The 1978 Italian Mental Health Law - a personal evaluation: a review

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Summary

The author discusses the sociopsychiatric consequences of the 1978 Italian mental health law. He also reviews the international scientific ideas that led up to it. The sociopolitical psychiatric views of the late Franco Basaglia, pioneer of the change in the mental health system of the Italian Republic, are described. Statistical reports and critical analyses are reported. Objective data, based on the author's personal experience as a practising psychiatrist in Rome, Italy, from 1969 to 1987, are given.

Historical background of Law 180

Law 180, an all-inclusive community oriented mental health law, was passed by the Italian Parliament in May 1978. It was the outcome of political accommodations between the two major political parties - the Christian Democrats and the Italian Communist Party[1,2]. The small, but very active, Italian Radical Party was quite vociferous and determinant in the passing of this law.

The 1978 Act on Psychiatric Treatment in Italy laid down criteria which showed that the legislature had rejected the assumption that persons suffering from mental illness posed a danger to society. 'The recent developments in psychiatry had invalidated the concept of danger to society by mentally ill offenders'[3]. The law was supported by Italian and international psychiatric workers. The international consensus was that if individuals with mental illness were well cared for they would not be dangerous and that, in any case, only short term predictions of dangerousness could be made[4-8].

Experts' reports on dangerousness were, therefore, regarded as having very little, or no validity at all, not only because 'modern psychiatry has a new understanding of the concept of dangerousness but also because human behavior, in any case, is unpredictable[9,10]. 'The conditions which require safety measures no longer exist'[11,12].

Furthermore, Gatti's statement, 'A prediction of dangerousness could be detrimental to the individual's life and compromise his integration into society, and such a prognosis could also affect his self-image as well as the image others have of him', should not be disregarded[4]. This meant that security measures for legal offenders in psychiatric hospitals could no longer continue to exist since, according to the principles of the 1978 Act in Italy, they were inimical to the treatment of mental illness. Furthermore, hospitalization was thought to make the illness chronic instead of treating, curing, or at least easing it.

The decade from the mid-1960s to the mid-1970s was marked by one of those surges of optimism which have been so characteristic of psychiatry during the past two centuries[13]. Old institutional structures and psychiatric practices were thought to be detrimental to patients. Some European countries - Finland, Norway, Germany and Britain - had already pioneered social and hospital reforms even prior to the advent of major tranquillizers[14]. The world was witnessing a new psychiatric revolution - deinstitutionalization of the mentally ill.

In the United States, for humanitarian, as well as for socioeconomic reasons, deinstitutionalization of the mentally ill took place rapidly. Following the 1955 establishment of The Joint Commission on Mental Illness and Health, in 1963 Congress passed the Mental Retardation Facilities and Community Mental Health Centers Acts. Patients were transferred, or better 'dumped', from the snake pits to neighbourhoods[15]. The public's tolerance towards deviant behaviour was put through an increasingly unpleasant test. Society at large resented it and struggled with it, and the struggle still goes on. This humanitarian approach lacked a carefully controlled experimentation. The United States, economic and welfare-oriented giant, was proving unable to cope efficiently with the consequences of its sociopsychiatric reform.

Following the enactment of Law 180, Italy has witnessed the quasi-closure of large mental hospitals and the establishment of community-based services, the so called, 'Unita' Sanitarie Locali', as well as CIM's - Mental Hygiene Centers. First aid psychiatric units are now a part of large general hospitals. Law 180 clearly states that there should be 15 beds for acute psychiatric emergencies in general hospitals per 200 000 population; that is not often the case. 'New rules for inpatient and outpatient care', new rules for involuntary commitment, and the abolition of the dangerousness criterion for the mentally ill have appeared on the social scene[2]. Patients are forcedly returned to their families or communities.

