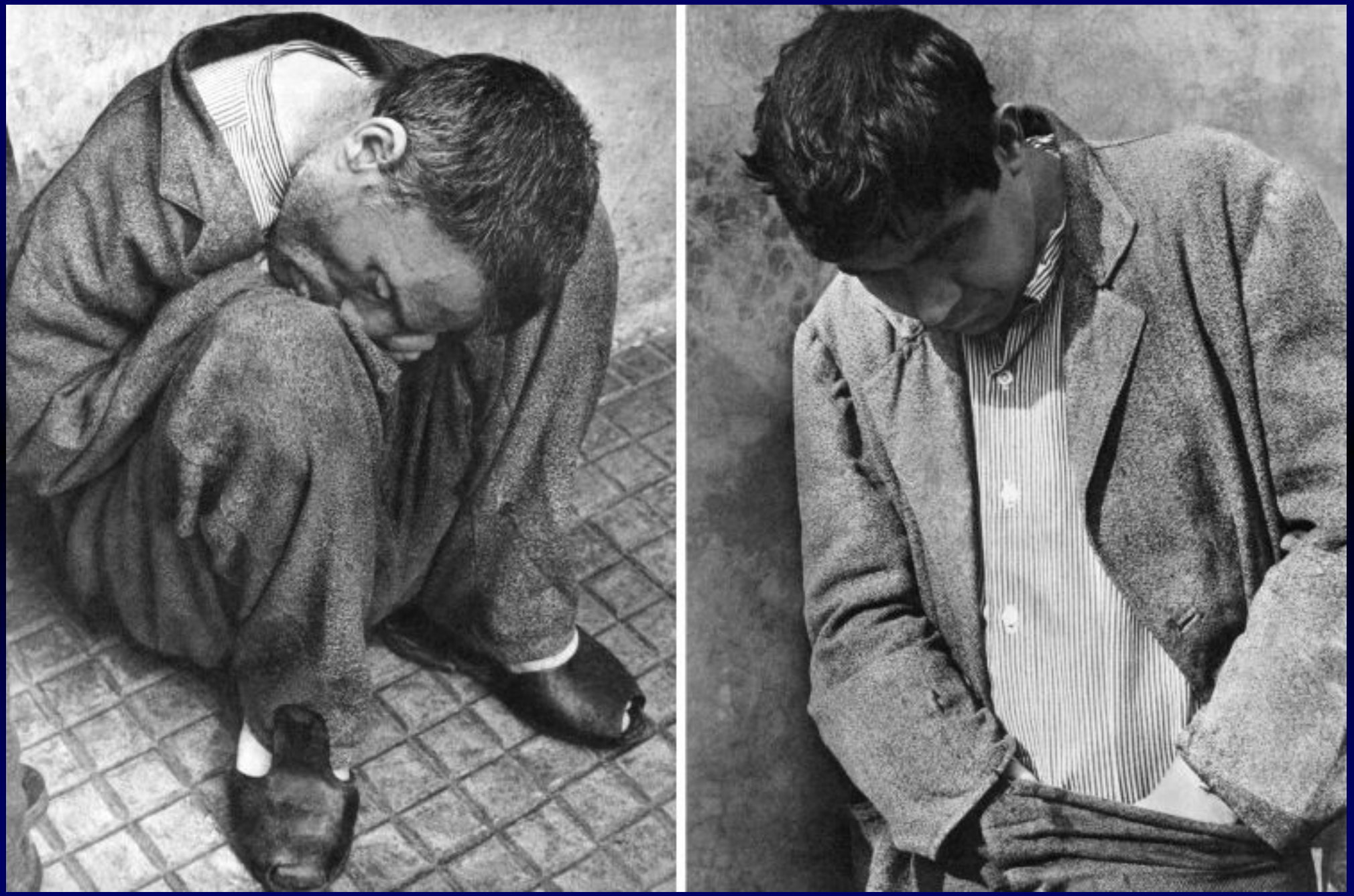
