The Joshi Project

Our Proposal:

The Trieste Model in Inverness and the Highlands

Table of Contents:

An Introduction	1-2
1. What the Joshi Project brings to the table	3-4
2. The Trieste Model in summary	5
2.1 Community Mental Health Centres (CMHCs) remain at the core of the Trieste Model	6
2.2 Atmosphere, attitude and environment are critical	6
2.3 The key principles of the Trieste Model - and how it works	7-8
2.4. Hiring and training service users as much as possible	9
3. Identifying problems with mental health services in the Highlands – and how implementation of the Trieste Model can help	10-11
4. Specific mental health service-problems in the Highlands and the responses of The Joshi Project	12-14
5. Suicide Prevention Strategy	15
5.1 What should Scotland learn from this model?	16-17
6. A note on the economics of the Trieste Model	18
7. Contact details	19

An Introduction

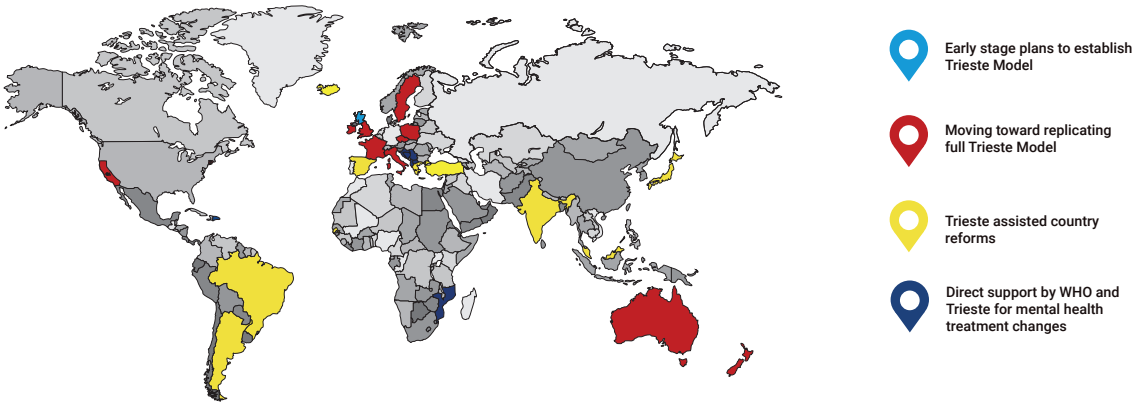
In a recent editorial in the British Journal of Psychiatry, S.P. Sashidharan, a Scottish psychiatrist and Honorary Professor at the Institute of Health & Wellbeing at the University of Glasgow, asked three profound questions:

- "What does a good mental health system look like?"
- "Where do mental health services accord with expert views and expectations...of humane, person-centred and effective mental healthcare?"
- "Is it possible to deliver mental healthcare that meets commonly agreed and internationally recognised standards?"

His answers to all three questions took the form of a single word: "Trieste", the city in north-eastern Italy that has served as a beacon of holistic psychiatric therapy for almost 50 years.

For the past several decades, Trieste has been designated by the World Health Organisation as a "centre of excellence for mental health recovery". Its successes include the halving of Trieste's suicide rate over a 15-year period, accompanied by plummeting rates of drug addiction, hospitalisation, re-admission and homelessness.

In terms of recovery outcomes, as well as drastically reduced economic costs, it remains one of the most successful models of mental health treatment anywhere in the world. Its methods and principles have been emulated in more than 30 countries. These include Spain, Sweden, France, Australia, Brazil and parts of the UK – including at least half a dozen NHS trusts across England and Wales, such as Hywel Dda University Health Board and York NHS Trust, which is three years into a five-year plan to establish a 24-hour, Trieste-style community mental health centre. SLaM (South London and Maudsley NHS Trust) is also working to set up their own pilot scheme.



Places and countries already applying the Trieste Model to mental health

Most recently, the Trieste model has been fully adopted in Poland and the Czech Republic.

Given its extraordinary record of successes and vast numbers of individuals it has helped, it continues to astonish us that mental health services in every community, in every country in the world, do not adopt Trieste's principles and strategies as a matter of course. We continue to believe that, at the very least, the Trieste model should become an adjunct referral option when traditional medical and talking therapies fail, as too often they do.

