THE MICROSYSTEM FESTIVAL 2016 - SESSION C4

An Italian psychiatric system focused on the empowerment of users and families. Users engagement and service co-production in the Mental Health Department of Trento

Emanuele Torri
MD, Policy Maker - Head of Accreditation Commission
Department of Health and Social Solidarity, Autonomous Province of Trento

March 3, Jönköping

I am here as member (and on behalf) of the group led by Dr. De Stefani, the psychiatrist who promoted the implementation of “doing together” - fareassieme - in Trento
A group of mental health professionals and UFE a few days ago was in Norway. They met the Norwegian Ministry of Health and Care Services - Bent Hoie

OUTLINE OF THE PRESENTATION

- Background of Italian community psychiatry and organization of the Mental Department of Trento
- “Doing together” approach and the UFE (Users and Family-members Experts)
- Achievements of “Doing together” practices, perspectives and remarks
You are welcome to visit the Autonomous Province of Trento (Trentino)!

HEALTHCARE IN THE AUTONOMOUS PROVINCE OF TRENTO – TRENTINO NHS

• Public health, hospital care, emergency services, primary care, and mental health are delivered by a single public provider, the Healthcare Trust of the Autonomous Province of Trento (7,800 staff, 1.2 billion euro budget) – Trentino NHS

• The Healthcare Trust implemented a long term strategy for quality improvement with measurable results *

• Currently, in Italy, the healthcare system of the Autonomous Province of Trento is ranked among the best performers. OECD Index of Regional Wellbeing – health – Trentino 1st in Italy and among the ten best regions worldwide (out of 362). EU Regional Competitiveness Index 2013 – Trentino 1st in Italy and among Alpine regions, and Trentino 11th out of 262 regions of the European Union.

In Trento we apply the principles of the Italian Community Psychiatry and we developed the “Doing Together” Approach, and the UFE (Users and Family-members Experts – Expert Users and Family-members).

Our way of thinking and the 5 P of the microsystem

- PURPOSE
- PATIENT
- PEOPLE
- PROCESSES
- PATTERNS

«DOING TOGETHER» AND «UFE»

Key words: value shaping relationships, co-production, social approach, sustainability

Integration of all services in a sole organization: the Mental Health Department (MHD)

Continuity of care and case management

Assistance and integration of the person inside the community, outside of the Hospital.

In Trento we apply the “Doing Together” approach: recovery oriented philosophy based on valorization of the knowledge and resources of users, family members and citizens, and their active involvement in all activities of the Mental Health Department (MHD).

Key words: social inclusion, integrated services, continuity of care and case management
THE MENTAL HEALTH DEPARTMENT OF TRENTO

It is always located outside of the hospital.

It is the main entrance and the “heart” of the MHD. It deals with all requests related to mental health issues in Trento.

It is the first reference point for various community agencies (GP, municipality, social services, law enforcement, schools, associations).

Deals with crisis situations at a territorial level (outside the hospital), activating all available internal and/or external resources of the MHD.

2 psychiatrists + 10 professionals (nurses and educators) + 3 UFE
Open every day of the week

This is one of the main characteristics of the Italian model and of Trentino in particular.
TERRITORIAL EQUIPES

They guarantee continuity of care and case management over time.
They are multi-professional and operate at various levels: clinical, home care, and in all settings where the person lives and works.
They are responsible for the care pathway.
They accompany the user also while he is interacting with all other Service’s areas.

7 psychiatrists + 12 professionals (nurses and educators) + 2 UFE
Active from Monday to Friday. 2,000 Users, about 800 of them with high requirements.

THE PSYCHIATRIC WARD IN THE GENERAL HOSPITAL

Receives users in crisis situations that cannot be dealt with at a territorial level. It has 15 beds (limit set by Law 180).
Receives also users undergoing Compulsory Treatment (5-10/year).
The ward has open doors and implements a no-restraint policy.
Patients are never tied to their beds. Everyday it hosts meetings between the users and rehabilitative activities organized by volunteers. This is also a good way to inject new “life” inside the ward.

3 psychiatrists + 23 professionals (nurses and educators) + 7 UFE
300 admissions/year. Average length of stay: 12 Days
Having a house and a job are fundamental aspects of a successful care pathway. Especially for users with high requirements.

The MHD offers different housing solutions to match users’ needs.

- The “Sun House”, with its 13 beds, is the only Italian high protection facility with a 24 hour professional/UFE presence.
- There are around 10 low protection flats with 1 professional present for 1/2 hours a day.
- The most used solutions are co-habitation agreements between users or foster care by families or another willing person (for example political refugees).

The choice between the various options is taken together with the user following the “Housing Map”.

