Abstracts

Medicine in Society — John Wattis

Kathleen Jones and Alison Poletti, Understanding the Italian experience. *British Journal of Psychiatry*, **146** (:985), 341–347.
Sally Rawlings, Behaviour and skills of severely retarded adults in hospital and small residential homes. *British Journal of Psychiatry*, **146** (1985), 358–366.

These papers appearing in the April edition of the *British Journal of Psychiatry* at first sight appear to have little in common. However, they both in their own way reflect a dissatisfaction with the dogmatic political approach to health and social service planning. The paper by Jones and Poletti adopted an essentially historical approach in analysing the results of 'the Italian experience' whereas the paper by Rawlings used scientific methods of behaviour observation to evaluate the effects of alternative forms of care on mentally retarded people.

To take the paper on the 'Italian experience' first, this was based on the available literature, *Italian* as well as British and on a study tour of Italy during which discussions were held with staff at a randomly chosen wide range of facilities. In 1978 the Italians enacted the famous (or infamous) law 180 which forbade the admission of new patients to mental hospitals, set up a review for existing inpatients with a view to discharge and required the provision of small 'diagnosis and cure' units in general hospitals. Most of the British publicity given to the results of this measure has been favourable and there have been MIND-sponsored exhibitions in which supporters of the Italian movement, Psichiatria Democratica described its successes. The general message from this publicity is that we in Britain and the USA have a great deal to learn from what has happened in Italy. Jones and Poletti set out to explore just what we might learn from a full rather than a selected study of the facts.

The Italian reforms were largely inspired by one man, Professor Basaglia, and the movement he founded in 1974, Psichiatria Democratica. Basaglia had studied Doctor Maxwell Jones' work at Dingleton and was also acquainted with the Community Mental Health Centre movement in the USA. A blend of Anglo-American ideas and Italian

revolutionary spirit was thus born which led to intense pressures to free the mentally ill from institutional incarceration culminating in law 180. The cultural background to the way this pressure was expressed in Italy is discussed in terms of 'anti emarginazione', 'pluralismo' and 'gattopardismo'. The first of these concepts explained the pressure to move the mentally ill from the margins of society (without necessarily finding them a place in the centre!). Pluralismo led to a preference for mixed delivery of care without the systematic approach so beloved of previous generations of British health care planners. Gattopardismo in effect resulted in devolution of responsibility to very small administrative units, much smaller than British health districts. Against this background law 180 was rushed by the pressure group shock tactics of Psichiatria Democratica.

Though praise of the effects of this legislation has been swift to reach British ears, the negative consequences have also received attention in Italy. There have been anecdotal accounts of suicide and homicide as consequences of the new act and the considered opinion of the professorial psychiatric team at Pisa Medical School is quoted 'none of the objectives of this law have been achieved but there has actually been a severe decline in the quality of psychiatric care...'

On theoretical grounds Jones and Poletti predicted that the abolition of mental hospitals would produce the following consequences:

(1) Mental hospitals would continue to be used.

(2) Family stress would increase.

(3) The prison authorities would have problems with people suffering from psychiatric disorders.

(4) The population of homeless people with psychiatric disorders would increase.

(5) The provision of private nursing homes would increase.

In the absence of reliable statistics to evaluate these points, Jones and Poletti asked some empirical questions. The answers they found were disturbing. Hospitals were still open but grossly understaffed and unmaintained and unsupported since they officially ceased to exist in 1978. In many cases a purely cosmetic change had been wrought with elderly patients removed from the statistics by the expedient of reclassifying them as 'geriatric' and younger patients renamed as 'guests' but still sometimes locked in. The diagnosis and cure centres were also locked and grossly under provided. Private nursing homes were springing up all over without any system of inspection despite support from public funds. The Italians themselves were considering modifying their laws to set up 'medium stay structures' (perhaps the old mental hospitals in another disguise).

The lessons that the authors think we should learn are enumerated:

(1) Mental hospitals cannot be abolished by legislative action and good intentions.

(2) Patients do not immediately become well if discharged from hospital – they and their families still need help.

(3) Deskilling and the abandonment of professional roles are no substitute for good training.

Lastly, Jones and Poletti consider why we have been taken in by the 'myth' of the success of the 'Italian experience'. They ascribe this to 'tunnel vision' and gross over-simplification, to romantic preconceptions and to confusion between the thought of Franco Basaglia and the practical outcome of law 180. The ultimate lesson is that mental hospitals cannot be abolished without the provision of extensive and expensive alternative provisions.

Rawlings' study compared the behaviour and self-help skills of mobile, severely retarded adults with behaviour disorders living in hospitals with those of a matched group in small homes outside hospitals. The current fashion to move patients in this way has extended to the mentally ill elderly and it seems reasonable to assume that at least some of the lessons from this study could be applied to long term care of the severely demented elderly. Residents in the homes were found to be more often involved in constructive activities, though stereotypes were as often found in the homes as the hospitals. No differences were found between the groups in self-help skills. In the homes the staff: resident ratios were higher and the staff had more autonomy. The care practices in the homes were more resident centred and social contact between the staff and residents were more frequent. However this study produced no evidence that for this group of residents there were any advantages in locating a small home in a residential street. The size, staffing ratios and staff autonomy of the small units seemed to be the important factors in producing the observed improvement in care.

This paper examines one aspect of the dogma of 'normalisation' and attempts to identify the beneficial components of that process in respect to the move to small units of care for the severely mentally handicapped. Perhaps not surprisingly the benefits relate to staffing ratios and autonomy and to unit size rather than to locality.

Two studies, one with a historical–sociological methodology and one with a psychological–observational background, come to conclusions which highlight the dangers of a dogmatic approach to health care and emphasise the importance of careful evaluation of new ideas in health care so that we might know which ingredients of a package of reforms

are helpful and which neutral or potentially harmful. Both studies also demonstrate the value of research in the psycho-social field not only for theoretical purposes but also to ensure that care planning and provision is informed by evidence as well as fashion. It is to be hoped that these 'voices in the wilderness' will be heard.

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Demography and Migration — Tony Warnes

J. A. Brody, Prospects for an ageing population. *Nature*, **315** (6 June 1985), 463–466.

As Associate Director for Epidemiology, Demography and Biometry at the USA National Institute of Aging, Jacob Brody has written in this paper authoritative and well-documented reviews of recent improvements in mortality and life expectancy in the United States, of the debate which has arisen on the relationships between life extension and morbidity in later ages, and of the most recent demographic and health forecasts. It begins with some sceptical remarks about Fries's argument that, in the coming decades, there will be little increase in the mean age of deaths but that their variance and negative skew will decrease: otherwise known as the thesis of increasing rectangularity in the survival curve.[1] To elaborate his view that there is no basis in understanding for this thesis, Brody examines the irregular decrease between 1900 and 1980 of all-age mortality in the United States, from 1,720 to 828 per 100,000. Half of this decrease had occurred by 1920 but, during the same period, mortality among those aged 65 and more years declined by only five per cent. The older population was resistant to whatever factors caused the conservation of life in the general population. By about 1945, however, half of the 1900–80 decline in mortality among those aged 65 and over had been completed.

Attention is then focused on the period, from 1948 until 1968, of considerable social, economic and medical advances during which mortality changed little for all ages and actually increased among the elderly. Subsequently, greater economic difficulties notwithstanding, mortality rates have persistently declined, at remarkable rates among the older population. Brody considers the role of a number of medical