

Community-based psychiatry: long-term patterns of care in South-Verona edited by M. Tansella

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Despite the wide interest shown in community-based psychiatry over the last 20 years, the evidence on monitoring and evaluating community psychiatric services over long time periods is scanty in the literature. This monograph presents the results of 10 years of evaluative studies conducted in South-Verona, an area of 75000 inhabitants in Northern Italy, where a new community-based system of care, the South-Verona Community Psychiatric Service (CPS), has operated since 1978. This new system follows the provisions of the Italian psychiatric reform and is designed to be an alternative to the old hospital-centred system of care. It provides care and support to all types of patients, without back-up from the State mental hospital where only a few old long-stay in-patients still reside.

The monograph is in six parts. The first part presents trends in the provision of psychiatric care between 1979 and 1988, which are shown using the South-Verona Psychiatric Case Register (PCR). Most of the patients seen in any year are treated without in-patient care. This is so for all diagnostic groups, except those with affective psychosis. Rates of compulsory admission dropped dramatically after the reform, but the total number of admissions to all in-patient psychiatric facilities (including private hospitals) in 1988 is only 8.4% lower than that found in 1977 (one year prior to the reform), while the mean number of occupied beds in 1988 was 47% lower than in 1977.

The second part reports the results of a retrospective follow-up study of the complete cohort of those South-Verona residents who, in 1979, contacted the psychiatric services monitored by the South-Verona PCR and received an ICD-9 diagnosis of 'schizophrenia or other functional non-affective psychosis'. Patients who met the inclusion criteria (N = 60) were traced in 1986 and interviewed using standardized instruments (PSE-9, DAS-2, PIRS).

In the third part a parallel study was conducted on the same cohort of patients to assess the needs for care of long-term mentally ill patients in the community. It was found that the South-Verona CPS was meeting both clinical and living skills needs for care of its patients. On the other hand, the patients in contact with other services or private practitioners had few problems, and those out of contact with any form of services were presenting the lowest number of problems.

Prevalence figures and incidence rates of affective disorders patients who contacted the South-Verona PCR in the period 1979–88 are reported in part four. Seasonal variation of contacts with psychiatric services has also been studied. Moreover, it has been shown that in South-Verona for every 100 'contacts' at the GP level there are 10 contacts at the extramural specialist level and one admission to hospital, confirming that most affective disorders are treated mainly at the general practice level.

Part five reports the results of the studies completed so far in South-Verona at the primary care level and shows the advantages of conducting parallel epidemiological investigations at both general practice and specialist psychiatric care levels, in defined geographical areas.

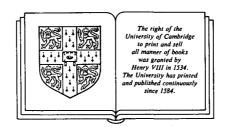
Finally, in part six the implications for elsewhere of the South-Verona 10-year experience in alternative community care are discussed, and suggestions for further research are put forward.

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M. Tansella (editor)

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CONTENTS

Syı	nopsis	page	1
Introduction M. TANSELLA			3
1.	Trends in the provision of psychiatric care 1979–1988 M. TANSELLA, M. BALESTRIERI, G. MENEGHELLI AND R. MICCIOLO		5
2.	Psychopathology and social performance in a cohort of patients with schizophrenic psychoses. A seven-year follow-up study G. MIGNOLLI, C. FACCINCANI AND S. PLATT	c	17
3.	Standardized assessment of the needs for care in a cohort of patients with schizoph psychoses A. D. LESAGE, G. MIGNOLLI, C. FACCINCANI AND M. TANSELLA	hrenic	27
4.	Affective disorders at the general and specialist levels of care M. BALESTRIERI, P. WILLIAMS AND M. TANSELLA		35
5.	Psychiatric morbidity in general practice C. BELLANTUONO, P. WILLIAMS AND M. TANSELLA		41
6.	Community care without mental hospitals: ten years' experience M. TANSELLA		47
	Appendix		49
	Tables		50
	References		51

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