

“FareAssieme”. A MODEL OF PARTICIPATORY CO-PRODUCTION BY USERS AND FAMILIES IN MENTAL HEALTH SERVICES

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SUMMARY

“FareAssieme” is a recovery-oriented community psychiatry model that has been implemented by the Mental Health Service of Trento since 1999. The approach is grounded in the active involvement of users and family members, with particular emphasis on experiential knowledge - the insights derived from lived experience of mental illness and recovery - as a resource for improving the quality of care and rehabilitation processes.

At its core, the model involves the structured integration of Peer Support Experts (ESPs, *Esperti in Supporto tra Pari*), individuals with personal or familial experience of psychological distress who have attained a stable life balance and developed effective coping strategies. ESPs are embedded across all domains of the mental health service (SSM), including community teams, crisis services (territorial and hospital-based), residential settings, and front-office activities. Their role is to support others in their recovery journeys through narrative sharing and emotional proximity.

ESPs have contributed to enhanced user engagement, improved service climate, and increased trust in providers. They have proven particularly effective in engaging individuals initially resistant to treatment, thereby facilitating stronger therapeutic alliances. The model also fostered the creation of the Participatory Planning Group (GPP), a deliberative body comprising users, families, ESPs, and professionals, which has developed several Operational Guidelines to standardize and disseminate shared practices within the SSM.

“FareAssieme” stands as a validated model of participatory, recovery-oriented psychiatry. It highlights the transformative value of experiential knowledge within mental health services and makes a meaningful contribution to anti-stigma efforts and the co-construction of inclusive care pathways.

Key words: fare assieme – ESP - peer support - recovery

Abbreviations: ESP - Peer Support Expert (*Esperti in Supporto tra Pari* in Italian); WHO - World Health Organization; PNSM - Italian National Mental Health Plan; PCC - Shared Care Pathways; SSM - Mental Health Service; APSS - Trento Local Health Authority; GPP - Participatory Planning Group; AIPEsp - Italian Association of Peer Support Experts

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INTRODUCTION

The state of mental health services in Italy in 2025 is still marked by an existential dilemma. Is it truly possible to develop and sustain the community-based organizational model for mental health services envisioned by the 1978 reform law (Law 833)? The Italian model is often praised internationally for the closure of psychiatric hospitals, but it also faces strong criticism for the insufficient implementation of many of its foundational principles.

There remain several critical systemic issues. Foremost among these is chronic underfunding, with mental health spending averaging only 3–3.5% of the National Health Fund, far below the 5–10% recommended by the WHO.

As a result, there is a widespread shortage of resources, both in terms of personnel and infrastructure, which are often outdated or completely lacking. Moreover, there is significant regional disparity in service organization from North to South, leading to a fragmented system and poor integration among healthcare, social, educational, and judicial services.

This contributes to persistent systemic biases, including an excessive reliance on hospitalization, poor integration between hospital and community services, and the lack of genuine user participation in service co-design and co-production. Over the past 15 years, however, signs of progress have emerged, indicating a shift - or at least a growing interest - in driving change.

The 2022–2025 National Mental Health Plan (PNSM) seeks to strengthen a multidisciplinary and integrated approach, ensure continuity of care across settings, promote prevention and mental health awareness (particularly among youth), and reduce stigma by enhancing recovery-oriented pathways.

Within this framework, increasing attention is being given to peer support and recovery-oriented practices, emphasizing the active involvement of users and families in service co-design, with the goal of implementing integrated, person-centered care models.

In this context, the “FareAssieme” model developed in Trento - originally grown within the now-national “Parole Ritrovate” network - has long been recognized as a best practice and continues to show promising development in recent years.

METHODS

'Parole Ritrovate': an experience of democracy and care in community mental health

In the context of Italian mental health services - often marked by stigma and unequal access - the "Parole Ritrovate" network stands out as a good practice of active participation, inclusion, and citizenship.

It is a grassroots movement that originated in Trento in the late 1990s, within the local Department of Mental Health, in response to the need to restore voice and agency to people with lived experience of mental distress.

Since then, the network has expanded nationally, forming local groups in over 50 cities and building bridges between services and communities.

