

*ASSOCIATION NATIONALE DES PSYCHIATRES PRESIDENTS
ET VICE-PRESIDENTS DES COMMISSIONS MEDICALES
D'ETABLISSEMENT
DES CENTRES HOSPITALIERS*

*Strasbourg 25-27 Septembre 2019
“Quelle psychiatrie pour demain?”*

*La recherche en psychiatrie:
Italie*

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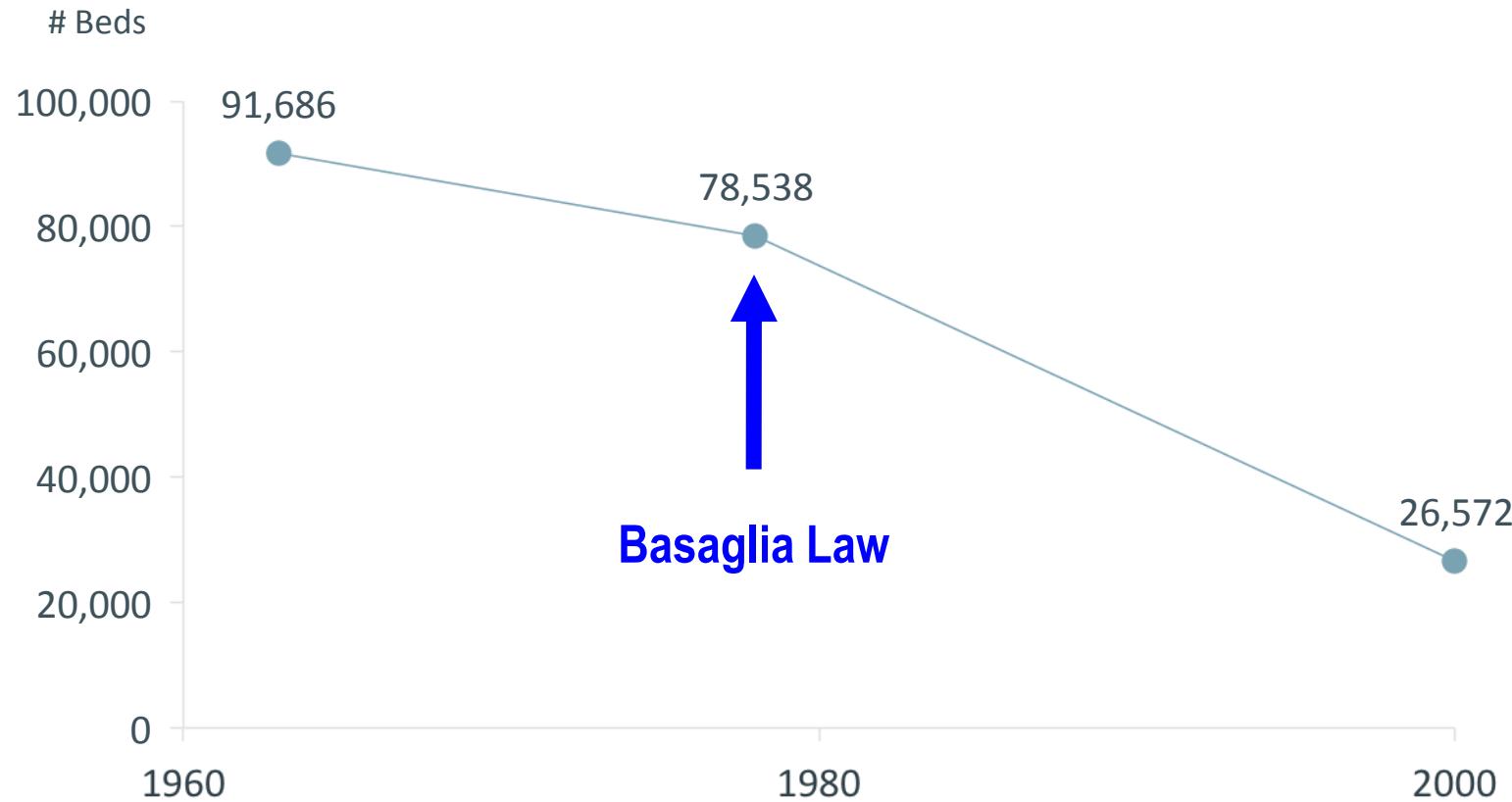
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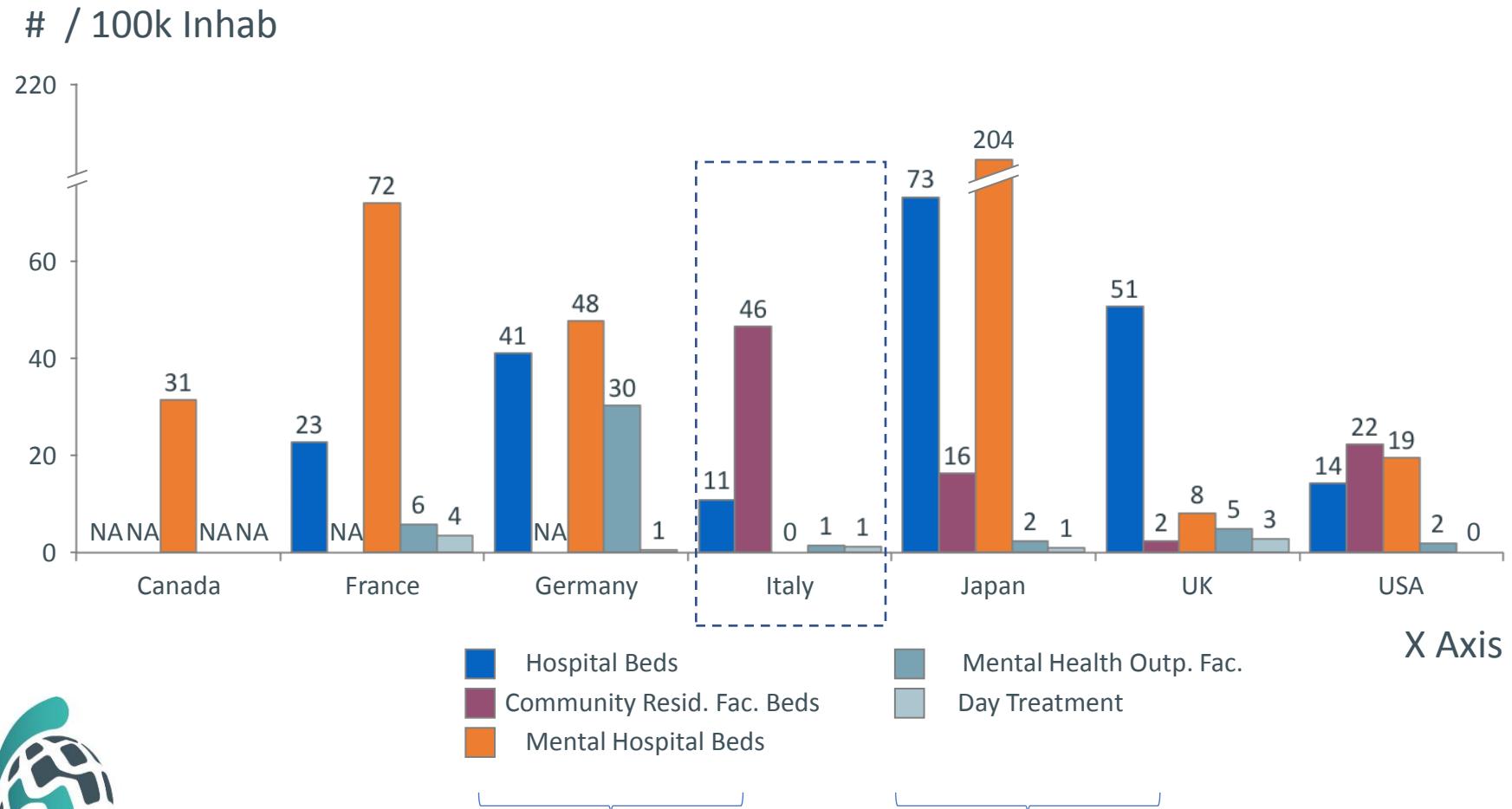
A.S.L. TO3

