

WHO European Regions for Health Network

Mental Health in times of crisis
in Italian regions



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MENTAL HEALTH

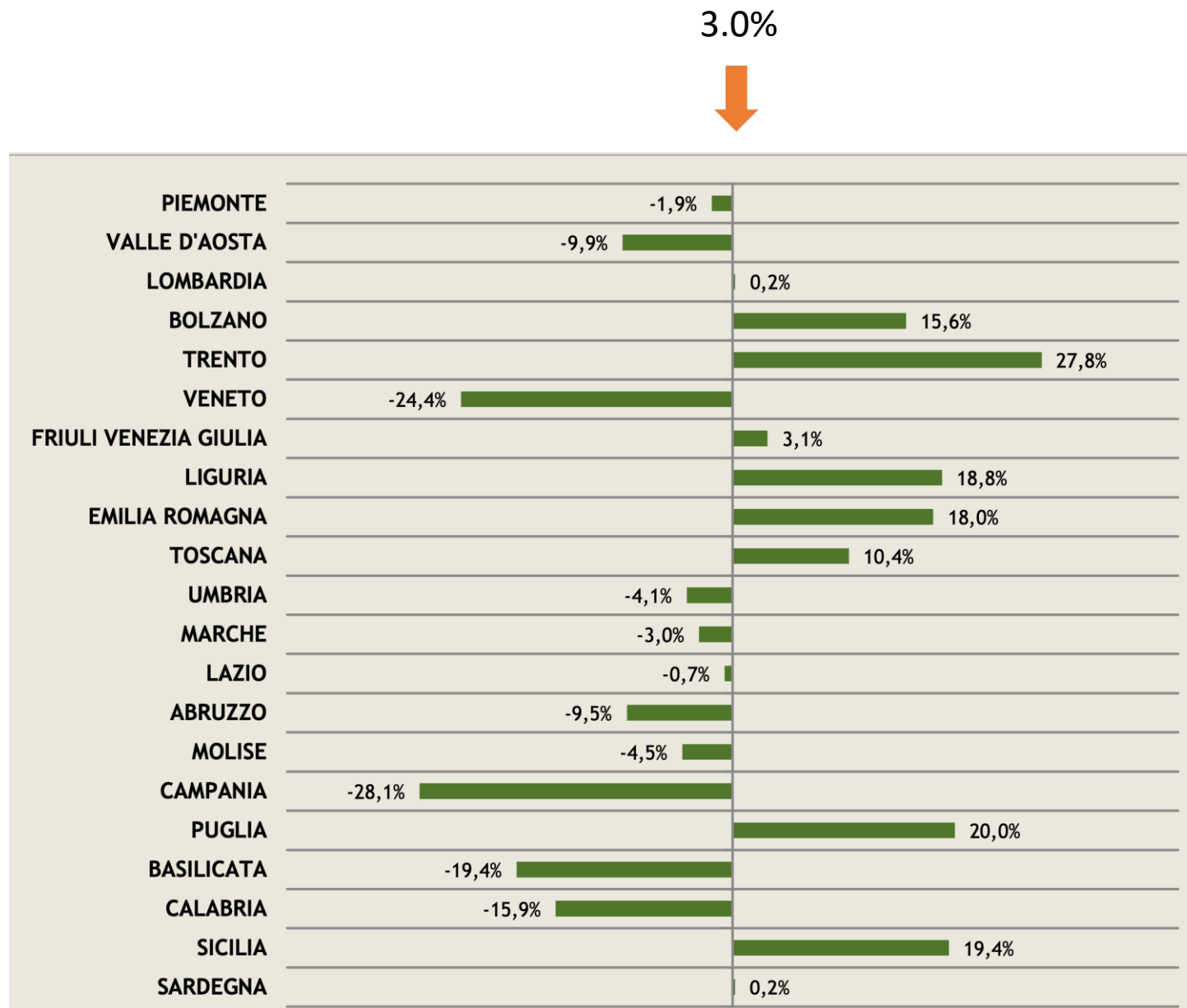
- >18 years old: Ministry of Health Mental Health Report
- <18 years old: There is no information system
- NHS – Regionalization: different mental health funds and different service organization systems

