International meeting
9-12 December 2014
“Franco Basaglia’s vision: mental health and complexity of real life. Practice and research”

Trieste 10 December 2014

Organising 24-hour CMH Services

Key-elements
Daniela Speh
SEGREGATION IN THE PSYCHIATRIC HOSPITAL:

- stigma
- “dangerous for self and others” and “public order”
- separation and seclusion out to a need for safety.
- protecting people “outside”: the wall.
- Asylums: self-sufficient agricultural colonies, pavilions divided for types of disorders and degree of freedom, sexual segregation, parks and vegetable gardens.
- In Trieste: asylum built on a sunny side, clean air, in a beautiful park - but it is also surrounded by a wall.
PLACES, COMMUNITIES, LOSS OF SELF IN THE ASYLUM

• Loss of self (NO IDENTITY) because of the impersonal anonymous spaces, the impossibility of ownership.

• Beyond the Illness you can find the needs and rights of the person

• **Basic principles and values:** Personal Freedom and Dignity.
CLOSING OF THE PSYCHIATRIC HOSPITAL AND DEINSTITUTIONALISATION

The idea is to start from the concepts of RIGHTS and RESPONSABILITY

- Right to citizenship
- Right to housing
- Living inside the city
- Dynamics of normality fighting the risk of exclusion.
FROM HOSPITALISATION TO HOSPITALITY

- Institutional rules
- Institutionalised Time
- Institutionalised (ritualised) relations:
  - among workers / and with users
  - Time of crisis disconnected from ordinary life
- Stay inside
- A stronger patients' role
- Minimum network’s inputs

- Agreed / flexible rules / negotiation
- Mediated time according to user’s needs
- Relations tend to break rituals
- Continuity of care before/during/after the crisis
- Inside only for shelter /respite
- Maximum co-presence of Social Network
COMMUNITY-BASED SERVICES: AIMS OF 24H MHC/7 DAYS A WEEK

• Total response/responsibility for demand and needs of a community means resolving life’s critical moments. The Community Mental Health Services, or “Mental Health Centres” (CMHC), are responsible for a specific catchment area (including acute demand).

• Involving all agencies and available services (avoid total delegation)

• Avoids the usual fragmentation of structures which generally result in community mental health systems.

• CMHC: neither out-patient nor intermediate service, but central axis of service network.

• NO Psychiatric Hospital
FUNCTIONS, ACTIVITIES, INTERVENTIONS

• **Beyond** the illness
• **Functions and needs**: intake, night/day hospitality, D.H., home visits, talks, group activities, pharmacological therapy, care support, money management, meals, house, “**whole life**” support etc.
FUNCTIONS, ACTIVITIES, INTERVENTIONS

Out-patient activities, individual and group therapy, psycho-social support/activation of networks, psycho-social rehabilitation, residences, professional training, job placement, socialization and free time
FUNCTIONS, ACTIVITIES, INTERVENTIONS

living situation (restoration, maintenance and cleaning, the search for other housing solutions)

money / income (cash subsidies, use of the safe in centre, daily money management on a temporary basis, action taken in defense and protection of property)

personal care (laundry, personal cleanliness, hairdresser, linens)

work possibilities (assignment to a co-operative society, chores at the centre, work grants)

free time / leisure (workshop in theatre, painting, music, graphics, sewing, ceramics, gymnastic and boating, day trips, holidays, parties, cinema, shows).
OPEN DOOR AS A QUALITY INDICATOR

• Without ‘open door’ professional/relational abilities cannot be expressed.
• Freedom to enter and esp. leave enables person to exercise their own power.
• Operator must get involved both personally/professionally: negotiate as equals, offer alternatives, orient person’s interests and resources, manage conflicts.
• Locked door means user loses negotiating power, which rests with operator, shifting balance and depriving individual again of the power detained by the institution.
• The person can leave, also in the company of an operator or volunteer, can return home and spend time there, can request responses to immediate needs.
• Relationship: such complex relational dynamics and roles can only take place in this kind of setting. They are linked to the quality of these spaces.
PARAMETERS, QUALITY, CHARACTERISTICS

Ultimately, a **MHC Social Habitat** is the product of a series of **factors** and **variables** which interact, both **structural** (architectonic, design, furnishings) and **human/relational** (including ways in which institutional variables of roles and power come into play).
• **Community spaces**, open to all, with common areas and some areas with more limited access.