8 professionals + 7 UFE (Casa del Sole)
7 professionals + 4 UFE territorial housing
150 Users involved in Housing Projects

In the past we used high protection residential facilities. Today, we mostly rely on cohabitation agreements between users (that stimulate responsibility, mutual help and recovery) or foster care arrangements with people willing to live with the user. These can be “normal” families, but more often, they are refugees that are willing and have the heart and mind to share an apartment with one of our users, a very innovative solution.
The Service has a dedicated team of professionals that offer different employment opportunities according to 2 possible paths:

1) Institutional Path: offers job opportunities to people with disabilities thanks to national and local laws. The user must possess some basic competences so “severely ill” patients cannot access it.

2) Internal Path: thanks to a co-operation between the Department and its partner association “La Panchina”. New working areas are created and lead by volunteers to absorb some of the “severely ill” patients. The goal is the production of high-quality goods for the open market (bags made of recycled materials, catering service, car wash, social tourism, gardening...)

THE WORKING AREA

3 professionals + 4 Volunteers
165 Users on Path 1
141 Users on Path 2

THE WORKING AREA MESSAGE:
“WORK WITH US, WE ARE A LITTLE CRAZY!”
**THE WORKING AREA**
**THE NUMBERS 2014: 306**

<table>
<thead>
<tr>
<th>1 Path</th>
<th>N. Users 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>165</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2 Path</th>
<th>N. Users 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>141</td>
</tr>
</tbody>
</table>

**Total**  \[306\]

**OUR APPROACH:**
**“DOING TOGETHER”**

In 2000 the “Doing together” approach was born.

Diagram:
- Italian Community Psychiatry
- Users and Family members Expert (UFE)
- Doing Together
TO DO GOOD MENTAL HEALTH

The principles from the Italian Community Psychiatry and Evidence Based Medicine are important and we try to implement them at best, but it is also crucial to promote:

- a warm welcoming in all areas of the Department
- empathy and emotional closeness
- strong attention to the diffusion of Trust & Hope

To put it simply ... an approach which is ... humane!

Too often, these things are missing from our MHDs. Users and family members are unhappy, desperate, angry.

The “Doing Together” and the UFE believe in people, in their resources and in their humanity.

To do Good Mental Health is possible!

TRUST & HOPE

Words at the heart of “doing together” approach
WHAT DOES “DOING TOGETHER” MEAN?

“Doing Together” means to involve equally users and family members in their care pathways and in all activities, groups and working areas of the MHD.

In this way, users, family members and citizens learn to be and “work” together.

“Doing Together” is an approach to mental illness that valorizes the experience and the knowledge, of everybody.

Key Thought: to say ‘equally’ and ‘working together’ is simple. To put it into practice is something else… …

“DOING TOGETHER” SOME “GOOD” THOUGHTS: SIMPLE, POSITIVE AND SMILING

- Change is always possible
- Everybody has resources
- Coherence between “said” and “done” is fundamental
- Everybody’s active participation in every activity is ‘normal’
- A good atmosphere is of fundamental importance
- Money is useful, but it is not everything
- Research is very important

Key Thought: the small utopia of simple things and common sense
**“DOING TOGETHER” MAIN ACTIVITIES**

<table>
<thead>
<tr>
<th>Year</th>
<th>Activities</th>
</tr>
</thead>
</table>
| 2000 | Self Help Groups  
Reg. family members meetings  
Leopoldo discussion table  
Awareness campaigns in schools and communities |
| 2003 | Self Help House |
| 2004 | Sport Association  
Research initiatives |
| 2006 | Extra-Ordinary Events  
Shared Care Pathways  
Quality Group |
| 2007 | GPP |
| 2015 | |

In 15 years, more than 1,200 people have been involved linking micro, meso and macro system.

**“DOING TOGETHER” : SOME EXAMPLES**

- Do you want a better Mental Health Service?
- Is there anything that can be improved?
- Would you like to suggest something new?

**THE LEOPOLDO TABLE**

*Come to gruppo Leopoldo talk about it!*

Next meeting: February 16 at 16.30
THE LEOPOLDO TABLE

All main changes in the Department have passed through the Leopoldo Table.
Leopoldo is a meeting open to users and family members. It is held every two months to discuss improvements in the Department’s organization.

• 1° example
Some family members asked for the centre to be opened also on Sundays (in 2000 the Service would close at 12:00 on Saturdays). “Crisis” never take a day off! After a long negotiation process and after 6 months, the Mental Health Center opened also on Saturdays and Sundays. A huge victory for family members and the “Doing Together”.

