

*“HEADWAY 2023” FORUM
A NEW ROADMAP IN MENTAL HEALTH
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"Mental health is a state of emotional and psychological well-being in which the individual is able to exploit their cognitive or emotional abilities, exercise their function within society, respond to the daily needs of everyday life, establish satisfying and mature relationships with others, constructively participate in environmental changes, adapt to external conditions and internal conflicts.... " WHO



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**CENTRO DI RIFERIMENTO
SCIENZE COMPORTAMENTALI
E SALUTE MENTALE**

MENTAL HEALTH STATUS OF THE POPULATION

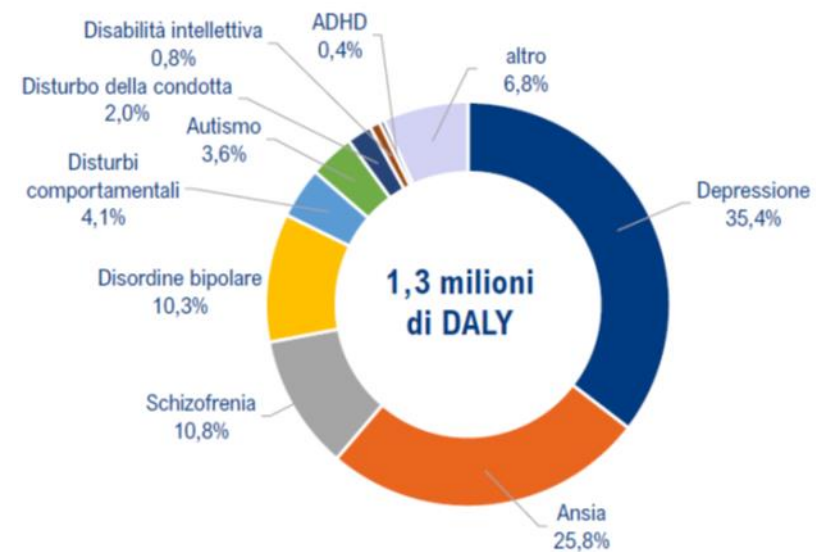
Burden of disease of mental health disorders in Italy (IHME 2019)

In Italy, mental disorders caused 1.3 million DALYs in 2019, just over 7% of the total DALYs, placing themselves in 5th position, after cardiovascular diseases, tumors, osteoarticular diseases and neurological diseases.

Depression and anxiety are responsible for 35.4% and 25.8% of DALYs, respectively.

Only 6% of DALYs caused by mental illness are attributed to known risk factors versus 78% of cardiovascular disease. "Distal" determinants e.g. socio-economic context are not considered as risk factors in the analysis of GBD, although they represent critical areas on which to address preventive interventions, particularly in mental health .

DALY stimati nelle persone affette da disturbi mentali e comportamentali per gruppo diagnostico (%), 2019