• **Specific areas** for specific activities (e.g. kitchen, laundry, etc.).

• **Multifunctional spaces** that can be transformed mixing functions/activities, operators/users, visitors/volunteers (e.g. sitting room).

• **Socialisation**: strong social/relational dimension

• **Self-help**, friendships, group activities

• **Flexibility**: capacity of the MHC to enter into crisis for the level more structured and organized.
QUALITY, STRUCTURAL AND ENVIRONMENTAL ASPECTS OF A MHC

- **low threshold** (easy-to-access service)
  *Home-like* environment (rooms, furniture)
- **Night-day** area
- Living room /**social space**
- **Few beds** (maximum 8)
- **No rigid distinctions** between offices and spaces for users
- **OPEN DOOR**
  - great **attention** to the habitat
- No unpleasant **smells**
- **Accessible** and **multi-funcional** common spaces
- **Reception desk** (intake of demand)
- **NO RESTRAIN**
  - Flexible **visiting hours**
- **Shared dining room** for users and staff
- Spaces ensuring **privacy**
- Individual **locker & bedside table**
- **Leisure equipment** (radio, TV set, projector, pc, table tennis, etc.)
- **Furnishings**: functional but **not medicalized**
  - Pleasant and comfortable **interior design**
- **Decent** environment (clean, sanitized and properly maintained)
- Good **food** (dressed tables with all the cutlery)
- **terrace /garden**
- Availability of **means of transport**
COMMUNITY AND HOSPITAL: EMERGENCY UNIT IN GENERAL HOSPITAL

- **Emergency Units** are usually located within general hospitals and generally look like a “normal hospital ward”.
- Often squalid, cold, inhospitable and overly medicalised.
- Replicate **self-deprivation** and institutionalisation of asylums.
- Emergency Unit in Trieste: **bridge between community and hospital**, esp. for coordination and links with MHCs.
- Attempt to create a **non-hospital space within hospital**.
- Problems: waitings, high turnover, limited knowledge of users, elderly people, etc.
- Improving the habitat has finally reduced **aggressive behaviours**.
Social Habitat

The **Social Habitat** of a Community Mental Health Centre is an *alchemy* created by a mix of different aspects, **multiple factors** that can influence and condition the **atmosphere** of these places, just because the social habitat can **change** in response to **changes** in those present, both **operators and users**. It’s the element that permeates and sustains everything, but also the most **sensitive characteristic** of a service.
• People, their emotions, relations, cleanliness, maintenance, flexibility, functionality, design, structure are some of the **basic variables that create** the Social Habitat.

• The **strong frequentation**, the “**sense of not belonging**” can cause a peculiar and rapid **degradation** of spaces: services should always maintain a high level of **interest** and **attention** in the quality of the habitat.

• **Involvement** and **participation** of **staff** and **users** should be stimulated by creation of specific work groups.
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Trieste 10 december 2014
Organizing 24-hour CMH Services

Key-elements
Livia Bicego
DIRIGENTE INF. DSM
The central practical-theoretical point

A new model is developing a “strong” CMHS working 24 hours a day, equipped with beds and having great flexibility as far as facilities, resources, duties and modes of intervention are concerned.

The originally of the Italian concept of CMHS was for it to be the main or the only point of reference for all psychiatric requirements of the entire catchment areas. This allows the CMHS to conduct a continual cycle check.
Mental Health Department (MHD) and Local Health Company (LHC)- ASS1

• The MHD is part of the Local Health Company (LHC)

• The LHC is the organisation which co-ordinates all public health services in a specific and limited territory

• The MHD is the operational structure of LHC which has the following goals: prevention, care and rehabilitation in the field of psychiatry.

