TOUR OF NORWAY
ASKER, LARVIK, KRISTIANSAND, SANDNES, MOLDE

Presentation of the model of Italian Community Psychiatry in the Mental Health Department of Trento according to the “Doing Together” approach and with the kind presence of the UFE (Users and Family-members Experts)

Renzo De Stefani
with Maurizio Capitanio, Roberto Cuni, Njouokou Fabien Lexus, Alice Sommavilla, Valentina Zanon

15th - 19th February 2016
MY ENGLISH IS NEANDERTHAL ENGLISH!!!

SORRY!
“Av små frø blir det store tre”

Special gratitude to Anders Vege and his section, for the extraordinary work and the dedication they put in making this happen!

Thank you, my dear friend Anders !!!
Warm greetings to you from our beautiful Trentino!!!
In Trento we try to apply the principles of the Italian Community Psychiatry with some peculiarities:

the “Doing Together” Approach, and the UFE (Users and Family-members Experts)
The starting point:

**Law 180 / 1978** - promoter was psychiatrist **Franco Basaglia**

- closes Psychiatric Hospitals (for the 1^ time in the world)
- transfers care and rehabilitation to community centers
- opens small psychiatric wards for crisis situations within the General Hospitals (maximum 15 beds)
- prescribes stricter regulations for Compulsory Treatments
The implementation of Law 180, especially in the first years, has encountered many difficulties.

The population and in particular the families of the mentally ill, were not ready for this revolution. The community services could not develop in a short time. For these reasons, Law 180 has been, and still is, a law that stimulates debate.

**Law 180 signals the end of an era.** The era during which patients in the psychiatric hospitals lived in unacceptable conditions and where they did not receive appropriate and adequate care.

Unfortunately Law 180 has not been correctly applied all over Italy and in the places where this happens, there are evident problems for users and family members.
Personally I really love Law 180.

I think and see that it is possible to implement it well and I have no doubts about the fact that in those places in Italy where the Law has not been implemented, the fault lies not within the law itself but within the people (politicians, administrators, psychiatrists, different people) that did not know / want to engage with science and passion in its application.
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: 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 (MHD)

150,000 Inhabitants
85 Professionals
45 UFE
10 Volunteers
20 Trainers

Data 2014
2000 Users
800 Users with High-Demand
600 New Users
13 Users every 1000 inhabitants

1 ORGANISATION, 1 MISSION, 1 DIRECTOR
Valentina is a young new user in a crisis situation. She arrives at the Mental Health Centre (MHC) alone or together with her family members. The MHC is the heart of the MHD, and in Italy, it is always outside the hospital. Valentina’s crisis can be monitored at home, at the MHC, at the Day Centre, in a sheltered home or in other places. Rarely, and if in an extreme situation, at the hospital. Valentina is accompanied through the various MHD areas by a team of dedicated professionals that keep track of all developments.
THE MENTAL HEALTH CENTER

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.
The importance of sharing information
<table>
<thead>
<tr>
<th>DAY</th>
<th>DATE</th>
<th>DR.</th>
<th>NAME</th>
<th>REF. DR.</th>
<th>REF. PROF.</th>
<th>INFO</th>
<th>WARD</th>
<th>CRISIS</th>
<th>EQUIPE</th>
<th>UFE</th>
</tr>
</thead>
<tbody>
<tr>
<td>THU</td>
<td>15.10.15</td>
<td>RE</td>
<td>Valentina</td>
<td>Di Gregorio</td>
<td>Tiziana</td>
<td>Arrives at 9.30 at the centre accompanied by mother. Very agitated. Long interview with Dr.Re and UFE Maurizio. Negotiated daily therapy administration in Day Hospital.</td>
<td></td>
<td></td>
<td>16.10 Re-evaluation by Dr. Re</td>
<td>Day Hospital / Daily access at Day Centre</td>
</tr>
</tbody>
</table>
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. 2000 Users, about 800 of them with high requirements.
DAY HOSPITAL (4/8 USERS A DAY)

It welcomes users experiencing a crisis. It is used as an alternative to hospitalization and administers psychopharmacological care.

DAY CENTRE (30/40 USERS A DAY)

It welcomes users during a crisis situation or people in need of socialization (between 1 month and 1 year).

It favors group settings fostering mutual help between users. Many activities are organized by citizens volunteers experts in various activities.

It is a way to inject new “life” inside the Centre.

DAY CENTRE

7 professionals (nurses and educators) + 1 UFE
Open from Monday to Friday. 30/40 users / day
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
One example: Valentina’s care pathway

Once the crisis is over …

Valentina may need a “sheltered” home (about 100 users involved in Trento)

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 Valentina. These can be “normal” families, but more often, they are **political refugees** that are willing and have the heart and mind to share an apartment with one of our users, a **very innovative solution**. One example is Fabien, who is here with us and who lives with Adriano, one of our most “vivacious” users.
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 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**”.

