



Deinstitutionalization as transformation of psychiatry: processes and outcomes

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The concept of deinstitutionalization has been widely misunderstood, but it regards not just the closure of total institutions as asylums, but a whole system change and moreover a full transformation of psychiatry towards mental health. This encompassed the interpretation of the illness concealing human experience of a person. Deinstitutionalization can be seen as the main strategy to overturn oppression, to mobilize resources for recovery and social integration, creating services and supports in the community. Community-based services promoted the response to needs and the fulfillment of citizenship rights by catalyzing those resources and opportunities. The experience of Trieste, begun in 1971, represents the “practically true” invoked by Basaglia: for 40 years asylum-free, it became a demonstration that is possible to act in a new way to foster subjectivity, empowerment, recovery and social inclusion while embracing a human rights approach (e.g. principles of open door, no restraint, hospitality, negotiation). Recently the WHOCC of Trieste issued recommendations based on the most important experiences of deinstitutionalization, with all different levels of the process of transformation taken into consideration. It involved breaking roles and rules, creating reciprocity and shifting power toward a real encounter, a recognition of the contractual power of the user. The legal level, based on 1978 Legislation, was a result for the Italian experience, and it acknowledged the issue of rights as the key tool in mental healthcare. Human rights legislation in mental health now encompasses coercion, self-determination, and the fulfillment of fundamental freedoms. Moreover, it was an expression of a social movement for expanding civil and social rights. Today a whole life – whole systems approach provides a new framework that is comprehensive and value-based, not only for individuals but also for communities.