The purpose of this paper is to suggest ways in which the Joshi Project can contribute to the establishment and the operation of Joshi Hubs in Inverness and the Highlands, which will adhere to principles that underpin the Trieste Model of therapy and recovery.

> **Trieste has been designated by the World Health Organisation as a centre of excellence for mental health recovery**

1. What The Joshi Project brings to the table

The Joshi Project brings both funding and expertise.

We are a registered Scottish mental health charity named for our gifted and beautiful daughter who died in 2020 after a lifetime of struggle against mental health difficulties. The aim of the charity is to help establish the Trieste model of mental health treatment and recovery in Scotland.

We believe that if Joshi had access to the Trieste model of care in Scotland, she would still be with us today. By extension, we also believe that the lives of tens of thousands of Scots can be saved and dramatically improved by establishing the model in Scotland.

As a registered charity, we have access to numerous funding avenues.

These include several Scotland-based charitable trusts, whose board members agree with us that mental health services in Scotland must be improved and that the Trieste model and its principles should be implemented, both as an alternative and also as a way to improve existing services.
In terms of expertise, we are lucky to be able to avail the services of Dr Roberto Mezzina, the former director of mental health services in Trieste, who is now vice president of the World Federation for Mental Health. Also advising is Professor SP Sashidharan, the Scottish psychiatrist and Honorary Professor at the Institute of Health & Wellbeing at the University of Glasgow. Prof. Sashidharan is currently advising on establishing the Triest model in a number of UK locations, including South Maudsley in London.

Dr Roberto Mezzina

Dr Mezzina also advises communites and countries on establishing the Trieste model around the world. Most recently, he has been instrumental in helping transform the institutional care models in both Poland and the Czech Republic into individual-empowering, community-based provisions.

Lochan Urr in Glen Etive...The beauty of the Highlands can provide a wealth of therapeutic opportunites.

With regards to our proposal for the Highlands, it is the hope of The Joshi Project that we can partner with NHS Highlands, HUG Action/Spirit Advocacy and other third-sector entities to alleviate the suffering and better the lives of all who suffer from all forms of mental illness in the Highlands.

There is strong evidence to suggest the application of the Trieste model in the Highlands will make an enormous difference and mark the beginning of services we hope will be both effective and easily accessible in communities throughout Scotland.

We believe the principles and strategies of the Trieste model should be applied to the proposed Joshi Hub as a way of addressing the unique mental health challenges faced in the Highlands.

While urgent mental health crises will doubtless continue to present themselves among individuals – and proper provision must be put in place to deal with them – the Trieste model has shown that it can drastically reduce the number of these crises.

This is largely the result of ongoing care and the connections it fosters in the community. Indeed, long-term follow up is essential in the provision of mental health services and a key aspect of the Trieste model.

> **“ There is strong evidence to suggest the application of the Trieste model in the Highlands will make an enormous difference.**

2. The Trieste Model in Summary

More than 1,500 miles from Inverness, in a city in north-eastern Italy, the Trieste model was the brainchild of the late and world-renowned psychiatrist and revolutionary reformer Franco Basaglia. It began as a response to the closing of the city's asylum almost 50 years ago. Basaglia's ideas were inspired by the work of psychiatrist Maxwell Jones, the Physician Superintendent at Dingleton Hospital, the former psychiatric facility in Melrose, in the Scottish Borders. Maxwell Jones is regarded as the father of the "therapeutic community" psychiatric recovery model.

Declaring that freedom itself is therapeutic, Basaglia's radical idea was that recovery from mental illness is impossible when people are deprived of human rights and dignity.

In place of Trieste's asylum, Basaglia established a system of integrated care, based on a network of 24-hour walk-in community mental health centres (CMHCs), from which he advanced his therapeutic principles of freedom and individualised recovery models, connected to the support of family, friends, neighbours and the community. Within this integrated care model, Basaglia included everything that supported an individual's path to recovery – from orthodox pharmaceuticals, if considered necessary, and talking and listening therapies, to holistic care that considers the whole person and community outreach in all its forms, including employment, recreation, artistic endeavours, as well as social and relational interactions.