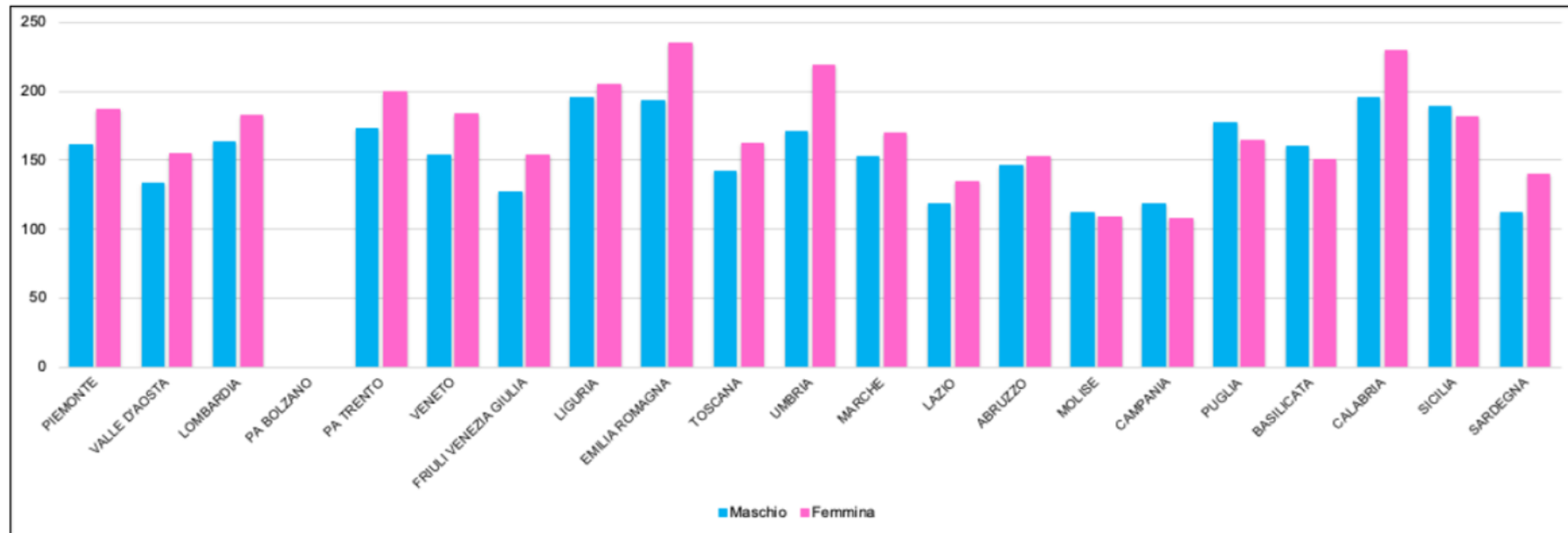


Prevalence of health service users treated for mental disorders by gender (standardized rate per 10,000 population) in 2019

Italian citizens assisted by mental health specialist services in 2019 amounted to 826,465 units with standardized rates ranging from 110.5 per 10,000 adult inhabitants in Molise up to 215.2 in the Emilia Romagna region (total value for Italy 164.5).

Users are female in 54.3% of cases, while the composition by age reflects the aging of the general population, with a large percentage of patients over the age of 45 (68.7%). Depression is the more frequent diagnosed disorder.

Differences in prevalence between regions possibly indicating differences in caring capacities