• 2° example
A group of users criticizes our “Guide to Services” that I had just sent in print. For me it was the most beautiful Guide in Italy, it was like a child to me! “It is too long, users don’t read it. We need a brief and easy guide to the services!”. A mixed working group was created and after 2 months a “User Manual” postcard was created. Users went and distributed it in town, in the pharmacies, GPs and in the hospital.

Many understood in that moment that “Doing Together” was truly a reality!!!

2000-2015: 92 meetings with over 600 participate

REGULAR FAMILY MEMBERS MEETINGS

Series of meetings : 8 weekly/2 hours meetings for 10/15 families, facilitated by 1 professional and 1 UFE

• to give information about the Service, the illness and the medications
• to make the family feel less “alone”
• to favor an “exchange” of experiences between the families
• to favor the “exchange” of knowledge between professionals and family members
• to invite the families to some of the “Doing Together” activities
• to offer family members the opportunity to join one of the self-help groups

2000-2015 : 41 series of meetings with over 450 Families
The Quality Group aims to improve the quality of the services offered by the Department. It includes professionals, users, family members and volunteers. The group meets once a month, it gathers critical issues and identifies appropriate actions to improve quality.

Of primary importance is the contribution brought by family members.

3 professionals + 2 Family Members + 2 Trainees

A paper instrument that puts together a team (user, family members, professionals and other important figures) in order to:

- build a care pathway that is equal and shared
- verify the information received by the User regarding the Department, the illness and the medications.
- let the user express their thoughts regarding important areas such as: awareness, emotional burden, trust, hope, desires, communication within the team.
- learn to work in an atmosphere of equality and freedom of expression.
- to register and use potential “triggers” and desires in the event of a crisis
- to have an external Guarantor that facilitates sharing and equality within the team.

Each year there are around 150 new teams
10th April 2015 : The birth of the Parliament of the Mental Health Department of Trento

It is called “Gruppo di Progettazione Partecipata” and it is formed by 6 professionals, 5 users, 3 family members, 1 volunteer that have been democratically elected between users, family members, citizens/volunteers and professionals from the Department. This is an original and unique initiative in Italy, inspired by the “doing together” approach that wants to favor the shared management of the Department, concretely involving users and family members.

The group meets once a month for 3 hours and discusses topics proposed by anyone in the service. The group detains real power within the Department. The director of the Department must also obey!

An example of participated governance

GROUP OF PARTICIPATED PLANNING (GPP) OPERATIONAL GUIDELINES

JANUARY 2016 – Parliament’s first legislation

After almost a year, twelve meetings and the creation of dedicated focus groups, in January 2016 the GPP has published the first OPERATIONAL GUIDELINES for the Department. Guidelines discussed and co-defined by professionals, UFE, users and family members.

The GPP focused on 7 topics that required immediate attention within the Service:

1) Good relationships
2) Listening of the family members
3) Involvement of family members
4) Actions in crisis situations
5) User’s solitude
6) Actions after a suicide attempt
7) Open doors

Translating vision into action
“FRIENDS AT HOME”

Since 2012, a group of political refugees has started co-habitations agreements with some users from Trento’s MHD. They live together in a way that is resulting to be more therapeutic than many other traditional care pathways. A model that could work even if applied at other realities.

This experience has shown us that it is possible to intervene, even in the hardest situations, with some love, affection and good will. We have planned a study on this practice.

FRIENDS AT HOME: THE NUMBERS

<table>
<thead>
<tr>
<th></th>
<th>COHABITATION AGREEMENTS 2013/2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreements</td>
<td>71</td>
<td></td>
</tr>
<tr>
<td>Users</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Refugees</td>
<td>51</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>ACTIVE COHABITATION AGREEMENTS 31.12.2015</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreements</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Users</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>Refugees</td>
<td>29</td>
<td></td>
</tr>
</tbody>
</table>

Refugees in Trento are mainly coming from Africa and are carefully selected.
“FRIENDS AT HOME”

Se the resources in everybody
A VERY SPECIAL AGREEMENT
INSTITUTIONAL “DOING TOGETHER”

A great strength:

A convention between the Provincial Health Agency and 2 private self help associations:
“AMA” and “La Panchina”.

Thanks to this conventions, the most important areas of rehabilitation are managed “together” and “equally”:
• HOUSING
• WORK
• “DOING TOGETHER” AND UFE

UFE

USERS & FAMILY MEMBERS EXPERTS

UFE are the most (User & Family members Experts) important “visit card” of the “Doing Together” approach.

UFE: our main achievement. Working alongside professionals in the Mental Health Department
THE RECOGNITION OF THE EXPERIENTIAL KNOWLEDGE OF USERS AND FAMILY MEMBERS IN THE WORLD

In the world of Mental Health (and wherever there is a prolonged suffering) there are many experiences (well documented in the scientific literature) that spring from the principles of “peer support” and of the recognition of the experiential knowledge of Users and Family Members.