It is a system of "social psychiatry" based on a simple idea: people disabled by mental illness, whatever the diagnosis or severity, are as deserving of the same human rights as everyone else. They are citizen of our societies. Indeed, these freedoms have therapeutic value in themselves. The Trieste method rejects the notion that an individual's challenges and recovery should be confined to a diagnostic label or a one-size-fits-all course of treatment.

2.1 Community Mental Health Centres (CMHCs) remain at the core of the Trieste Model

CMHCs are the single point of access through which all care and treatment are provided. They also serve as community hubs for the planning and the social focus of the mental health system.

These seven-days-a-week, one-stop-shop, walk-in community mental health centres provide an informal but safe space where individuals are treated with compassion and dignity, and given advice, counselling and treatment. CMHCs are also places where rehabilitation and recovery are promoted through cooperatives, expressive workshops, school, sports, music, theatre, art and recreational activities, youth and self-help groups.

2.2 Atmosphere, attitude and environment are critical

It is essential that CMHCs are creatively designed, well-lit and furnished attractively to convey a friendly, welcoming and relaxed atmosphere. No white coats are allowed. CMHC staff and service users are indistinguishable from one another. During lunch, users and staff eat together. Family and friends are invited and encouraged to become part of the care, treatment and social engagement.

In this way, CMHCs are the focal point of a social network of friends, family, neighbours, staff and volunteers, all of whom form a major part of the therapeutic process of social reintegration.

2.3 The key principles of the Trieste Model - and how it works

All therapeutic endeavours conducted at CMHCs are underpinned by a number of basic tenets.

- **Respect for the individual's dignity, as well as the legal recognition of their civil and social rights;**
- **Empowering people with the right to "negotiate" their own treatment and recovery, according to their own circumstances and personal needs;**
- **The right to work, education and relationships, as well as full access to their community, including all social and support networks – from voluntary support groups, such as Highland Befrienders, to NHS community mental health nursing aid, regional housing authorities, job centres and welfare support.**
- **While all care and treatment should always be individualised, it must be recognized that people cannot recover in isolation;**
- **The community, and the society at large, must change its thinking about mental ill health and abandon all stigma and discrimination. This is, in part, a cultural issue. Our society, perhaps subconsciously, often blames individuals for their mental health problems, as if somehow they brought it upon themselves. This is no more true than blaming a child for a leukaemia diagnosis. The Trieste model has made significant headway in reducing stigmatization of mental illness by lowering the threshold for those who can seek help and become involved in the CMHCs;**
- **Thus, by extension, the Trieste model places the suffering person — not his or her disorders — at the centre of this unique, holistic mental health care and recovery system;**

Based on these key principles, the emphasis of treatment is focused entirely on the individual's personal story, their specific and immediate, whole-person needs, the integration of care into their life and aspirations, and their recovery through the rebuilding of relations with the community.

Unlike the current system of mental health care, the needs of individuals – not a person's disorders or diagnoses – are at the centre of each recovery plan. The focus of Trieste-style treatment is the individual's life goals and long-term recovery, as opposed to a diagnosis and the management of symptoms.

One simple example of how the Trieste model uses a person's life goals and aspirations comes to mind. In the aftermath of our daughter Joshi's passing, when the physical and mental paralysis of loss slowly gave way to anger and frustration, I spoke with Dr. Mezzina via Skype and told him our story, mentioning as an aside that Joshi had been a lover of poetry and Shakespeare. His response shook me to the core.

"Well, one of the first things we would have done to help Joshi would have been to bring in a Shakespeare expert or even a well-known poet to talk to her," he told me. "This is partly what we mean by community outreach and working with people's life aspirations. It might have helped." I knew immediately this was no ordinary psychiatry model. I also knew this approach would have inspired Joshi and helped give her life purpose. I continue to believe that had she had access to the Trieste model, it would have saved her life, and by extension, the lives of thousands of Scots who have been failed by the existing system.

