

Dismantling asylums: The Italian Job

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KEY MESSAGE

- Basaglia was the pioneer of the modern concept of mental health and the way mental illness could be understood and managed.
- There are innovative services providing comprehensive multi-disciplinary community psychiatric care in Italy, but there remains a significant geographical variability in the quality of the service provided
- Family doctors in the UK and Italy could draw on their respective experience to inform further development of psychiatric service delivery in primary care

ABSTRACT

Background

Italy was the first country to start deinstitutionalisation of psychiatric care and to develop a community-based system of mental health. This led to a significant change of the role of family doctors and other professionals in the way they provide care to the psychiatric patients.

Methods

A systematic search of MEDLINE PsychINFO and EMBASE databases was undertaken to identify the articles describing recent developments in community-based mental health service in Italy.

Results

The closure of psychiatric asylums in Italy stimulated development of new models of psychiatric service delivery in primary care. There are pioneering services providing comprehensive multi-disciplinary community psychiatric care in Italy, but there remains a significant geographical variability in the quality of the service provided. There is a lack of systematic evaluation of the impact of these developments.

Discussion

The asylums' closure could stimulate the development of innovative models of community care. These should be subject to a systematic evaluation that includes family doctors as well as psychiatrists. The professionals in Italy and the UK could use their experience to inform further development of mental health services in primary care.

WHY THIS MATTERS TO ME

The majority of psychiatric patients are treated in primary care in both Italy and the UK. It is important for family doctors to be able to identify and treat these patients whose life is still influenced by stigma and prejudice. Since the enactment of Basaglia law there have been some exciting developments in mental health community service in Italy, but many problems remain unresolved. The Italian lessons may be of interest to the family doctors in other countries.

INTRODUCTION:

Dr Franco Basaglia was an Italian Psychiatrist who proposed the closure of psychiatric hospitals. In 1978 Italy introduced Law 180, based on his philosophy. Basaglia Law, as it became known, was to instigate a gradual dismantling of mental asylums across the whole of Italy. The law's central premise is that "dangerousness is no longer a criterion for commitment, commitment should be restricted to therapeutic emergency, compulsory admission must be to a psychiatric unit in a general hospital and mental asylum should be abolished"¹

Prior this law, patients with a diagnosis of mental health disorders for any reason were considered a risk to themselves and to others. Consequently they were detained in psychiatric hospitals without any chance of receiving adequate rehabilitation that would have allowed them reintegration into the community. In other words, psychiatric hospitals were effectively operating a program of lifelong in-patient detention. With the enforcement of Basaglia Law the whole concept of mental asylum as an institution was abolished. In its place an innovative approach to mental health and patients with mental health was created. Despite these pioneering developments there has been no systematic evaluation of the impact of Basaglia law on the development of community-based mental health services in Italy

METHOD:

A systematic literature review was undertaken. MEDLINE, EMBASE and PsychINFO databases were searched using the following MeSH terms: "Italy" "Deinstitutionalisation", "Mental Health Service" and "Law" without language and time limits. In addition a free search using the term "Basaglia" as a key word was undertaken. The search was limited to the studies describing community mental health services.

RESULTS:

During recent years the need to find alternative ways of promoting mental health has become more imperative, particularly in a society which is evolving much faster than in the few past decades. We have found several examples of new developments in community-based mental health services following the introduction of Basaglia law.

In Bologna the concept of health promotion for patients with mental illness is embodied in a project directed to provide care in a community setting.² This is achieved through ongoing collaboration

between the family doctors and psychiatric services. In essence the arrangement is similar to structures in the UK where the community psychiatrists meet on a regular basis with social workers, nurses and occasionally GPs to provide patient care. In Bologna the consultant psychiatrist meets periodically with family doctors to discuss difficult patients and their management, and therapeutic groups are run jointly with psychotherapists.

This service, although innovative and effective, is somewhat limited in its scope. At present the service only accepts patients with depression and/or anxiety as a primary diagnosis and much wider subgroups of other psychiatric diseases are currently excluded². However, the project appears to have produced promising results after its one-year review and should lead to the implementation of similar services in other parts of the country adapted to specific local needs.³

Since the mental health reform of 1978, family doctors have faced challenging clinical situations, as they are more often involved in the management of patients with mental illness and associated physical co-morbidities. In a study done in Brescia, a group of community psychiatrists looked at the skills of family doctors when diagnosing schizophrenia. The family doctors that attended courses and were more familiar with diagnostic standard criteria for schizophrenia performed better amongst other family doctors.⁴ This initiative is an example of effective co-operation and skills sharing between family doctors and psychiatrists that may be of interest to the medical professionals in other countries facing similar challenges

DISCUSSION:

From its inception Basaglia legislation has been heavily criticised for not offering options and alternative ways of treatment and management of patients with mental illness in the community. Family doctors in particular felt they were unsupported in dealing with the substantial increase in their workload. Similarly patients, families and carers felt abandoned by the new system. Despite Italian primary care and mental health services being well-distributed geographically and easily accessible by patients the reform has failed to adequately support patients with mental illness. This is due to the inability to put the reform into practice and the lack of coordination between both services which has in turn generated a general feeling of discontent amongst Italian family doctors. Despite these difficulties it appears that Basaglia law stimulated the development of innovative and effective community-based services, albeit still not implemented universally.

There are several structural and political obstacles preventing a comprehensive implementation of community-based primary care-led psychiatric care in Italy.

In the UK, primary care is well structured and GPs work closely together. Conversely, Italian family doctors work mostly independently and in isolation from each other. The concept of a multidisciplinary approach has only recently been introduced into the provision of care of patients with psychiatric conditions and has involved a collaborative effort between all health professionals.

In the UK, GPs are defined as the gatekeepers of secondary care and patients are seen based upon their referral. In Italy the psychiatric service receives patients directly without the need of a referral from their family doctors. In addition, patients can visit their own family doctor without needing to make an appointment in advance as they can be seen whenever they feel it is warranted.

Finally, in Italy the doctor-centred consultation model is still widely diffused between psychiatrists and the general practitioners, especially for patients with mental illness. This represents an obstacle in the improvement of services that are currently available in the community and prevents the system becoming truly independent from the idea of institutions.

Back in 1978 the Basaglia reform probably could not be wholly implemented as society was not ready for such an innovative and avant-garde concept of mental health. Thirty years on it has become more evident that this reform reflects a concept of modern health and social care for patients with mental illness. The Italian example paved the way for deinstitutionalisation of psychiatric patients and produced examples of innovative and effective service models. However The Italian Job remains unfinished. Due to structural and political obstacles a comprehensive primary care-led community mental health service has not been implemented universally. There is a unique opportunity for mutual learning between Italy and the UK as each country takes stock of their respective reforms of psychiatric services.

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