1) some remain on the outskirt of health systems
2) other start co-operating with the health system
3) others are completely integrated within the health system

The UFE experience is an example of “peer support” that is strongly integrated within the system, within the Department.

UFE are normal people with good human resources and the richness that derives from having personal experience of the illness.

UFE - USERS & FAMILY MEMBERS EXPERTS

- have experienced a successful care pathway
- have matured a full awareness of the value of their experiential knowledge
- are willing to transmit their knowledge to peers in distress
- are welcoming and positively oriented towards their peers
- provide structured and continuous services, side by side with the professionals, in all areas of the MHD
- are formally recognized by the Healthcare Trust of the Autonomous Province of Trento and are paid through a partner association (“La Panchina”)

UFE have received prizes from important agencies in Italy and abroad.
**UFE ARE BORN OUT OF A KEY THOUGHT**

**PROFESSIONAL KNOWLEDGE**

**CONTAMINATION INTEGRATION**

**USERS & FAMILY MEMBERS KNOWLEDGE**

If we value both types of knowledge we create a system that greatly enhances the quality of services.

---

**RESULTS / STRENGTHS**

**PROFESSIONAL FRONT**

- Increased emotional attention to the world of users and family members

**USERS AND FAMILY MEMBERS FRONT**

- Increased compliance and trust towards the MHD offers
- Increased decisional power and self management in the own care pathway
- Increased hope towards change and recovery

**UFE FRONT**

- Increased quality of life and social capital

**MHD FRONT**

- Better atmosphere

**COMMUNITY FRONT**

- More positive attention to the world of Mental Health
  (UFE are good testimonials and the media often talk about them positively!)

**Often, UFE “improve” professionals’ hearts and minds! This is a beautiful thing!**

**Most importantly UFE presence radically changes the context! To work towards changing the context is crucial!**
When we started to discuss the possibility of having UFE “inside” the Department, the majority of professionals were puzzled/contrary.

Today UFE are very well accepted because they provide support to users and family members. For professionals, UFE have become “colleagues”!

It is all about people!

**UFE NUMBERS 2014**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N. total</td>
<td>45</td>
</tr>
<tr>
<td>Users</td>
<td>32</td>
</tr>
<tr>
<td>Family members</td>
<td>13</td>
</tr>
<tr>
<td>Women</td>
<td>29</td>
</tr>
<tr>
<td>Men</td>
<td>16</td>
</tr>
<tr>
<td>Average Age</td>
<td>52</td>
</tr>
<tr>
<td>N. average hours of service</td>
<td>10</td>
</tr>
<tr>
<td>Total hours/year</td>
<td>21.265</td>
</tr>
</tbody>
</table>
## UFE: WHAT THEY DO AND WHERE THEY DO IT DATA 2014

<table>
<thead>
<tr>
<th>Area</th>
<th>Activity</th>
<th>n. UFE</th>
<th>n. hours/year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Center</td>
<td>Front office</td>
<td>7</td>
<td>2.268</td>
</tr>
<tr>
<td>Mental Health Center</td>
<td>Call center</td>
<td>5</td>
<td>2.394</td>
</tr>
<tr>
<td>Mental Health Center</td>
<td>Crisis support</td>
<td>2</td>
<td>2.640</td>
</tr>
<tr>
<td>Territorial Equipe</td>
<td>Presence in complex situations</td>
<td>2</td>
<td>2.310</td>
</tr>
<tr>
<td>Hospital Ward</td>
<td>Crisis support</td>
<td>5</td>
<td>4.745</td>
</tr>
<tr>
<td>Sun House</td>
<td>Night presence</td>
<td>6</td>
<td>4.380</td>
</tr>
<tr>
<td>Sun House</td>
<td>Daily activities</td>
<td>3</td>
<td>1.277</td>
</tr>
<tr>
<td>Self Help Apartments</td>
<td>Daily support</td>
<td>2</td>
<td>1.640</td>
</tr>
<tr>
<td>Shared Care Pathways</td>
<td>Guarantor</td>
<td>7</td>
<td>240</td>
</tr>
<tr>
<td>Family</td>
<td>Facilitator for groups</td>
<td>2</td>
<td>36</td>
</tr>
<tr>
<td>Awareness Campaign</td>
<td>Awareness campaigns and testimonials</td>
<td>10</td>
<td>225</td>
</tr>
<tr>
<td>Quality Group</td>
<td>Evaluation research</td>
<td>2</td>
<td>260</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>50</td>
<td>21.265</td>
</tr>
</tbody>
</table>

Key words: sharing, co-learning, team working

---

## TRENTO’S MENTAL HEALTH DEPARTMENT

![Trento’s Mental Health Department](image)
This is the Sun House, a residential facility, with a playground open to the children of the neighborhood.