Above all, this is a system that works – at the psychiatric-treatment level and in its ability to reintroduce people back into their communities – by focusing on their aspirations and allowing them to live independent, fulfilling lives with the support they need.

At the neurological level, scientists believe that the most likely reason for the Trieste model's successes is neuroplasticity – the ability of the brain to form and reorganize cerebral synaptic connections in response to learning and positive new experiences. In this way, the mind encourages positive influences on the brain and vice-versa.

As Dr Mezzina said:

"In Trieste, we put in place a whole range of opportunities – but the final, actual roadmap is decided by individuals. We help catalyse positive social interactions and experiences, support individual identity and a positive sense of self-efficacy, but we can only accompany them on their journey.

"There is no unique way. The important thing is to develop an attitude that supports individuals within their own world, on their path toward a better life."

2.4. Hiring and training service users as much as possible

We believe the inclusion of existing and former service users in building and operating a system in the Highlands based on the Trieste model is utterly essential to its success.

Service users have special and valuable insight into what works and what doesn't - not just in terms of helping to run the CMHC's themselves, but also their intimate knowledge of their community outreach and therapeutic activites that are available as a third sector interface.

Top left and right: ***Many community outreach programmes in Trieste are run by existing and former service users.*** **Bottom left:** ***A building in Trieste emblazoned with Franco Basaglia's revolutionary words, "La libertà è terapeutica" or Freedom is therapeutic.***

3. Identifying problems with mental health services in the Highlands – and how implementation of the Trieste Model can help

The problems that exist with mental health services in the Highlands are a combination of region-specific challenges, as well as issues that typically exist with the provision of mental health services throughout Scotland and largely the rest of the UK. We believe none of these problems are insurmountable and that the establishment of a Trieste-style CMHC in Inverness, as a pilot for the whole of the Highlands region, and, eventually, all of Scotland, would at once begin to eliminate many of the problems.

While important, the changes that have been implemented over the past couple of decades, at best, merely tinker incrementally at the edges of the system that continues to fall well short of the needs of people who desperately need mental health services. For the most part, psychiatric services are still mired in medical and pharmacological models, in which conditions such as depression, anxiety and obsessive compulsive disorder are seen in purely biological terms. The causes of many mental disorders – as well as accepted therapies – are too often oversimplified as a matter of balancing the neurotransmitters, dopamine and serotonin. In truth, the neural pathways of the brain are much more complex and still very poorly understood.

Clearly, this brain-biology/pharmacological approach is insufficient and is likely why treatments based on this model of mental health recovery so often fail.

One recent study from the Institute for Quality and Efficiency in Health Care, in Cologne, Germany, published in 2020, suggests that more than 50% of people who take antidepressants never get relief. CBT has also been shown to be ineffective for many people – our daughter, Joshi, among them – despite its near-universal acceptance by psychotherapists over the past two decades.

There is a growing realization throughout the world of psychiatry – and known for decades in Trieste – that mental illness involves much more than brain chemistry; mental illness is also a matter of the mind and its disturbed reaction to an experience of deep trauma, often during childhood. The mind itself is influenced by many inner and outer factors – psychological, cognitive, behavioural, religious and spiritual, political and sociological, and more – all of it mediated by personal understanding, that differs from one person to another. This basic understanding of the difference in treating the mind versus the brain, may be the clearest reason for success in Trieste-style treatments.

In the first instance, we can see how the basic guiding principles of the Trieste model can be applied to the Highlands in particular and to Scotland in general. Some of the points may seem simple and obvious, but they are profound and critical to recovery. Sadly, in many cases, they are still not considered essential to mental health services.

- Mental health care services should be more inclusive than the current Scottish model allows and available to all those who need them.

- People with mental health problems should have increased choice in terms of care and treatment options, and they should be at the centre of their own mental health care. In the lingo of Trieste, they must be able to "negotiate their own recovery".

- Families and carers, as well as friends and neighbours, if possible, should be included in care and treatment.

- As far as possible, all mental health care must be community-based with quick and easy access, and all care should be individualized and aim to ensure social inclusion.

- Treatments should be based, not only on the management of conditions, but on the individual's whole-life, long-term recovery and re-integration into the community.

