

The Mental Health paradox, between increased demand and cutback of resources

Italian Mental Health system has so far represented a positive anomaly in the international scenario of community psychiatry. With psychiatric hospitals closed since 1978 and forensic psychiatric hospitals dismissed since 2014, Italy has shown that a community alternative to large institutions is feasible and cost-effective. Strategies to support housing, job placement and social inclusion of people affected by mental illness put into practice the EU Fundamental Rights of citizenship and non-discrimination, contributing to fight stigma and to reduce the risk of hospital admission. As a matter of fact, Italy has one of the lowest number of acute beds among OECD countries and shows rates of compulsory admissions which are significantly lower of other western industrialized countries. However, the ongoing economic crisis and the recent, additional cuts to public health financing, cast considerable doubts over the sustainability of the Italian mental health system. Paradoxically, this happens while the same economic crisis is exerting a heavy toll on community mental health, increasing the need of psychiatric care.

The burden of mental disorder

Actually, the burden of mental health problems on society is still underestimated and the economic costs associated with mental illness are largely overlooked by policy makers. The epidemiological complexity of the problem, the marginalization and stigma attached to mental illness have represented, at least in part, a barrier for an in-depth appreciation of its magnitude.

Epidemiological figures are bewildering: only in the EU, mental illness affects about 165 million people per year and it is estimated that over 50% of people living in developed western countries would suffer from at least one mental health problem at some point in their life. Between 2011 and 2030, the cumulative economic loss due to mental illness is estimated in 16.3 trillion US dollars worldwide, which in other words means that the burden of mental disorders will equate that of cardiovascular diseases and will be higher than cancer, diabetes and respiratory diseases ¹.

As regards Italy, mental disorders represent today 10% of the total Disability-Adjusted Life Years (DALY, a measure that combines years of life lost due to premature death along with years of life lived with disability) and 20% of Years Lived with Disability (YLD) ^{1 2}; mental disorders, as a whole, account for 35% of the causes of lost pro-

ductivity and about half sick leave from work are caused by mental health problems ³. According to ISTAT ⁴, depression affects about 2,6 million people; our analysis on ISTAT database yielded an estimated prevalence of common mental disorders in the adult population of 17.7%. Quite interestingly, in 2005 it was 15.7%, which in absolute numbers indicates that in less than a decade, people with psychiatric problems raised by about one million of individuals, arguably confirming the adverse impact of economic crisis. In the same time span, an excess of suicide and attempted suicides has been linked to the economic effects of the recession ⁵.

Mental Health spending

Bearing the above in mind, decision makers should carefully reconsider the provision of public health care and the accessibility of community mental health services, promoting a redistributive approach of available resources.

According to the Italian Ministry of Health, mental health sector gets allocated about 5% of national health expenditure. However, an analysis carried out by the Italian Society of Psychiatric Epidemiology (SIEP) found that across Italian Regions a mean estimate of mental health spending does not go beyond 3,5%, revealing large regional variability and plausible disparities. In the European context, Italy's investment in mental health sector is far below other countries such as Germany, France, UK which allocate an average 10-12% of their national health expenditure. Moreover, if we consider the theoretical 5% as rate of Gross Domestic Product, Italy comes only a little ahead of Eastern European countries and is far behind North and Western Europe ⁶.

The treatment gap

Given this picture, it is not surprising that in the last years community mental health services struggled with many difficulties to provide an adequate response to users' needs. Italian Society of Psychiatry survey found that in the past decade staff allocated to community services faced a reduction of about 50%, with a rate of professionals per 1500 inhabitants going down from 0.8 to 0.4. On the other side, people in contact with public mental health services account for about 1.6% of the adult population; 0.7% is the rate of "new" cases per year. Consider-

ing the increased needs, the stability of these figures over the last years allows us to believe that a problem of accessibility exists, causing a “treatment gap”⁷. Unfortunately, this phenomenon does not concern only individuals with common psychiatric disorders, such as anxiety or mild depression, but is relevant in 45% of schizophrenic syndromes, major depression and bipolar disorders. Needless to say, the fact that serious psychiatric disorders do not reach public mental health services represents quite a worrisome data.

Furthermore, the lack of suitable “extra-hospital facilities” and the limited activity of understaffed community services may be the cause of involuntary hospital admissions, rather related to structural deficiencies of the care system than to the severity of underlying psychopathological conditions. The paradox here is that an individual might get deprived of his/her personal freedom due to the underpowered structures of the same care system which in the first place should guarantee his/her well-being.

The choice that lies ahead is therefore to turn the current trend by considering the cost of changes necessary for mental health services as an investment for the whole community.

The road ahead

Data from health economics analyses confirm that desirable changes represent a “cost-effective” opportunity in many areas of psychiatric practice. A good example comes from studies carried out to assess the costs and benefits of parenting programs to prevent conduct disorders; over ten years a return on investment of nearly € 8 for every € 1 spent has been reported, confirming that benefits would interest different public sectors, such as criminal justice, yielding a reduction in the impacts of violent crime on individuals⁸. Additional evidence comes from the estimate of the long term return on investment related to early detection and early intervention services for psychosis⁹. Early intervention services are cost saving after just one year; over ten years, for every € 1 spent there would be a return of nearly € 18, with more than half of all these gains accruing to the health system.

In our opinion, knowledge and dissemination of these data should inform the scaling-up of mental health policies and investments, overcoming the lack of political

commitment observed in the last years. For these reasons, the Italian Society of Psychiatric Epidemiology (SIEP) has recently launched a national campaign to appeal for convening regional conferences, where professionals, users and families meet policy makers to discuss and define, on the basis of valid and reliable data, which development lines should be adopted to make our community mental health worthy of its past.

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