors

Social **cohesion**

network

Parralel world of psychiatry

MICRO MANICOMIO

BUFFER

Regional space: physical



Network space: social relations



Two Examples

- Lunch
- Micro Manicomio

Dealing with uncertainty: Structuring time

Starting point: dealing with uncertainty is important part of care around the onset of a crisis.

- How do different ideas about 'good' community mental healthcare lead to different ways of dealing with uncertainty?
- Idea of progress and continuity of care. How do they differ and what does that mean?

Wrap-up

- Contrast between two systems brings in a new perspective
- In reducing beds we need new answers about how to deal with a crisis. The research points out the importance of shaping daily care practice before this point.
- Relational approach: the how & what is of importance
- Focus on ideas about good care shows importance of reflecting on concepts like (relational) autonomy, and when and how to interfere. Also: what does it mean precisely ? (f.i. continuity of care)

Questions?

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