- The basic rights of people with mental health problems should be prioritised in all decisions concerning care and treatment and all efforts made to reduce and eliminate coercive treatments.

4. Specific mental health service-problems in the Highlands and the responses of The Joshi Project

The following is a catalogue of various problems with the provision of mental health services in the Highlands, as identified by Spirit Advocacy/HUG Action for Mental Health. Below each identified problem are areas where we propose the Joshi Project and the implementation of the Trieste model and its principleas would make an enormous improvement to services.

a) The executive summary of the Spirit Advocacy/HUG Action for Mental Health report noted: "The overwhelming view was that crisis support should be accessible, offer immediate response, close to their homes or communities, and should be face-to-face with another human being who could listen, reassure and offer swift, direct, and appropriate help."

As it stands, current routes to access assistance are often deemed too difficult, complicated and confusing, inappropriate – or are perceived as non-existent in some parts of the Highland area.

It was also noted that people with lived experience of services felt strongly that simpler, friendlier, small-scale support, delivered closer to home could be delivered effectively and at relatively little cost.

Response: **Community mental health centres (CMHCs), the core of the Trieste model, are 24/7 one-stop shops that are designed to offer both face-to-face crisis support, GP and self-referral, in the communities in which they operate, as well as long-term follow-up therapies and social inclusion opportunities. Highland police should also have access to the CMHCs for crisis and referral purposes.**

While mechanisms such as NHS24, Breathing Space and Samaritans exist to help during out-of-hours crises, many people regard these services as inadequate and even stressful to communicate by phone under difficult personal circumstances.

We believe Inverness itself should be served by a pilot Joshi Hub CMHC with a view to rolling out many hubs across the Highlands. CMHCs are also cost-effective enough to be installed in a number of regions where they can be easily accessed by every community in the Highlands, rural or otherwise.

b) Not enough good/caring staff: A common complaint was the apparent serious difficulty in recruiting key mental health staff and a lack of mental health first aid training.

Response: **Hiring skilled and naturally empathetic staff for CMHCs, of course, is crucial. However, just as important is Trieste-style training, underpinned by the model's key principles (as stated above) that emphasize every individual's human rights and dignity – thus ensuring delivery of a caring mental health service attuned to the basic needs of service users. The Joshi Project would welcome the opportunity to help organise and fund Trieste-style training and education programmes in the Highlands. This in turn would help reduce the work burden on existing staff, such as doctors and Clinical Psychiatric Nurses (CPNs).**

c) There was a broad feeling that mental health care has become over-centralised, too complex and with little co-ordination between different aspects of the service: Across Scotland and particularly in the Highlands, many key services are being delivered many miles (sometimes more than a hundred miles) from their families, communities, and more immediate sources of support.

Response: **There is good reason why the Trieste model espouses community mental health care. Franco Basaglia's genius was in discovering that people with even the most severe mental illness could live a "normal" life by accommodating their condition in the communities in which they live, where they are rooted and feel most at home without the dangers of isolation. Community mental health care centres are indeed one-stop shops, where service users can find both crisis treatment, long term support and social advocacy.**

d) "The 'dreamed-up' idealistic models discussed at our meetings": The report notes: "One-stop-shops and 'all under one roof' ideas might perhaps be more practical (and economically feasible) than first imagined – with statutory health organisations working much more closely, in a consistent, co-ordinated way, with third sector crisis care providers, and filling identified gaps in support, at local level, to provide something more effective in helping with the immediate needs of people in crisis."

Response: **This essentially describes what mental health providers in Trieste have been doing for the past 47 years. However,**

these services need not be limited, as the report suggests, to crisis care. All mental health care and treatment, both crisis and long-term support, can and should be firmly based in the community, which is where the individual's life and recovery are rooted, and as a matter of practicality.

An essential part of the Trieste model's long-term successes is the creation of "life projects" in their communities, for the users of mental health services. These projects are created in the CMHCs through extensive discussion and "negotiation" with the service users.

> "An essential part of the Trieste model's long-term successes is the creation of "life projects."

5. Suicide Prevention Strategy

Current suicide prevention strategy in Scotland is largely about crisis management – more helplines, greater awareness and more crisis centres. All of these are essential, but they are not enough.

