

Study tour to Italy, 18–22 May 1988

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“Politics loom large in the national life of Italy even . . . in the theory and practice of psychiatry” (Henry Rollin)

The Romans set a cultural style for the world and their being vandalised seemed to spur their successors to lead the renaissance from the morass. Later they implemented two more initiatives to reshape, if not the entire world, at any rate the psychiatric world. One was electricity to induce therapeutic fits and the other *Psichiatria Democratica*. Our second tour of Italy, the first, in May 1974, having been organised by Henry Rollin and described by him in this *Bulletin* in September 1974, coincided with the 50th anniversary of the achievement of Cerletti and Bini and the tenth of Basaglia’s success in the passing of Law 180.

A mere 27 strong, compared with 51 in the much longer Rollin tour, we started our working visits at the pleasant mediaeval town of Soave, a little east of Verona. The Mayor greeted us and Professor Vittorino Andreoli, the charismatic, personable and casually attired *Primario*, assisted by young Dr Massimo Rossi, said that the Law, passed under social and political pressure, initially led to many difficulties. It had operated very differently across the country but, whatever his views, the Professor felt he had to abide by and make the best of it. This expression of rather passive compliance we heard from every psychiatrist whom we met during the rest of the tour. He explained that Italy was organised into 638 *Unità Locale Socio-Sanitaria*, roughly two thirds of which were rural. The Soave *Unità* was one of six serving the previous catchment area of the mental hospital, in which the number of informal patients had reached its maximum in 1974 while the number of detained patients steadily decreased over a longer time, so that only a few patients remained there. The Soave *Unità* provided for 81,000 people and was divided into five Districts. For the *Unità*’s allocations 15 acute psychiatric beds with an attached day hospital of 15 to 25 places, the staff was eight psychiatrists of varying status (very nearly one per ten thousand of population), 20 nurses, two psychologists and one social worker with help from general medical practitioners, administrators and politicians. Some 70 to 90 patients were admitted per annum, each staying for about 15 days. Certification for compulsory admission was difficult because it depended on finding the Mayor. Detained patients had no formal right of appeal but they did not really need it because

patients were powerful and after seven days special approval was needed to renew an order of detention. Out-patient attendances and domiciliary visits by psychiatrists were becoming more frequent.

The psychiatrists gave some electro-convulsive and much drug therapy and when we visited the hospital and day hospital we saw a man sitting blissfully at a table being withdrawn from alcohol under cover of an intravenous infusion of diazepam. The Professor told us that the patients preferred their medication by injection, giving it in this way had become traditional and alcohol caused much of the psychiatric morbidity. The psychiatric department, built in 1978 as part of the San Giovanni Battista general hospital, was clean but plain and there were few patients around. One young man was doing two years work in the department instead of a year’s national service.

Some of us then went south-east to San Bonifacio to see a house containing three flats, which since 1981 had functioned as “therapeutic apartments” for treatment “in agreement with the Law” by “educators” of “users”, who were mostly conduct disordered girls of limited intelligence. Two or three “educators” for two “users” in each flat, a “social worker coordinator”, whose name was Rita Mazzi, and a local psychiatrist and social worker joined in the treatment. The “educators” changed quickly because their wages were poor in relation to their being constantly available for the “users” to the detriment of their leisure and private lives but those whom we saw seemed enthusiastic. They were mostly girls, one bearing the legend “That right shall prevail” on her T-shirt. The admission criteria were behaviour disturbance, age not exceeding 40, no abuse of drugs apart from alcohol and either conflict in or absence of a family. “Users”, who stayed for one to two years, apparently all had jobs and, mainly to protect them from “subordination” to their “educators”, supplemented the public funding of the organisation to the tune of L50,000 weekly. The ethos was psychodynamic and emphasised equality between “users” and members of the therapeutic team. A general discussion led by Rita Mazzi broke down into animated talk between the “users”, who became very excited, and the “educators”. The Deputy Mayor, who was also President of San

Bonifacio's District of the Unità, quietly watched over our visit. There were two other sets of "therapeutic apartments" in San Bonifacio.

