

## Italy led the way in deinstitutionalisation, but regional disparities remain a concern

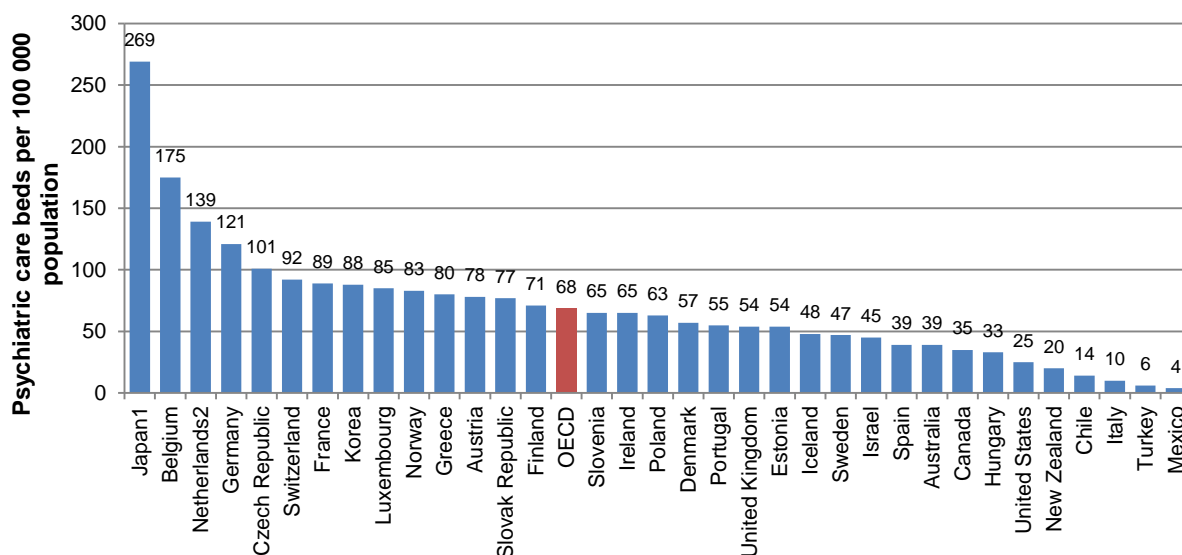
Italy has made, years ago, a decisive shift towards a community-based model for mental health care, but regional disparities in services remain a challenge, according to the new OECD report *Making Mental Health Count*.

### A frontrunner in deinstitutionalisation

Italy is one of the pioneers in deinstitutionalised mental health care. This is clearly visible from the low levels of psychiatric beds in the country. Figure 1 shows the number of psychiatric beds in Italy is 10 per 100,000 population, approximately seven times less than the OECD average of 68. Over a 20-year period, Italy progressively closed its psychiatric hospitals and shifted towards a community-based model of mental health care.

The last form of mental health institutions in Italy are ‘Judicial Psychiatric Hospitals’. However these are due to be closed in 2015 following a Decree in 2008 and a Parliamentary Commission finding into the inadequacy of services.

**Figure 1. Psychiatric beds per 100 000 population, 2011 or nearest year**



1. In Japan, a high number of psychiatric care beds are utilised by long-stay chronic patients

2. In the Netherlands, psychiatric bed numbers include social care sector beds that may not be included as psychiatric beds in other countries.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

### Reductions in suicides rates and unplanned readmissions

Between 2000 and 2011, Italy’s suicide rate fell by 13.4%, while the OECD average reduction was 7% over the same period.

Italy has also seen a drop in unplanned readmission rates for patients with bipolar and schizophrenia, which can be a good indicator of the quality of in-patient care and continuity of care in the community. Readmission rates for patients with schizophrenia fell from 13.6 per 100 patients in 2006 to 11.7 in 2011. Over the same period, readmission rates for patients with bipolar fell from 11.7 per 100 patients to 9.6.

