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The Homeless Person First

EMERGENCY SERVICES and REHABILITATION SUPPORT

Promoting accessibility - improving equality - strengthening networks

Wednesday 17th April 2024

European Economic and Social Committee



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Transition in psychiatry: how to do it after Basaglia



With the support of the
Erasmus+ Programme
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CONTEXT

Franco Basaglia

to whom we are indebted because of his work about deinstitutionalisation.

This March was the 100th *anniversary* of his birth.

He was the key thinker and reformer in the global anti-psychiatry movement of the 1960's.



HUMAN RIGHTS PERSPECTIVE IN MENTAL HEALTH



- general health is strongly connected to mental health and to social deprivation/poverty (WHO 2021, 2023)
- the affirmed rise in mental health disorders and disability should be therefore seen in the social context
- There is a need to address mental health from the holistic perspective and to differ from the biological reductionistic perspectives and from human rights perspective:

The dominance of the biomedical model results in an overuse of medicalization and institutionalization, ignoring the social, political or existential context that contributes to a high prevalence of feelings of sadness, anxiety, fear and other manifestations of mental distress.

- but we also have to acknowledge differences in social structure and other (psychological, social, cultural and other) differences in this era
- The recommendations

PURAS

- Unfortunately, the side effects of psychotropic medications and their associated harms have been downplayed in the published literature while their benefits have been exaggerated. This has often led to over-diagnosis and overuse of biomedical interventions, thus moving away from the understanding of the complex context of humans in society and implying that there exists a simplified mechanistic solution to mental distress.
- This legacy of excessive medicalization reflects an unwillingness to confront human suffering meaningfully and embeds an intolerance towards the diversity of emotions everyone experiences in life. It further risks legitimizing coercive practices and entrenching discrimination against groups already in marginalized situations, sets a simplified mechanistic solution to mental distress

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CHALLENGES



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PARADIGM SHIFT

From destructive pessimism TO

- Multidisciplinary, psychosocial approach
- Outpatient care, connection among adult and adolescent, child services
- partnership, prevention (mindset), recovery
- Shift from literacy programmes
- Young people: (what happened during Covid 19?) new communication strategies
- Involvement of people with experience
- Implementing evidence base

PARADIGM SHIFT

- A paradigm shift is urgently needed. Mental health-care should advance towards rights-based support. Treatment and distress must move beyond the biomedical understanding of mental health and acknowledge that, for the majority of mental health conditions, psychosocial and other social interventions are the essential option for treatment.
- Mental health care action and investment must be directed to **rights-based supports, to non-coercive alternatives** that address the psychosocial determinants of health, and to develop or strengthen **practices that are non-violent, peer-led, trauma-informed, community-led, healing and culturally sensitive..**

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INTERDISCIPLINARY-THREATS and OPPORTUNITIES



- **Comorbidity:** nutritional specialist, endocrinologists, gynecologists
- Psychological **reduction** and biological **reduction:** problem of dignity
- **Ideological wars:** Antipsychiatry vs. Biological reductionist
- Social and environmental forces increasing the prevalence of mental disorders in young people
- **Digital** technology....
- **Physical** action
- **Cultural** background

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ECONOMIC CONTEXT



- Lack of staff
- Rise in inequalities influence mental health
- Funding is crucial
- Adapting to local needs and
- Community care, prevention, human rights

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MENTAL AND PHYSICAL HEALTH

Summary points

- Psychiatric patients experience increased morbidity and mortality associated with a range of physical conditions
- Cardiovascular disease is associated with both schizophrenia and depression
- Depression is a strong predictor of future myocardial infarction and of poor prognosis after infarction
- Lifestyle, psychotropic medication, and inadequate physical health care all contribute to the poor physical health of people with mental illness
- Physicians must be aware that primary and secondary health prevention is often neglected in patients with mental illness
- Programs to improve the physical health of psychiatric patients are essential and have been shown to be effective

Osborn DP. The poor physical health of people with mental illness. *West J Med.* 2001 Nov;175(5):329-32. doi: 10.1136/ewjm.175.5.329. PMID: 11694483; PMCID: PMC1071612.

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STIGMA



- Training psychiatry
- Mental hospitals-stealing money: it's more than only stigma
- Awareness is misplacing-shifting attention from SMI
- The impression that something has been done-smoking mirrors
- Awareness does not lead to action
- You have to be a person with mission to do it

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