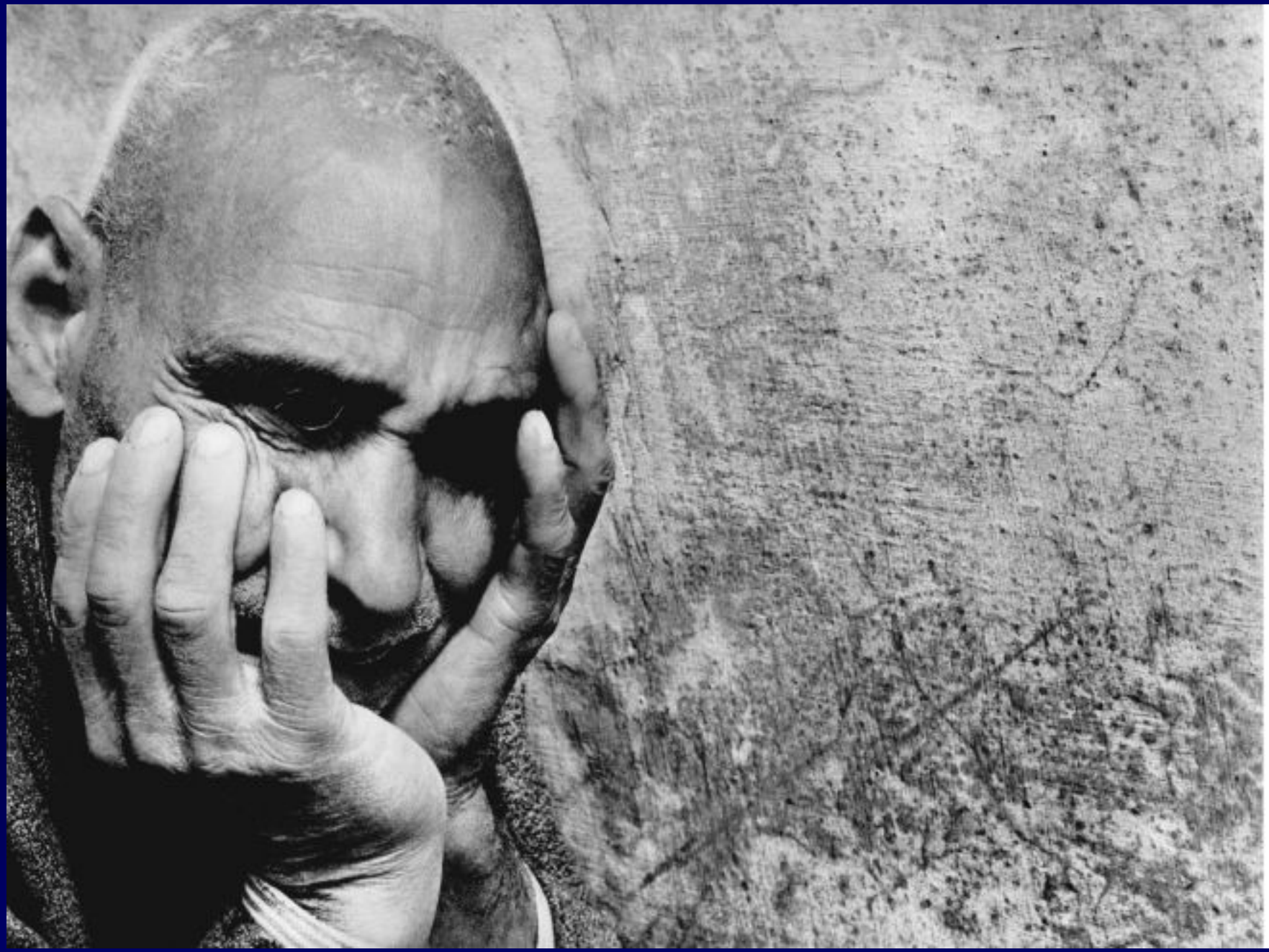
Giovanni de Girolamo, M.D.