Azienda Sanitaria Locale
di Collegno e Pinerolo

National Health Institute Italian Psychiatric beds in all facilities

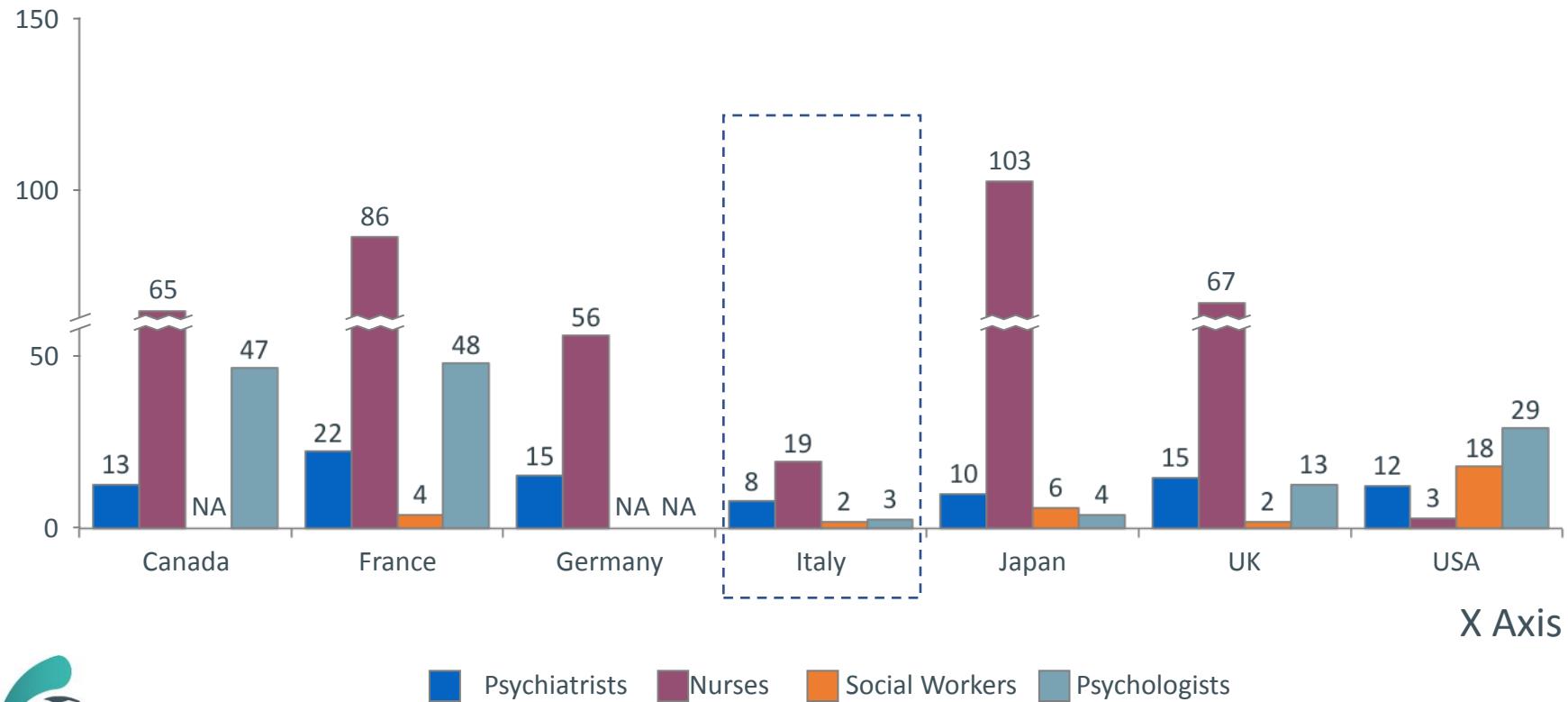


Staff availability and resources for mental health care in Italy and in the other G7 countries



Staff availability and resources for mental health care in Italy and in the other G7 countries

Staff / 100k Inhab



Overview of the Italian National Healthcare System (SSN)

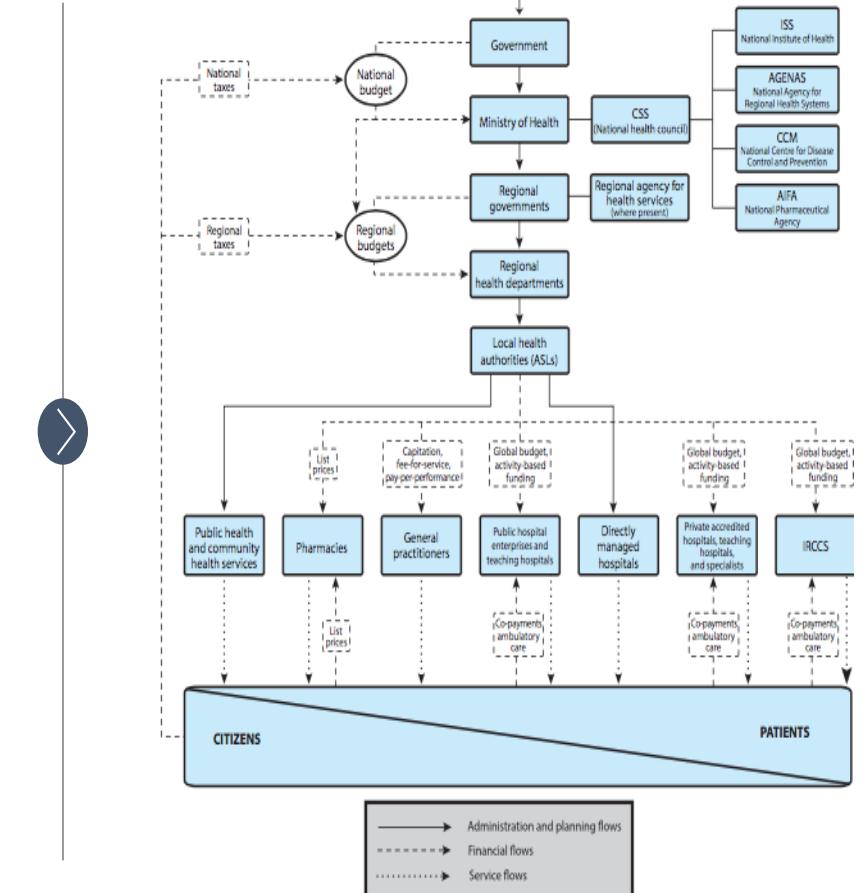
Central body :

- ensuring the fundamental principles of the SSN,
- financing the Regional Systems,
- monitoring the public health needs and
- developing corresponding plans.

Regional Health Departments

- local planning
- organizing and managing health-care services
- ensuring the delivery of services...

...through a network of population-based “local health authorities” (Aziende Sanitarie Locali, ASLs)



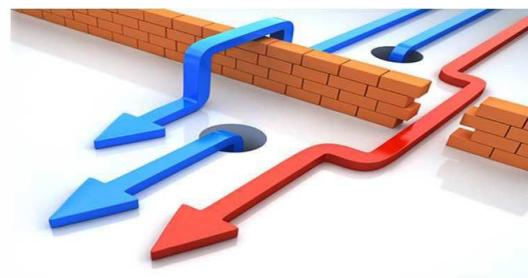
The Italian model....

Italy is composed from **20 districts (regions)**



6

The health organization responds to national lines
but it's independently managed in each region



Italian National Health Service

The **Department of Mental Health (DSM)** is in charge of the planning and management of all medical and social resources related to prevention, treatment, and rehabilitation in mental health within a defined catchment's area. 1 DSM in each Health Local Agency (ASL)

Within the DSM there are various facilities:

Community Mental Health Centres (CSM)	1/100.000 in.
Day Care Facilities (CD)	1/150.000 in.
General Hosp. Psychiatric Units (SPDC): beds	1/10.000 in.
Residential Facilities (SRP): beds	2/10.000 in.
Staff availability (all categories)	1/1500 in.

