



10 good reasons to be optimistic about the future of community mental health care and 5 to stay alert

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Forty years ago the Italian Psychiatric Reform prescribed by law the closure of large mental hospitals. A nation-wide network of Departments of Mental Health (DMH) has been developed and now delivers routinely outpatient and inpatient care, and runs semi-residential and residential facilities. Intensive effort has been promoted: inpatient care is provided all over Italy by General Hospital Psychiatric Units (GHPUs) with a maximum of 15 beds, and only a very low proportion of inpatient admissions are compulsory. Community Mental Health Centres in most Regions offering daytime and domiciliary care for those with severe and enduring mental illness; other community mental health services include residential facilities for long-term psychiatric care and day hospital centres.

This development has set a standard for many countries in the world and enormous progresses have been done in the provision of mental health care in the community. Several accomplishments allow to be optimistic on the future of mental health care: **1)** data on the effectiveness of treatments have been gathered; **2)** methods to measure complex aspects of care have been developed; **3)** a sustained effort in favouring deinstitutionalization has been implemented, even if this is far to be completed in Europe and in the rest of the world.

Furthermore, increased attention is being given to: **4)** the effects of stigma and to the initiatives aimed to reduce it; **5)** the comorbidity of mental and physical disorders, previously scotomized; **6)** care that includes a whole life approach; **7)** universal and selective prevention to favour better mental health; **8)** interdisciplinary connections; **9)** transition from child to adult mental health care; **10)** continuous capacity building for adult mental health staff.

Still, the community care model is demanding and requires continuous maintenance and to be alert about a series of risks such as: **1)** an increasing burn out of the professionals; **2)** residential facilities that might become the new places for institutionalization; **3)** service accessibility and availability that remain unevenly distributed; **4)** the increasing burden due to social stressors that make it difficult to disentangle the role of mental health care vs. antisocial behaviours and organic disorders due to aging; **5)** an unclear vision on the proper balance between «generalist» and «specialized» mental health care services.