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Since the end of World War II, there has been a widespread opinion that it would be better to transfer the functions of mental hospitals to psychiatric units in general hospitals and to local non residential or semi-residential services. Many efforts have been carried out toward this goal, but no legislator had ever considered the possibility of prohibiting admissions to the traditional mental hospital. Nevertheless, in Italy this prohibition has been operating since 1978; for this reason, the ongoing organization of mental health services has been a source of great concern among politicians and research workers of many countries. The present report tries to describe some characteristics of the new organization, to provide some local trends based on empirical work and to discuss some preliminary issues for future planning and further research.

ORGANIZATIONAL ASPECTS

The new organization of the psychiatric care system was inserted into an ongoing process which started many years before and has produced a decline of patients resident in the large mental hospital. During the seventies, sporadic efforts toward comprehensive community-
oriented mental health services were carried out in some zones; positive results, more or less enthusiastically acclaimed, were not always solidly grounded in empirical facts. In May, 1978, a new law was enacted. The essential features of the reform are: (i) since the date of the new act no "first ever" has been admitted to a mental hospital as inpatient; since July, 1980, in our catchment area, and in many other regions of the country, readmissions have also been prohibited; (ii) all residential treatments, both compulsory and voluntary, have been undertaken in small psychiatric wards attached to general hospitals; the units have been established with an approximate ratio of 0.15 beds per 1,000 population; (iii) it has been suggested that the greater part of long and short-term care should be assigned to outpatient departments, and local health authorities have been invited to implement the resources for non residential services.

At present, the closing of Italian mental hospitals means: (i) the construction of new large mental hospitals is prohibited; (ii) although new admissions to mental hospitals are not allowed, some people (mostly long-stay patients suffering from functional psychoses) continue to live in the large traditional hospitals; (iii) there are psychiatric wards attached to general hospitals which deliver short-term residential treatments. Other relevant characteristics of the Italian care system are: (i) a marked reduction in bed numbers for residential treatments, especially for those patients needing more than 2-3 months of stay; (ii) a shortage or, at least very few alternative settings for long-term care; (iii) a profound difference among regions and provinces, especially between North and South, as to the phasing of the deinstitutionalization programme and the implementation of the new law.

In more recent years, some evaluative work on the effects of the new law has been carried out, even though in some instances a short tradition in the field of epidemiological research has made it difficult to provide firm conclusions. However, some results seem consistent: the reduction of compulsory admissions, an easier access to outpatient departments, and more care responsibility for professionals other than psychiatrists. In the meantime, five or more projects for modifying the Italian law have been proposed by parties, unions and psychiatric associations. What will be the eventual development of the organization of psychiatric services is guesswork. At present, it seems more useful to provide some trends on the basis of empirical data, tentative and parochial though they may be.