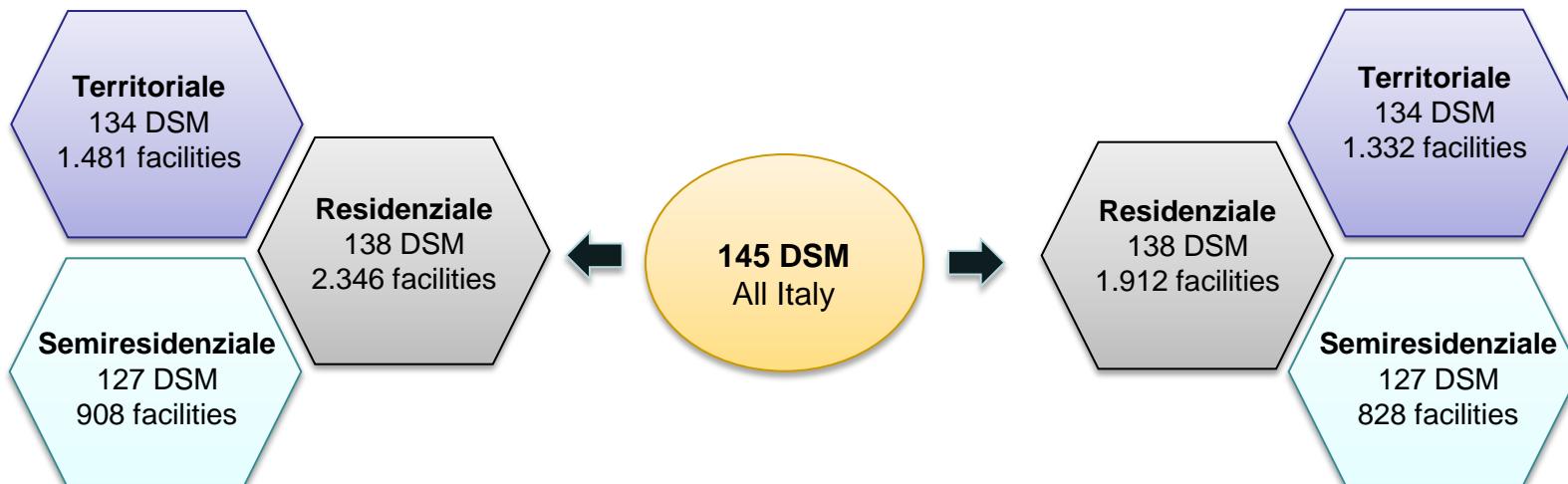
Mental Health Services in Italy

The Mental Health Services detected by the Italian Informative System for Mental Health (SISM) are:

Mental Health Centres, Psychiatric Rehabilitation services and Residential Rehabilitation facilities.

All the Services (Psychiatric Services and other) where patients with Mental disorders are treated.

Psychiatric Services where patients with Mental disorders are treated.



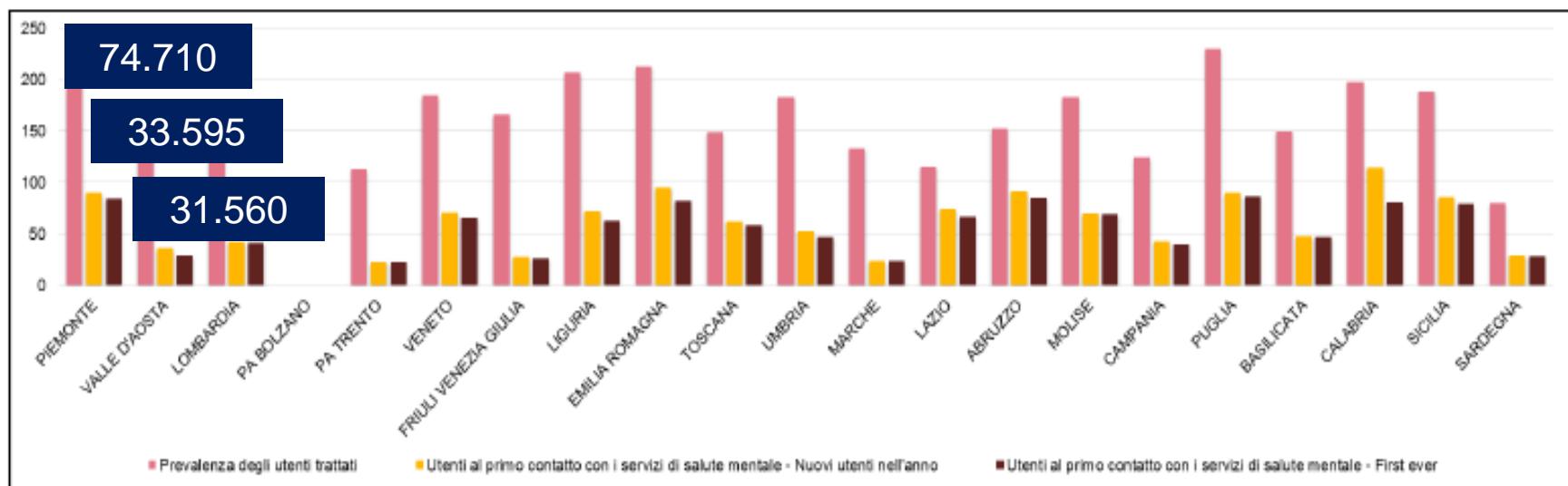
Treated prevalence and incidence of mental disorders

N 851.189 patients (53,5% F) in DSM in 2017

N 335.794 first contact patients in Italy in 2017

N 307.812 “first ever” in Italy in 2017

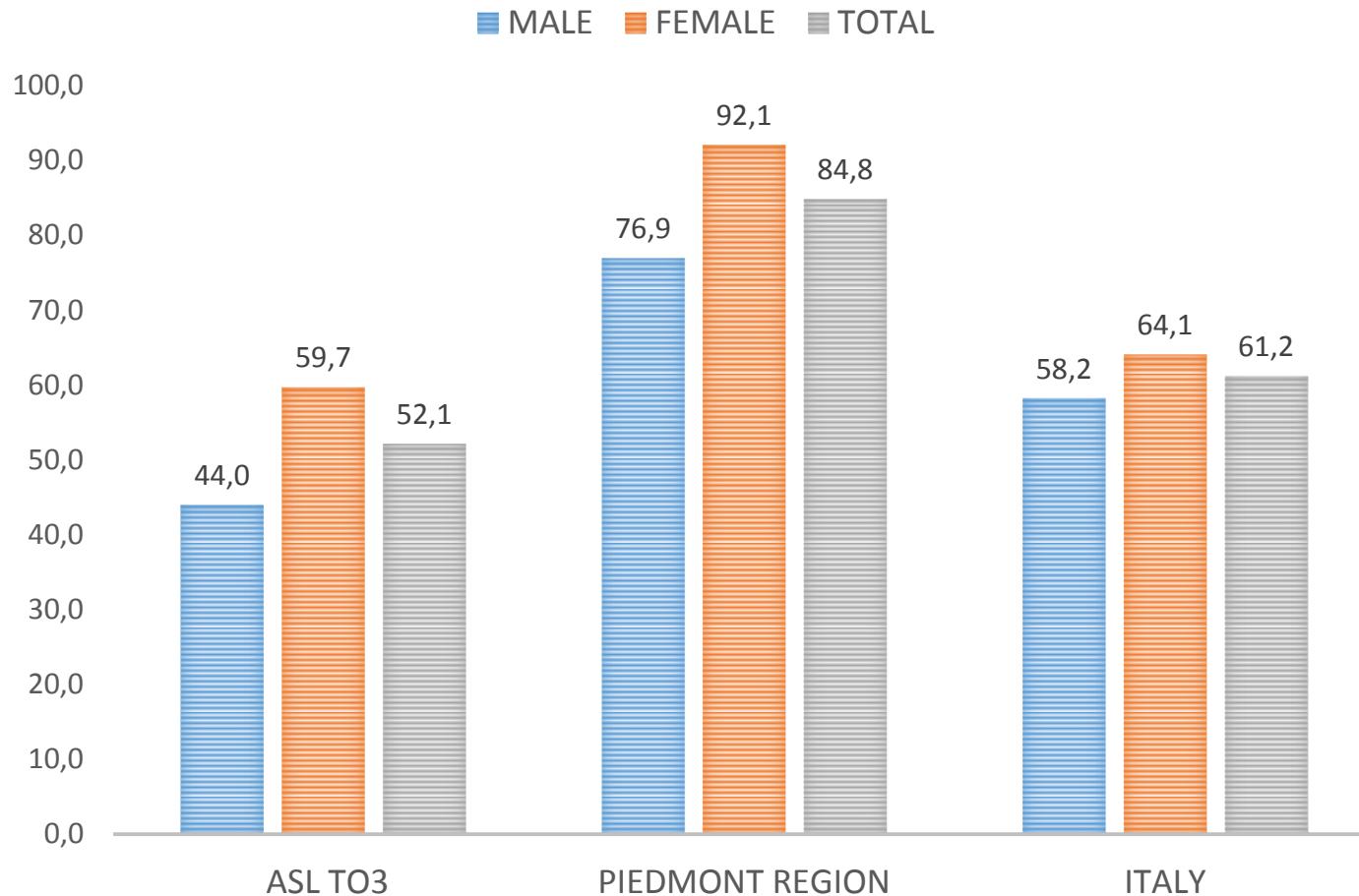
Figura 7.2.15 - Prevalenza e incidenza degli utenti trattati – tassi standardizzati per 10.000 abitanti



