

LETTERS TO THE EDITOR

Italian mental hospitals closer to closing?

To the editor — As reminded by *Nature Medicine*¹, the threat of central government sanctions have put further pressure on the Italian Regions to close all remaining psychiatric hospitals (PH) as part of the country's bold 1978 plan to revolutionize its care of the mentally ill by releasing them from their decaying hospital confines and integrating them back into society. But when can a hospital be considered closed? Common sense suggests that closure should correspond to the complete discharge of inpatients and staff to the community. But common sense may be in short supply.

In 1994, our team saw the second announcement of the closure of Italian PH as a unique opportunity to mount the first Italian prospective study of the dismantling process. The QUALYOP Project was established with the specific aims of monitoring and comparing PH closure policies, following patients and observing the transformation of PH facilities. It involved the 22 PH of three northern Italian regions plus that of Rome^{2,3}. We can now report that the closure policy is not fairing well.

Of 4535 patients, only 513 have been scheduled for discharge and although the recent threat of sanctions may spur a greater effort to more quickly reduce the hospital population, a sort of "administrative closure" may be chosen in place of genuine action. According to this solution, a patient may, for example, be reconsidered as a "guest" or perhaps discharged from the PH, only to be immediately readmitted to a new and alternative residential facility created inside the PH. This clinical equivalent

of creative accounting can result in a fall in the official count of hospitalized patients and an increased emphasis on so called "community facilities", despite the fact that many patients would continue to live in the same hospital areas. Other patients may be removed from the official PH ledger by changing the status of a hospital ward to that of "staffed residential facility" or "group home".

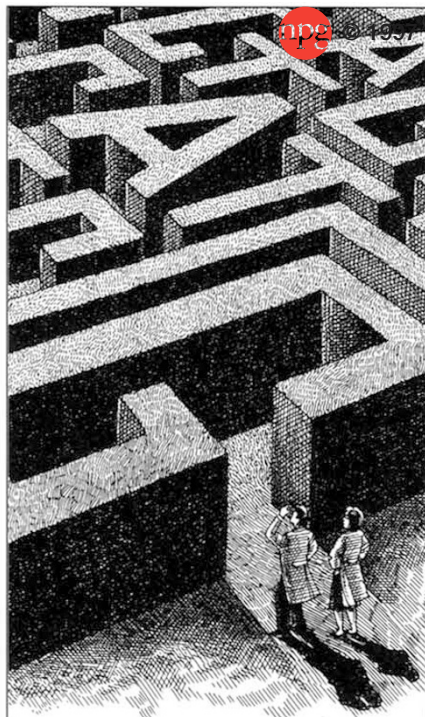
The result of this "relabeling" policy is a paper exercise in reducing long stay patient numbers while actually maintaining a considerable fraction of the long-stay beds. In this light, any officially recorded decline in the Italian PH population or increase in community residential facilities, should be carefully examined. If Italy is to truly revolutionize its care of the mentally ill, an effective closure policy must precede any actual closure.

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1. Ballmaier, M. (News) Italian mental hospitals closer to closing. *Nature Med.* 3, 259 (1997)
2. Saraceno, B. *et al.* Valutazione del processo di superamento degli ex ospedali psichiatrici pubblici della Regione Lombardia. *Epidem. Psichiatria Sociale* 5, 52-63 (1996).
3. Istituto di Ricerche Farmacologiche "Mario Negri" — Laboratory of Epidemiology and Social Psychiatry. Progetto QUALYOP. Valutazione del processo di chiusura degli ospedali psichiatrici Italiani. Technical Reports to the Regional Governments (1995-1997).

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