An Innovative Community Based Technique in Mental Health
Trieste, Italy
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INTRODUCTION
The United States provides resources for people with mental health issues, but unfortunately many people do not have access to these services when they need them most. There is a large amount of stigma surrounding mental health in the U.S. and many people do not want to talk about mental illnesses.

According to NAMI almost 25% of the U.S. population suffers from a diagnosable mental disorder in any one year and nearly 2/3 of people with a mental illness do not seek treatment. Approximately 1/4 of people with severe mental health conditions also abuse drugs and alcohol.

BACKGROUND
This research collaboration between the Social Work Department at the University of Wisconsin - Eau Claire and the Trempealeau County Health Care Department began with a conversation on how to best serve those individuals struggling with mental illness and the stigma they face. A review of best practices around the world lead to the Trieste Model.

The Trieste model is recognized by the World Health Organization (WHO) as an evidence-based practice of mental health care. The WHO arranges study visits for individuals around the world interested in learning more about their model. Over Spring Break 2019, Dr. Mary Nienow and her Research Assistant, Klaudia Buehl, along with Laura Farah from the Trempealeau County Health Care Center (TCHCC) traveled to Trieste in hopes of learning more about the system and bring back news ideas for implementation at TCHCC.

THE TRIESTE MODEL
In the early 1970s, Dr. Franco Basaglia became the director of the San Giovanni psychiatric hospital. Dr. Basaglia's was instrumental in deinstitutionalization and eventually closing the hospital. In its place he built up a number of different community resources for people with mental illnesses. His ideas and advocacy were eventually incorporated into the law and served as a model for the rest of the country and the world.

This movement away from institutionalization and seclusion shifted the way Trieste saw people with mental illnesses, they were no longer isolated or thought of as dangerous by the public. He focused on creating a person-centered approach where emphasis was placed on people's individual rights, responsibilities, personal stories, and needs.

Mental Health Department
The original role of the mental health department was to oversee the psychiatric hospital. The new role of the mental health department is to oversee the implementation of mental health services throughout the community. Trieste's mental health system is based upon respect of the patient and their freedom comes first. They do not refer to people as "patients" because they consider them as people first, sometimes people with mental health issues are referred to as "users" of the health systems.

Trieste is broken up into four main regions or “Catchment Areas” with approximately 60,000 residents in each area. Each catchment area is responsible for taking care of all the mental health needs of its residents. Trieste’s Mental Health Department spends approximately €18 million per year on their system allocating funds to each region. The department also spends around €4 million per year on health budgets. Compulsory treatment (commitments) are very rare and require the signature of two doctors and the mayor. They last for one or two weeks and the process of a two doctors/mayor needs to be started again and the reason for keeping people is not based on their dangerousness, but on their clinical diagnosis.

Social Cooperatives
Social cooperatives are places designed to serve and work with people who struggle with mental illnesses. Social Cooperatives can be occupational training and job placement, recreational activities, social support, housing and healthcare education. There are two types of social cooperatives:

Type A: its members are professionals such as social workers and nurses, the members act as educators to provide assistance and public services

Type B: employs people with mental and physical illnesses, and those who come from disadvantaged areas to provide them with job skills

COMMUNITY MENTAL HEALTH CENTERS
These centers are open to the public 24 hours a day all year long. Community mental health centers help with needs ranging from community care in the form of home visits to personalized intervention plans. The recovery care methods used in these settings are flexible and designed to meet each person's specific needs.

They have a multidisciplinary team which consists of 4 psychiatrists, 3 psychologists, 1-2 social workers, 1-2 rehabilitation workers and 25 nurses/support operators. There is 1 operator for every 10 cases. These community centers have many different functions including: providing medications, financial help, budget plans, communal socialization-meals, activities, and even crisis management. To rehabilitate people here, the staff focuses on the capacity of each individual. They also have a day center which provides: weeks of wellness, cooking classes, and even gardening. There are no designated visiting hours so friends and family can visit anytime they want to.

Studies have shown that people feel more comfortable in their lives and are able to live more independently with the help of community centers. In addition, the staff is more approachable to the people using services here. This practice also creates less of a power differential between staff and people with mental health issues.

The psychiatric unit is part of the general hospital in Trieste, and acts as a bridge to the surrounding community. This unit operates 365 days a year, 24 hours per day. It has a total of 6 beds which can be used for admissions, observations, and treatments. There are no required uniforms for staff which makes them more approachable to the people using services here. This practice also creates less of a power differential between staff and people with mental health issues.

There are no locked doors, or restraints used in this unit. If someone is struggling or lashing out the staff are trained to negotiate with them until they can reach an agreement. This unit also provides respite care for people in crisis. All types of assessments are done at the community mental health care center.

Admissions to the psychiatric unit are voluntary, and Trieste has the lowest number of involuntary admissions in Italy. The average stay in the psychiatric unit is three days. Everyone who stays here is first checked out by the ER to make sure the problem is not physical or related to substance abuse.

CONCLUSIONS
The United States and Trieste have many of the same mental health systems in place. However, in the U.S., there is a lack of continuity of care. The mental health department in Trieste has created a system which has the ability to help people in all aspects of their health, and throughout many stages of life.

There is hope for the U.S. to implement more of the different types of programs and services as Trieste, but the problem is often on how these services will be funded. In order to create mental health practices similar to the ones found in Trieste, it would require a drastic shift in the way Americans perceive mental health. To become more person-centered, many health care policies and systems would need to be changed and updated to focus on inclusion, autonomy, and continuity of care.

Although there is more research to be completed on this topic, this study shows that decreasing mental health stigma and partnering with communities allows for an inclusive and well-rounded health care plan. When care professionals and communities work together to support their inhabitants they create a better quality of life for everyone while giving back to their home community too.