Fonte: NSIS - Sistema informativo salute mentale (SISM) - anno 2017

Incidence first ever by gender

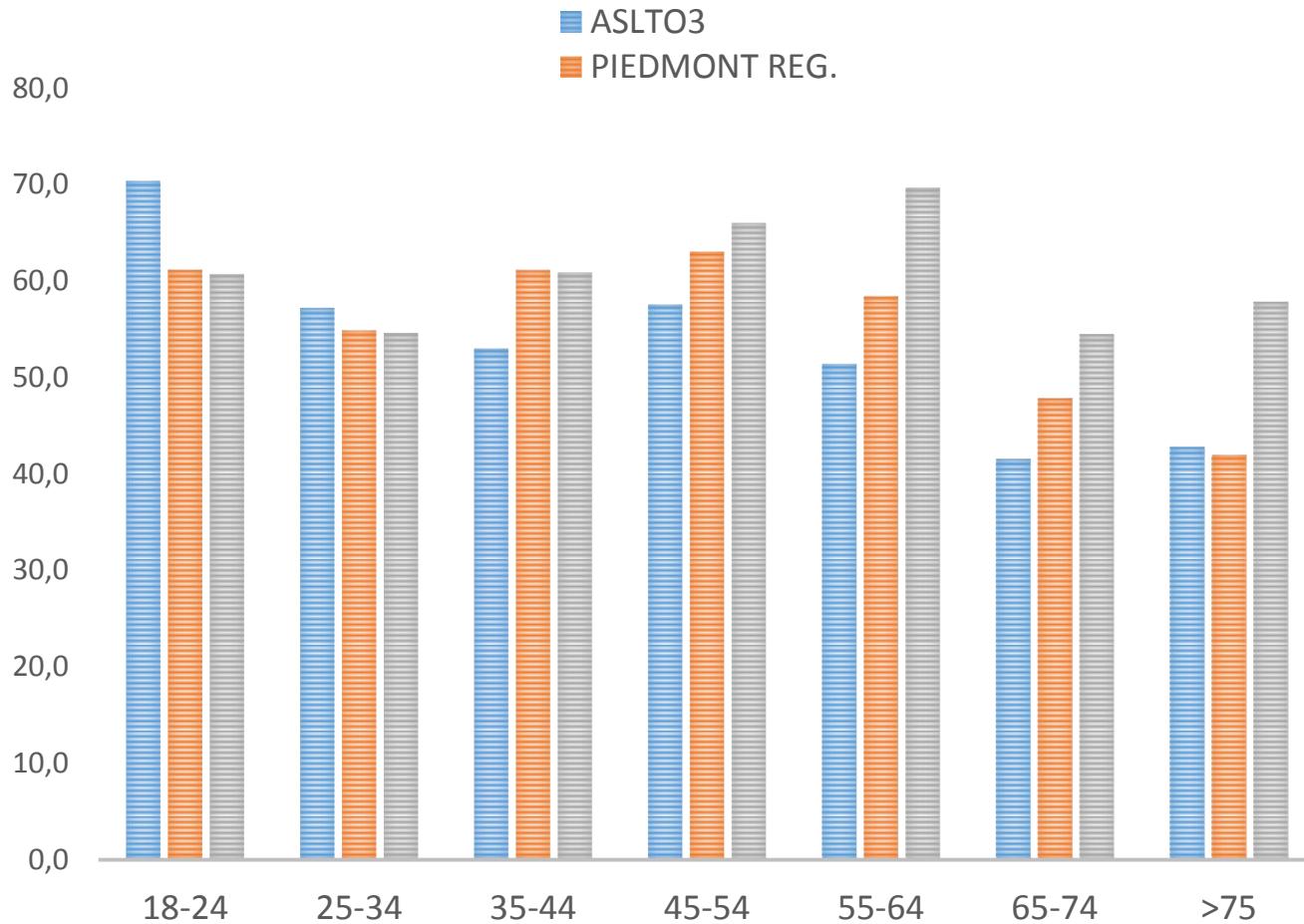
standardised rates per 10.000 inhabitants.*



*Regional and National data up to date at 31.12.2017

Incidence first ever by age groups

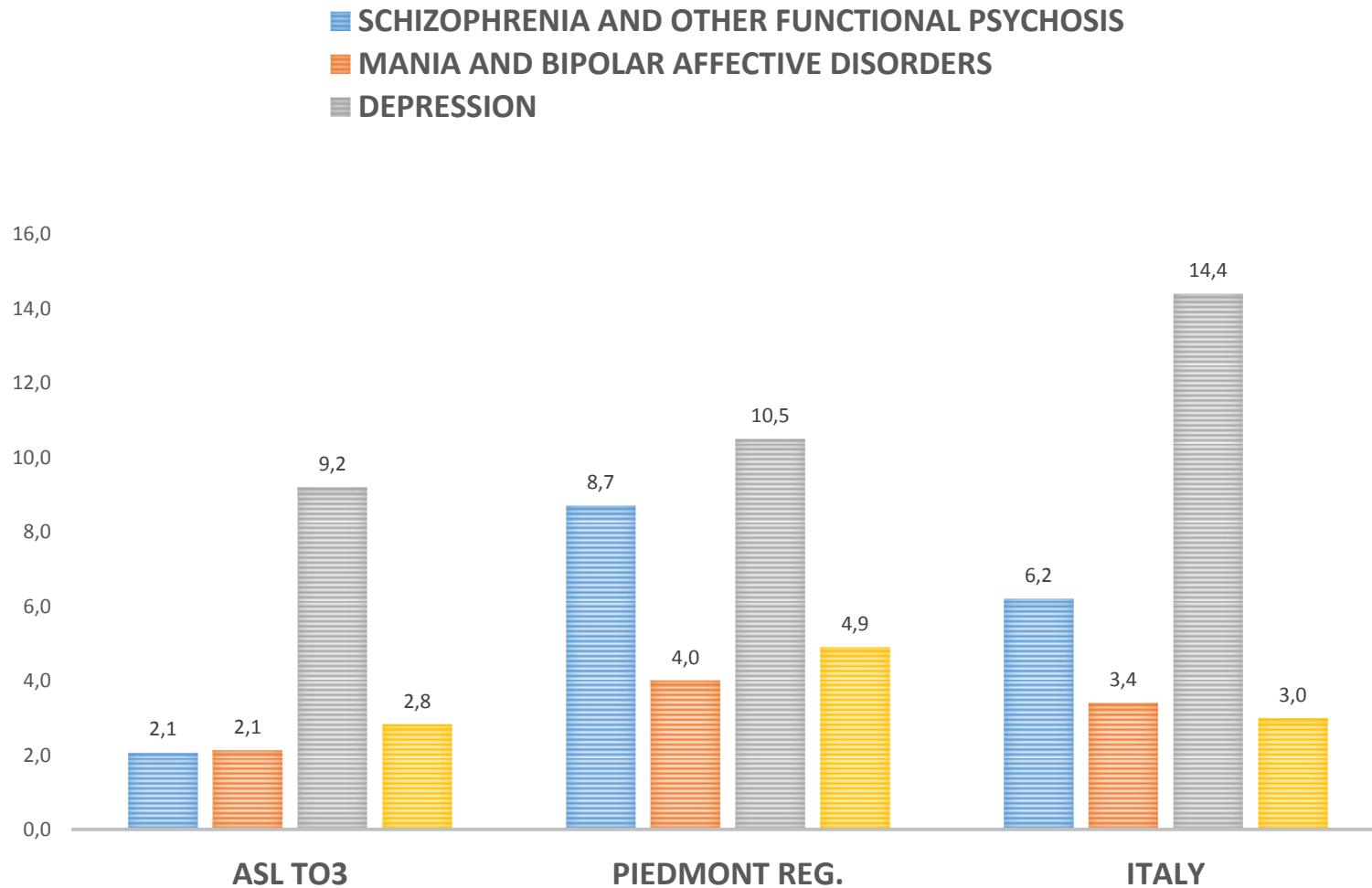
standardised rates per 10.000 inhabitants.*