Health inequalities and differentiated approaches to responding to emergencies

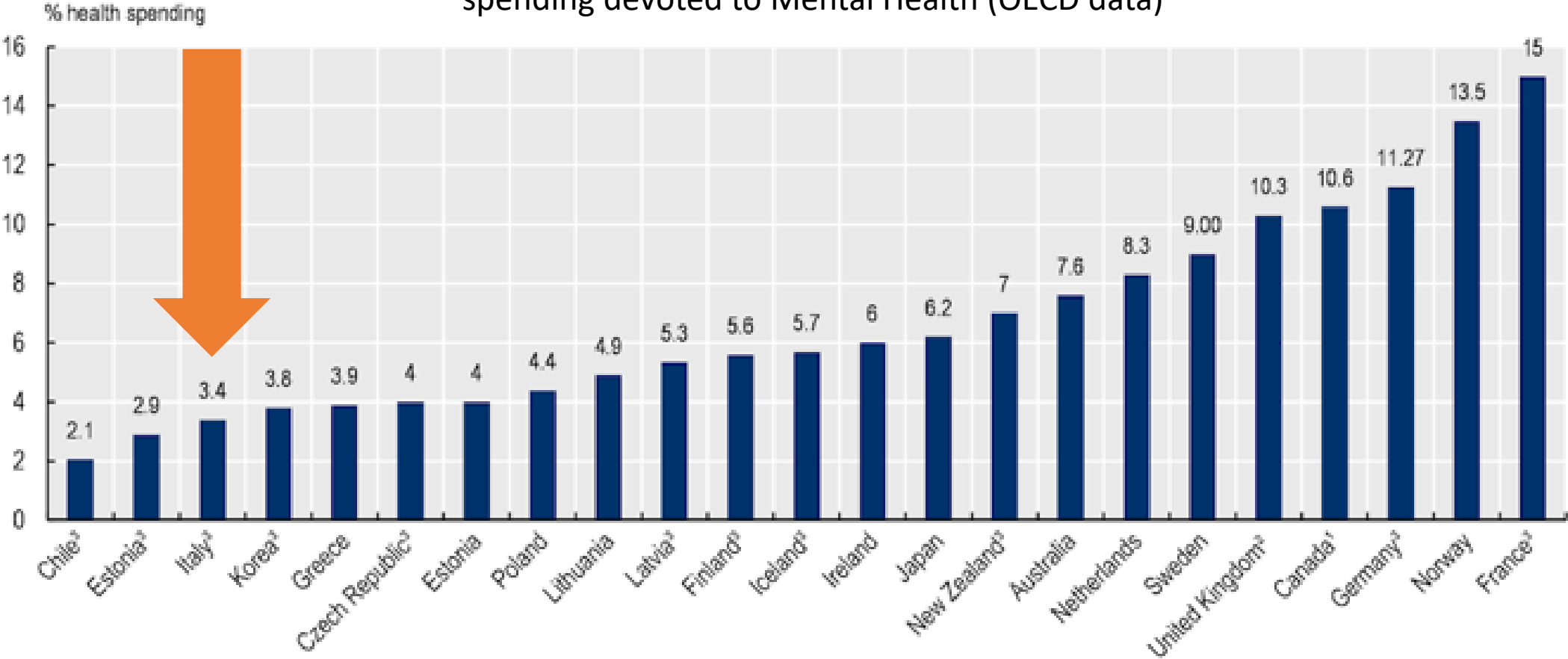
Mental health spending out of total health spending

Mental Health spending calculated in the Mental Health Report (Year 2020) is 3.0% of the National Health Fund, down from the year 2015 (3.5%)

Inequalities also in mental health workforce and per capita costs



Italy ranks last in terms of the percentage of health spending devoted to Mental Health (OECD data)



General impact of the COLC on mental health

- There was a significant increase in mental health problems in the general population
- Although data are mixed, younger age, female sex, and pre-existing health conditions were often reported risk factors
- Among the children at greatest risk for mental health are those who were already living in vulnerable economic or family situations before the crisis

