

Correspondence

Misunderstanding the Italian Experience

DEAR SIR,

The paper by K. Jones and A. Poletti on 'Understanding the Italian Experience' (*Journal*, April 1985, 146, 341–347) appears to be a superficial report of a journey to Italy. The paper is anecdotal and vague: the authors do not say where in Italy they have been, nor with whom they have spoken. No data are reported but only impressions. The reference list includes many articles which have appeared in Italian newspapers, but only very few of the papers about the Italian experience published in international scientific journals. They do not refer to the 11 papers recently published as a Supplement of *Acta Psychiatrica Scandinavica* (Perris & Kemali, 1985), nor the American psychiatric literature describing the Italian Reform (for example, Mosher, 1982, 1983), nor the extensive Italian-language scientific literature on this topic (for example, Basaglia & Tranchina, 1979; De Salvia & Crepet, 1983). Moreover it seems they have not visited *any* service where the reform has been fully applied. This has prevented them from making a balanced report.

Such a service is South-Verona. Jablensky and Henderson (1983) in their WHO "Report on a visit to the South-Verona Community Psychiatric Service" observed that "our impression was that the objectives of Law 180 have been successfully met by the South-Verona Community Psychiatric Service"... "we have the strong impression that the mental health service for South-Verona now operates as a system which allows easy access of patients to any of its components, easy transfer from one type of service to another according to needs and continuity of care"... "We were presented with data obtained by means of the Case Register which, albeit in a preliminary way, support the view that the new system is effective"... "Remarkable is the reported lack of any significant increase in admissions to private facilities"... "We had the impression that the services are entirely up-to-date and meet high standards of quality".

There are many places in Italy where impressions and preliminary data (see for example Massignan, 1984) show that community psychiatry is actually working, according to the reform, with high standards of quality. However, it is true that there are also many places (especially in the South) where

the reform has not been implemented and is obviously not functioning. One of the reasons is that some administrators (as the Authors seem to have realised) may have interpreted Law 180 "as a means of saving money" (p. 343). This is connected with the Italian economic situation and the shortage of personnel in the National Health Service, which is probably affecting psychiatry more than other disciplines. Another reason is the resistance from traditionally trained psychiatrists and nurses who have difficulty modifying their practice according to the community-orientated model. Some of them are now retiring early, so the appointment of younger, more open-minded professionals should balance the situation in favour of community psychiatry in the near future.

In some areas admissions to mental hospitals have been blocked without providing alternative services in the community (Scala & Gritti, 1985). Apparently Jones and Poletti are not able to distinguish between the failure of the reform (which the evidence suggests has *not* failed where it has been properly implemented) and the failure to implement it. They should have made an analysis of why this failure took place in some areas or regions and not in others.

It is clear from this paper that Professor Jones and her research student are in favour of mental hospitals and are worried about the scheduled closure of "many mental hospitals in the next ten years" in Britain (p. 347). One has to remember, however, that the transition from traditional custodial care in mental hospitals towards comprehensive community mental health care is a widely accepted trend in European psychiatry. Many WHO working groups have in recent years discussed the development of comprehensive mental health services in the community (WHO, 1973a; 1973b; 1978a; 1978b; 1980) and the outcome of these discussions seems to support the validity of the above quoted trend.

I agree with Lacey (1984) that "Trieste and other places like it have shown that it is possible to provide a credible service for mentally disordered people without mental hospitals". To be more precise one should say "without *new* admissions to mental hospitals since 1978 and without *any* admissions since 1982". However it is difficult to agree with him that "Italy is at least ten years ahead of

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