Scotland has the highest suicide rate in the United Kingdom. Sadly, well-meaning efforts to reduce suicide rates in Scotland have not succeeded. While the numbers in 2020 are a little lower than 2019 – about 3% lower, according to the Scottish Government's latest figures – they remain roughly the same as they were 15 years ago.

By contrast, Trieste took 15 years to reduce its suicide rate by a staggering 50%.

5.1 What should Scotland learn from this model?

Trieste's extraordinary success at reducing its suicide rate did not involve the use of a magic pill. Its successes are down to the comprehensiveness of the model, its efforts at social inclusion, as well as its easy access to community mental health hubs. Academic and social studies into the Trieste model's approach to suicide prevention recognize it as a "whole life, multi-sectoral prevention project." All of this, as noted above, is underpinned by its emphasis on its principles of dignity and human rights.

With regards to suicide prevention, here are just a few aspects of the Trieste model that could easily be applied to Scotland:

- Free crisis helplines, as they currently are in Scotland, should become more than just listening services. Through simple triage, they should also offer access to an integrated network of mental health and therapeutic services, including public emergency agencies, acute psychiatric units, as well as planned consultations with a psychiatrist or psychologist.

- All staff at CMHCs should be trained in mental health first aid. Crisis intervention should be available in CMHCs, where face-to-face listening services are offered, as well as long-term follow-up and support. Attempting to reduce suicide rates with only crisis management, is the equivalent of putting out a house fire, but leaving the gas cooker switched on.

- Prevention activities should include promotion and communication for all of the social groups that might be connected to those at risk, e.g. relatives, friends and neighbours who can refer a risk of suicide.

- Education and information should be offered to targeted sites such as high schools, universities, student accommodation, barracks, hospitals and rest homes.

- Personalised support networks should be devised for isolated individuals, encompassing family, public services, neighbours, and volunteers. This contributes to dealing with the phenomenon of solitude and social exclusion, thus impacting upon the different risk factors for suicide.

- Training and information activities to target helpline operators, community health and mental health workers, GPs, emergency agencies, the welfare services, as well as NGOs like cultural associations, family associations, volunteers and self-help groups, police, etc.

> **Academic and social studies into the Trieste Model's approach to suicide prevention recognise it as a whole life, multi-sectoral prevention project.**

6. A note on the economics of the Trieste Model

The results of the near 50-year-old experiment in Trieste show that by placing the whole person at the centre of the care system, there is great therapeutic value in focusing on recovery, community and human rights, along with an enormous capacity to combat the stigmatization, discrimination, and isolation of people suffering from mental health issues. The model has proven its worth, safety, practicality, community acceptance, not to mention the transformative impact it has on individuals and communities themselves, as well as its demonstrable cost-effectiveness.

The implementation of these Trieste-style CMHCs, which we strongly recommend for Inverness, as well as elsewhere in the Highlands, will also dramatically ease the financial burden of mental health costs on the NHS and the country in general. In greater Trieste, for example, there are four CMHCs serving a population of around 250,000. They provide full clinical and psycho-social support with service costs half that of the former model. Other places where the model has been emulated, such as Poland, the Czech Republic, and in countries where Trieste has assisted with mental health reforms, such as Spain, Sweden, Iceland, Japan, Brazil and Argentina, have also recorded dramatic cost-of-service reductions, compared with previous models.

The World Health Organisation has also noted both the transferability and cost-effectiveness of the Trieste model. Why do we not adopt a system that has been proven to work, and costs a fraction of the public funds needed to run current mental health services in the Highlands? It would clearly help alleviate the NHS cost burden on the current system and also allow service users to return to employment in the community and live happier, more fulfilling lives.

7. Contact Details

This proposal report was created by Mark and Cath Smith, co-founders and co-chairs of The Joshi Project, a registered Scottish charity (Number: SC050594)

Report Design by Ethan Sam Smith

Contact us at **hello@joshiproject.org** or **mark@joshiproject.org**

Visit us at: **https://joshiproject.org**

We are extremely grateful for your attention to this proposal.