Long-term residential care: for whom, how and where?

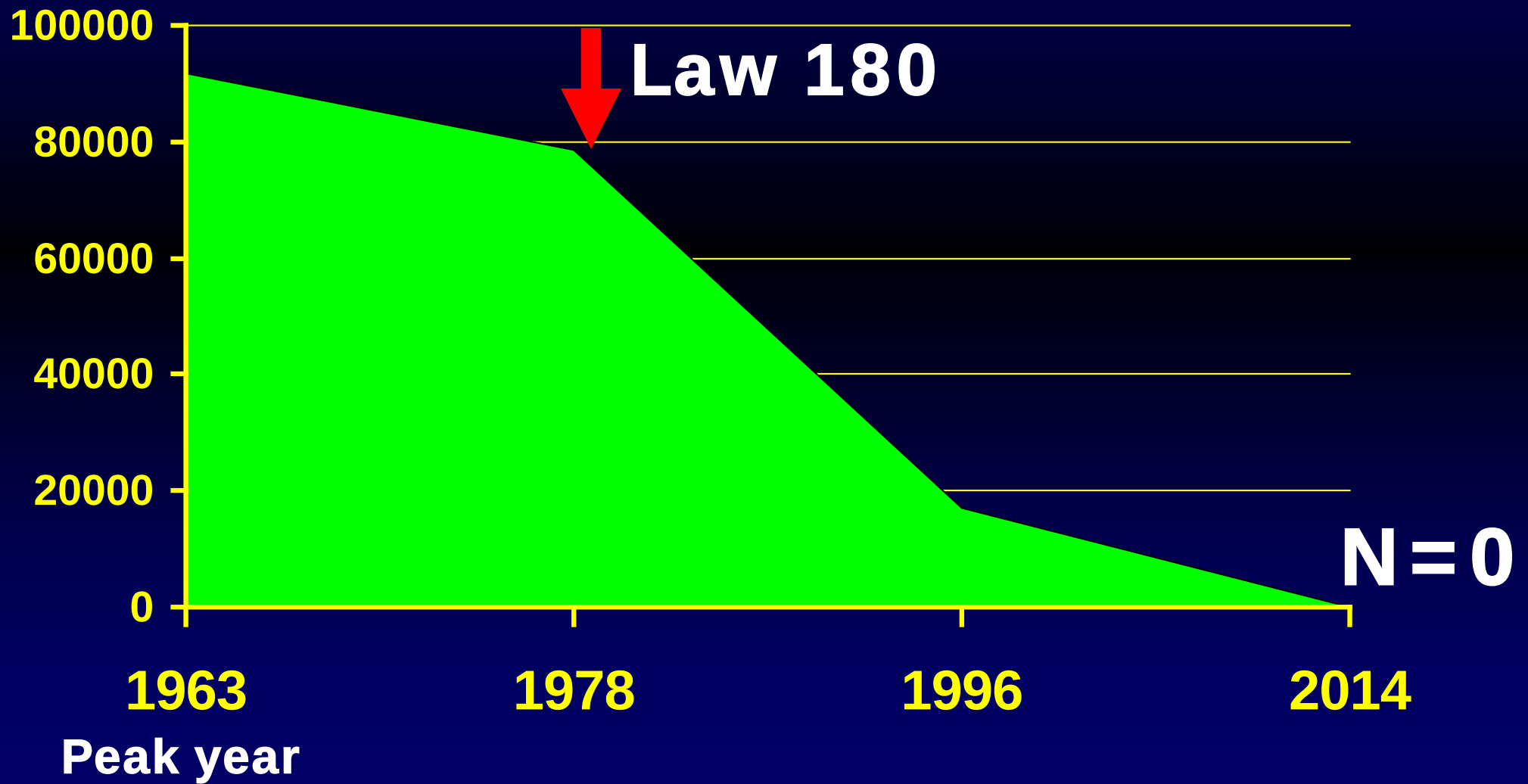
IRCCS
CENTRO SAN GIOVANNI DI DIO FATEBENEFRATELLI – BRESCIA
Centro Nazionale per lo Studio e la Cura
della Malattia di Alzheimer e Malattie Mentali

POPULATION 60 MILLIONS INHAB.





