

## Correspondence

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### Understanding the Italian Experience

DEAR SIR,

Referring to Jones and Poletti's article on the Italian psychiatric reform (*Journal*, April 1985, 146, 341–347) I would like to point out some omissions and misreading of important facts.

#### a. *The Italian political context and the Mental Health Law (Law 180)*

The authors seem to be somewhat out of touch with the Italian social context, despite the fact that one of them is Italian. This is exemplified in omitting to mention the impact of 1968 on the whole of Italian society, in forgetting that the current income *per capita* is higher than in Britain, that Italy and Britain top the European league in unemployment rate together, and that one of the first achievements of the *Psichiatria Democratica* was to get an invalidity allowance for mentally ill people.

As to the claim that “no political party in Italy supports Law 180, with the exception of the Communist party” it may be useful for the readers to know that as recently as 18 April 1985, Mr. Degan, the Minister of Health, stated in a conference of European health ministers that the Italian law is the most advanced in the field and that the overall balance of its operation is positive (see interview with him in *Il Messaggero*, a right-of-centre paper). Of the 12 proposals for the modification of the law currently before the Italian government, none calls for the re-establishment of the psychiatric hospitals.

The Italian Communist party has the consistent support of a third of the Italian voters since 1945. It is one of the two largest parties in Italy. Supporters of Law 180 are, however, to be found in *all* Italian parties, which is the reason why it was passed and why it has not been changed so far.

#### b. *The Italian experience*

The “*Italian experience*” is not based on Law 180. If any, the law is based on *fifteen* years of previous experience of changing radically the Italian psychiatric system in the North, the Centre and some parts of the South *prior* to 1978 by *Psichiatria Democratica* (PD) and its supporters. It is precisely this experience which led to halving the number of inpatients *before* 1978, a fact mentioned later in the article.

To equate the PD with the personality of the late

Franco Basaglia is like equating the British victory in the last war with the personality of Winston Churchill. Yes, Basaglia acted as a catalyst. But the PD is no more of a pressure group—as Jones and Poletti would like us to believe—than is the Royal College of Psychiatrists. It is a group whose majority are practising professionals of all ranks, who have demonstrated how a psychiatric system can be changed in their own practice.

In their inaccurate description of Trieste (which they have avoided visiting) the authors omit to mention the fact that in a city of 350,000 inhabitants neither a psychiatric hospital nor a psychiatric ward in a general hospital exist now. Instead there is an eight-bedded emergency psychiatric service in the general hospital and 45 beds located in seven community mental health centres, all of them unlocked, which deal with all psychiatric admissions, as compared to a 1,200 beds hospital in 1970.

The number of inmates in the Italian psychiatric prisons has increased during the 1978–82 period by 55 (from 1580 to 1635, Giannichedda & Grassi, 1983). To call this increase “a sharp increase” needs a considerable stretch of imagination. Not to mention that it is the PD which is now mounting a campaign, together with *Magistratura Democratica*, to change the conditions and treatment in these settings is a telling omission.

Likewise the overall figure of homicide and suicide committed by people known to be mentally ill has *not* increased during the 1978–82 period, according to national statistics (CNR, 1982).

On the basis of my own observations over the last three years in Italy, including the South, I would agree with the authors that the psychiatric units in the general hospital are the least satisfactory component of the whole new system. In my opinion, this state of affairs is the result of the fact that they continue to operate in the traditional mould of psychiatry. Indeed, where no such wards exist (e.g. Cortona, Martina Franca, Trieste) the standard of care of people in an acute crisis is considerably better.

Jones and Poletti do not mention ex-patients' work cooperatives, initiatives of the new centres to change local attitudes towards the mentally ill, and the imaginative use of hospitals' sites which typify the good examples of the reform and which are far from being confined to Trieste. One wonders why.

Examples of bad practice are to be found everywhere, including the UK and Italy. To claim that the majority of the Italian psychiatric services offer a poor service on the basis of a two-weeks visit, with a reference list which indicates that basic material has not been read, can hardly provide a basis for a sound judgement.

### c. *Relevance to Britain*

As late as 1979, Prof. Jones wrote: "But we have plenty of evidence that such institutions [i.e. psychiatric hospitals] can be damaging" (in Meacher, p. 3). Yet in the present article the authors can outline only negative outcomes to the disappearance of such settings.

In my view the Italian experience has demonstrated more than once that: 1. It is possible to gradually de-structure and dismantle the psychiatric hospital with the partnership of patients and staff. 2. Community mental health centres can offer a good psychiatric service without a hospital, provided non-medical asylum facilities are available. 3. It highlighted the conditions for successful as opposed to unsuccessful outcomes, including the desirability and possibility of a nearly full redeployment of the staff group.

I fully endorse the point made by the authors that a psychiatric system cannot be changed by the law alone. The nearest example is provided by Britain, where officially we opted in 1959 for a fully fledged community care policy. Not even *one* psychiatric hospital has closed down since then, despite the considerable reduction in numbers of in patients (Fowler, 1982).

For a real, non-cosmetic, change of the psychiatric system there is a need for a changed professional and political attitude, a fact which the Italians, for one, have understood perfectly.

It is the very lack of a real change in Britain which attracts to the Italian experience professional and lay people here who are unhappy with the stalemate of our psychiatric system, without necessarily wishing to imitate the Italian format.

If Jones and Poletti assume that an "antediluvian, imperialist" approach which stresses the impossibility of comparing "backward" Italy to "enlightened" Britain will convince anyone in 1985, they may be in for a rude surprise from the natives and other inhabitants of the British Isles.

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### What Price Psychotherapy?

DEAR SIR,

Shepherd (*Journal*, May 1985, 146, 555–556) rebuts the suggestion that he 'latched on' to the paper by Prioleau *et al* (1983) on the grounds that writers in two other medical journals did the same. But consensus, whether orchestrated or not, does not constitute evidence. An impartial observer would surely find it surprising that, out of the rash of meta-analytic papers, this particular one has been singled out for attention, based as it is on 32 papers describing patients and therapies almost wholly untypical of NHS practice. For example, psychiatrists were involved in only three of the studies, nearly half of the therapists were undergraduate or postgraduate students and the patients were schoolchildren in 13 cases and university students in nine.

One's suspicion that it was the conclusions of the study rather than its merits that gained it such notoriety is heightened by the account given of it in a fourth article, an editorial written by Prof. Shepherd's registrar in a journal he himself edits (Wilkinson, 1984). In language not usually associated with professional or scientific discourse, this article calls for the 'protection of unhappy and at times desperate people' from 'unscrupulous practitioners of psychotherapy' and describes the growth in the number of consultant psychotherapists (to a figure still well below College recommendations) as a 'disturbing piece of information'.

Shepherd depicts the debate about psychotherapy in terms of two extreme vocal groups with a large silent majority. This is the picture which his style of argument, and also that of Eysenck (*Journal*, 1985, 146, 556–557) (which has indeed remained unchanged for 30 years) would tend to perpetuate. Fortunately, in both the UK and the USA, there is a large and growing body of vocal practitioners and researchers who have long tired of polemics and