

JS02-02

## EMERGENCY PSYCHIATRY IN ITALY 30 YEARS AFTER THE CLOSURE OF MENTAL HEALTH HOSPITALS: PAST EXPERIENCES AND FUTURE PROJECTS

P. Furlan, L. Ostacoli, R.L. Picci

Department of Mental Health AOU San Luigi Gonzaga/ASL TO3, San Luigi Gonzaga Medical School, Università di Torino, Orbassano, Italy

The first law on mental health dates back to 1904, and attempted to encourage a uniform national discipline of the mental institutions and established as confinement criteria 'social danger' and 'public scandal'.

Very little exists in the scientific literature regarding this topic. A study conducted on the admissions to the Psychiatric Hospital of Collegno and Grugliasco (one of the largest in Italy) has highlighted few predictable aspects of mental health institutions. In particular, it suggests that the stereotype of "psychiatric imprisonment" not only does not correspond to the truth but has become misleading as well. In the past, patients were very often discharged from hospital due to overcrowding and high costs.

In 1978 the Italian Parliament enacted the law Number 180. The importance of this law made admissions compulsory but also authorized the modalities and the timing of the Compulsory Psychiatric Treatment (CPT).

By confronting the data relative to CPT in Turin from 2007 to 2009 (1,159 CPT per 868 subjects) and those dating back between 1985 and 1998 (4,819 CPT per 3,092 subjects) remarkable results emerge as regards psychiatric emergency in Italy. Recently there has been a higher incidence of CPT due to personality disorders, if compared with schizophrenia. It is clear not only the increasingly higher number of patients affected by these disorders, but also their characterization as emergency cases.

In the CPT consent form, terms such as "psychomotor agitation", "impulsivity" and/or "aggressiveness" are often adopted when making diagnoses both for the clinical evaluation and admission to hospital. These data support the hypothesis that some cases of compulsory admissions are necessary to contain disturbing behaviors, thus confirming CPT as a of social control tool.

The institutional function of the Psychiatric Service of Diagnosis and Treatment in general hospital in Italy (PSDT) is responsible for emergency care. A study conducted for 7 years at our PSDT showed that many patients affected by schizophrenia had a positive history of substance abuse and these cases revealed a more severe psychopathology and a major resistance to treatment.

Very often the Psychiatric Unit ended up to offering health care assistance to patients presenting with social emergency situations. Our data demonstrate a significant statistical correlation between admitted patients and the length of hospital stays.

To fully understand the Italian Psychiatric Reform it is imperative to analyze the university network services and how the 40 Italian universities with psychiatric clinics deal with the education and training of the Mental Health Therapists. The reform established a department model offering diversified and specialized structures within one facility, the Department of Mental Health.

The integration and coordination among psychiatry and the other health care services such as addiction treatment facilities, developmental neuropsychiatry, disability, geriatrics and social services had to be regulated. Providing clinical governance, maintaining and improving the quality of patients' care within the healthcare system, integrating healthcare strategies and diagnostic and therapeutic approaches will be essential to this project.