A true example of integration!

"Be the change you want to see in the World"
(Gandhi)
Today, the UFE pathway is offered to all users and family members of the Service through different referrals: from the active UFE, professionals, word of mouth or other informal contacts.

Candidates are interviewed by a professional from the “Doing Together” area and by a UFE to evaluate motivation and comprehensions of the UFE’s tasks.

Later, the UFE is assigned to one of the Department areas according to his/her own interests and the Department needs.

The UFE have received their “primary training” while experiencing in first person, a mental illness.

**For this reason, there are no prescribed traditional or structured trainings.**

The important thing, are the monthly meetings in each working areas where UFE are present. UFE and professionals from the area exchange their experiences to solve possible problems.
THE TRANSFERIBILITY OF THE UFE IN ITALY AND ABROAD

UFE are present in 20 Italian cities and are also growing in some other countries.

The 1^ Chinese territorial Mental Health Center was inaugurated in Beijing in January 2010 born out of an important cooperation between Trento and Beijing. It is based on Trento’s “Doing Together” approach and today there are over 150 UFE in Beijing.

UFE’s transferability is very easy!

UFE AND “DOING TOGETHER” ENABLE QUALITY AND TECHNOLOGICAL INNOVATION

UFE enhance users’ centrality in their care pathway and in the system of care. UFE were actively engaged in exchange and co-learning programs with many international healthcare organizations, including Jönköping County Council.

EU PROJECT NYMPHA – Next generation Mobile Platforms for HeAlth, in Mental Disorders.

Targeting bipolar disorders

Patients and ‘informal caregivers’ as key stakeholders for the development of digital services and platforms foreseen in NYMPHA project. UFE were actively engaged in understanding user needs, attitudes, and experiences with regard to the supportive ICTs.

It is crucial to embrace the digital world also in mental health and also in peer support practices.
NYMPHA-MD CONCEPT: A PRE-COMMERCIAL PROCUREMENT TO SUPPORT IMPLEMENTATION AND ASSESSMENT OF IMPACT OF NEW MOBILE SERVICES

We are currently keen on NYMHPA-MD project - www.nympha-md.eu

A HEALTHY PROVOCATION ON POWER...

“Possibly, good Health Systems in the future will require some radical changes in terms of power relations. Control and power that must start moving from the hands of those who administer the cures into the hands of those who receive the cure.”

DM Berwick, What “Patient Centered” should mean: confessions of an extremist.

Health Affairs 2009

UFE are special to transfer power
“To plan and build systems is important for health professionals, but it is not sufficient. They are instruments. It is the ethical dimension of all professionals that is essential for the system to succeed.

After all, the secret of quality is love.”

Avedis Donabedian
(1919 – 2000) physician; founder of the study of quality in health care and medical outcomes research

Models and practice for users engagement may enable value-based mental health services, uniting the interests of all system participants and improving quality and health outcomes while containing costs

Did we really change for better?
VALUE IN MENTAL HEALTH

- Promoting services integration, coordination, multi-disciplinarity and continuity of care
- Integrating somatic, psychological, behavioural and social assessment and treatment
- Shifting the delivery of care from institutional settings to the community
- Enabling effective routes to prevention and personalization of care, around patient needs
- Providing a range of treatments for patients with similar needs and challenges, starting from those sickest and frailest
- Enabling work in cooperation with medical and non medical services/agencies in the community

PILLARS TO PROVIDE MORE PERSON CENTERED CARE IN TRENTO EXPERIENCE...

- Community psychiatry practices
- Engagement and equal sharing among users and professionals
- Patient-oriented system-wide improvement

Partnering with users and families requires to shake up the system!
SUMMARY:
KEY ASPECTS OF PSYCHIATRIC CARE IN THE MENTAL HEALTH DEPARTMENT OF TRENTO

- Establish all possible networks with the local community
- Strong “actions” against stigma and prejudice
- Full cooperation with family members
- Real time crisis management outside hospital
- Shared subscription of all care pathways by users, family members and professionals with 1 external Guarantor (UFE): work in team!
- One lively hospital ward with “no restraint” policy
- A stable reference professional for each user and his/her family
- Particular attention to housing, working and social inclusion
- Strong attention to contrast drop-out
- A continuous evaluation of activities, processes and outcomes
- The valorization of everybody’s knowledge starting with Users and Family Members

We try to provide excellent care to our users, designing services together

SOME ACHIEVEMENTS IN TRENTO...