Number of residents in Italian MHs, yrs. 1963-201r4



PROGRES

PROGetto RESidenze
National Project on non-hospital Residential Facilities (RFs)

BRITISH JOURNAL OF PSYCHIATRY (2002), 181, 220–225

Residential care in Italy

National survey of non-hospital facilities

G. DE GIROLAMO, A. PICARDI, R. MICCIOLO, I. FALLOON, A. FIORITTI and P. MOROSINI for the PROGRES Group

Background In Italy, where all mental hospitals have been gradually phased out since 1978, psychiatric patients requiring long-term care are being treated in non-hospital residential facilities (NHRFs). However, detailed data on these facilities are sparse.

Aims The Progetto Residenze

Twenty-four years ago Law 180 initiated the phasing-out of mental hospitals in Italy; updated information concerning the architecture of the current mental health system in Italy, including the in-patient bed policy, can be found elsewhere (de Girolamo & Cozza, 2000). When Law 180 was enacted in 1978, there were 78 538 beds in public mental hospitals. Patients who require long-term residential care are now catered

Mental Health Residential Care Study (Lelliott *et al*, 1996). The information was checked by the regional coordinators, who conducted further interviews when necessary.

Statistical analysis

Analysis focused on descriptive statistics. In addition, multiple logistic regression was used to identify variables associated with the probability of discharge (Breslow & Day, 1980). The dependent variable was the presence or absence of discharges from each NHRF during 1999; facilities opened from 1999 onwards were excluded.

Poisson regression was used to analyse the relationship between the rate of residential beds in each region (number per 10 000 inhabitants), the availability of other types of services, and two basic socio-economic indicators: number of unemployed per region, in millions of people, and overall

Psychological Medicine, 2005, **35**, 421–431.
DOI: 10.1017/S0033291704003502 Printed in the United Kingdom

The severely mentally ill in residential facilities: a national survey in Italy

GIOVANNI DE GIROLAMO[1]*, ANGELO PICARDI[1], GIOVANNI SANTONE[2], IAN FALLOON[3], PIERLUIGI MOROSINI[1], ANGELO FIORITTI[4] AND ROCCO MICCIOLO[5], for the PROGRES Group†

[1] *National Mental Health Project, National Institute of Health, Rome, Italy*; [2] *Psychiatric Clinic, United Hospitals of Ancona and Politechnic University of Marche, Ancona, Italy*; [3] *University of Auckland, New Zealand*; [4] *Programme on Mental Health and Pathological Dependence, AUSL of Rimini, Italy*; [5] *Chair of Biostatistics, University of Trento, Italy*

The Journal of Forensic Psychiatry & Psychology
Vol. 19, No. 1, March 2008, 108–126

Routledge
Taylor & Francis Group

A comparison between former forensic and non-forensic patients living in psychiatric residential facilities: A national survey in Italy

Antonio Preti[a], Angelo Picardi[b], Angelo Fioritti[c], Vincenzo Cappiello[d], Giovanni Santone[e] and Giovanni de Girolamo[f]* for the PROGRES group

[a]*Department of Psychology, University of Cagliari, Italy;* [b]*Centre of Epidemiology, National Institute of Health, Rome, Italy;* [c]*Service for Mental Health Services and Health Care in Prisons, Regione Emilia-Romagna, Italy;* [d]*Forensic Mental Health Unit, Azienda Sanitaria Locale Napoli 5, Italy;* [e]*Psychiatric Clinic, United Hospitals of Ancona, Italy;* [f]*Department of Mental Health, Azienda Unità Sanitaria Locale of Bologna, Italy*

(*Received in final form 2 August 2007*)

Acta Psychiatr Scand 2005: 1–12

DOI: 10.1111/j.1600-0447.2005.00657.x

ACTA PSYCHIATRICA SCANDINAVICA

The prescription of psychotropic drugs in psychiatric residential facilities: a national survey in Italy

Tomasi R, de Girolamo G, Santone G, Picardi A, Micciolo R, Semisa D, Fava S. The prescription of psychotropic drugs in psychiatric residential facilities: a national survey in Italy.
Acta Psychiatr Scand 2005: 1–12. © 2005 Blackwell Munksgaard.