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**8 professionals + 7 UFE (Casa del Sole)**
**7 professionals + 4 UFE territorial housing**
**150 Users involved in Housing Projects**
LA MAPPAMENDELL’ABITARE

THE HOUSING AREA

THE HOUSING MAP

HOUSING MAP

CASASOLE
Per muovere i primi passi verso l’autonomia e il recupero delle abilità sociali

APPARTAMENTI PER L’AUTONOMIA
Per migliorare le proprie capacità nella gestione della vita quotidiana

APPARTAMENTI DEL FAREASSIEME
Per chi prosegue nel cammino dell’autonomia condividendolo con altre persone

CASA DELL’AUTO AIUTO
Per accoglienze brevi in un clima di mutualità per chi si trova in emergenza abitativa

OSPIITALITY IN FAMILI
Per chi ha bisogni di “casa” e anche di calore familiare

CONVIVENZE DI MUTuo AIUTO
Dall’incontro di persone sole può nascere la condivisione di una casa e il sostegno reciproco

ALTRE POSSIBILITÀ
# The Housing Area

## The Numbers 2014: 164

<table>
<thead>
<tr>
<th>Facility</th>
<th>N. guests 2014 turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun House</td>
<td>28</td>
</tr>
<tr>
<td>Low Protection Apartments</td>
<td>22</td>
</tr>
<tr>
<td>Self Help House</td>
<td>16</td>
</tr>
<tr>
<td>Cohabitation between users</td>
<td>57</td>
</tr>
<tr>
<td>Foster Care with Political Refugees</td>
<td>41</td>
</tr>
</tbody>
</table>

2014: 164 users involved in various housing projects
One example: Valentina’s care pathway

Once the crisis is over …

Valentina may need a “sheltered” job (about 130 users involved in Trento)

Valentina may need a job to come back on track. A few years ago we created some working teams composed by “difficult” users who are tutored by volun-teers who train them in their area of expertise. The working teams produce high quality goods and services that are sold on the open market for a profit. This is a wonderful paradox and a very innovative solution at no cost!

For example, our Borderbags …
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...)

3 professionals + 4 Volunteers
165 Users on Path 1
141 Users on Path 2
THE WORKING AREA
WORK WITH US, WE ARE A LITTLE CRAZY!
# The Housing Area

## The Numbers 2014: 306

<table>
<thead>
<tr>
<th>Path</th>
<th>N. Users 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Path</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>165</td>
</tr>
<tr>
<td>2 Path</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>141</td>
</tr>
<tr>
<td>Total</td>
<td>306</td>
</tr>
</tbody>
</table>
The Department has a dedicated team of professionals that promotes the “Doing Together” activities both inside and outside the Department (Family Members meetings, Leopoldo, awareness campaigns in schools, sport activities, Liberalamente newsletter, self-help groups, etc.).

In addition to this, the team is in-charge of spreading the approach and practices of “Doing Together” inside the Service.

3 professionals (Educators) + 3 UFE + 3 Volunteers
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, the contribution brought by two family members that work in the area of quality improvement in the private sector and that can transfer the typical efficacy and efficiency of the private sector to a Public Service.

3 professionals + 2 Family Members + 2 Trainees
In 2015 Objectives, each professional and each UFE had to present 2 suggestions on actions to implement in the different Department’s areas. By the end of 2015 have gathered over 200 proposals. Proposals will be evaluated by a jury of experts and the best 20 suggestions will be implemented during 2016.

As many of you know, this is a very valuable tool used by the private sector to involve all employees in corporate management, to make them feel more involved with corporate politics and improve general quality of the services provided.
One example: Valentina’s care pathway

The advantages of this organisation to Valentina’s Pathway

• permits to go through the crisis outside the hospital (WHO, literature, guidelines)
• supports a strong integration between all service areas
• offers continuity of care during the crisis in different moments and places
• offers innovative solutions in housing, working and socialising opportunities
• gets Valentina involved through the “Doing Together” approach
• offers Valentina the UFE’s support and presence
• taking good care of Valentina during her crisis is the best way to fight stigma and prejudice
The principles from the Italian Community Psychiatry are important, Evidence Based Medicine is important and we believe in it. ... But, perhaps, what is even more important is:

- 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!
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>1.150.000</td>
<td>3.950.000</td>
<td>420.000</td>
<td>220.000</td>
<td>1.700.000</td>
</tr>
<tr>
<td>TOTAL</td>
<td><strong>8.110.000</strong></td>
<td></td>
<td><strong>Cost per inhabitant</strong></td>
<td><strong>62 Euro</strong></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. And the trick is…
In 2000 the “Doing together” approach was born.
“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 practise 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
In 15 years, more than 1200 people have been involved. This is an extraordinary number for a small reality like Trento.
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
“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?

Come to gruppo Leopoldo
talk about it!

Next meeting: February 16 at 16.30

info
Servizio di salute mentale - via S. G. Bosco, 10 Trento
Stefania Biasi | 0461 902886 - stefania.biasi@apss.tn.it
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 Partecipants
“Doing Together” radically applied: Shared Care Pathways 2

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
A RECENT EXAMPLE OF “DOING TOGETHER”

FARé – Responsible Training Together
THE MOST RECENT (AND MOST IMPORTANT) NOVELTY OF “DOING TOGETHER”

10th April 2015: The birth of the Parliament of the Mental Health Department of Trento (Local Newspaper Headlines)

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 direct democracy.