- Doing together practice increases social capital and promote positive relationship and higher satisfaction among users, family members and professionals (facts confirmed in all the areas of the Mental Health Department and especially in the hospital ward)

- Qualitative studies performed in the Mental Health Department evidenced a positive impact on quality of life, functioning and psychological wellbeing and adhesion to treatments of patients and UFE (over the years several researches have been conducted using validated tools, although without systematic comparison with other centres)

- A participatory and empowerment based approach enable comprehensive treatment plans driven by patients’ needs and promote social inclusion

- Our drop-out rate (2.5-5%), lower than that of other mental health systems in Italy and abroad, may be influenced by strategies and action for partnering with users and families

- Consistently, we have an extremely low rate in compulsory admissions

- Development of community psychiatric resources and engagement practices may explain the very positive outcomes we achieve in terms of accessibility of services, hospitalizations, medicine consumption and overall expenditure (see next) in comparison with similar organizations in Italy

- We have do not have any “negative” outcome/performance, among those generally monitored in Italy

Excerpts from results in the real world!
TRENTO PROVINCE PERFORMANCE – REGIONAL NETWORK OF ITALIAN REGIONS - 2012

RANKINGS ACCORDING TO THE MULTIDIMENSIONAL FRAMEWORK FOR ASSESSMENT OF ITALIAN HEALTHCARE SERVICES ADOPTED IN TRENTO

TRENTO PROVINCE PERFORMANCE – REGIONAL NETWORK OF ITALIAN REGIONS - 2014

RANKINGS ACCORDING TO THE MULTIDIMENSIONAL FRAMEWORK FOR ASSESSMENT OF ITALIAN HEALTHCARE SERVICES ADOPTED IN TRENTO
### COMPULSORY TREATMENTS DATA

1) Compulsory Treatment (CT) of users from the Mental Health Department of Trento (MHDT)

<table>
<thead>
<tr>
<th>Year</th>
<th>nr. CT</th>
<th>Inhabitants MHDT area</th>
<th>Ratio on 10,000 inh.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>12</td>
<td>132,429*</td>
<td>0.91</td>
</tr>
<tr>
<td>2015</td>
<td>11</td>
<td>132,429*</td>
<td>0.83</td>
</tr>
</tbody>
</table>

2) CT of users from OTHER MHD in the Autonomous Province of Trento (PAT) & CT authorized elsewhere but person given hospitality in the Trento’s Hospital Ward

<table>
<thead>
<tr>
<th>Year</th>
<th>nr. CT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2</td>
</tr>
<tr>
<td>2015</td>
<td>4</td>
</tr>
</tbody>
</table>

3) CT of homeless users or people resident outside the PAT

<table>
<thead>
<tr>
<th>Year</th>
<th>nr. CT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>1</td>
</tr>
<tr>
<td>2015</td>
<td>2</td>
</tr>
</tbody>
</table>

In Trento we have the lowest rate of compulsory treatment in Italy

---

### THESE ARE THE COSTS OF TRENTO’S MHD

Italy has a public national health service. Citizens can access health services free of charge (in some cases they might be requested to pay a small fee)

**COSTS 2014 – MENTAL HEALTH DEPARTMENT TRENTO**

<table>
<thead>
<tr>
<th>Hospital Ward</th>
<th>Community</th>
<th>Out of province admissions</th>
<th>Private Facilities</th>
<th>Drugs</th>
<th>General Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.950.000</td>
<td>420.000</td>
<td>220.000</td>
<td>1.700.000</td>
<td>670.000</td>
</tr>
<tr>
<td>TOTAL</td>
<td>8.110.000</td>
<td>Cost per inhabitant</td>
<td>62 Euro</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In Italy the average cost pro capita for Mental Health is about 100 Euro.

In Trento we spend a lot less, while guaranteeing high quality services.

Community care and «doing together» practice may be sustainable
Come in molti altri paesi europei, la spesa sanitaria in Italia è diminuita negli ultimi anni, a seguito degli sforzi del governo per ridurre i disavanzi di bilancio nel contesto della crisi economica.