R. Tomasi[1], G. de Girolamo[2,3], G. Santone[4], A. Picardi[2], R. Micciolo[5], D. Semisa[6], S. Fava[7] for the PROGRES Group*

Soc Psychiatry Psychiatr Epidemiol (2005) 40:540–550

ORIGINAL PAPER

Giovanni Santone · Giovanni de Girolamo · Ian Falloon · Angelo Fioritti · Rocco Micciolo · Angelo Picardi · Enrico Zanalda for the PROGRES Group

The process of care in residential facilities

A national survey in Italy

Acta Psychiatr Scand 2006: 1–10
All rights reserved
DOI: 10.1111/j.1600-0447.2006.00847.x

ACTA PSYCHIATRICA SCANDINAVICA

Which factors affect the costs of psychiatric residential care? Findings from the Italian PROGRES study

Amaddeo F, Grigoletti L, de Girolamo G, Picardi A, Santone G and the PROGRES Study Group. Which factors affect the costs of psychiatric residential care? Findings from the Italian PROGRES study.

Objective: In the latest

F. Amaddeo[1], L. Grigoletti[1], G. de Girolamo[2], A. Picardi[3], G. Santone[4] and the PROGRES

Eur Arch Psychiatry Clin Neurosci (2006) 256:372–381

DOI 10.1007/s0

ORIGINAL PAPER

Angelo Picardi · Paola Rucci · Giovanni de Girolamo · Giovanni Santone · Gabriele Borsetti
Pierluigi Morosini for the PROGRES group

The quality of life of the mentally ill living in residential facilities

Findings from a national survey in Italy

PROGRES design

Stage 1 — Survey of ALL Italian RFs in all 21 Regions

↓

Stage 2 — Random selection of 20% of all RFs in each Region

↓

Facility Schedule in 265 RFs randomly selected

↓

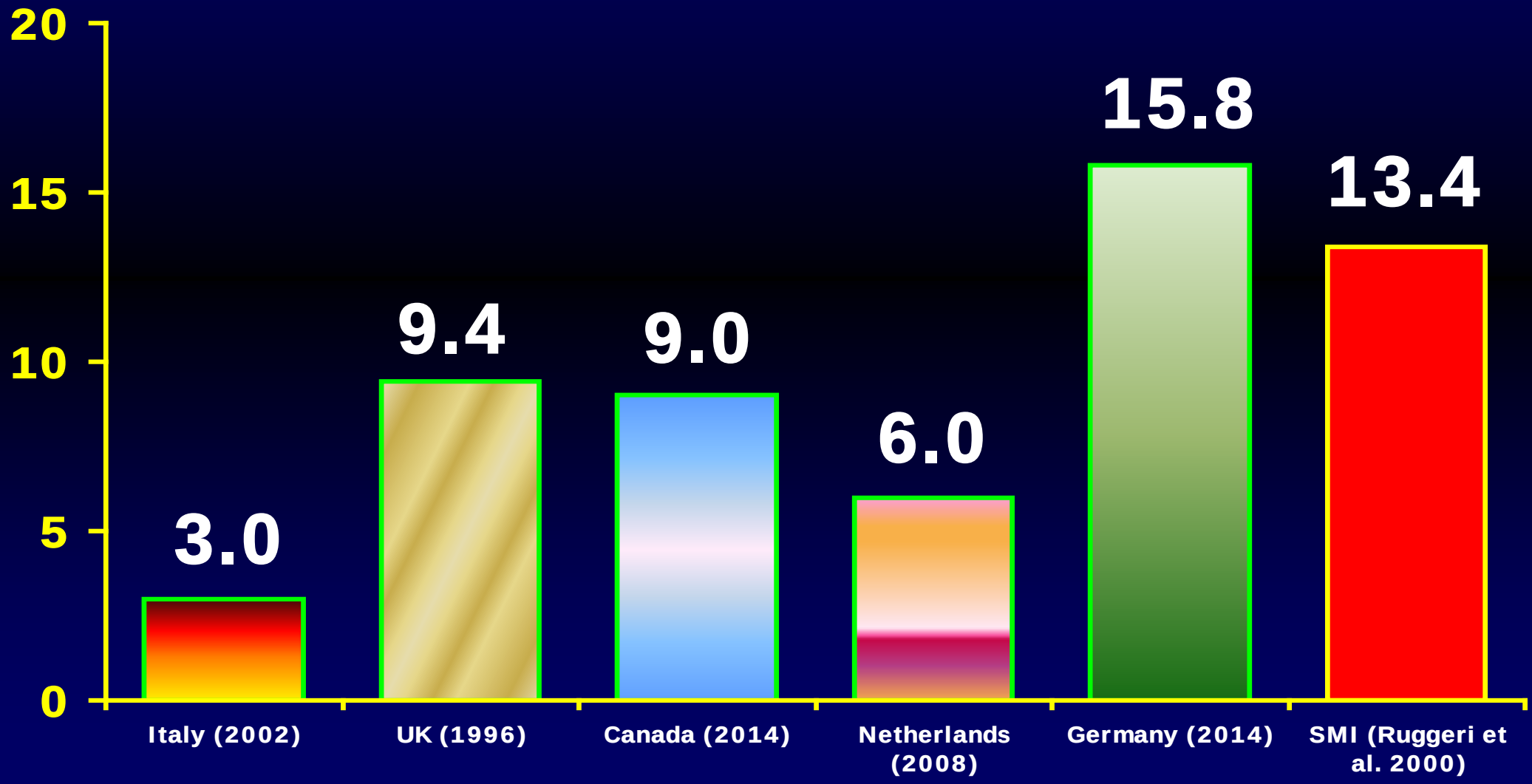
Stage 3 — Patient Schedule to all pts in the 265 selected RFs

