Symposium | Community care：[Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

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[Symposium 55] Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-55-01] A full-scale open-door, no-restraint mental health system in Trieste, Italy

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The Trieste (Italy) model of community mental health care has long been recognized for its radical commitment to a no-restraint, open-door approach. Rooted in the legacy of Franco Basaglia and the Italian movement for psychiatric reform, this model is founded on the idea that mental health care must prioritize freedom, social inclusion, and respect for human rights, rejecting the logic of segregation and institutionalization.
While the core principles of the Basaglian model remain embedded in daily practice, the evolving political and administrative landscape continues to influence service delivery and clinical approaches. Maintaining this delicate balance between ideological commitment, local governance, and broader healthcare policies has always been a defining feature of Trieste's system.
This presentation will focus on how the principles of "open door" and "no restraint" are practically implemented in the current Trieste mental health system. Through the integration of psychiatric care with social services, housing support, and employment programs, the model ensures that mental health care remains firmly rooted in the social fabric of the community. Key operational strategies include 24/7 community mental health centers, assertive home-based interventions, crisis management without seclusion or mechanical restraint, and continuous relational work with patients and their social networks.
Focusing on the tensions between continuity and change, the presentation will reflect on how a radical deinstitutionalization model adapts over time to shifting institutional and socio-political contexts. Particular attention will be given to the challenges of sustaining a rights-based approach in everyday clinical work, while navigating new pressures and expectations. Ultimately, this contribution aims to offer not only a practical description of Trieste's methods, but also a critical reflection on the resilience and adaptability of community-based mental health care in the face of evolving social and political dynamics.