The rest of our party meanwhile went to one of the Cooperative Workshops which had blossomed post-Law, and to an old people's home. The Cooperative Society running the Workshop had 57 members, all except 15, one of whom was another "conscientious objector", giving their services voluntarily, and they supported a mere ten using the workshop. This clientele, comprising two with low intelligence, an alcoholic, a blind girl and others with mental disorders, were paid for assembling heating and gardening equipment but the rehabilitative scope seemed to be greater than in our Industrial Therapy Organisations because a team, including a psychiatrist, a psychologist, a physical educator and a social worker of the Unità, taught social skills and literacy and gave vocational guidance. In the old people's home, which used to be the summer residence of the Archbishop of Verona, all 90 residents, who were mostly what we would call elderly severely mentally ill and some of whom were aged nearly 100, had their own rooms. The "President" was a local politician and the home, helped by volunteers, was well staffed.

Finally in this amazing morning we gathered in the Council Chamber of the Town Hall of yet another place, Montecchia, with the Mayor, doctors and patients' relatives. Again there was a warm Mayoral greeting. A general practitioner and several relatives spoke, some of them, dramatically and all gratefully, on the lines that conditions under the Law were imperfect but very much better than they had been pre-Law and that there were determined attempts to improve them. A member of a families' association appreciated the benefits of his 30 year-old handicapped son's having been provided with a companion. That these relatives had obviously been selected as supporters of *Psichiatria Democratica* did not detract from the sincerity of their testimony.

The next afternoon found us in the north of Milan at the *ex* (my italics) Ospedale Psichiatrico Paolo Pini, where a kindly, thoughtful Professor Italo Carta had as interpreter a German female trainee psychiatrist who had gone to Italy because the Italians in their innovative flair were "just the opposite of the Germans". The hospital had been built in 1958 as a University hospital and pre-Law it housed 500 patients. Currently the National Health Service had taken over about 180 beds for long stay "guests" while the University retained 35 beds for long-stay "guests", 15 to 20 places for day patients undergoing rehabilitation and an "ambulatory" section for research, which, although Professor Carta had an interest in psychotherapy, was mainly psycho-physiological. There were no acute in-patients because according to the Law they could be treated in general hospitals only. The 35 long-stay

University patients were scheduled to go elsewhere at the end of the year. The Day Hospital seemed well equipped for various activities and in the music therapy room our hosts rejoiced to play our National Anthem for us. In the University long-stay wards the furnishings and decor were rather sparse but there was plenty of space and no lack of nurses. All the patients there were compliant and on medication and seemed fairly typical of long-stay in-patients. A manic, illustrating the importance of culture in delusional content, said he was Virgil.

Professor Carta pointed out that psychiatry had depended pre-Law on public charity, psychiatric patients and staff then being second class citizens, and that the Law had integrated psychiatry into the National Health Service. He implied that the normal limit of seven days for which patients could be held in hospital under section was also beneficial to psychiatry in that, although the Law on compulsory detention might be changed, he would not want to see a return to the old system. On the other hand, many patients lived on the streets or in "public places". Mentally abnormal people who committed trivial offences and would pre-Law have been admitted to ordinary mental hospitals were being taken instead to Italy's five forensic hospitals, where the patient population had increased by up to a thousand per hospital. These hospitals were under the organisation of the Minister of Justice and, although the psychiatrists were from the National Health Service, the "nurses" were "guards". Another result of the Law was that although there were too many "unspecialised" doctors in Italy, private psychiatric practice was flourishing and supported by public funds. Of another avenue into which psychiatric patients might travel – suicide – there was press silence and Professor Carta said that only legal doctors knew the rate but he thought it was increasing. There was a mental hospital, Antonini, built at the beginning of the last century, in the south of Milan where a pre-Law patient population of 3,000 had dwindled to 700 "guests".

From the Paolo Pini hospital we went into the heart of Milan but the young psychiatrists who were our escorts and the bus driver lost the way, so we arrived late for the last of our visits to psychiatric organisations, which was the Academic Department. There we were welcomed by Professor Carlo Cazzullo, the epitome of amiable generosity, and his staff, all very much white coated. There were at least seven psychiatric professorial chairs in Milan and some associate professors. Psychiatric trainees, some of whom charmingly escorted us around Milan, sat examinations every year and wrote a thesis in a four year course. Senior registrars saw some of their patients privately. This unit had six acute beds, which were supposed to function as a filter, as in London's former observation wards, but some patients

blocked them. On the other hand, the Psycho-Social Centres made discharge of in-patients easier because every patient discharged automatically went to one of these centres and there was no difficulty, such as we have, in finding a day place for a patient. Any interested persons, including the patients themselves, could refer patients to these Centres. We gathered that they varied very much in the services which they offered but that on the whole they had fairly adequate multidisciplinary staff and some had beds where patients could stay overnight. Professor Cazzullo emphasised that changes in Italian psychiatry had been going on for many years pre-Law and he thought that modern Italians were not "masters of the Roman Law". He feared that the Minister of Health was trying to distance himself from psychiatry and that money allocated to it was not reaching it.