FINAL RESULTS
PHASE 1 (year 2002)

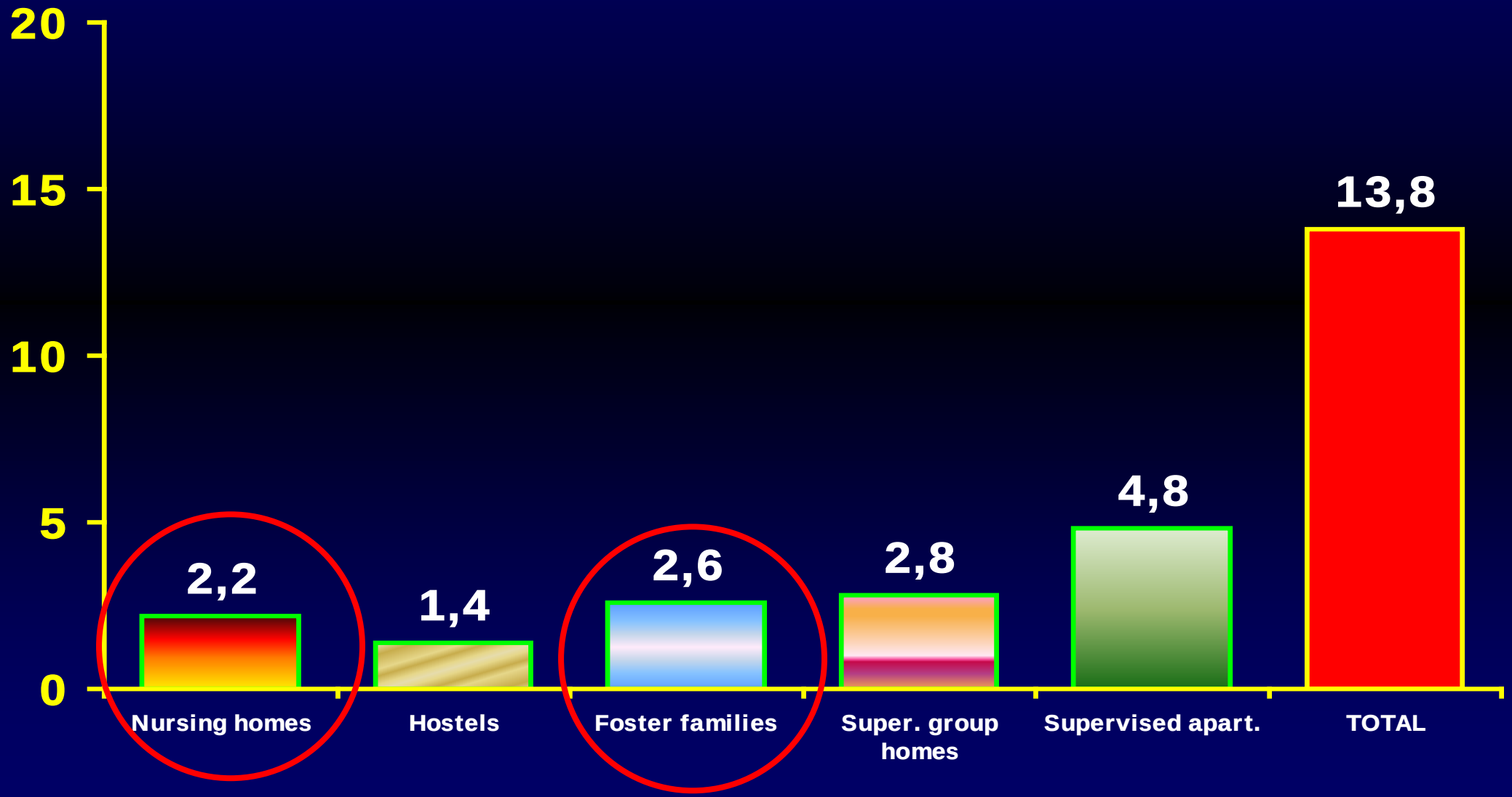
- RFs in Italy = 1,370
- Overall beds = 17,138
- Bed rate/10.000 popn. = 2.98
- Average number beds/RF = 12.5
- Occupancy rate= 93%