Fonte: NSIS - Sistema informativo salute mentale (SISM) - anno 2019

RESPONSIVENESS OF THE SYSTEM TO MENTAL HEALTH NEEDS

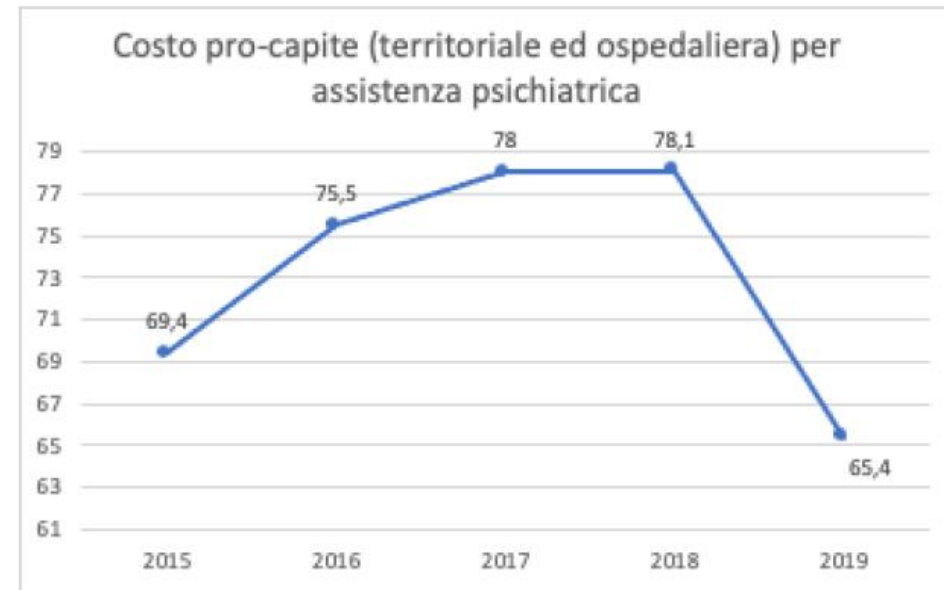
Strengths

- Following the entry into force of Law 180 in 1978, psychiatric hospitals were abolished and mental health services became rooted in the territory
- Implementation of community-based intervention on out-patients
- Integration among social and health services at the local level should favor stepped-care intervention
- Advanced legislation on job inclusion of person with mental disorders

Weaknesses

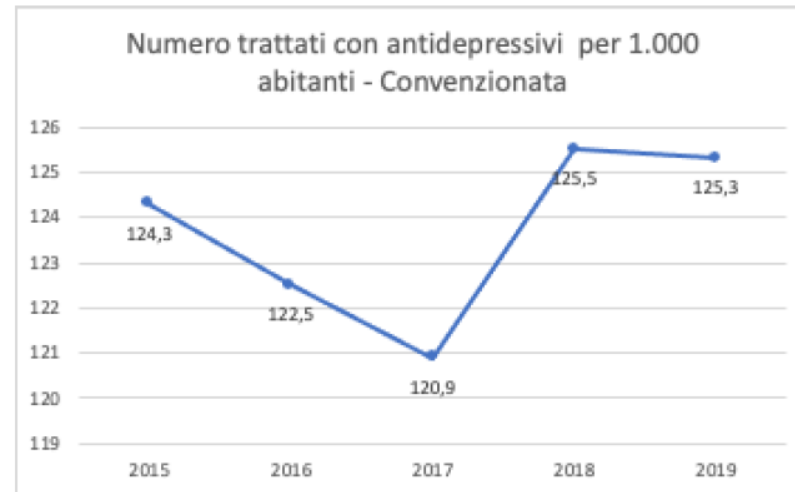
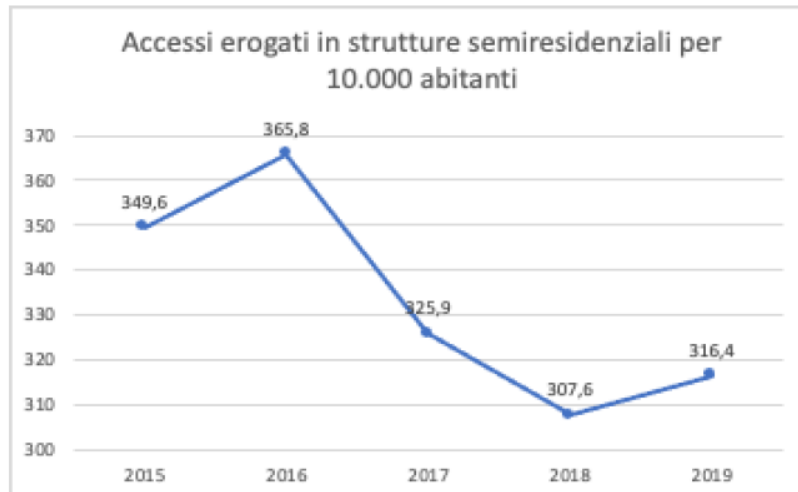
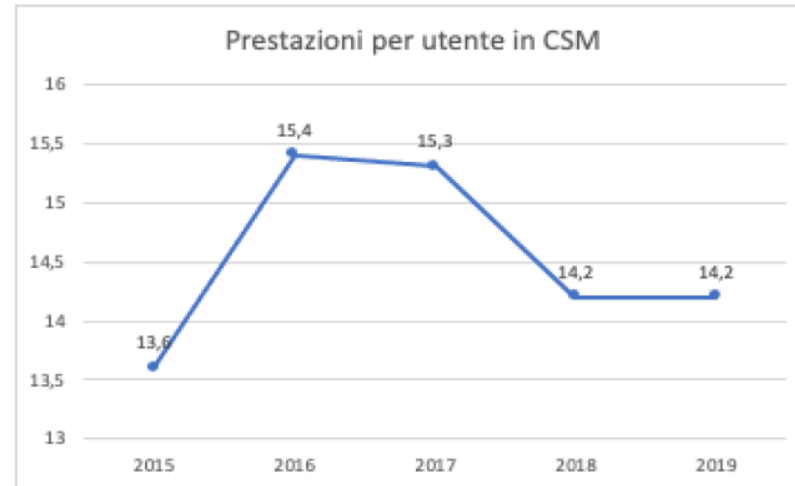
- Regional differences in assistance
- Progressive reduction of economic and human resources over recent years. This caused significant reduction of psychosocial treatments in favor of pharmacological treatments, difficulty in early diagnosis and intervention
- Stigma, bureaucratic burden and reduced economic support to community-based project hindered social and job inclusion