Italian National Institute of Health Actions



Network

INSTITUTIONAL NETWORK

Data analysis

DATA MONITORING

Interventions

POLICIES, PREVENTION
STRATEGIES AND
RECCOMENDATIONS



Hospitalizations: Data Analyses

MDC 19 – Mental disorders – IRR (Incidence Rate Ratio)

0- 17 years

Reference year 2019

MDC 19 – diagnostic code

Schizophrenia, schizotypal syndrome, delusional syndromes	=
Affective syndromes	↑ <small>mainly in girls</small>
Neurotic, stress-related, and somatoform syndromes, other behavioral syndromes, and disorders associated with alterations in physiological function and somatic factors	=
Syndromes and disorders of altered eating behavior	↑ <small>mainly in girls</small>
Specific personality disorders	=
Intellectual disability	=

Developmental specific speech and language disorders	=
Specific developmental disorders of school skills	=
Autism Spectrum Disorder	=
Hyperkinetic syndromes	=
Conduct disorders	=
Addiction and abuse	↑ <small>mainly in Nord Italian Region</small>

Region	2020	2021
Campania	0.82 p-value < 0.0001	0.64 p-value < 0.0001
Lazio	0.89 p-value 0.016	1.33 p-value < 0.0001
Lombardia	0.69 p-value < 0.0001	0.66 p-value < 0.0001
P.A di Trento	1.12 p-value 0.486	1.58 p-value 0.011
P.A di Bolzano	0.72 p-value 0.001	0.87 p-value 0.288
Piemonte	0.89 p-value 0.052*	1.25 p-value 0.016
Toscana	0.85 p-value 0.002	1.03 p-value 0.663
Valle d' Aosta	0.88 p-value 0.745	1.46 p-value 0.365
Sicilia	0.70 p-value <0.0001	0.92 p-value 0.120
Emilia Romagna	0.70 p-value < 0.0001	1.21 p-value 0.002
Liguria	0.81 p-value 0.009	1.19 p-value 0.049



Neurodevelopmental Disorders

doubled in ten years!