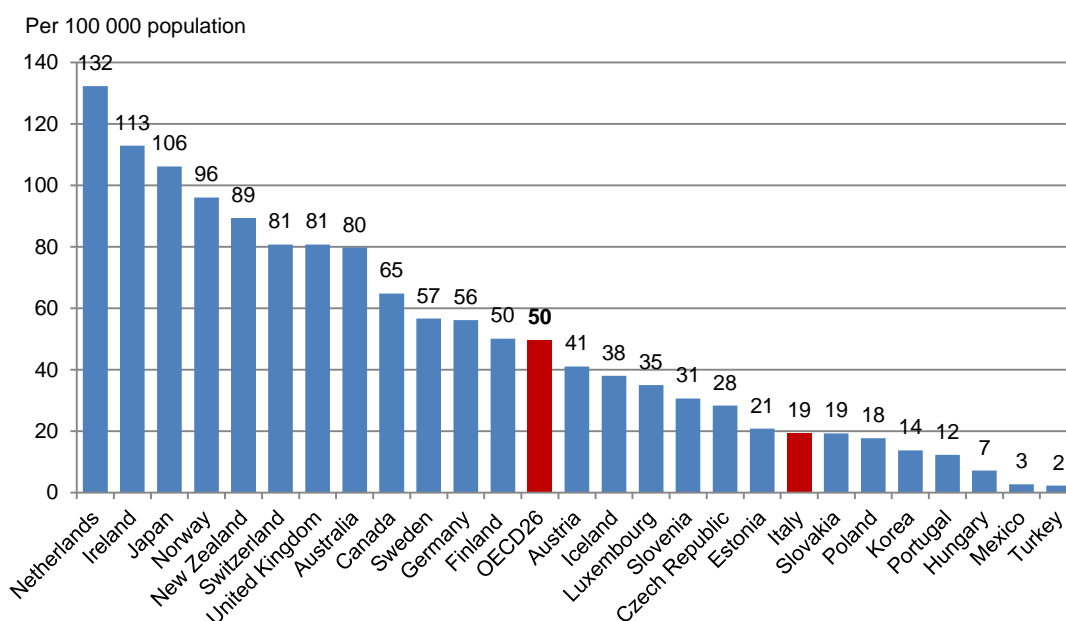
### Gaps in coverage

A lack of comprehensive population-wide coverage of mental health services threatens Italy's progress.

Italy has adopted a regional approach to the administration of health in general, and mental health services in particular, with both advantages and shortcomings. Regional systems have produced innovative models of care, including the successful 'consultation liaison' model trialled in the Emilia Romagna region. As part of the model, specialists provide informal advice to GPs, who are a significant provider of mental health care in Italy, especially for mild and moderate disorders. However, regional disparities in Italy's mental health services, for example the distribution of inpatient facilities, remain a concern. Up to now there have been important regional disparities in data collection, meaning that a nation-wide picture of mental health care quality has been difficult to establish in Italy. The new National mental health system (SISM) has started to be regularly implemented and will soon produce national reports based on performance and quality indicators.

Italy also has gaps in its mental health workforce coverage, with low numbers of mental health nurses and psychologists and relatively high psychiatrist numbers. Italy has 19 mental health nurses per 100,000 population, considerably less than the OECD average of 50 (see Figure 2). Meanwhile, Italy has 3 psychologists per 100,000 population compared to the OECD average of 26. In contrast, the number of psychiatrists is 18 per 100,000 population, slightly higher than the OECD average of 16.

**Figure 2. Mental health nurses per 100 000 population, 2011 (or nearest year)**



Source: OECD (2013), *OECD Health Statistics 2013*, OECD Publishing, Paris.

More information on **Making Mental Health Count** is available at <http://www.oecd.org/health/mental-health-systems.htm>.

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For the OECD's forthcoming descriptive profile of mental health in Italy – *Mental health Analysis Profile: Italy* – please check back at <http://www.oecd.org/els/health-systems/healthworkingpapers.htm>.