### Most efficient healthcare: Bloomberg Index 2014

<table>
<thead>
<tr>
<th>Rank 2014</th>
<th>Country</th>
<th>Efficiency</th>
<th>Life expectancy</th>
<th>Healthcare cost as percentage of GDP</th>
<th>Healthcare cost per capita</th>
<th>Change in life expectancy</th>
<th>Change in healthcare cost per capita</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Singapore</td>
<td>78.6</td>
<td>82.1</td>
<td>4.5%</td>
<td>$2,426</td>
<td>0.40</td>
<td>$281.73</td>
</tr>
<tr>
<td>2</td>
<td>Hong Kong SAR</td>
<td>77.5</td>
<td>73.5</td>
<td>5.3%</td>
<td>$1,644</td>
<td>0.06</td>
<td>$535.68</td>
</tr>
<tr>
<td>3</td>
<td>Italy</td>
<td>74.9</td>
<td>29.9</td>
<td>9.0%</td>
<td>3,032</td>
<td>0.30</td>
<td>306.64</td>
</tr>
<tr>
<td>4</td>
<td>Japan</td>
<td>68.1</td>
<td>83.1</td>
<td>10.2%</td>
<td>4,752</td>
<td>0.50</td>
<td>110.93</td>
</tr>
<tr>
<td>5</td>
<td>South Korea</td>
<td>67.4</td>
<td>81.4</td>
<td>7.0%</td>
<td>1,703</td>
<td>0.40</td>
<td>50.11</td>
</tr>
<tr>
<td>6</td>
<td>Australia</td>
<td>62.6</td>
<td>82.1</td>
<td>9.1%</td>
<td>6,120</td>
<td>0.20</td>
<td>26.02</td>
</tr>
<tr>
<td>7</td>
<td>Israel</td>
<td>60.4</td>
<td>81.7</td>
<td>7.0%</td>
<td>2,269</td>
<td>0.00</td>
<td>-84.64</td>
</tr>
<tr>
<td>8</td>
<td>France</td>
<td>64.6</td>
<td>82.0</td>
<td>11.8%</td>
<td>4,690</td>
<td>0.46</td>
<td>-278.26</td>
</tr>
<tr>
<td>9</td>
<td>United Arab E...</td>
<td>64.1</td>
<td>77.6</td>
<td>3.2%</td>
<td>1,343</td>
<td>0.18</td>
<td>-32.24</td>
</tr>
<tr>
<td>10</td>
<td>United Kingdom</td>
<td>63.0</td>
<td>81.9</td>
<td>9.4%</td>
<td>3,447</td>
<td>0.55</td>
<td>-11.47</td>
</tr>
<tr>
<td>11</td>
<td>Norway</td>
<td>63.6</td>
<td>81.6</td>
<td>9.1%</td>
<td>9,066</td>
<td>0.16</td>
<td>-86.86</td>
</tr>
<tr>
<td>12</td>
<td>Mexico</td>
<td>59.1</td>
<td>77.1</td>
<td>6.3%</td>
<td>618</td>
<td>0.22</td>
<td>9.48</td>
</tr>
<tr>
<td>13</td>
<td>Estonia</td>
<td>58.2</td>
<td>76.2</td>
<td>6.7%</td>
<td>361</td>
<td>0.26</td>
<td>-0.81</td>
</tr>
<tr>
<td>14</td>
<td>Spain</td>
<td>58.1</td>
<td>82.4</td>
<td>9.9%</td>
<td>2,008</td>
<td>-0.10</td>
<td>-170.01</td>
</tr>
<tr>
<td>15</td>
<td>Switzerland</td>
<td>57.9</td>
<td>82.7</td>
<td>11.4%</td>
<td>8,900</td>
<td>0.00</td>
<td>-267.86</td>
</tr>
<tr>
<td>16</td>
<td>Saudi Arabia</td>
<td>57.0</td>
<td>75.5</td>
<td>3.1%</td>
<td>795</td>
<td>0.21</td>
<td>73.88</td>
</tr>
<tr>
<td>17</td>
<td>China</td>
<td>56.6</td>
<td>79.6</td>
<td>7.2%</td>
<td>1,103</td>
<td>0.27</td>
<td>81.76</td>
</tr>
<tr>
<td>18</td>
<td>Czech Republic</td>
<td>54.1</td>
<td>78.1</td>
<td>7.7%</td>
<td>1,435</td>
<td>0.20</td>
<td>-113.70</td>
</tr>
<tr>
<td>19</td>
<td>Finland</td>
<td>53.3</td>
<td>80.6</td>
<td>9.3%</td>
<td>4,332</td>
<td>0.16</td>
<td>-179.44</td>
</tr>
<tr>
<td>20</td>
<td>Sweden</td>
<td>53.3</td>
<td>81.7</td>
<td>9.7%</td>
<td>5,319</td>
<td>-0.10</td>
<td>-99.36</td>
</tr>
<tr>
<td>21</td>
<td>Canada</td>
<td>51.9</td>
<td>81.7</td>
<td>11.1%</td>
<td>5,741</td>
<td>0.17</td>
<td>-92.52</td>
</tr>
<tr>
<td>22</td>
<td>Poland</td>
<td>52.4</td>
<td>76.8</td>
<td>6.7%</td>
<td>864</td>
<td>0.06</td>
<td>-61.31</td>
</tr>
<tr>
<td>23</td>
<td>Germany</td>
<td>51.0</td>
<td>80.9</td>
<td>11.0%</td>
<td>4,663</td>
<td>0.15</td>
<td>-312.72</td>
</tr>
<tr>
<td>24</td>
<td>Greece</td>
<td>49.5</td>
<td>80.0</td>
<td>9.1%</td>
<td>2,044</td>
<td>-0.10</td>
<td>-259.74</td>
</tr>
<tr>
<td>25</td>
<td>Libya</td>
<td>49.0</td>
<td>75.2</td>
<td>4.3%</td>
<td>578</td>
<td>0.19</td>
<td>367.40</td>
</tr>
<tr>
<td>26</td>
<td>China</td>
<td>49.0</td>
<td>75.2</td>
<td>5.3%</td>
<td>322</td>
<td>0.16</td>
<td>47.88</td>
</tr>
<tr>
<td>27</td>
<td>Malaysia</td>
<td>49.0</td>
<td>74.8</td>
<td>3.9%</td>
<td>410</td>
<td>0.17</td>
<td>26.37</td>
</tr>
<tr>
<td>28</td>
<td>Portugal</td>
<td>47.9</td>
<td>80.4</td>
<td>9.4%</td>
<td>1,905</td>
<td>-0.10</td>
<td>-397.31</td>
</tr>
</tbody>
</table>
CURRENT CHALLENGES

