

Britain". The authors seem to prefer that Britain should stay ten years behind mainland Europe.

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DEAR SIR,

The paper by Jones and Poletti 'Understanding the Italian Experience' (*Journal*, April 1985, 146, 341-347), which aimed "to present a more balanced picture of what is happening in Italy", in fact contains a number of statements that are untrue, incomplete and lacking in objectivity.

Firstly, compulsory admissions are easily implemented in cases of need, but the law offers the patient all the legal guarantees to avoid becoming the victim of abuses, as used to happen all too often in the past. It is important to stress that compulsory admissions have fallen sharply, from 39% of all admissions in 1977 (before the reform), equivalent to 57 per 100,000 of total population, to 18% in

1980 (36 per 100,000 total population). Furthermore, in the areas where territorial services function effectively, the figures for compulsory admissions are even lower, and concern only a very small percentage of psychiatric patients. (For example, in Verona South: 9 per 100,000 of total population; Portogruaro: 8 per 100,000 total population; a similar figure for Arezzo, Trieste, Perugia) (Morosini *et al*, 1985).

Jones and Poletti then claim that "private nursing homes have mushroomed". In reality, "At a national level there has not been the feared displacement of in-patients from public to private institutions. On the contrary, from 1978 to 1981, there has been a steady decrease of bed-days (18%) and residents (14%)" (Morosini *et al*, 1985). Again, with regard to forensic hospitals, the bed-days have passed in absolute terms from 623,450 in 1976 to 645,507 in 1981 and in percentage terms, with 1976 = 100, to 103.5% (Perris & Kemali, 1985). The increase is thus very slight, and in cities such as Trieste (where Basaglia worked for many years) "no person has been admitted to such hospitals since 1979" (Dell'Acqua & Cogliati Dezza, 1985). No official statistics exist showing a nationwide increase in suicides; some pilot studies have shown "a slight increase", only in some areas, while others have shown no variation (Perris & Kemali, 1985). Jones and Poletti foresee the certainty of catastrophe "for any country if mental hospitals are abolished". Yet the fact is that nothing of the kind seems to have happened in Italy, above all where the new law has been correctly applied (see Perris & Kemali 1985). And can Jones and Poletti claim to know of countries where the existence of psychiatric hospitals, however numerous and well-equipped, has eliminated critical phenomena like suicide and homicide? It is certainly true that the new legislation has been applied unevenly and often inadequately, above all in the South of Italy. This has occurred because the law functioned as a guideline law, not as a prescriptive law, entrusting the regions with the specific task of drafting and implementing detailed norms. This meant that many local authorities and psychiatrists, opposed to the change for a variety of reasons (mainly because of educational backwardness and substantial vested interests) prevented effective implementation of the legislation or openly sabotaged it. This demonstrates that *this is not a case of a bad law doing harm through its implementation, but of a good law which, by its non-application, has led to malfunctionings and difficulties*. And the truth of this was recognised at the last Conference of Health Ministers of the Council of

Europe, held in Stockholm early in 1985, where the Italian legislation was acknowledged as a pilot scheme worth following. Moreover, the Italian reform is closely modelled on the concepts officially expressed by the World Health Organization (1978) with regard to psychiatric services and their organisation, the rights of patients, etc. When the Italian law was passed, a number of cities (Trieste, Perugia, Arezzo, Reggio Emilia, Portogruaro, etc.) had already been working for some years with a profoundly changed approach and new patterns of psychiatric help, with results that were proving rewarding (Perris & Kemali, 1985; Tranchina & Serra, 1983). Thus the law actually proved too backward for advanced centres (like those mentioned), yet too advanced for backward centres such as those in the South of Italy. The Italian experience "In general terms can be viewed as an ambulatory form of psychiatric care, but where the mental hospital no longer has any functional role to play" (Vanistendael, 1985). And the validity of this approach is confirmed by numerous studies demonstrating the effectiveness of alternative treatment replacing traditional psychiatric hospitalisation, as well as the difficulties standing in the way of extending the new kinds of treatment (Mosher, 1983). Such difficulties explain the disappointment attendant on the legislative illusion nursed by many in Italy: the hope, namely, that once the new law was approved, everything would change automatically and painlessly. Instead, it has been seen that the realisation of a reform is above all determined by subsequent action. The problems facing Italian psychiatry now are still those indicated accurately by Mosher (1982), in one of the first reports on the new law to appear abroad:

- 1) Non-compliance with the new legislation by many local authorities.
- 2) The training or retraining and numerical increase of staff, who should provide the essential "instrument" for creating a new style of work and new patterns of psychiatric care.
- 3) Development of community-based services, indispensable for meeting the various different needs of the population, previously dealt with artificially, either by constraint (i.e. committal to a psychiatric hospital) or else by neglect.

And these are problems that need to be dealt with urgently: the risk, otherwise, is that we may lag behind after being one of the first in getting started!

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DEAR SIR,

Since their two-week tour of Italy in April 1984, Professor Kathleen Jones and Alison Poletti have been zealous to protect us from Italian contamination. Their paper in the *Journal* (April 1985) only repeats the message they have already published in *New Society* (4th October 1984)—namely, we can learn nothing whatever from the Italian reforms except to be careful about closing mental hospitals. Can that really be true? Given their strong regional differences and their many and various efforts to produce new patterns of psychiatric practice, can the Italians have *absolutely nothing* to teach us? Should we sit back and just let them envy and copy us! Maybe Professor Jones and Alison Poletti, who write from York, could read the simultaneous but very different paper by Dr. Johl (*Bulletin*, April 1985) about the exposition on Italian Psychiatry held nearby in Sheffield last year. I wonder if Professor Jones attended?

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Race, Culture and Mental Disorder

DEAR SIR,

We are amazed that Philip Rack's book should have received such a contemptuous review (*Journal*, February 1985, **146**, 219) and we are grateful for space to correct that dismissive statement. The book has grown from the clinical and educational