Parole Ritrovate is founded on several key assumptions:

- Everyone has the right to speak out, especially those with lived experience of mental illness.
- Care is a relational process, born from the encounter between different individuals on a level of equal dignity.
- Mental health is a social issue that concerns the whole community, not just the clinical domain.
- The alliance between users, family members, and professionals can bring about change in services, institutions, and public culture.

These principles are not merely abstract statements but guide the development of inclusive best practices in various mental health settings. Open, non-hierarchical dialogue groups are created, where the experience of distress and care can be shared. The key role of peer support is highlighted, promoting the active role of "expert users" as a valuable resource in recovery paths. Media campaigns and anti-stigma initiatives are developed in services, schools, and communities, including a national annual conference that rotates through Italian cities as a public event for discussion and network advocacy.

Crucially, service co-design is encouraged, with shared planning between users and professionals, including at the departmental level.

Parole Ritrovate is nationally recognized as one of the most significant experiences of social innovation in mental health, capable of integrating ethics, politics, and professional practice.

DISCUSSION

Trento and the 'FareAssieme' mental health model

The "FareAssieme" model is the founding core of the Parole Ritrovate network and is one of the most tangible attempts in Italy to define mental health as a participatory and collective process, oriented toward building shared meanings and shared responsibility among all care stakeholders.

This model overcomes the traditional caregiver-patient dichotomy. Care is no longer a technical, unidirectional, or institutional act but a co-constructed process among users, families, professionals, and engaged citizens (volunteers, students, administrators).

Each of these participants contributes to defining the meaning of suffering, care pathways, and community forms of inclusion. No form of knowledge dominates; rather, knowledge emerges in relationships - among professionals, those with lived experience (direct or indirect), and the civic knowledge of citizens.

The model challenges the traditional top-down structure of services. It does not negate professional expertise but instead contextualizes it within a plurality of knowledge sources, creating a movement where each voice is valid and every decision can - and should - be shared, with full respect for differences.

"FareAssieme" is based on the belief that authentic dialogue and listening hold therapeutic and transformative value, both individually and collectively. Its practices highlight the importance of sharing narratives of distress and care, of engaging in dialogue between diverse experiences, and of co-constructing meaning.

Organizational Implications of the FareAssieme Model for Mental Health Services

The "FareAssieme" approach has significant organizational implications:

- it promotes the co-design of therapeutic pathways between users and professionals;
- it supports the structural inclusion of expert users (ESPs – Experienced Peer Supporters) in service teams;
- it encourages shared training, in which users and professionals learn together (FARe – Formarsi Assieme Responsabilmente, meaning "Training Together Responsibly");
- it exemplifies a model of services that open themselves to the community as a space of widespread care.

This approach aligns with the principles of a recovery-oriented system of care, as also advocated in the Italian National Mental Health Plan.

In line with this model, Trento has implemented PCCs (Percorsi di Cura Condivisi – Shared Care Pathways), therapeutic projects in which patients' lived experience is formally recognized and actively integrated into care planning, alongside input from caregivers and third parties such as ESPs or citizens acting as mediators or guarantors of the model.

The FareAssieme model in Trento has undoubtedly been nourished and shaped by the contribution of ESPs. The experience of ESPs in Trento stands as one of the most advanced and nationally recognized practices in recovery-oriented mental health and user participation.

Developed within the local Mental Health Service (SSM), it represents a pioneering model of structural involvement of people with lived experience of mental distress - and their families - within public mental health services.

Who are ESPs (Peer Support Experts) and what do they do?

ESPs are individuals with direct lived experience of mental distress who, through training and supervision, offer their expertise to support other users, collaborate with professionals, participate in service planning, and promote well-being in the community.

Their personal experience - processed through recovery and offered in a relational and educational manner - becomes professional competence and a resource for others. In this sense, it drives cultural and organizational change within the service.

Since 2017, ESPs have been formally recognized within the Provincial Local Health Authority (APSS) of Trento. They officially participate in the multidisciplinary teams of the Mental Health Service (SSM). Their role is institutionalized through dedicated regulations and projects, including compensation, mentorship, and supervision.