• Navigate turbulent times of resources constraints
• Embrace new digital technologies (m-health tools)
• Stronger integration with primary care
• Set up an institutional framework to support spreading of “doing together” and UFE in the entire Trentino and elsewhere
• Manage replacement of key people inside the Mental Health Department
• Perform a broad multicentric scientific research on systems of care based on systematic engagement and service co-production with users
• Advocate a reform of mental health in Italy centred on “doing together” and UFE

EXTRA ORDINARY EVENTS

Last but not least “Doing Together” organizes every year some extra ordinary events! And these events are important actions to fight stigma and prejudice.

Atlantic Ocean, China, Muyeye, UFE & USA, UFE & Japan, UFE & Norway
EXTRA-ORDINARY EVENT 2006: ATLANTIC OCEAN CROSSING

10 people from Trento’s MHD sailing from Cadice to the Caribbeans like Cristoforo Colombo

EXTRA-ORDINARY EVENT 2007: THAT SPECIAL TRAIN TO BEIJING

208 people (users, family members, professionals, citizens) from Venice to Beijing like Marco Polo
EXTRA-ORDINARY EVENT 2009-2010

MUYEYE IS A VERY POOR VILLAGE IN KENYA. TRENTO’S MHD AND OTHER ITALIAN MHDS FUNDRAISED TO BUILD THE SCHOOL. 250 OF US TRAVELLED TO MUYEYE TO FOLLOW THE CONSTRUCTION PROJECT.

On 17th February 2011 the school was inaugurated!!!
EXTRA-ORDINARY EVENT 2011: UFE & USA

From Boston to Los Angeles 11 conferences on "Doing Together" and the UFE. Invited by prestigious universities and research centres in the USA.

EXTRA-ORDINARY EVENT 2015: JAPAN

TOUR of JAPAN
3 - 13 SEPTEMBER 2015


AMBASSADORS: ELEONORA ESPOSTO, MAURIZIO CAPITANI, RENZO DE STEFANI, RENATO DI NICHEI, ROBERTO GINI

STEPS IN:
1. 30/09/2015 - FUKUSHIMA
2. 01/09/2015 - OKAYAMA
3. 11/09/2015 - KOKUBUNIJ (TOKYO)
4. 12/09/2015 - CHIBA
5. 13/09/2015 - TOKYO

3rd-13th September 2015 - Fukushima, Okayama, Kokubunij, Chiba & Tokio
EXTRA-ORDINARY EVENT 2016: NORWAY

TOUR of NORWAY
15 - 19 FEBRUARY 2016


AMBASSADORS: NJOIKOLAFE, LEIBUS, PÉREZ DE STEFANI, ROBERTO, DON VALENTÍNA ZAMIN, MAURO CAST AND, ALESSIO SOMAVILLA

STOPS IN:
1 15/02/2016 - ASKER
2 16/02/2016 - LARVIK
3 17/02/2016 - KRISTIANSAND
4 18/02/2016 - KLEPP
5 19/02/2016 - MOLDE

15th/19th February 2016 – Asker, Larvik, Kristiansand, Klepp, Molde

The world is full of UFE…although today they are not here!

… Naturally, you must want to see and hear them!
Thank you all for your presence and your attention!

Emanuele Torri
emanuele.torri@apss.tn.it