*Regional and National data up to date at 31.12.2017

Incidence (first ever) – major mental disorders

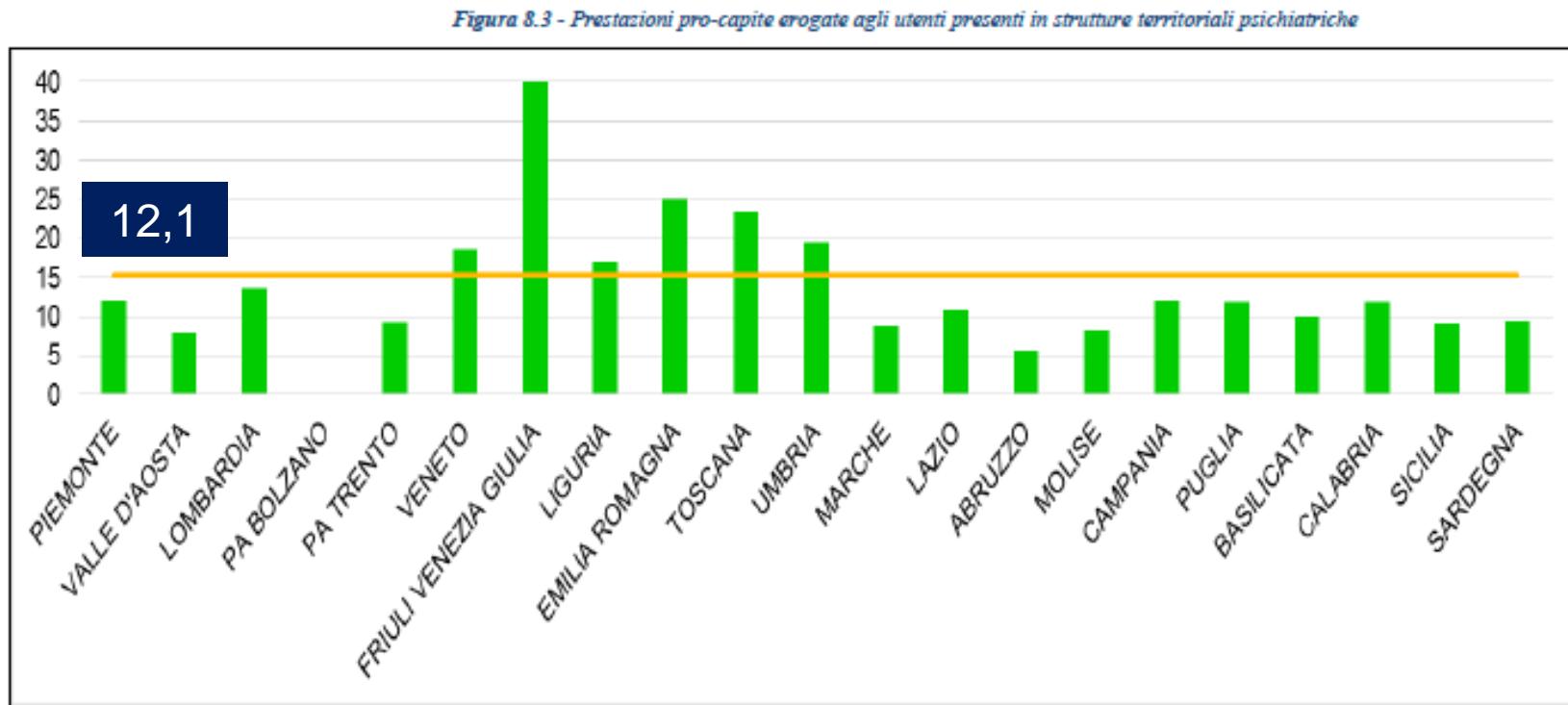
standardised rates per 10.000 inhabitants.*



* Regional and National data up to date at 31.12.2017

«How much» we cure them: territorial assistance

11.474.311 health cares in 2017, on average 15,3 each patient/year



Fonte: NSIS - Sistema informativo salute mentale (SISM) - anno 2017

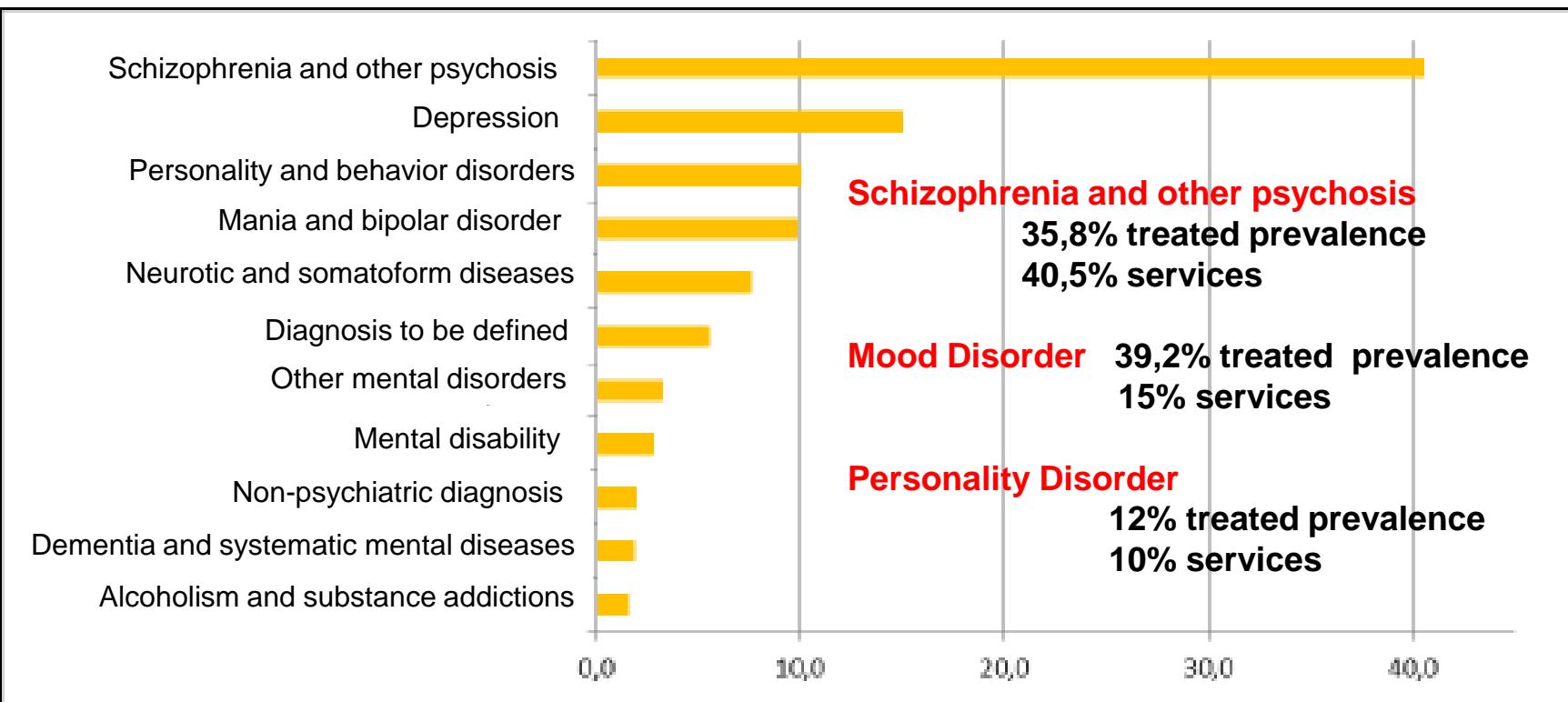
Table 5 | Activities provided by CMHCs (percentages)

