

### IMPORTANT ISSUES FOR A NEW LAW

#### Introduction

Since 1981 ARAP has argued that patients who are unaware of their disorder **must still receive care** . It has been demonstrated that without treatment the illness progresses and becomes chronic.

Is a person with a disturbed mind, who hears voices instigating violence, capable of seeking help?



How many patients have died through their right to refuse treatment? Surely, if patients have no insight of their condition the community should come to their aid. The so called “right to refuse care” is mere hypocrisy, useful for some professionals and politicians.

Patients with a serious disorder are mainly **non-compliant** and do not turn to the few alternative services that have been established which are used only by patients who accept care and are therefore easier to treat.

Since The Italian Mental Health Act number 180 was passed in 1978, the burden of psychiatric patients has been unloaded onto their families, despite the public mental health centres.

Fear that the old mental asylums may be reinstated, regardless of the large range of medications currently available to treat the various forms of mental illnesses and progress in the field of psychiatry, is absolutely groundless. Admittedly some patients were inconceivably abused in those asylums, nevertheless how many youths have become chronically ill or have even lost their lives due to the lack of prompt and adequate treatment? Who is to be held responsible when a person with a mental disorder is imprisoned, commits suicide or becomes permanently ill?

The law in force does not even mention any liability of the mental health professionals who have failed to take patients into their charge.

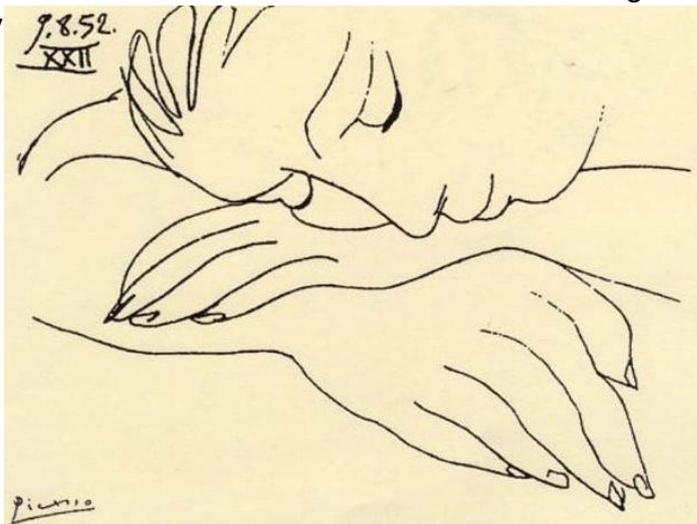
Moreover, neither the Italian Mental Health Act number 180/833 nor the various Target Projects provide for sectioning unless an individual is considered dangerous to herself, himself or others.

As for every disorder, specific facilities must be established for people with a mental illness in which psychiatrists, psychologists and therapists may work together in order to improve patients' condition and prevent relapses.

**ARAP advocates a Reform of the Mental Health Act which must provide for the following facilities and services.**

### **1. Psychiatric Emergency Service**

Provisions must be made to ensure that in emergencies qualified mental health professional may



admit patients in hospital through their own voluntary request, a referral from another health professional or through involuntary commitment. This entails that the current Psychiatric Services for Diagnosis and Care (SPDC) be converted into Psychiatric Emergency Services to stabilise the crisis. Presently, Psychiatric Services for Diagnosis and Care implement short-term treatment, lack space and are unable to make a reliable diagnosis or prescribe adequate treatment and rehabilitation.

### **2. Public Psychiatric Treatment Centre**

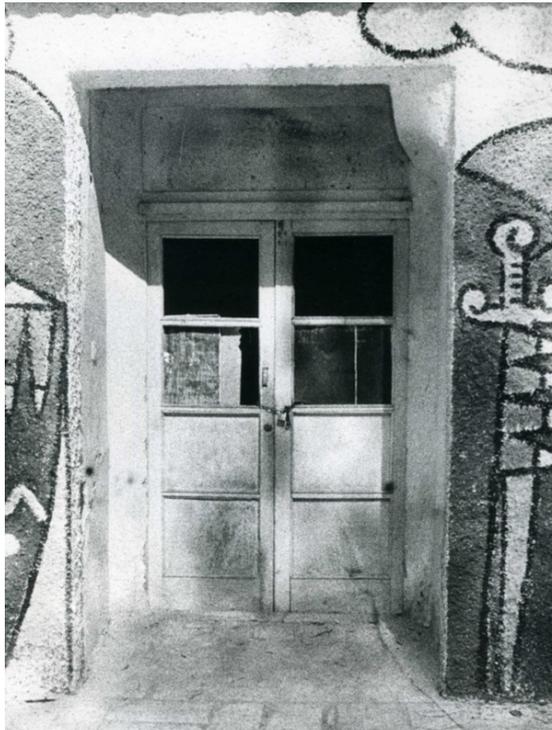
When patients are discharged from the Psychiatric Emergency Service, they must be immediately transferred, with their consent or through involuntary commitment, to a Psychiatric Treatment Centre where they may be held in observation, initially without medication, in order to establish a correct diagnosis and appropriate treatment taking into account any side-effects.