A huge challenge born from “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

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

UFE: our reason to be here with you today
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 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.
• 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 Provincial Healthcare Agency of Trento and are paid through a partner association

UFE - USERS & FAMILY MEMBERS EXPERTS

UFE have received prizes from important agencies in Italy and abroad.
Region Emilia Romagna, Premio Gulliver, innovative experience, 2008
Active citizenship, Best practice, 2009, Roma
Age.N.As. (National agency for regional health services), Best example of organizational empowerment, 2009, Roma
Clinical Micro-systems Festival, Best practice, Jönköping (Svezia), 2010
Tribunal for patient’s rights, Alesini Award, Roma 2010
Ministry of Health - Agenas, Good practice to transfer to other regions, 2011, Roma
Lebanon (New Hampshire), Dartmouth Hitchcock Medical Center, Institute for Healthcare Improvement, Best practice, August 2011
Arendal, Norway, International meeting, Best practice, June 2013
FIASO. Federazione italiana aziende sanitarie e ospedaliere. Best Practice. 2013
Porto Alegre, Brasil International meeting on “Doing Together” between users, family members and professionals, Best practice, April 2014

But the most important prize, it is to be here with you today!

Key words: trust, hope, good atmosphere
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’!
# UFE NUMBERS 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</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 Èquipe</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>
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<tr>
<td>Sun House</td>
<td>Night presence</td>
<td>6</td>
<td>4.380</td>
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<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>
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<tr>
<td>Shared Care Pathways</td>
<td>Guarantor</td>
<td>7</td>
<td>240</td>
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<tr>
<td>Family</td>
<td>Facilitator for groups</td>
<td>2</td>
<td>36</td>
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<tr>
<td>Awareness Campaign</td>
<td>Awareness campaigns and testimonials</td>
<td>10</td>
<td>225</td>
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<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><strong>50</strong></td>
<td><strong>21.265</strong></td>
</tr>
</tbody>
</table>
If health is on the table, then the patient and the family must be at the table.
Lucian Leape Institute, 2008
FRONT OFFICE - UFE MARA
IN-HOUSE UFE
ALICE, FRANCA, RENATO, MARTINA
TERRITORIAL ÈQUIPE
UFE MAURIZIO
THE SUN HOUSE
UFE MIRELLA
THE HOSPITAL WARD
UFE DONATELLA
SHARED CARE PATHWAYS
UFE MICHELE

SHARED CARE PATHWAYS
An instrument for a real and verifiable sharing of the care pathways
AWARENESS CAMPAIGNS IN SCHOOLS
UFE MIRELLA
BAR DOLCE & CAFFÈ

This bar is a bit 'the heart of the MHD. Users, family members and professionals share an atmosphere rich in friendship and affection.'
SUMMARY:
KEY ASPECTS OF ITALIAN COMMUNITY PSYCHIATRY 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!
• 1 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 our work
• The valorization of everybody’s knowledge starting with Users and Family Members

The majority of Mental Health Departments in Italy and abroad have a 20/30 % drop-out rate. In Trento, drop-out rates are between 2.5 and 5%.
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.

UFE’s transferability is very easy. Just remember that...
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. **We hope in Norway as well!**

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” PRODUCE QUALITY

UFE have received an important quality award by the Quality Research Center of Qulturum, Jönköping (Sweden).

This recognition derives from the fact that UFE produce quality because they enhance users’ centrality in their care pathway and in the system.

User’s centrality is one of the 6 fundamental factors that produce quality within the Health Systems.

(the other 5 factors are: security, efficacy, accessibility, efficiency and equity)

Qulturum is one of the most important Research Centres in the world for quality in Health Systems.
TO CONCLUDE …
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
“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
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

FAREASSIEME
LA "NOSTRA"
SCUOLA A MUYEYE

un ramo di follia
fa bene all'albero della vita
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 GIAPPONE
3 - 13 September 2015


AMBASSADORS: ELEONORA ESPOSITO, MAURIZIO CAPITANIO, RENZO DE STEFANI, RENATO DUCHES, ROBERTO CUNI

STOPS IN:
1. 3.09.2015 - FUKUSHIMA
2. 6.09.2015 - 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: NJOUKOU, FABIEN LEXUS, RENZO DE STEFANI, ROBERTO CUNI, VALENTINA ZANON, MAURIZIO CAPITANIO, ALICE SOMMAVILLA

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
Once in a lifetime opportunity!
Looking at the Future

"Be the change you want to see in the World"
(Gandhi)

This is the Sun House, a residential facility, with a playground open to the children of the neighborhood.

A true example of integration!
TRUST & HOPE
The world is full of UFE...

... Naturally, you must want to see them!
Thank you all for your presence and your attention.
We hope to continue a cooperation between Trento and Norway.