• The MHD shall ensure that the community mental health services of the LHC have a coherent and unique organisation as a whole, through a strict co-ordination of actions and links with the other services of LHC, particularly with general health districts and emphasizing the relationships with the Community and its institutions.
LHC ASS n.1 TS

Promotes the personal and community health of the areas of reference
Provides appropriate, high quality healthcare services
Participates in creating an integrated social security system and in the development of local participated welfare, in order to implement programmes aimed at supporting factors for the protection and promotion of health (both structural and relating to personal lifestyles and behaviours) and identifying, evaluating and fighting against the main individual/collective risk factors
Assuming full responsibility for care which cut across all of the Agency’s operations.
LHC ASS n.1 TS

The Healthcare Agency is organised as follows:

4 Healthcare Districts (each responsible for approx. 60,000 inhabitants), operating according to area (primary care and home care, the elderly, specialised medicine, Rehabilitation, Children and adolescents, Family counselling, District diabetes centre)

3 Departments (Mental Health, Dependency, Prevention)

2 Specialised Centres (Cardiovascular and Oncological)

118 Service for health emergencies

1215 employees.

Budget: cash balance € 29,327,155.82
MENTAL HEALTH Department

Operating Units network:

- 4 Community Mental Health Centres (CMHC) (24 hrs x 7 days x 60,000 inhabit. On average) 4 x 8 territorial b.p.

- 1 University Psychiatric Clinic/CMHC (x 11,602 ab.) 8 b.p. 4 of which territorial

- 1 Rehabilitation and Residences Service (R.R.S.) (social cooperatives, training and work inclusion)

- 1 General Hospital Psychiatric Unit (SPDC) – 6 b.p.
Mental Health Services:

-Trieste:
4 CMHCs 24 hours and 1 Psych. Cl.
1/60.000 inhabitants

-National Average
1/80.000 inhabitants

Group-homes:
(b.p. /10.000 inhab.)

- Trieste:
12 group-homes 72 b.p. 3.1

- National average 2.8
# M.H.D. Professional profiles
## Staff on 2014

<table>
<thead>
<tr>
<th>Professional Profile</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists (university included)</td>
<td>23</td>
</tr>
<tr>
<td>Psychologists</td>
<td>9</td>
</tr>
<tr>
<td>Nurses</td>
<td>117</td>
</tr>
<tr>
<td>Social workers</td>
<td>8</td>
</tr>
<tr>
<td>Rehabilitation Workers</td>
<td>10</td>
</tr>
<tr>
<td>Operators nursing support</td>
<td>27</td>
</tr>
<tr>
<td>Executives</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>206</strong></td>
</tr>
</tbody>
</table>

- **Staff/1,000 inhab.: 0.98**
- **National average: 0.8**
- **1 physician/8.5 operators**
- **National average: 1 physician/3 operators**
CREATING 24 HOURS CMHC
Is it possible to create a 24 hours 7 days a week CMHC?
Persons who access the CMHC

- 700-800 persons/ year
- Low threshold, no waiting list, proactiv, respond to demands and unexpressed needs too
- 1/3 “new persons”
- 60% severe mental health illness
The CMHC’s work-group is composed of...

- 4-5 psychiatrists
- 1-2 psychologists
- 18-20 nurses
- 6-8 support operators
- 1-2 social workers
- 1-2 rehabilitation workers
- social coops workers
- volunteers, trainees
- caregivers
THE MENTAL HEALTH Centre

- Functions
- Activities
- Programmes
FUNCTIONS, ACTIVITIES, PROGRAMMES OF THE MENTAL HEALTH Centre

- Acknowledgement and management of crisis at the Centre over the 24 hours
- Tailored rehabilitation therapeutic programmes
- Self-promotion, participation, and involvement of users
- Information for relatives
FUNCTIONS, ACTIVITIES, PROGRAMMES OF THE MENTAL HEALTH Centre

- Promotion of self-help activities
- Facilitation of associationism paths
- Recreation and play activities
- Activity of basic training, professional, and of social firm. Work inclusion
- Advisory service at the prison
- Integration with Health Districts
FUNCTIONS, ACTIVITIES, PROGRAMMES OF THE MENTAL HEALTH Centre

- Involvement of family physician (Health Tutor)
- Prevention of the distress linked to the old loneliness (Amalia Project)
- Suicide prevention (Special Telephone Project)
- Differences of gender and mental health
- Relationships with the city’s cultural agencies
THE ANSWERS OF THE MENTAL HEALTH Centre

Night Hospitality

For variable time periods
(from one night to several weeks)
Also the acceptance for a
Compulsory Health Treatment
(CHT) is usually made at an MHC

Day Hospital

For some hours, or the whole day, it is suggested to offer a temporary protection or defence condition during the crisis, to relieve families
Outpatient visit

- During the outpatient visit, news and opinions are exchanged with the person and/or her/his relatives, or action is taken under crisis situations.

