Symposium

Sat. Sep 27, 2025 9:00 AM - 10:30 AM JST | Sat. Sep 27, 2025 12:00 AM - 1:30 AM UTC Session Room 2 (Main Hall B)

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

Moderator: Itsuo Asai (Heart Clinic Medical Corporation)

[SY-55]

Deinstitutionalization and Community Care2-Freedom first on the basis of Human Rights-

Itsuo Asai[1], Donato Zupin[2], So Hee Lee[3], Seiryo Mukaiyachi[4], Pablo Farias[5] (1.Heart Clinic Medical Corporation(Japan), 2.MHD-WHO Collaborative Center(United States of America), 3.National Medical Center Seoul(Australia), 4.Health Sciences University of Hokkaido(Canada), 5.Hospital Civil de Guadalajara(Mexico))

[SY-55-01]

A full-scale open-door, no-restraint mental health system in Trieste, Italy

*Donato Zupin[1,2,3,4] (1.DDSM - Mental Health Area-WHO Collaborative Center, ASUGI. Psychiatrist(Italy), 2.Italian Insitute of Transcultural Mental Health(Italy), 3.Transcultural Psychiatry Section, Italian Society of Psychiatry(Italy), 4.World Association of Cultural Psychiatry(Italy))

[SY-55-02]

Community Measures to Reduce Involuntary and Long-Term Hospitalization of Individuals with Mental Illness

*So Hee Lee (National Medical Center(Korea))

[SY-55-03]

Dilemmas of deinstitutionalization in contexts of absent psychiatric care: reflections from Chiapas, Mexico.

*Pablo Farias (Bats'i Lab(Mexico))

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Keywords：de-hospitalization、abolition、psychiatric hospital、freedom first、human rights

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Deinstitutionalization and Community-Based Psychiatry: Global Pathways Beyond Institutions

This symposium focuses on how psychiatric care systems around the world are moving beyond institutional models toward community-based approaches grounded in freedom and human rights. It examines practical pathways to deinstitutionalization, highlighting innovations and challenges in diverse sociopolitical contexts.

Dr. Donato Zupin will introduce the Trieste model in northeast Italy, a globally recognized example of radical deinstitutionalization. Drawing from the legacy of Franco Basaglia, the model promotes an open-door, no-restraint approach and integrates psychiatric care with housing, employment, and social services. Dr. Zupin will outline the key features of this system and reflect on how it continues to evolve amid shifting political and administrative pressures.

In South Korea, the Mental Health Act was significantly reformed in 2017, and institutional closures have been implemented in some regions. Dr. So Hee Lee will discuss what measures can be taken by the community in reducing involuntary admissions and long-term hospitalization.

From Japan, Professor Seiryo Mukaiyachi will share insights from municipalities in Hokkaido where psychiatric hospitals have been eliminated. His presentation will address how mental health care is organized in such areas and what outcomes have emerged.

Dr. Pablo Farias will present on psychiatric services in Central and South America, where hospitals are often scarce. He will raise key questions about whether such institutions are necessary, or whether community-based models can meet the needs of local populations.

Together, the symposium invites reflection on how to build sustainable, non-institutional mental health systems that uphold dignity, autonomy, and inclusion.

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Keywords：Deinstitutionalization、No-Restraint、Open-Door、Cultural psychiatry、Community mental health

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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.

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Keywords：Community Measures、Involuntary Hospitalization、Long-Term Hospitalization、Mental Illness

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The main causes of involuntary and long-term hospitalization for individuals with mental illness can be broadly categorized into two factors. First, **frequent relapses and worsening symptoms due to decreased adherence** to medication. Second, **the inability to lead an independent life due to functional decline**. The issue of functional decline often results in a need for external assistance due to financial difficulties and a lack of self-care ability. When no available caregiver is present, discharge becomes difficult.

Therefore, community-based measures to address these issues include:

Ensuring Consistent Outpatient Care: Mental health welfare centers can provide services such as accompanying patients to medical appointments and monitoring their progress. Additionally, long-acting injectable medications for schizophrenia can be utilized to ensure adherence to treatment.

Expanding Rehabilitation Programs: Increasing infrastructure to operate programs such as day hospitals can enhance the life skills of individuals with mental illness and help them manage their medications consistently.

Providing Residential Facilities: For individuals with diminished self-care abilities and no caregivers, residential facilities should be established, and social workers should be assigned to manage cases and assist with medication adherence.

Post-Prison Outpatient Treatment Orders: For individuals with mental illness released from prison after committing offenses, outpatient treatment orders should be enforced to ensure the stabilization of psychiatric symptoms in the community.

With investments from the government and local authorities in these measures, a comprehensive management network for individuals with mental illness can be established. This would not only reduce involuntary and long-term hospitalizations but also enable individuals with mental illness to integrate and thrive in their communities.

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[SY-55-03] Dilemmas of deinstitutionalization in contexts of absent psychiatric care: reflections from Chiapas, Mexico.

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Keywords：Deinstitutionalization、Trauma、Violence、Displacement、community mental health

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Psychiatric deinstitutionalization has been advanced as a policy priority in Mexico in recent years. New legislation mandates that no new public psychiatric hospitals can be created and that funding should be gradually reduced for existing psychiatric care hospitals. Legislation also promotes the goal of integrating psychiatric care into general hospitals, but no programs or funding have been developed to advance these goals. Reflecting on the processes of deinstitutionalization of psychiatric care from the perspective of the rural regions of Chiapas, Mexico, where healthcare is generally precarious and no access to psychiatric resources exists, presents us with the dilemma of creating alternatives for participation of psychiatry professionals in the development of alternative community resources. Based on the experiences of communities that have confronted trauma due to repression, violence and displacement, this presentation explores alternative strategies that could enable psychiatry to play a more significant role in community mental health.