

Symposium | Community care : [Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

📅 Sat. Sep 27, 2025 2:10 PM - 3:40 PM JST | Sat. Sep 27, 2025 5:10 AM - 6:40 AM UTC 🏛️ Session Room 3 (Large Hall A)

[Symposium 67] De-hospitalization and community psychiatry-1. Human Rights

Moderator: Yuka Kudo (Gunma Hospital)

[SY-67]

De-hospitalization and community psychiatry-1. Human Rights

Kazuo Okuma, Vittorio De Luca⁶, Donato Zupin^{4,2,7,8}, Goffredo Bartocci^{2,7,8}, Yoshikazu Ikehara³, Yuka Kudo^{1,5} (1. Keio University (Japan), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Tokyo Advocacy Law Office (Japan), 4. Mental Health Area – WHO Collaborative Center, ASUGI (Italy), 5. Gunma Hospital (Japan), 6. ASL ROMA5, Psychiatric Emergency Inward Monterotondo (RM) (Italy), 7. World Association of Cultural Psychiatry (Italy), 8. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy))

[SY-67-01]

Deinstitutionalization & human rights in emergency psychiatry in Italy

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[SY-67-02]

Deinstitutionalization in Italy: the Trieste model and its complex cultural path to human and social rights

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[SY-67-03]

Roadmap to abolish involuntary hospitalizations and restore the dignity of persons with psychosocial disabilities by Japan Federation of Bar Associations

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Keywords : Community psychiatry、Coercive practice、Recovery-approach

WHO's guidance on community mental health services, "Promoting people-centred and rights-based approaches," calls for a focus on expanding community-based mental health services that promote people-centred, recovery-oriented and rights-based health services. However, in many countries, including Japan, services rely too heavily on the biomedical model, with care focused on diagnosis, medication and symptom relief, overlooking various social determinants that affect people's mental health. In this symposium, legendary journalist Kazuo Okuma, who infiltrated a psychiatric hospital more than half a century ago by disguising himself as an alcoholic and publishing "Reportage: Psychiatric Ward," will talk about why Japan's psychiatric care has not changed in more than half a century and introduce the film he created, "The Road to Breaking Away from Psychiatric Hospitals." Afterwards, we will hear from psychiatrists from Italy, a country that has abolished psychiatric hospitals. Dr Vittorio De Luca will present the process of affirming human rights within psychiatric emergency settings and inpatient psychiatric facilities. Dr Donato Zupin and Goffredo Bartocci will focus on the history of the deinstitutionalization movement that led to the development of the community mental health system in Trieste, and the socio-cultural factors that made it possible. And finally, Yoshikazu Ikehara, a lawyer who has been working to abolish involuntary hospitalization at the Japan Federation of Bar Associations, will talk about the roadmap for abolishing involuntary hospitalization. Yoshikazu aims to bring together people who are seeking non-coercive mental health care, and to create a culture that not only reforms the law but also protects the human rights of those in vulnerable positions. The purpose of this symposium is for each participant to deepen their understanding of the WHO's best practices of "respect for legal capacity," "non-coercive practice," "co-production," "community inclusion," and "recovery approaches," and to consider how they can be put into practice in their own communities.

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[SY-67-01] Deinstitutionalization & human rights in emergency psychiatry in Italy

*Vittorio De Luca^{1,2,3}, Silvia Gubbini¹ (1. ASL RM5, Monterotondo (RM) (Italy), 2. Istituto Italiano di Igiene Mentale Transculturale (IMT) (Italy), 3. Istituto di Ricerche Europee in Psicoterapia Psicoanalitica (IREP) (Italy))

Keywords : Deinstitutionalisation in Italy、 Emergency psychiatry、 Forensic psychiatry hospitals

The authors will present the process of affirming human rights within psychiatric emergency settings and inpatient psychiatric facilities, taking into account the cultural challenges arising from the closure of psychiatric hospitals in Italy. Particular attention will be given to both the legal and cultural foundations of current hospitalization practices, as well as the challenges posed by the reduction—and, in some contexts, the elimination—of coercive measures. The presentation will also address the cultural impact that the closure of forensic psychiatric hospitals has had on public discourse and current case law, along with the challenges that lie ahead, from the point of view of emergency psychiatry.

