

## **A book on how to eliminate restraints in the Psychiatric Units of the General Hospitals (SPDCs) in Italy**

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The SPDC no Restraint Club Association organizes since ten years an annual conference in Italy with the aim to stop restraints in SPDC\*. The Italian mental health magazine Fogli di Informazione (41-42/ 2017) has published a book containing the reports of the 8th National conference “No Restraint Services for Assessment and Care” which was held in Foggia (South Italy) 12-13 November 2015. The book appears very useful for dissemination of new practices oriented to safeguard the rights of patients, to offer a better care and to further develop exchange of experiences between professionals who work in SPDC with the aim to avoid any kind of restraints and to promote a new culture in mental health field.

The first part of the book describes why restraints need to be totally banned. The second part describes 8 experiences of SPDCs in different part of Italy. There are SPDCs where for long time restraints are not practiced at all and doors are open. Other SPDCs try their best to reduce or eliminate restraints.

The book emphasizes how to abolish restraints creates an atmosphere of confidence, collaboration and shared responsibilities and decreases negative aspects as aggression, violence, falls and self harm. The attempts to escape when the doors are open are very few. To become a no restraints SPDC is a long process which requires education and new skills for mental health professionals but also new general attitudes towards persons with mental health problems. A lot of organizations and services need to be involved both at hospital and community level like user and relative associations, local authorities, police and justice system. While at national and international level restraints usually are banned, at local level practices of restraints are usually accepted. This means that there is a lot to do at local level taking inspiration from those experiences which demonstrate that no restraint practices are possible.

### Background information

\*SPDCs have been established in Italy by law 180/1978, the same law which ordered the closure of the psychiatric hospitals at national level. Currently there are 320 SPDCs in Italy. They usually have no more of 15 beds and are part of the territorial community mental health service. 85-90% of patients (national average) are

admitted informally to SPDC. Only within the public mental health services and usually in SPDC people can be compulsorily admitted. The average of compulsorily admissions on the total admissions is between 10 and 15 % of the admission in SPDC. It is a low rate compared to other countries. Patients compulsorily admitted are not detained. Police has no special tasks in mental health field, ie there is no place of safety next to SPDC where police can bring directly people from the community if deemed to have mental health problems (like in England, MHA section 136).

Mental health professionals who work in SPDC easily move from SPDC to A&E or in other departments of the general hospital to assess people and decide whether to admit them as inpatient or refer them to community mental health services or to other health and social services. In the same way medical and surgical specialists can be called to see patients in SPDCs if there are physical issues. In most cases the same professionals of the community mental health service work also in SPDC and this gives continuity to the intervention. It is clear that the more the territorial services are well organised the less hospitalization is required. There are SPDC with only six beds for population of 250.000 inhabitants. Spdc no restraints means openness, trust and collaboration with people both inside and outside SPDC.