Franco Basaglia - his contributions

Franco Basaglia, an Italian psychiatrist, apparently disregarding the partial failure of the American dream - deinstitutionalization and forced re-socialization of the mentally ill during the 1960s and 1970s - vociferously campaigned for the radical psychiatric reforms that eventually led to the passage of Law 180. His ideas found good ground for growth in the developmental unrest of psychiatry and society during the late 1960s and the early 1970s.

The early years of his career were spent under the influence of the phenomenological school at the University of Padua. Some of his thoughts derive from previously expressed ideas of Ruesch, Laing, Cooper, Foucault, and Marcuse[16-20]. Existential and phenomenological international thinkers (Sartre, Straus,

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Heidegger), also contributed to his conceptualization of mental illness and its mode of treatment[21].

It can be argued, along with Papeschi, that when Basaglia was appointed to the superintendency of a small, provincial mental hospital in Gorizia, he found himself faced with antiquated structures and outmoded patient care. He fully realized the many difficulties present in the delivery of proper psychiatric care to his patients and his viewpoint began to be one 'with the mad against society'[21].

Basaglia believed that mental illness is due primarily to sociological factors. 'Is it not to be considered', he said, 'that it is lack of a response to these social needs that results in an impotence which is transformed into what we call madness?'[22]

In his writings he did not deny the existence of mental illness as Szasz does[23]. He claimed that what must be taken into consideration is not the disease process in itself and its labelling, but their consequences. The diagnostic labelling would only emphasize the difference of the mentally ill patients from others. He felt this to be a commodity more useful to society to calm its anxiety in the face of a problem that it does not understand than to the patient himself. He also believed that the socioeconomic status of the patient has an influence on the relationship that exists between patient and doctor. He stated that 'social violence and exclusion' are important factors for the development and consequences of a psychiatric illness.

He thought that all forms of authority, including paternal authority, are aggressive and arbitrary, and that the mental hospital is not conducive to good patient care[5,21,22]. According to Basaglia, within the present social and political conditions, any purely technical remedy is worse than the disease.

In the first period of Basaglia's thinking and writing he rejected psychopharmacology and stated, 'Professionals in the psychiatric field are nothing more than the new administrators of violence. They want to sedate their own anxiety. They are unable to find a common language with patients. They are only instruments for the control of deviance on the part of the system, which should be treated with suspicion. Psychotherapy is bad for the patients and psychiatry is simply a sub-system of politics and economics'[5,21,22]. His views were unmistakably radical in terms of mainstream psychiatry. As a radical reformer he actually proposed the abolition of total institutions, particularly those employing involuntary commitment and involuntary treatment and suggested they be replaced by alternative forms of voluntary treatment for the mentally ill.

In his book, *The deviant majority*, Basaglia identified economic factors as the major cause of 'deviance'[24]. He mistakenly concluded that the majority of the United States population is comprised of deviants. He based his ideas on a 1969 report by Ruesch stating that one-third of American citizens are unable to work for physical or psychiatric reasons, and that one-third comprise very young or very old people not of working age. Ruesch himself later stated that psychiatric disability was only present in 9.7% of the population[16].

Later, Basaglia, contrary to his original theoretical formulation, moved towards a more objective approach to the treatment of mental illness and legitimated all types of therapy - from psychopharmacology to psychotherapy - providing that they were carried out in the community, outside of mental hospitals or outside of psychiatric wards. He agreed with the treatment of acute psychiatric patients in the medical department of a general hospital.

Papeschi, in reviewing and criticizing Basaglia's works, aptly states, 'He attempts in a Marxist, radical way, to make the complex matrix of social rules, which predominantly stem from moral source and moral implication, coincide with economic rules and it is obvious that Basaglia virtually denies society any rights in relation to the individual; thus assuming an attitude of exasperated liberal individualism that in Italy may benefit the political standpoint of the Radicals more than the one of the Socialist or Communist party'[21]. Indeed, in his writings, Basaglia stated, 'Becoming political in our work is still the only therapeutic action that is possible'[22].