Electronic records on mental health (Ministry of Health, year 2019)



Personnel lower than the minimal standard established in 1999 (66,6 x 100.000 inhabitants)

SISM 2019



Increasing responsiveness of the system to mental health needs: Health care

- Endowment of adequate human and financial resources
- Active involvement of users and family members, empowerment
- Strengthening psychosocial approaches, including personalized ones (integrated planning, individual health budget)
- Evaluation of outcomes and perceived quality to modify the organization of assistance
- Staff training for multidisciplinary care and synergies between health and social skills

Increasing responsiveness of the system to mental health needs: workplaces

- In Italy 65% of people suffering from mental disorders are of working age. According to ISTAT data, only 19% of people with a mental and behavioral disorder declare they have a job compared to the average employment rate of 58%.
- Solutions: 1) Fighting the stigma (cultural problem) to promote workplace integration; 2) Involve the community network to increase rehabilitation and work placement activities fit to the specific abilities of the individual (implement dedicated professional figures: e.g. occupational therapists)
- When work is the source of discomfort: preventing stress in the workplace by monitoring and training

Increasing responsiveness of the system to mental health needs: children and adolescents, school and society

- Implement the link between the educational, scholastic and social context in the territory
- Support children and young people in the development of emotional and cognitive strategies to cope with stress: train mental health!
- Role of the school: inclusion and promotion of mental health through interactive projects that exploit the digital skills of the younger generations
- Interventions on lifestyles : green areas, a different relationship with nature, space and physicality to promote sociality and behavioral plasticity, adaptation, resilience

What to do, impact of the pandemic and beyond the pandemic: National Recovery and Resilience Plan and opportunities

Activate timely systems for monitoring services to assess the impact in the coming months/years on the general population and on vulnerable categories, and capture significant changes in the request for assistance and in the delivery methods (Ministry of Health, Mission 6)

Support biomedical research: implement epidemiological and clinical research through patient cohorts (eg evaluation of outcomes of psychosocial treatments) or birth cohorts (socio-environmental determinants of psychological well-being), as well as and translational on experimental models and mechanisms (therapies, efficacy of rehabilitation treatments and promotion of neuroplasticity) (Ministry of Health M6, Ministry of Education/Ministry of University and Research, M4)

Place specific focus on children and young people up to 25 to promote well-being at school and in society and identify psychological distress, addictions, mental disorders as early as possible (Ministry of Education, M4)

Enforce mental health services with structural and non-emergency measures:

human resources and professional figures, promote housing, social inclusion, de-institutionalization, urban regeneration and proximity networks (Ministry of Labor and Social Policies M5, Ministry of Health M6)