There was more on the same theme on the following day at the SOCREA, which was not directly connected with Socrates but an acronym for *Società Scientifica e di Ricerca*, where the Society's President, Professor Carlo Sirtori, a senior and charming pathologist, talked of philosophy and medical scientific advances in introducing and closing a symposium organised by Professors Cazzullo and A. C. Altamura for the *Società Italiana de Psichiatra* and Dr Stuart Montgomery for us. The SOCREA was a 17th century house of the Sforza family and our meetings were held in a gorgeously stucco decorated room. The morning session was on Community Psychiatry Services in Italy and the United Kingdom. Professor Cazzullo, P. Morosini of Rome, D. Kemali of Naples, E. Torre of Pavia and G. Tacchini of Milan spoke for the Italians and Professor Eugene Paykel and Dr Peter Tyrer for us. Although an Italian psychiatric register on the lines of the Camberwell Register had been initiated in 1975, Italian psychiatric services had not been systematically evaluated. They were known to vary widely and Professor Tacchini, echoing "pluralismo" or "gattopardismo", spoke of "many separate individual health republics". Post-Law there was no longer any public information on how much money was spent on psychiatry. The increase in the number of domiciliary visits by Italian psychiatrists contrasted with a reduction in Nottingham, where community services, notably the number of community psychiatric nurses, had improved. In Milan 17% of admissions to psychiatric in-patient care were compulsory. Post-Law the mortality of Italian psychiatric patients and the number of people sent to prison were thought to have increased. A third of people in contact with the Italian psychiatric services became high users and tended to stay so for two years and Professor Cazzullo said "The core of the problem is relapse and chronicity". He hoped that the proceedings of this meeting, which the sponsors, Eli Lilly, thought they

would like to publish, would go to his Minister of Health.

From all our contact with Italian psychiatrists we understood that they wanted more provision for medium and long-stay patients, more homogeneity throughout the country, more space for Psycho-Social Centres and more finance for psychiatry as a whole.

The afternoon session, at which four Italians, two Americans and two Englishmen spoke, was on the pharmacotherapy of depression and illustrated the expertise of our Italian colleagues at not only psychiatric politics but also psychopharmacological research, on which the Milanese in particular had published very extensively. One of the Americans was John Feighner, but instead of talking of his criteria he gave his views of the pros and cons of numerous antidepressants. The session yielded much information about a new antidepressant made by the sponsors.

Particularly at the university, the absence of Henry Rollin from this tour was regretted. Italian psychiatry appeared to have progressed along the lines which he described in 1974 but not with quite such a "curious mixture of Marxist dialectic and Freudian psychoanalytical theory, seasoned with bits and pieces of Laing, Cooper and Szasz", which was the "bizarre philosophic cocktail" favoured, at least in some Italian psychiatric quarters, at the time and yet we saw widespread political and public influence.

The underground train stations bore anti-emarginazione propaganda and in a glossy magazine supplied by the hotel in which we stayed in Milan was one of a series of photographs of mental hospital patients taken by a lady who had brought out a book with Basaglia. However, among the writings from all over the world about Italian psychiatry, a French publication viewed Italian society as cruel and refusing to integrate the mentally ill, so that they were lonelier in the streets than they had been in hospital.

No superlatives can approach the hospitality lavished upon us, and the health of all our members, except for a temporary affliction in one, was excellent but another confessed that after all this intellectual and gastronomic exercise he would have to go to night school to learn to undress.

The companion of one of our members was his daughter, a nurse reading for a degree in psychology, asked what she thought of psychiatrists on tour she said "Much better behaved than I had thought – quite disappointing really".

Drs Stuart Montgomery and Cyril Davies made many sincerely pleasant speeches of thanks and presented several College ties and crests to our hosts. For many months Cyril Davies and Professor Altamura had worked hard to prepare the tour and throughout it Cyril Davies earned even more gratitude for sensitive, cohesive and very popular leadership.