Domicile visit

- Planned or urgent, it allows to know the life conditions of the person and her/his family.
Individual Therapeutic Work

• Planned meetings, directed to the listening and the going into the problems and life conditions of the person.

Therapeutic work with families

• Meetings with the family members to check and debate the dynamics and conflicts, in order to favour a higher knowledge and participation to problems.
Group activities

- Meetings when the information exchange on common problems strengthens the ability to know each other.
- Its main aim is to activate the social network.

Rehabilitation and prevention actions

- Initiatives to start access paths to information and culture, training and work inclusion.
Supports for the access to social rights and opportunities

Supports to living

- Programmes carried out at home to support the daily life abilities, and preserve, or re-learn social, interpersonal, group life abilities.
- Support to residential activities.
Advisory activities

- Actions at the health services, or hospital wards, at the prison, district seats, and public or private retirement homes.

Telephone

- Signalling, advices, appointments, checks
- Urgencies
SOME PROGRAMMES:

- The Service at the Prison

-Self-help programmes

- Work with relatives
The Community Mental Health Services, or “Mental Health Centres” (MHC), are responsible for a specific catchment area. They are expected to respond to the full range of psychiatric demand in their catchment area, including acute demand. The MHC operates 24 hours a day, 7 days a week.
# 24-HOUR CMHC IN PRACTICE...

An ordinary day... from 8:00 to 20:00

<table>
<thead>
<tr>
<th>PRINCIPLES &amp; VALUES</th>
<th>FUNCTIONS</th>
<th>WHO? HOW MANY?</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MULTIDISCIPLINARY</td>
<td>BREAFING</td>
<td>All staff</td>
<td>How is it going on?</td>
</tr>
<tr>
<td>MULTIPROFESSIONAL</td>
<td>8.00-8.30</td>
<td>4-6 operators</td>
<td>Planning and coordination day activities</td>
</tr>
<tr>
<td>FLEXIBILITY</td>
<td></td>
<td>2-3 psychiatrists</td>
<td>Agenda service</td>
</tr>
<tr>
<td>PUBLIC HEALTH</td>
<td>RECEPTION AREA</td>
<td>1 chief nurse</td>
<td>Phone</td>
</tr>
<tr>
<td>PERSPECTIVE</td>
<td>WELCOME POINT</td>
<td>1 operator</td>
<td>Single point of entry and reference</td>
</tr>
<tr>
<td>CMHC VS EMERGENCY</td>
<td>8.00-14.00</td>
<td></td>
<td>Coord. with emergency unit</td>
</tr>
<tr>
<td>UNIT</td>
<td>14.00-20.00</td>
<td></td>
<td>Coord. with the community team</td>
</tr>
<tr>
<td>PROACTIVITY</td>
<td></td>
<td></td>
<td>Hub with other agencies</td>
</tr>
<tr>
<td>ACCESSIBILITY</td>
<td></td>
<td></td>
<td>No waiting list</td>
</tr>
<tr>
<td>LOW THERESHOLD</td>
<td></td>
<td></td>
<td>Free</td>
</tr>
</tbody>
</table>
24-HOUR CMHC IN PRACTICE...
An ordinary day... from 8:00 to 20:00

PRINCIPLES & VALUES

FUNCTIONS

WHO?
HOW
MANY?

MULTIPROFESSIONAL
EQUIPE-Team work
CRISIS MANAGEMENT IN
CMHC
INTAKE
HOSPITALITY
FRIENDLY ATMOSPHERE

INTERNAL
ACTIVITIES
“IN-HOUSE CARE”
(CMH)
8.00-14.00
14.00-20.00

1 op.
1 psychiatrists
psychologists

Crisis management
Care focused on
admitted persons
(DH, new entry…)
Talks
Individual therapeutic
plan
Social Habitat
Shared care of the
rooms

Meeting with guests
Group activities,
leisure, care…
A cup of coffee?
Reading a
newspaper…
24-HOUR CMH IN PRACTICE...
An ordinary day... FROM 8:00 to 20:00

PRINCIPLES & VALUES

TEAM WORK
COMPREHENSIVENESS
FIGHT STIGMA AND
PREJUDICE
DEINSTITUTIONALIZATION
ACCESSIBILITY’
PROACTIVITY

FUNCTIONS

INTERNAL ACTIVITIES
“IN-HOUSE CARE” (CMH)
8.00-14.00
14.00-20.00

WHO?