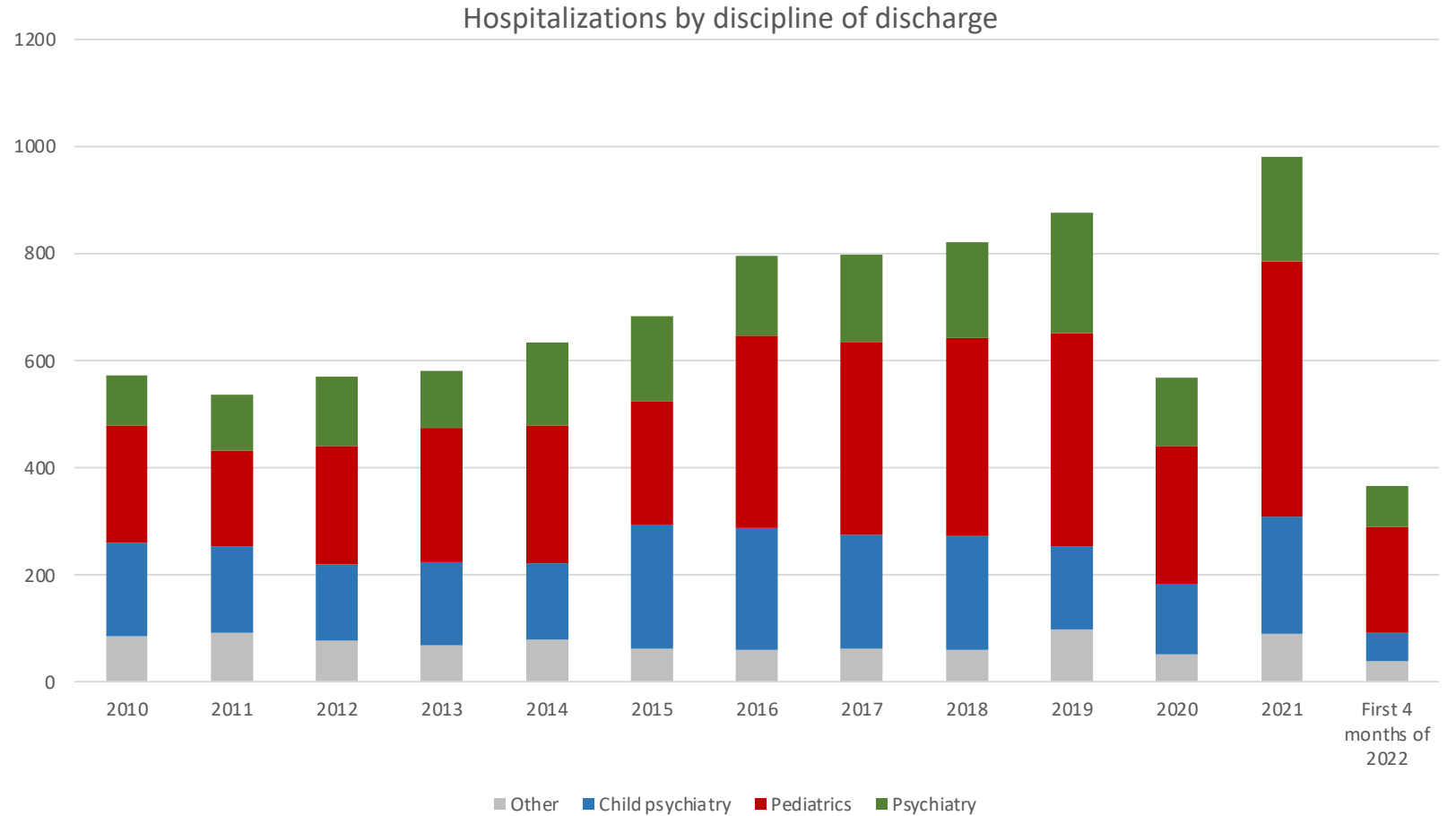


Salute mentale minori. Sinpia: “Disturbi del neurosviluppo raddoppiati in 10 anni, indispensabile la prevenzione”

In Italia circa 2 milioni di bambini e ragazzi colpiti da disturbi neuropsichici. Mercoledì 11 maggio 2022 si celebrerà la prima Giornata Nazionale per la promozione del Neurosviluppo. Per l'occasione, monumenti storici e sedi istituzionali si illumineranno dei colori dell'arcobaleno. E la Sinpia promuoverà un webinar gratuito e aperto alla popolazione dedicato alla promozione del Neurosviluppo.

