

‘Integrating generic and specialised community teams to promote a whole life approach’

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Evaluation of psychiatric services has provided evidence that different approaches can lead to different outcomes. The acquisition of new tools has enabled the professionals and the users themselves to state their expectations about the outcomes and to express a quality need not addressed to patients in general, but to the needs of the specific patient.

This attention, however, often did not take the simple form of specific interventions that were complemented by others more generalised interventions. This process was indeed more frequently developed through the creation of separate and differentiated paths, with dedicated staffs, which sometimes gave birth to specific places where knowledge deepening was implying a risk of fragmentation of an holistic model of health and wellbeing.

On the other hand, the attempt to build a capillary presence in the community, which could offer a broad and immediate response to the demand for mental health, has led to the development of a replication of generalist, basic structures constructed according to uniform minimum patterns.

So the *generalist model* (provide answers to all those seeking help) has become *generic* (provide the same interventions to all patients, disregarding their specificity).

The relatively recent issue of the transition from early intervention teams to generalist mental health services has provided an example of the challenge we need to cope with in these days.

Increasing our knowledge on how to provide whole life approaches to mental health care that go beyond both generic and fragmented care is one to the priorities of community mental health care today.