

Community-based services: challenge for a whole community

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The 1978 Italian Mental Health Act:

from mental hospitals to community-care

- Closure of Mental Hospitals
- A few beds for acute psychiatric emergencies in general hospitals
- Establishment of a wide range of community-based services
- Strict rules for compulsory treatment

Premises of the 1978 Act:

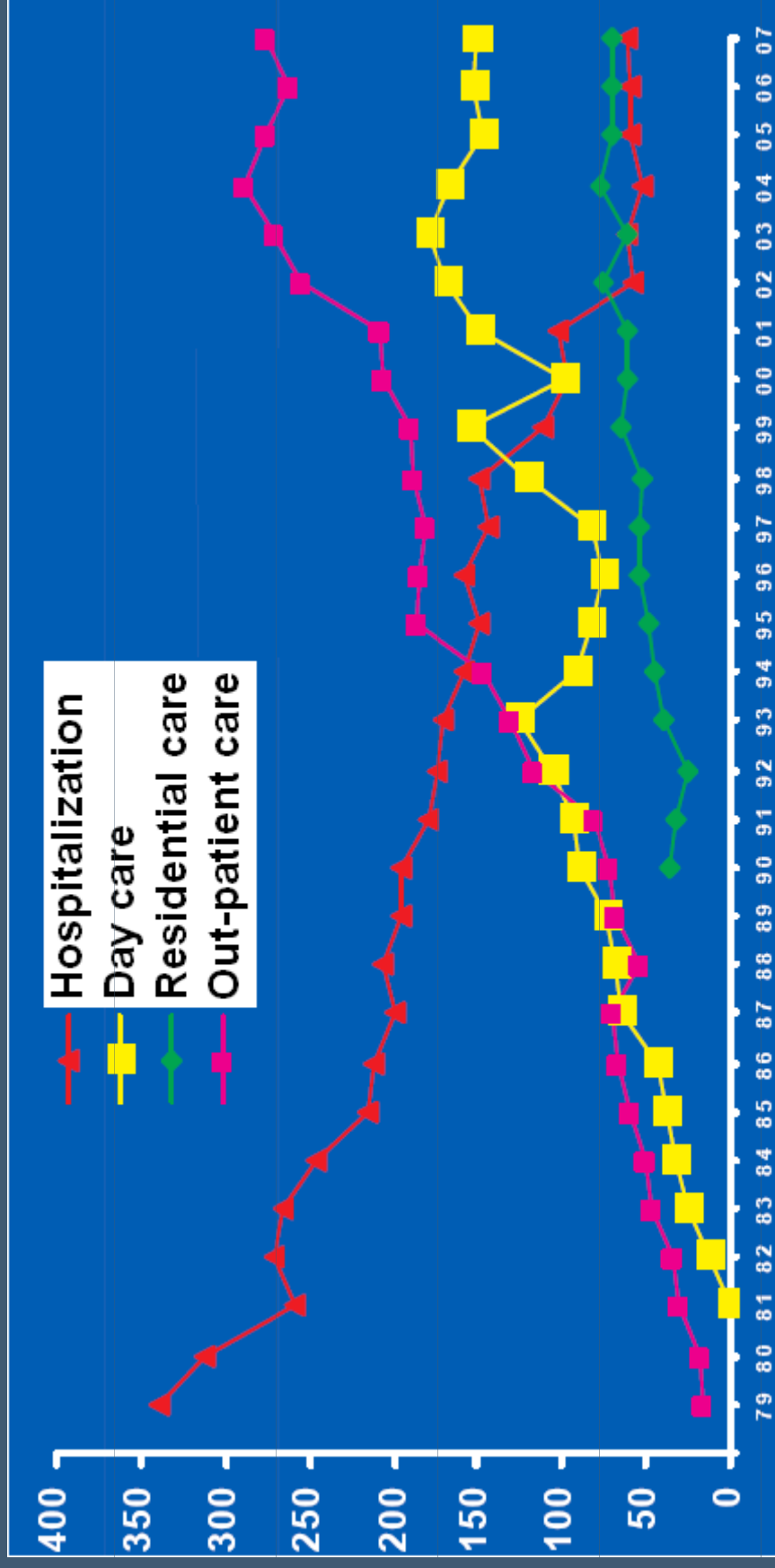
- Hospitalization makes mental illness chronic instead of treating, curing or, at least easing it
- Mentally ill people pose no danger to society
- The advent of major tranquilizers
- A politically and ideologically favourable climate

A few data on the implementation of the Mental Health Reform in the Veneto Region

- 805 beds for acute psychiatric emergencies in 40 general hospitals
- 337 community-based services, 111 of which are residential
- $\frac{3}{4}$ of community-based services are run by LHA's
- 3.000 staff (80% work for LHA's): 47% nurses, 24% care givers, 13% psychiatrists, 6% educators, 3% psychologists, 3% social workers

- 64.700 (16,3 per 1.000 inhabitants) mentally ill people treated in 2007, of whom 11.680 (3,0/000) admitted to general hospitals and 59.800 (15,1/000) in community-based services
- Note: estimated prevalence of mental illness in Italian population: 8%
→ 368.000 in Veneto region
- 3 out of 5 females; 45-65 years of age; 40% sent by G.P.'s
- Overall costs: € 250 million (ie. 3,5% of LHA's budget)
Note: the objective is 5%

De-institutionalization works were supported by a wide range of community-based services: the case of Verona



The Mental Health Department

- Responsible for planning and coordinating all mental health services in a specific area
- Both hospital and community-based services
- One for each of 21 Veneto region LHA's
- Run by a Director, supported by a Committee, with an Assembly
- In cooperation with NGO's and Patients and Families Associations

Each Mental Health Dept. should have at least one each of the following services:

- Mental Health Centre (*out-patient clinic*): the front-office, responsible for the personal treatment programs
- Psychiatric Hospital Unit (16 beds)
- Therapeutical Community (12-20 beds)
- Residential Community (6-10 beds)
- Protected Flat (4 beds)
- Day Centre (20 patients)
 - 1 per 100.000 inhabitants,
apart form residential communities and protected flats
(1 per 50.000 inhabitants)

Duration of personal programs: 12-36 months

“How to involve all relevant stakeholders in the development of community-based services?”

The REGIONAL COMMITTEE on Mental Health

- Established in 2005; Meets regularly;
- For recommendations and proposal to Regional Govt.:
 - Guidelines on Compulsory treatment
 - Rules and standards for Accreditation of M.H. services
 - Regional Plan on M.H.
- Representatives of:
 - Local Mental Health Departments
 - Scientific societies
 - Municipalities
 - LHA's
 - University
 - Patients and Families Associations

“How to win support of all interested parties, including residents and employees of an institution, families of users, local support groups, press, churches and volunteers?”

- An adequate network of community-based services, in terms of number, variety and local distribution
- High quality standards & Accountability

“How to communicate the reasons for deinstitutionalisation to the local community?”

“How to create an interest and build confidence in community care?”

Emphasis on

“good value for money”:
better care + lower costs

Tools:

- Press Agency
- Regular Reports

“How to overcome the fear and stigma?”

- A favourable political and cultural climate
- The role of mass-media and the political agenda
- Normalization of treatment: within General Hospitals and Local Health Districts
- Social integration: the case of no-profit social co-operatives

Thanks for your attention!