Critique

Since Law 180 was passed in Italy most psychiatric patients have been dismissed from the mental institutions although a few hospitals still have a minimum census. Only those people who were patients of these institutions prior to the passing of this law may be admitted to mental hospitals. A city of 5 million people such as Rome, in 1988, had only three psychiatric units for emergency cases. These psychiatric units are housed within general hospitals and have a capacity of 15 beds each. The hospital stay ranges from one day to 14 days, with an average stay of 3 days. The patient turn-over is very high. Professionals are overworked and most of the patients, once diagnosed and medicated, are discharged to the family, to the Mental Hygiene Clinics (CIMs), or, if necessary and possible, directed to a private psychiatric clinic. If not possible, the still present structured Italian family group ambivalently assumes the care for the mentally ill relative. Private medical insurance is not yet common and the State only reimburses a mere pittance of the total cost for hospitalization in a private clinic. The frustrating Roman experience is not shared by every province of Italy and a functional actuation of Law 180 is gradually taking place in some cities.

There is no doubt that most of the former psychiatric institutions were antiquated and poorly run. Possibly a modification of the old structures and the old system could have been carried out at the same time as a gradual application of this just and long-awaited reform was implemented. That would have eased the transition and much social distress could have been avoided. In fact, contrary to the optimistic predictions voiced by Mosher in his 1982 and 1983 articles, Law 180 has created a major social problem with which Italian society is still struggling[1,2]. It has disrupted the economy and the stability of many families.

The commitment to a psychiatric institution of patients in dire need of treatment is extremely difficult. Disorderly conduct by a mentally ill person may lead to incarceration and not to hospitalization in a psychiatric unit. The new criterion for dangerousness has had many tragic consequences. Mentally ill individuals can be committed to a psychiatric institution only as a consequence of serious crimes or suicide attempts of a certain gravity. From 1978 to 1983 commitments to psychiatric hospitals for the criminally insane have increased 57.6%. These facts point to the criminalization of the mentally ill[25-28].

Statistics can be misleading. Inpatient decline in public and private psychiatric hospitals may not reflect a decline in mental illness or the presence of well organized outpatient department psychiatric care delivery, but rather a semi-confusing social situation. Patients and families, distrustful of the national health service, often do not seek help from public facilities and their personal financial resources are likewise often inadequate for hospitalization and treatment in private hospitals. The number of suicides due to psychiatric disturbances has increased 19% during the same period. Likewise, the number of deaths due to psychiatric disturbances has risen from 5977 to 8577 - an increase of 43.5%[29,30]. Similar results are reported in the United States and the UK. Jails have become the repository for mental patients. Courts are overcrowded by mentally ill defendants. Well meaning but complex laws hinder the expeditious disposition of judicial processes involving the mentally ill[14,31-33].

In 1977, one year prior to the passing of Law 180 in Italy, the General Accounting Office of the United States, in its report to Congress regarding deinstitutionalization, pointed out the many serious problems that the newly adopted trend was facing[33]. Puzzlement, dissension, and disapproval by many professionals had been present even prior to that report. Braun stated that the deinstitutionalization law failed to evaluate adequately the effect of discharging so many thousands of chronically ill patients from mental hospitals to the community[34].

Scull also criticized the results of deinstitutionalization in the United States, admitted to lack of expected achievements and anticipated a bleak future[13]. Similar experiences were reported in England[32]. These international experiences were apparently underestimated by the Italian reformers and certainly did not benefit Italy as one would have expected.

Consequences of Law 180

Today Italian psychiatrists in both private practice and public institutions find themselves in a state of psychiatric-therapeutic impotence when faced with the uncontrollable paranoid schizophrenic, the agitated-meddlesome manic, or the catatonic. The poor application of the law, the lack of adequate psychiatric facilities, and the ambivalence of the professionals make it very difficult to help the mentally ill and their families. There is no doubt that the inadequate actuation of Law 180 has created frustration and dissatisfaction, not only in the families of the mentally ill but even more so among the many professionals who have dedicated their lives to helping the sick. Families of the mentally ill, vociferous about the social difficulties they are confronted with, and organizations for the mentally ill, as well as society at large, have been asking for changes in the status quo.