ESPs undergo a structured training programme, promoted by the FareAssieme group in Trento in collaboration with APSS. The programme includes experiential workshops, training on recovery, helping relationships, roles within the mental health services, regular individual and group supervision, and pairing with ESP tutors. The programme is also open to family members and citizens to strengthen the collaborative and non-hierarchical vision of care.

They operate in all SSM care settings: inpatient wards, community teams, crisis services, residential facilities, and even schools and prevention projects.

Currently, about 50 ESPs are integrated within the Trento service, with various responsibilities. At the Mental Health Center, they manage front office reception and accompany individuals during crises, easing engagement and facilitating access to mental health care. Coordinating with crisis teams, ESPs provide relational and emotional support to individuals in distress, especially those reluctant to engage with healthcare services.

In residential settings, ESPs are present both during the day and at night, helping with daily activities and improving the relational climate of the facilities.

ESPs offer valuable peer support through active, non-judgmental listening and engagement. Whether through accompaniment or co-managing crisis situations like acute psychiatric decompensation, their contribution is essential. Their very presence serves as a living testimony of human potential and hope - reinforcing recovery, self-efficacy, and de-stigmatization in everyday life.

Their integration into service life improves therapeutic relationships and overall working climate. Their lived knowledge strengthens the recovery orientation of services.

Beyond clinical settings, ESPs promote the FareAssieme model through training and awareness efforts (e.g., in schools, universities, communities). They advocate for user protagonism and offer a fresh perspective on mental health, embodying active citizenship and engaging in social, educational, and political actions.

ESP as Added Value in Mental Health Services: The Participatory Planning Group (GPP – Gruppo di Progettazione Partecipata)

The experience of ESPs and FareAssieme in Trento has been recognized as a best practice by the Italian Ministry of Health, cited in annual parliamentary reports on the state of mental health (e.g., 2021) and studied by numerous universities, training institutions, and research organizations, including in European projects such as RECOVER-E and UPSIDES. It is also referenced in the National Mental Health Plan (PNMS) as a virtuous example of user involvement aligned with recovery principles.

One of the most innovative experiences in the Trento model is the creation of the Participatory Planning Group (GPP – in Italian: Gruppo di Progettazione Partecipata).

The GPP is a consultative and propositional body within the Mental Health Service of Trento, promoting participatory governance. Its primary role is to facilitate dialogue among stakeholders - users, families, volunteers, professionals - to integrate experiential and professional knowledge in service decision-making and organization.

GPP members are elected through self-managed elections that ensure equal representation. The group includes 16 elected members with a three-year mandate and meets monthly. Its activities follow a participatory methodology that values dialogue and co-production of proposals to continuously improve service quality.

Among its main contributions are "Operational Guidelines" - shared documents with practical recommendations and directives for the service community (users, families, professionals). These guidelines, created through participatory deliberation, serve a regulatory function and help define shared quality standards.

The GPP also plays an advocacy role, engaging in public debate via media interventions and promoting anti-stigma actions. It is a key tool for implementing an inclusive, recovery-oriented, and citizenship-driven approach to mental health.

Future Perspectives: The Birth of AIPEsp

AIPEsp – the Italian Association of Peer Support Experts – is a national network created to represent, support, and strengthen the role of ESPs in Italian mental health care.

Formally established in 2020, the association emerged from various local experiences (especially in Trento, but also Modena, Bologna, Trieste, Milan, Rome, Turin, Cagliari, and others) that had already integrated ESPs into services as innovative and transformative figures aligned with recovery and community psychiatry.

AIPEsp provides national representation for ESPs and serves as a space for aggregation, recognition, and protection of those performing peer support roles. It promotes training, peer supervision, and ongoing development.

The association advocates for legal, contractual, and professional recognition of the ESP role in public and third-sector services. It fosters exchange of good practices, interregional collaboration, and integration of ESPs into multidisciplinary teams.

Its charter also commits to driving cultural change in mental health care - toward horizontality, universal participation, and the valorization of experiential knowledge.