Activities	Interventions	Total	Friuli Venezia Giulia (2007)	Emilia Romagna (2007)	Lazio (2005)	Liguria (2007)	Lombardia (2005)
Clinical psychiatrists' activity	Outpatient clinical contact with psychiatrists for forensic psychiatric assessment	29%	26%	20%	37%	46%	30%
Psycho therapeutic activity	Psychological assessment, outpatient clinical contact with psychologist, psychotherapy	8%	5%	2%	19%	10%	9%
Nurses' activities	Outpatient contact with nurse, nurse's home visit, administering psychotropic drugs	31%	46%	35%	25%	26%	28%
Activity addressed to families	Meeting with relatives and carers (without the presence of the patient), psycho-educational Intervention, family groups	4%	5%	4%	NA	NA	7%
Care coordination activity	Staff meeting in the department, meeting with other health and non-health services, meeting with social network	6%	7%	3%	7%	4%	8%
Rehabilitative and socializing activity	Intervention aimed at achieving basic, interpersonal and social skills training, occupational activities or vocational training, sheltered employment activities, leisure and socializing activities, psychomotor and creative therapy, outpatient contact with rehabilitation therapist	9%	4%	17%	5%	9%	4%
Social support activity	Outpatient contact with social worker, social support	4%	3%	2%	6%	2%	7%
Others		3%	4%	1%	0%	2%	5%

(NA= not assessed in the Region)

SISM data 2017

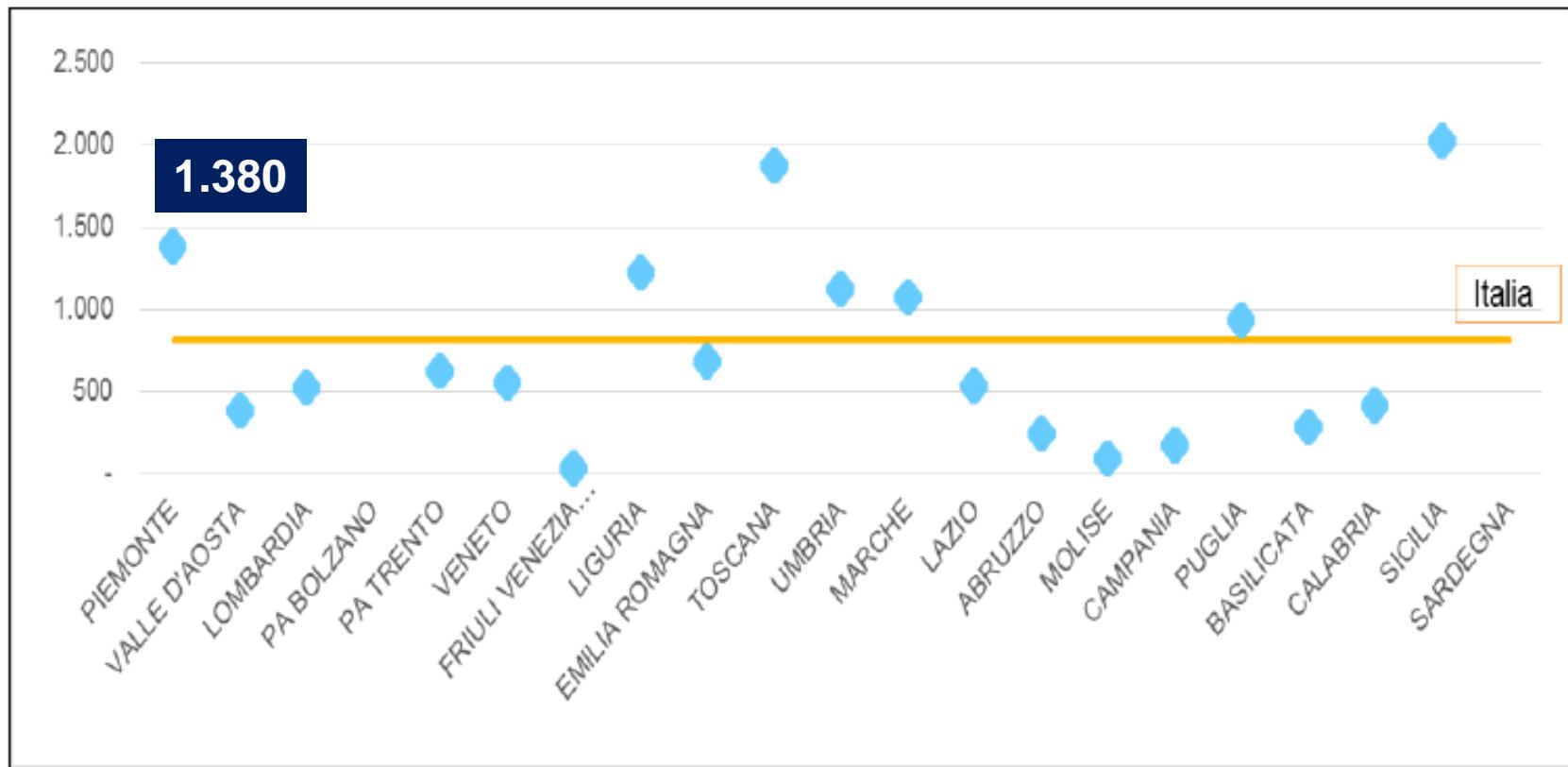
Figura 8.7 - Distribuzione percentuale delle prestazioni erogate nell'anno per gruppo di diagnosi associata



Fonte: NSIS - Sistema informativo salute mentale (SISM) - anno 2017

Average permanence in community residential facilities (SRP) - Italy (815,8 days)

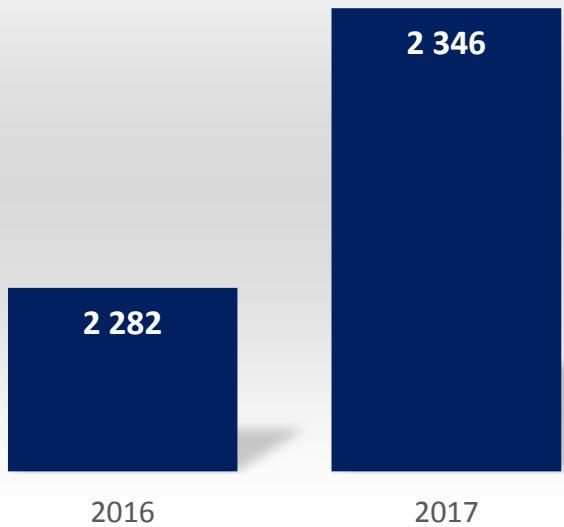
Figura 9.2 – Durata media del trattamento - assistenza residenziale



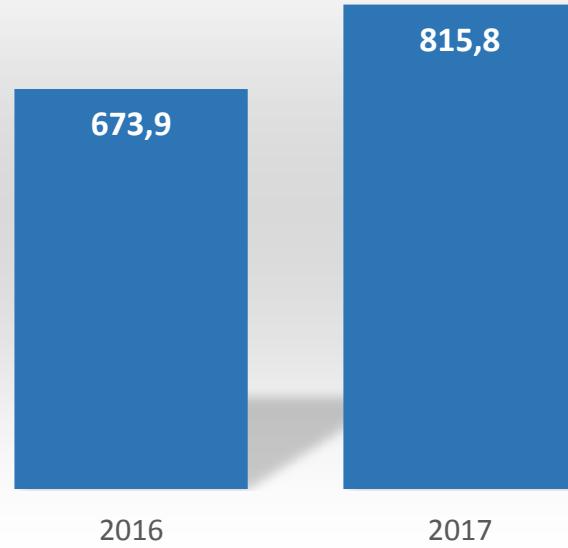
Fonte: NSIS - Sistema informativo salute mentale (SISM) - anno 2017.