The Italian and European medical and psychiatric communities have always viewed mental illness as primarily due to genetic and/or organic causes even though environmental and social influences are accepted by them as an important co-factor. Present day research in psychiatry strongly supports the above views[35-37]. On the contrary, Basaglia's approach to mental illness was basically and purely a socio-political one. 'The new social psychiatrist, the psychotherapist, the social worker, etc., are nothing but the new administrators of the power of violence as long as they administrate that violence by softening disagreements, smoothing resistance. . . .' And again, 'Mental hospitals offer custodial and violent regimes. Treatment should be done in the community, outside the mental hospitals and preferably outside psychiatric wards, possibly in a general hospital. The principal responsibility for the genesis and treatment of mental ills lies not with the individual and his family but with society . . .'[5,19,21,22].

However, within a few years of the passage of Law 180 the inadequacy of it as well as the difficulties with its implementation became evident. Petiziol, in 1985, described the situation in a very objective way[38].

Recently, the Italian National Research Council (CNR) clearly stated and documented that 'the reform has not made profound changes in the general picture of psychiatric care, contrary to the expectations of many . . . The reform lacks co-ordinated control . . . There has been a deterioration in the quality of care in private and public hospitals services to hospitalization are inadequate . . . At times the psychiatric wards in general hospitals have reproduced some of the worst aspects of the old psychiatric hospitals . . .'[29]. The above needs no comment.

A journalistic inquiry regarding the sociopsychiatric situation in Italy post-Law 180, defines this law as a complete fiasco. 'The 800 000 mentally ill are forsaken . . . Families live in terror . . . Structures and professionals are inadequate . . . Psychiatrists are skeptical . . . The law has never been actuated . . . Law 180 is inapplicable . . .'[30]. Even though a certain amount of exaggeration is, at times, part of journalistic writing, there is certainly much truth in the above.

Franca Ongaro Basaglia, widow of Franco Basaglia, states that the failure of Law 180 is due to lack of political, administrative, and technical interest to implement it. She also states that the left-wing independent party of Italy will shortly introduce to the Italian Senate a new bill which will include more financial aid for the actuation of Law 180, and for the creation of a greater number of CIM units throughout the Italian territory[39].

Conclusion

The Italian mental health law, Law 180, is currently under review. This is the opportunity for a more objective and scientifically based approach to mental illness and for a more realistic assessment of the rights and duties not only of the single individual but of society as well. The points of view of professionals and experts in the field of mental health, as well as those of patients and their families, should be given due consideration prior to legislating on such important issues. Law 180 has attempted to provide much needed reform for the treatment of the mentally ill, but the economic and political institutions have failed to offer the necessary resources for a well-balanced system of delivering mental health services. The actuation of this law certainly encountered not only sociopolitical and psychiatric, but also economic resistance. Most of the major Italian cities, especially in the central and southern regions, have encountered difficulties in the application of Law 180. On the contrary, more economically sound, politically willed regions, such as Emilia Romagna, Lombardia, and Veneto have applied the law in a more functional way and are able to dispense psychiatric care more

efficiently and with some gratification for the patients and for professionals as well[40-42]. Demographic, sociocultural, and economic factors are historically important determinants in the actuation of any new idea. More time is needed for the implementation of a well-balanced system of delivering mental health services, satisfactory to both providers and clients. Law 180, with its future modifications, is here to stay. Caparrotta aptly states, 'A detached epidemiological evaluation should have preceded any planning and the primary care should be in the forefront of any community psychiatric care'[43].

Even though this law and its consequences are socially, culturally and economically particular to Italy, it is to be hoped that other countries in the process of rethinking their public mental health care might benefit from the knowledge and significance of this experience.

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