In an era dominated by excessive technicality, refocusing mental health on relationships, meaning-making, and solidarity appears to be a wise direction.

CONCLUSIONS

By actively involving families, professionals, citizens, and institutions, the "FareAssieme" model has introduced a dialogical, egalitarian, and transformative approach within healthcare services.

It significantly improves relational quality in services, promotes a recovery-oriented and participatory culture, reduces stigma by giving visibility to people and their stories, and fosters inclusive, shared communities.

One of the most powerful effects of "FareAssieme" is its ability to shift the perspective on mental health - from an individual clinical problem to a collective, relational phenomenon. Stigma diminishes when experiences of distress are made visible, shared, and publicly acknowledged. People move from the role of "patients" to active citizens with rights and capabilities.

In a context of chronic underfunding, workforce shortages, and growing psychological distress - especially among youth - "FareAssieme" offers a concrete, replicable, and sustainable operational model. It provides a space to build communities rooted in vulnerability and protects the dignity and rights of individuals.

"FareAssieme" is not merely good practice - it is a political and cultural vision that redefines mental health as a common good and positions services as generative spaces of connection, meaning, and democratic participation.

Promoting experiences like FareAssieme means reinventing mental health care as a shared resource, bringing together professionals, citizens, and institutions in the construction of truly inclusive, generative, and participatory care environments.

Acknowledgements: None.

Conflict of interest: None to declare.

Contribution of individual authors:

Wilma Angela Renata Di Napoli: design of the study protocol, writing manuscript, final version evaluation.

Davide Scordato: literature research, reviewed and corrected the manuscript.

Olaf Andreatta & Stefania Biasi: literature research, first draft, writing manuscript.

Roberta Pederzolli & Claudio Agostini: design of the study, sample collecting, literature research.

All authors approved the final manuscript.

References

1. Barnes M, Bowl R. *Empowerment e salute mentale. Il potere dei movimenti sociali degli utenti*. Centro Studi Erikson, 2003
2. Davidson L., Rowe M., Tondora J., O'Connell M., Lawless M.S. *A Practical Guide to Recovery-Oriented Practice: Tools for Transforming Mental Health Care*. Oxford University Press, 2009.
3. De Stefani R, Torri E, Bertotti K. *Il coinvolgimento attivo di utenti e familiari nel servizio di salute mentale di Trento. L'approccio del "fare assieme" e gli Utenti familiari Esperti (UFE)*. *Salute e Società* 2011; 2:170-179.
4. De Stefani R. *Il fareassieme di utenti, familiari e operatori nel Servizio di salute mentale di Trento*, *Rivista Sperimentale di Freniatria*, 2007; 2:133-150. 3
5. De Stefani R., Vanzetta E. *Il progetto fareassieme*, *Psicologia contemporanea*, 2009, 213.
6. Johnson G, Magee C, Maru M, Furlong-Norman K, Sally Rogers E, Thompson K. *Personal and societal benefits of providing peer support: a survey of peer support specialists*. *Psychiatric Services* 2014; 65:678-680.
7. Lloyd-Evans B, Mayo-Wilson E, Harrison B, Istead H, Brown E, Pilling S, Johnson S, Kendall T. *A systematic review and meta-analysis of randomised controlled trials of peer support for people with severe mental illness*. *BMC Psychiatry* 2014; 14:39.
8. *Official AIPEsp website: www.aipesp.it*
9. *Official FareAssieme Trento website: https://www.ilcerchiofareassieme.it/*

10. *Official Parole Ritrovate website:*
www.paroleritrovate.com
11. Repper J, Carter T. A review of the literature on peer support in mental health services. *Journal of Mental Health* 2011; 20:392-411.
12. Resnick SG, Rosenheck RA. Integrating peerprovider services: a quasi-experimental study of recovery orientation, confidence, and empowerment. *Psychiatric Services* 2008; 59:1307-1314.
13. Rocelli M, Aquili L, Giovanazzi P, Puecher A, Goglio MM, Faccio E. 'All about my ideal mental health service': Users, family members and experts by experience discussing a co-designed service. *Health Expect.* 2024 Apr; 27(2):e13999.

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