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Moderator: Yuka Kudo (Gunma Hospital)

[SY-67-02] Deinstitutionalization in Italy: the Trieste model and its complex cultural path to human and social rights

*Donato Zupin^{2,3,4,1}, *Goffredo Bartocci^{2,3,4} (1. DDSM - Mental Health Area-WHO Collaborative Center, ASUGI. Psychiatrist (Italy), 2. Italian Institute of Transcultural Mental Health (Italy), 3. Transcultural Psychiatry Section, Italian Society of Psychiatry (Italy), 4. World Association of Cultural Psychiatry (Italy))

Keywords : Deinstitutionalization、 Human and Social Rights、 Cultural psychiatry、 Community mental health

The process of deinstitutionalization in Italy represents one of the most radical reforms in the history of mental health care. Beginning in the early 1970s and culminating in the Mental Health Act (Law 180) of 1978, the Italian movement was not only a clinical and organizational revolution, but also a profound socio-cultural shift. Trieste (Italy) became the most emblematic example of this transformation, where the psychiatrist Franco Basaglia, as the spokesperson for a broader movement of radical critique of psychiatry, helped shape a 'freedom-first' approach to care, grounded in human rights, social inclusion, and community-based services. This presentation will explore the specific historical, cultural, and social factors that enabled such a radical transformation in Trieste. The success of deinstitutionalization was not merely a result of legislative change, but of a broader cultural movement that redefined the relationship between mental health services and civil society. Factors such as local governance, grassroots activism, and a commitment to social rights were crucial in creating an environment where a no-restraint, open-door model could thrive. At the same time, the Italian experience highlights the inherent challenges of sustaining a rights-based approach within shifting political, economic, and institutional landscapes. The presentation will reflect on how social rights—such as access to housing, work, and social participation—are essential to making human rights a concrete reality for people with mental health conditions. By examining the Trieste model within its historical and socio-cultural context, this contribution aims to offer a critical reflection on how the principles of deinstitutionalization can be implemented, maintained, and adapted in diverse global settings.

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[SY-67-03] Roadmap to abolish involuntary hospitalizations and restore the dignity of persons with psychosocial disabilities by Japan Federation of Bar Associations

*Yoshikazu Ikehara¹ (1. Tokyo Advocacy Law Office (Japan))

Keywords : de-institutionalization、 involuntary hospitalization、 the Convention on the Rights of Persons with Disabilities、 biomedical reductionism、 roadmap

The features of the mental health system in Japan include huge numbers and long-term inpatients, and heavy use of medication and coercive measures compared with other OECD countries. It can be said that de-institutionalization has not begun yet, and mainstream mental health depends on biomedical reductionism. Italy and Japan seem to be upside-down. Japan ratified the Convention on the Rights of Persons with Disabilities in 2014. Japan Federation of Bar Associations adapted the resolution to abolish involuntary hospitalizations and restore the dignity of persons with psychosocial disabilities in line with the CRPD, and organized a task force to make it a reality. Our task force has developed a roadmap to achieve our goal, as required by the CRPD. Abolishing involuntary hospitalizations, promoting de-institutionalization, and protecting community living for persons with psychosocial disabilities cannot be accomplished overnight. We aim to reach a final stage by 2035, twenty years after the ratification of the CRPD. Some psychiatrists criticize JFBA's opinion, and the CRPD does not understand psychiatry. Now that WHO recommends rights-based, community-based, person-centered, and recovery-oriented mental health reform in line with the CRPD and proposes a holistic approach that embraces all social determinants, the requirements of human rights and mental health are consistent. Discussions on these controversial issues in Japan to date have been limited to theories. People who look in the same direction but have different opinions about how far they will reach have not started and walked partway together. They have spent all their time just discussing which goal is right. However, unfortunately, almost none of us have experienced a situation where there have not been vast numbers of psychiatric beds because we have kept those numbers of beds for over fifty years. Now is the time to start walking together based on the roadmap.