Said Treatment Centres must provide modern and humane psychiatric assistance and respect

patients' dignity. Once the correct treatment has been established, qualified personnel must assess whether the patient may return home or be admitted to a therapeutic community. Naturally patients must be protected against any abuse of institutionalisation as provided for the French Mental Patients Protection Act.

### 3. Therapeutic Community

Patients may be admitted into Therapeutic Communities with their consent or through involuntary commitment. Said



communities must differ according to the type and severity of the disorder. Patients may reside in the community for several months and this would benefit non-compliant patients since psychiatrists would have enough time to establish a relationship and help individuals to understand and accept their condition and relative rehabilitation project. As mentioned, the present Psychiatric Services for Diagnosis and Care are unable to implement such treatment due to the lack of time and outdoor green areas which are indispensable for physically lively youths

### **4. Residential Homes/Sheltered Housing**

Housing with round the clock social and medical assistance should be made available for patients with a severe condition. Such homes must be subject to periodical inspections in order to ensure that patients' rights are protected.

### **5. Family-Type Homes**

Therapy for patients living in a family-type home must be ensured. Patients must not be left alone to manage both their illness and home. Families must not be forced to live with relatives with an intolerable mental illness.

### **6. Home Assistance**

Assistance must be ensured for those patients who live at home. A psychiatrist must visit patients on a regular basis and ensure that they comply with their prescribed medication. This duty must not be left to families. Mental health professionals must also ascertain if the patient's family is actually capable of caring for their relative. A mental health escort must help patients to avoid isolation, find the best solution such as training courses, appropriate employment, cultural and creative activities etc., and refer them to a day hospital or therapeutic centre. Said professional must also mediate between the patient, family and mental health services. Specific assistance must also be provided to the entire family.

### **7. Legal liability**

Psychiatrists who discharge or fail to attend to patients with a severe mental illness or are dangerous to herself, himself or others must be held liable for failure to rescue a party in peril.

Psychiatric treatment must be continued after patients have been discharged from hospitals and/or therapeutic communities.

### **8. Training**

Postgraduate seminars and courses must be held for the purpose of improving mental health services and the relationship between patients and their family and all mental health professionals must stay abreast with scientific progress in this field.

### **9. Sheltered Employment**

The Laws concerning adequately paid sheltered employment for people with a mental illness

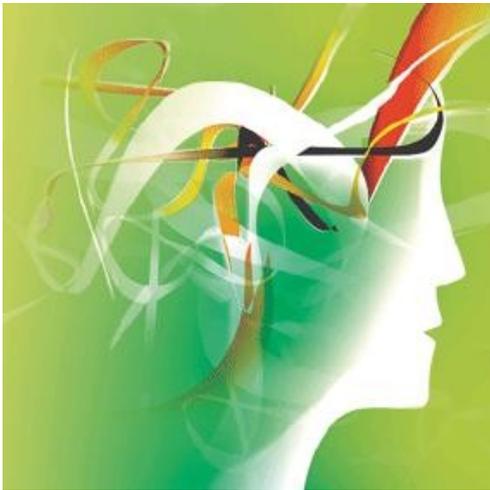
must be enforced.

### **10. Cooperation between mental health professionals**

Cooperation between all professionals involved with mental illness must be improved. The current rivalry between psychiatrists, therapists and social assistants acts seriously against patients' interest.

### **11. Cooperation between families and professionals**

In order to achieve the best results from treatment of psychiatric patients a good relationship between doctors and families must be established. Families need support and information regarding their relative's condition, therapeutic project and prescribed medication.



### **12. Scientific Research**

Scientific research must be resumed, especially in university hospitals.

### **13. Prevention**

Prevention is the most important aspect in the field of psychiatry. Too often mental illness is noticed only after a tragic event. Patients must be treated as soon as the first signs appear, even in school, when cures are more effective otherwise the disorder will degenerate and become chronic with unforeseen consequences, including admittance to Psychiatric Prison Hospitals. Prevention would also reduce the public financial burden.

“There is no health without mental health.

Mental illness is nothing to be ashamed of,

help us to break the silence!”