Source: SDO, hospitalizations to any department - Age 0-17

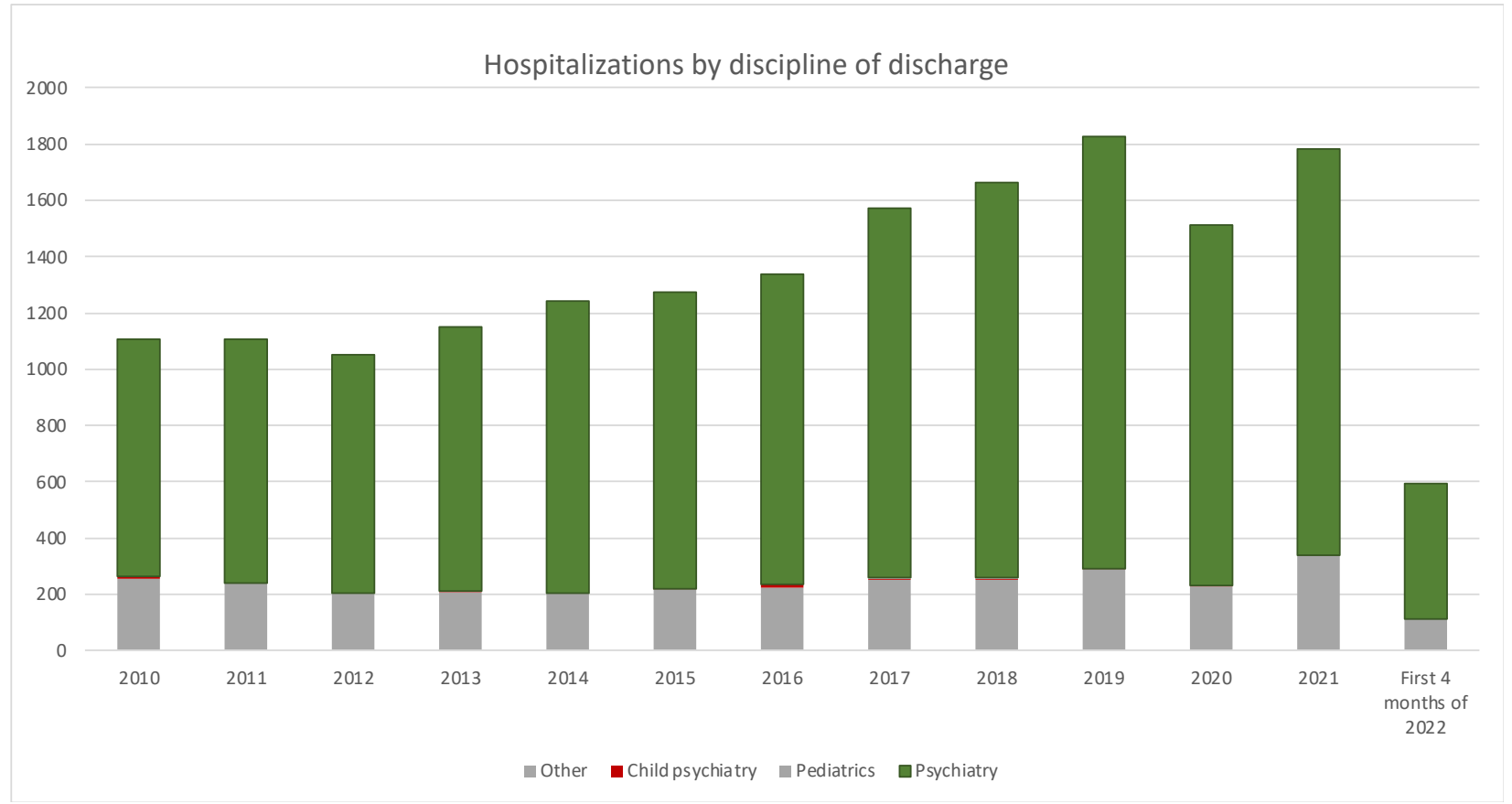
Hospitalizations for psychiatric principal diagnosis or substance use



SELECTION:
19-DISEASES AND MENTAL DISORDERS
20-ALCOHOL ABUSE/DRUGS, Substance-Induced Mental Disorders

Source: SDO, hospitalizations to any department - Age 18-25

Hospitalizations for psychiatric principal diagnosis or substance use



SELECTION:
19-DISEASES AND MENTAL DISORDERS
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EATING DISORDERS:

ANOREXIA NERVOSA

EATING DISORDERS, UNSPECIFIED

BULIMIA NERVOSA

PSYCHOGENIC VOMITING

OTHER SPECIFIED EATING DISORDERS

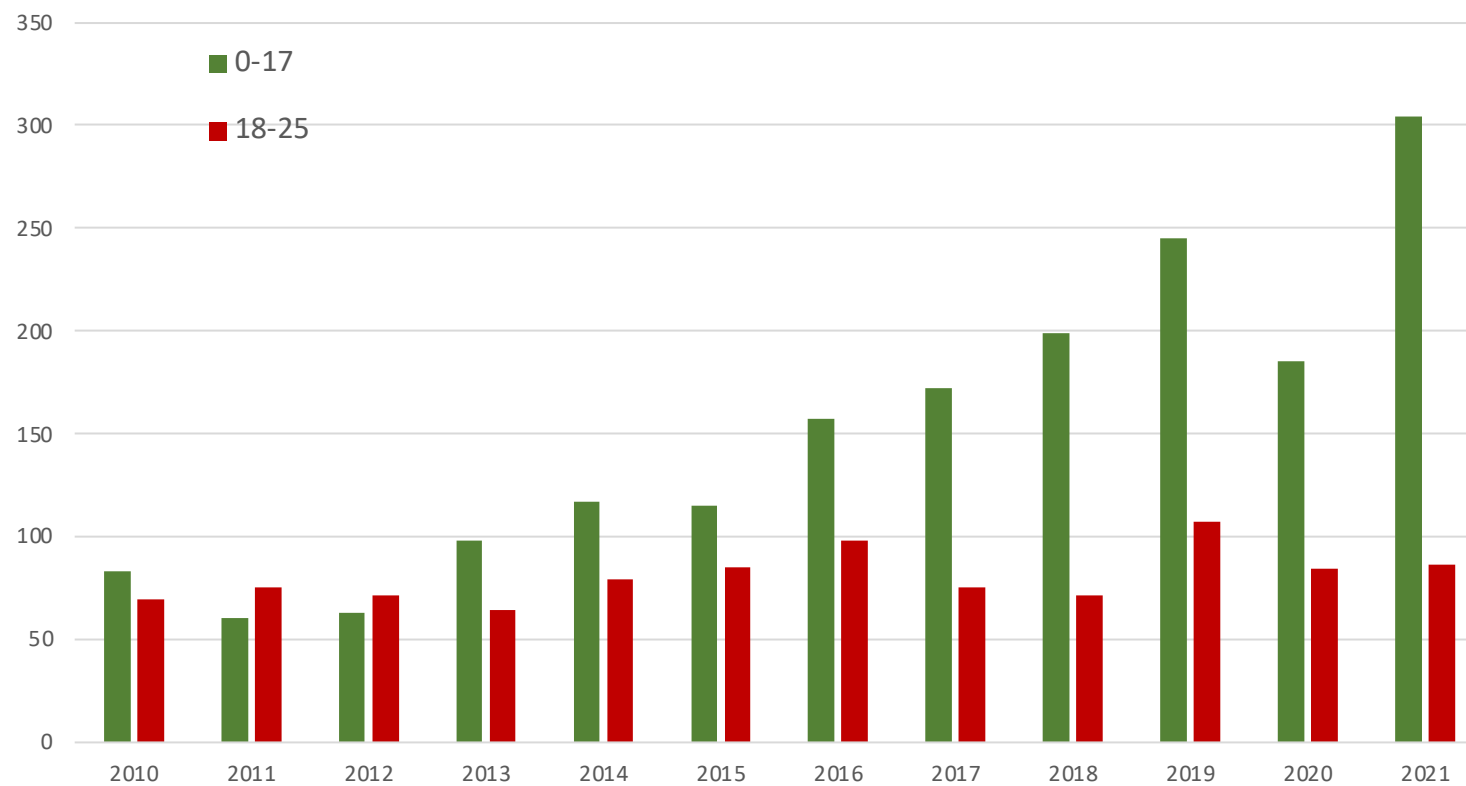
ANOREXIA

WEIGHT LOSS

UNDERWEIGHT

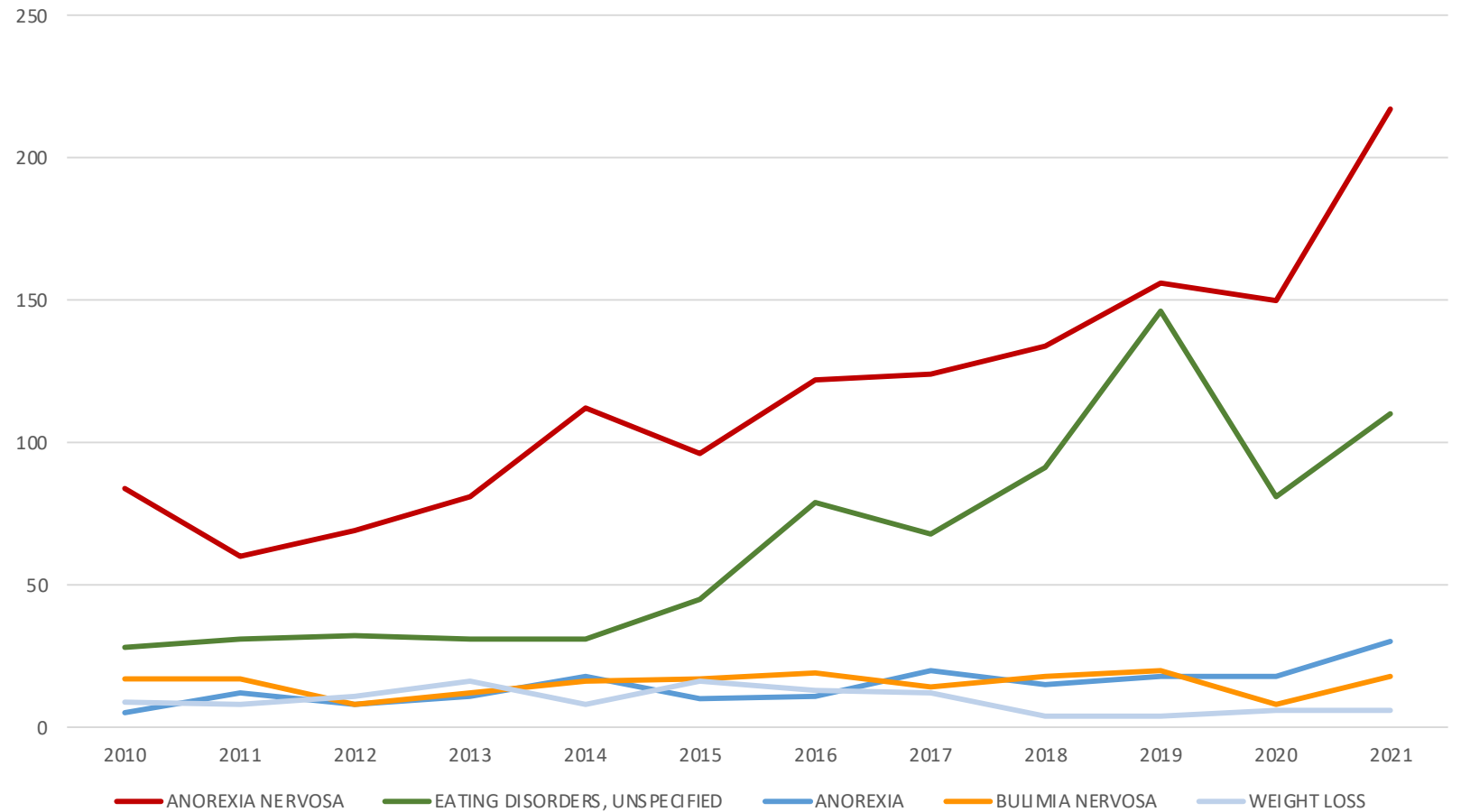
OTHER OVERFEEDING CONDITIONS

Hospital admissions for eating disorders/year



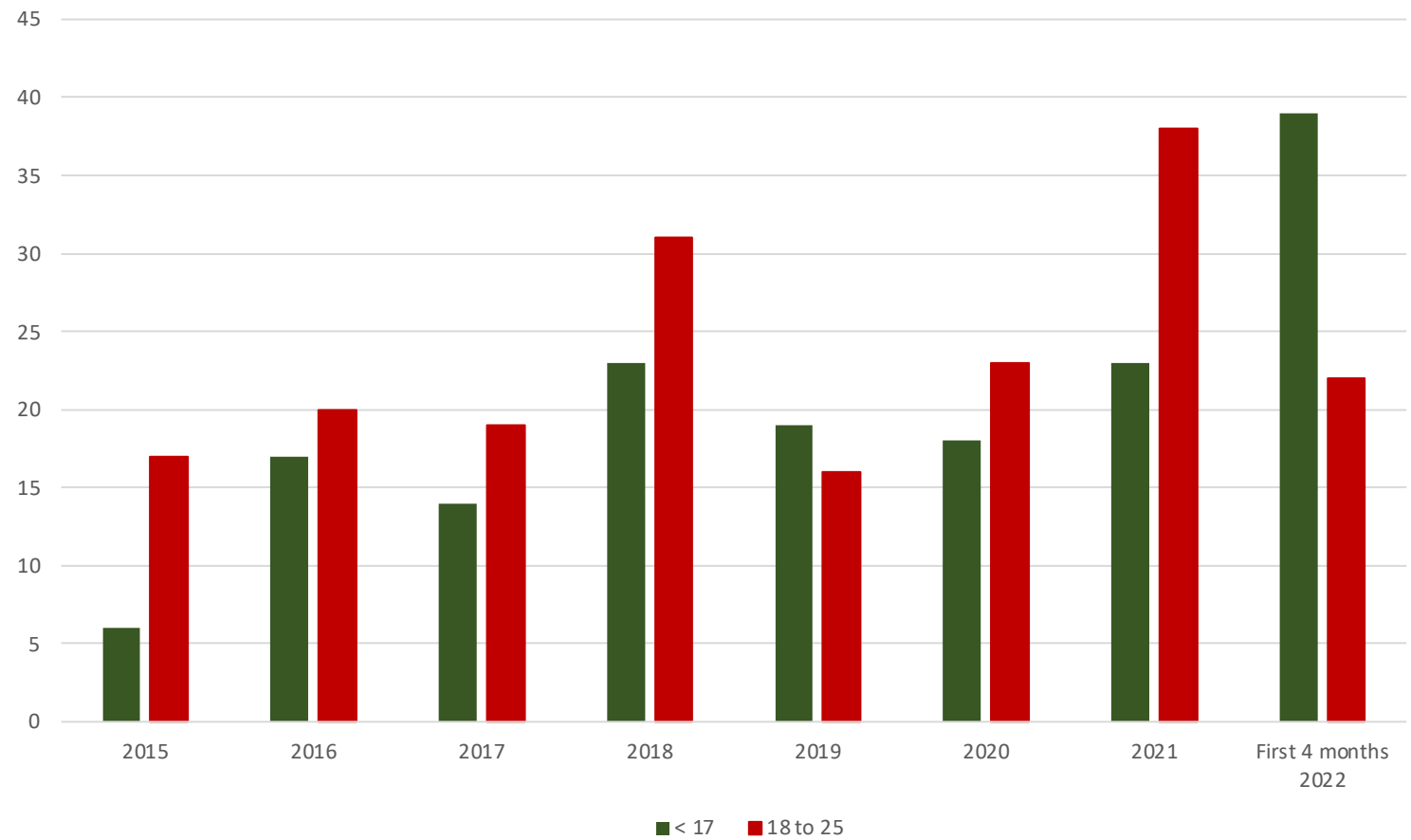
EATING DISORDERS

Principal diagnosis by year



Attempted suicide/ self-harm

Number of attempted suicide/self-harm by age in the first six months of the year



Specific Investments

- 20 Mln for psychological distress of children and adolescents
- 10 Mln for access to psychological services for the most vulnerable groups (juveniles and oncological patients)
- 8 Mln for the strengthening of territorial and hospital services of child and adolescent neuropsychiatry
- 25Mln Eating disorders fund
- 10 Mln aimed at strengthening the network of public MH services
- 60 Mln Guidelines for the implementation of regional projects aimed at strengthening regional Mental Health Departments
- Increased places in residency (child psychiatry and psychiatry)

Limited, fragmented interventions, with no prospects for renewal:

difficulties for regions to use these funds for real strengthening of the MH care system

Policies and strategies

- Improving the accessibility and quality of mental health services (strengthening community services)
- To implement **homogeneous** actions on the national territory to avoid regional fragmentation within the National Health System
- Define coordinated actions to prevent and promote mental health and counteract addiction: actions will include general interventions to support the juvenile population and targeted interventions for those at greater risk and/or in more vulnerable situations
- Promote an "extraordinary" ordinary investment, gradually reaching two percentage points of the National Health Fund and bringing Mental Health spending back to the minimum standard of 5 % (an additional 2.3Bn per year)