3. Inserimenti residenziali

Numero Strutture residenziali



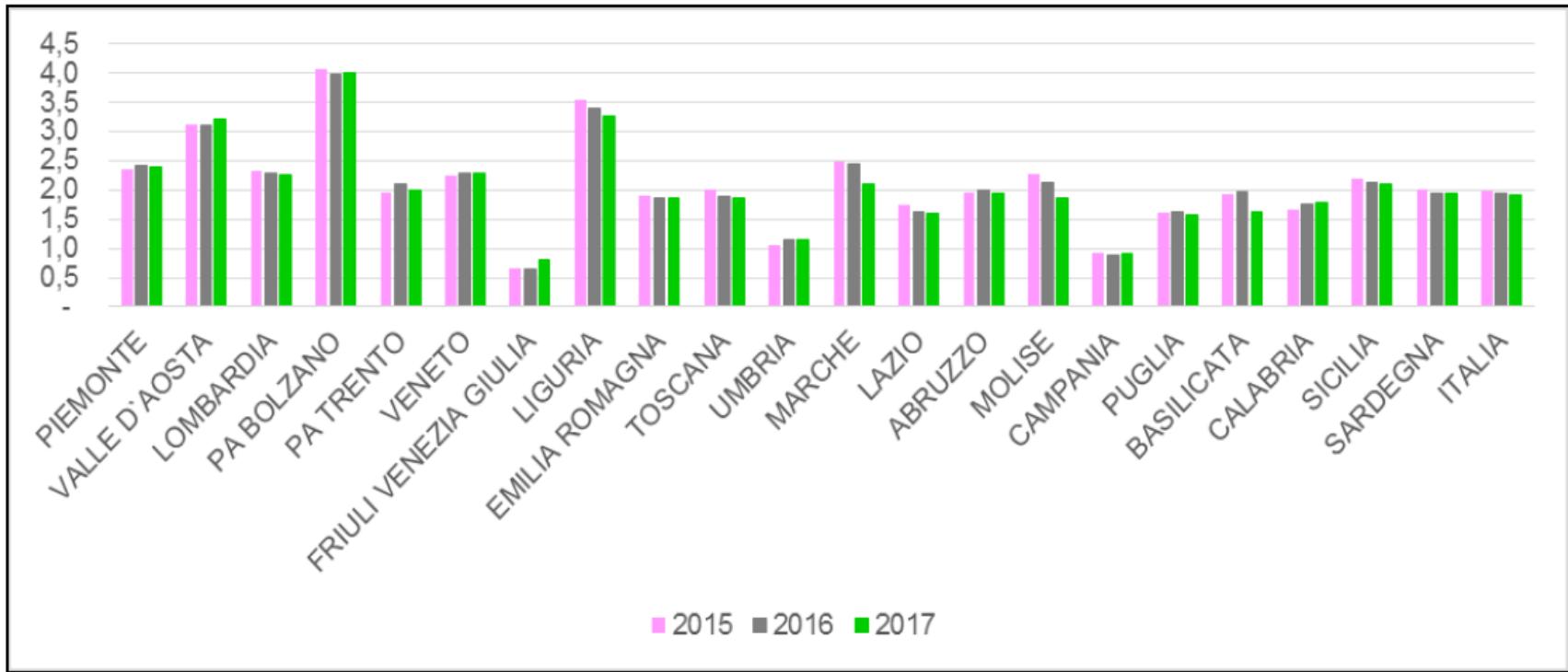
Durata media trattamento residenziale



L'aumento delle giornate medie di trattamento evidenzia un'aumentata
inerzia dei servizi territoriali.

Admissions to psychiatric wards (SPDC)

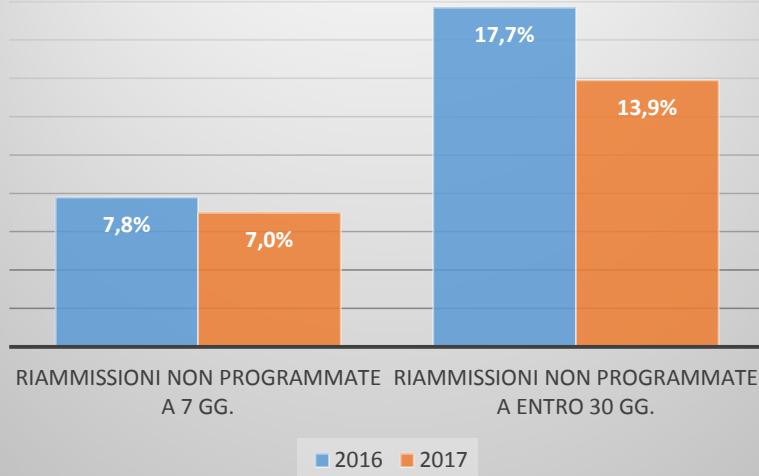
Figura 12.2.1 - Tasso di ricovero in reparti psichiatrici pubblici (SPDC)



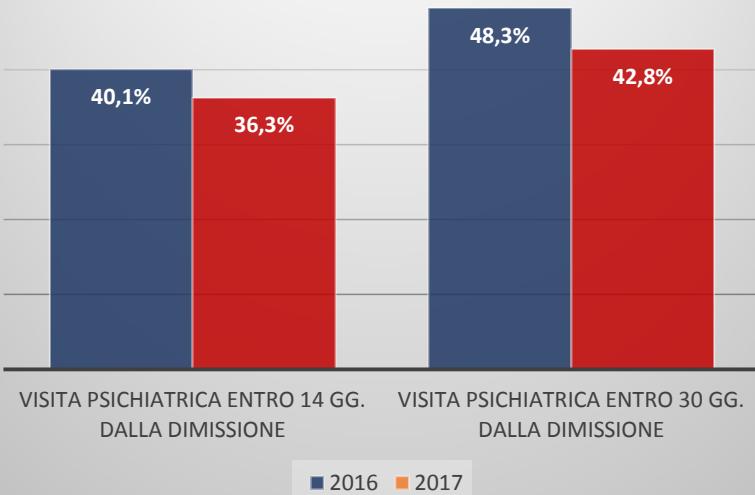
Fonte: NSIS - Scheda di dimissione ospedaliera (SDO) - anni 2015 – 2017

Attività ospedaliera: riammissioni e continuità assistenziale

Riammissioni non programmate



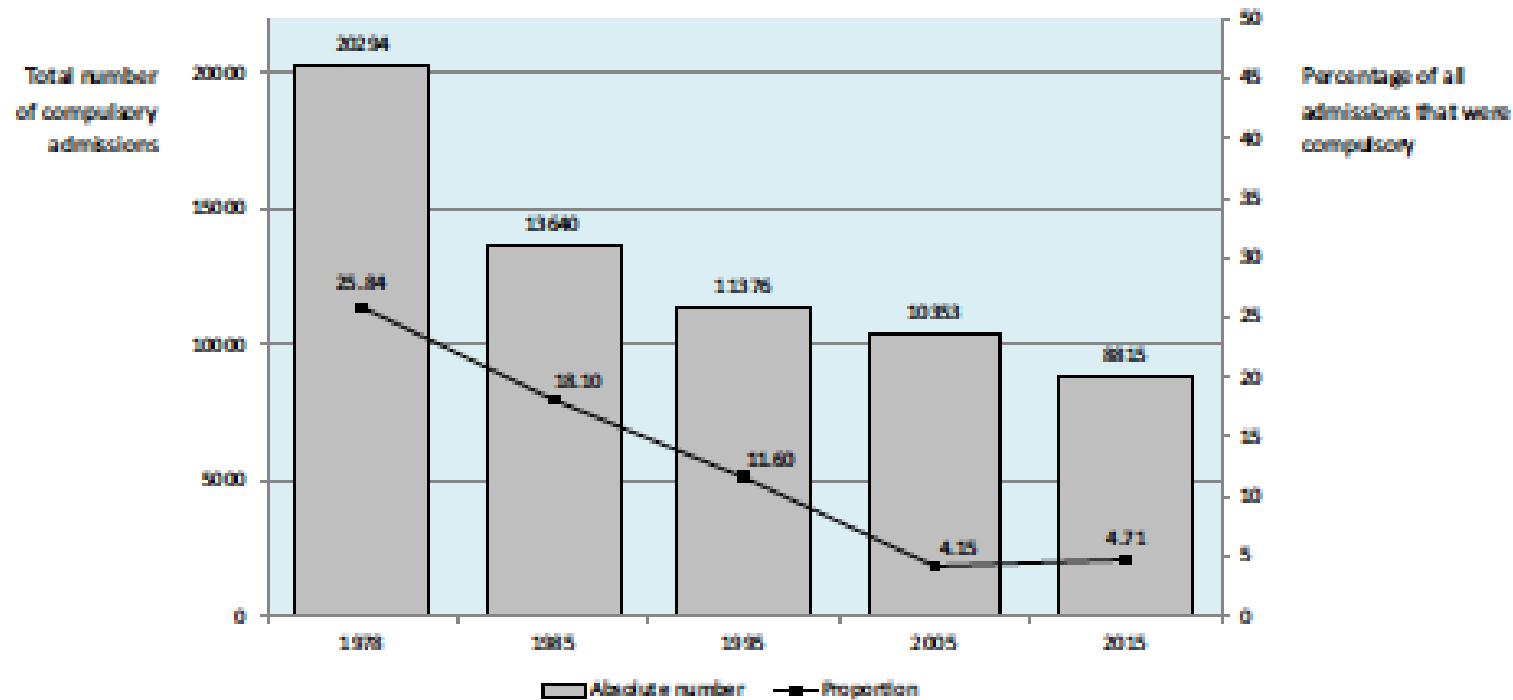
Continuità assistenziale



I dati riflettono:

Il contenimento dei periodi di degenza potrebbe influire sulle riammissioni
Migliorabile la continuità territoriale (88% viene visto entro 1 mese)

Compulsory psychiatric admissions in Italy, 1978-2015 (ISTAT data)



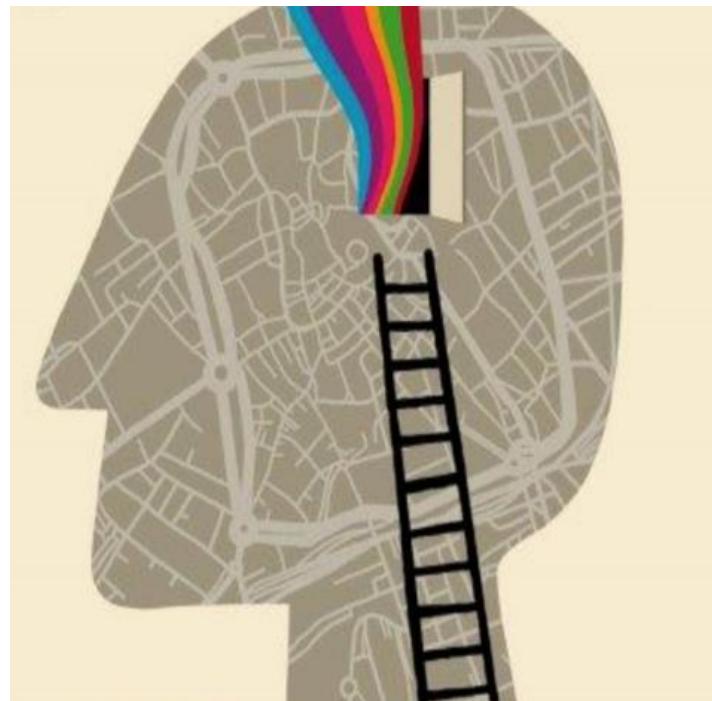
Pro-capita cost mental health care, €/year inhabitants

67 in Piedmont

110 in Emilia Romagna

79 in Lazio

78 in Italy



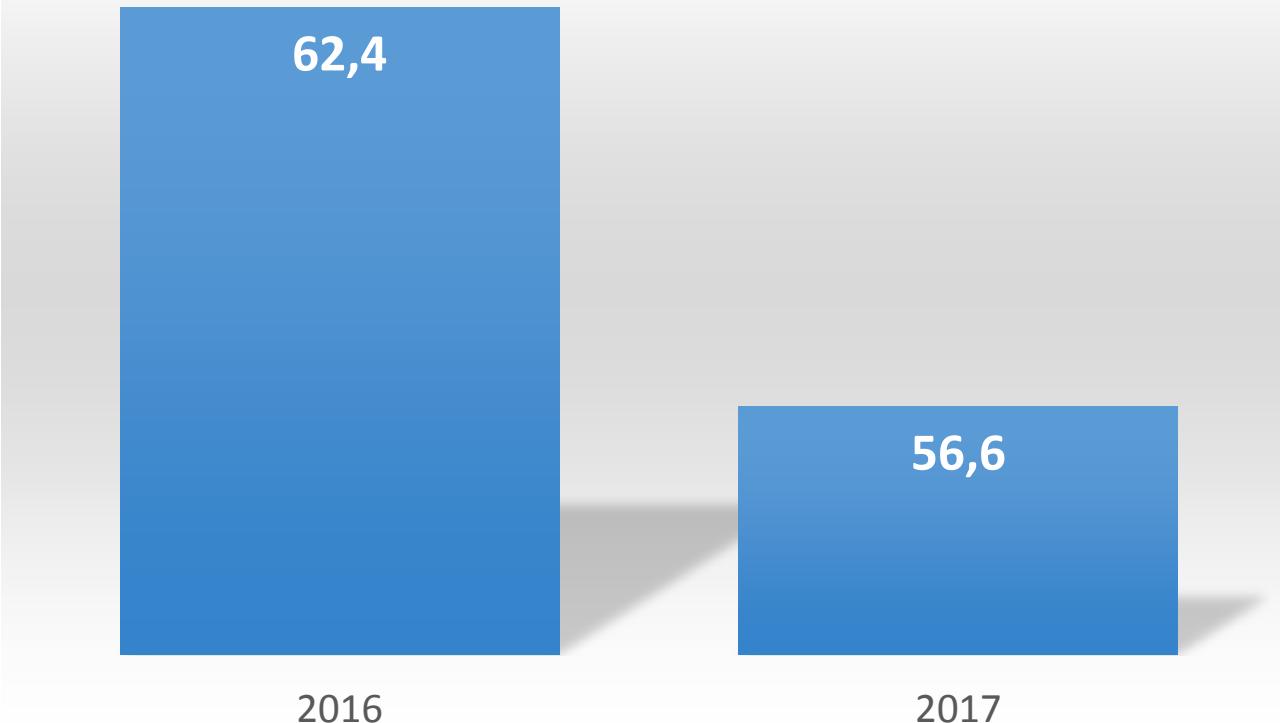
Ministero della Salute

Direzione generale della digitalizzazione, del sistema informativo sanitario e della statistica – Ufficio III

Direzione generale della prevenzione sanitaria – Ufficio VI

1. Personale DSM

Personale dipendente nel DSM - dato nazionale
*(Tasso * 10.000 abitanti)*



Personale DSM

Depauperamento del personale
(Psichiatri, Psicologi e Infermieri)

Rischio di burn-out dei professionisti, assenze per malattia, infortuni, conflitti di setting, demotivazione e messa in atto di strategie di evitamento

Ridotta apertura oraria dei Servizi:
In poche Regioni i Servizi sono aperti per 12h al giorno per 5 giorni alla settimana più il sabato mattina

Diminuzione delle prestazioni con rischio di inefficienza
Da 11.860.073 prestazioni nel 2016 a 11.474.311 prestazioni nel 2017
Interventi in sede passano dal 77,6% nel 2016 al 78,1% nel 2017



Personale DSM



Aumento dell'utenza:
Da 807.035 nel 2016 a 851.189 nel
2017

Aumento della complessità
dell'utenza: autori di reato,
autismo, ADHD, DCA, doppia
diagnosi, migrati,
invecchiamento e
complicanze internistiche

Difficoltà garantire la corretta
erogazione dei Percorsi
Diagnostico Terapeutico
Assistenziali

Difficoltà dei Servizi
Sanitari a intercettare la
morbilità psichiatrica
all'esordio.

6. Finanziamento

L'Italia si colloca nella fascia dei Paesi che meno investono nella Salute Mentale

Dai report Ministeriali emerge una media del 3,5% della spesa sanitaria con differenze considerevoli tra le regioni, pochissime rispettano il 5% considerato congruo dalla Conferenza delle Regioni

- Indisponibilità di nuove forme di finanziamento, partecipazione al Budget di salute;
- La Salute Mentale risulta assente in molti Piani di Zona territoriali;
- Le Amministrazioni regionali non riconoscono come LEA progetti territoriali e domiciliari;
- Scarsa interlocuzione degli operatori e degli stakeholder con i decisori Regionali;
- Compartecipazione delle famiglie (a seconda del livello ISEE familiare) alle spese sociali per gli inserimenti nelle Strutture a lunga assistenza (60%);
- Presenza del Terzo settore per sopperire e /o stimolare le Istituzioni sulle criticità