HOW MANY?

1op
1exec

OBJECTIVES

Outpatients visits
Medications
Day hospital-like
Informal contacts
Lunch time, Dinner
time together
No rigid distinctions
between offices and
spaces for users
Organizing daily
priorities
Scheduled work
Going out/picking
up/bringing people to
the centre

EXAMPLE

• Planning

2op
24-HOUR CMH IN PRACTICE...
An ordinary day... from 8:00 to 20:00

<table>
<thead>
<tr>
<th>PRINCIPLES &amp; VALUES</th>
<th>FUNCTIONS</th>
<th>WHO? HOW MANY?</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESPONSIBILITY</td>
<td>Community interventions</td>
<td>1op+1psych</td>
<td>Active presence and mobility towards the demand</td>
</tr>
<tr>
<td>ACCOUNTABILITY FOR THE MENTAL HEALTH OF THE COMMUNITY</td>
<td>Outside activities</td>
<td>1op+ 1psych</td>
<td>Accompanying people DH</td>
</tr>
<tr>
<td>RESPONSABILITY OF THE CATCHMENT AREA</td>
<td></td>
<td>2op</td>
<td>Accompanying people in crisis</td>
</tr>
<tr>
<td>RESPONDING TO CRISIS IN THE COMMUNITY</td>
<td></td>
<td></td>
<td>Home visits</td>
</tr>
<tr>
<td>WHOLE LIFE APPROACH</td>
<td></td>
<td></td>
<td>Integreted work other agencies</td>
</tr>
<tr>
<td>PROACTIVITY</td>
<td></td>
<td></td>
<td>Continuity of care/cure</td>
</tr>
<tr>
<td>COMPREHENSIVE</td>
<td></td>
<td></td>
<td>Knowledge of the most complex cases</td>
</tr>
<tr>
<td>INTAKE</td>
<td></td>
<td></td>
<td>Individual therapeutic plan</td>
</tr>
<tr>
<td>THERAPEUTY</td>
<td></td>
<td></td>
<td>Unplanned work</td>
</tr>
<tr>
<td>CONTINUITY</td>
<td></td>
<td></td>
<td>Specialistic visits</td>
</tr>
<tr>
<td>RESIDENTIALITY</td>
<td></td>
<td></td>
<td>Continuity with emergency unit</td>
</tr>
<tr>
<td>ABILITATION</td>
<td></td>
<td></td>
<td>Supported housing</td>
</tr>
<tr>
<td>RECOVERY</td>
<td></td>
<td></td>
<td>Job placement</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medications/Long Acting</td>
</tr>
</tbody>
</table>
Staff meetings from 14.00 to 15.00
Staff meetings at the shift change
Important organizational junction
Collective team responsibility
To involve team
Management of failures
Planning afternoon priorities
Provide a comprehensive response
Intake for problems, not for diagnosis
To “read” the meaning of events
To share information
Personalised therapeutic programme
24-HOUR CMH IN PRACTICE...

THE NIGHT

During the night, the operators assist persons in crisis who are receiving night hospitality

Who's there?

1 nurse
1 support operators

and

1 nurse on call for each CMHC
1 psychiatrist on call for MHD
How much does it cost?

1971:
Psychiatric Hospital 5 billions of Lire (today: 40 million €)

2013:
Mental Health Department Network 19,0 millions €

94% of expenditures in community services, 6% in hospital acute beds

18/12/2014  dsm trieste who collaborating center
Some relevant outcomes

In 2013, 19 persons under involuntary treatments (6.5 / 100,000 inhabitants), the lowest in Italy (national ratio: 19 / 100,000); 2 / 3 are done within the 24 hrs. CMHC;

Open doors, no restraint, no ECT in every place including hospital Unit

No psychiatric users are homeless
Social cooperatives employ 400 disadvantaged persons, of which 30% suffered from a psychosis
Every year 150 trainees in Social Coops and open employment, of which 30 became employees
142 “health budget” for individual rehabilitation program

The suicide prevention programme lowered suicide ratio more than 40% in the last 12 years (average measures)
No One in Forensic Hospital