NUMBER OF RESIDENTIAL PLACES PER 10,000 POPN.
Yellow = < 2
Green = 2-3
Blue = 3-4
Red = > 4

Number of residential beds per 10,000 popn. in 5 countries and prevalence rate of SMI



Different types of residential places in Canada according to Lesage (2014)



Community Ment Health J (2011) 47:201–208
DOI 10.1007/s10597-010-9355-8

ORIGINAL PAPER

How Does the Residential Care System Change? A Longitudinal Survey in a Large Region of Italy

Giovanni Neri · Francesca Guzzetta · Linda Pazzi · Rossella Bignami · Angelo Picardi · Giovanni de Girolamo

Received: 7 July 2008 / Accepted: 6 October 2010 / Published online: 9 November 2010

Abstract To describe 5-year changes in the provision of Residential Facilities (RFs) in a large Italian Region and in the characteristics of their staffing and patients. 2000 census data of all RFs with >4 residential beds in the Emilia-Romagna Region were compared with 2005 census data. The number of residential beds increased from 3.1 per 10,000 inhabitants in 2000 to 4.1 per 10,000 inhabitants in 2005. The RFs operated by private non-profit associations increased at a greater rate than the number of NHS-operated facilities, and the percentage of non-qualified staff has also risen at a greater rate than that observed for qualified staff. The number of individuals with comorbid substance abuse increased from 2.1% in 2000 to 5.7% in 2005. Patient turnover rates were low in both 5-year periods. A process of new institutionalization might be taking place. Mental health care policy-makers should take these findings into account to enhance the planning of effective services, including RFs granting a satisfactory quality of life to patients with severe disorders requiring long-term, eventually unlimited care.

G. Neri
Department of Mental Health, Azienda USL di Modena, via Emilia Ovest, 438/a, 41100 Modena, Italy
e-mail: g.neri@ausl.mo.it

KeyWords Residential facility · Severe mental illness · Deinstitutionalization · Health services research

5-year follow-up in an Italian Region

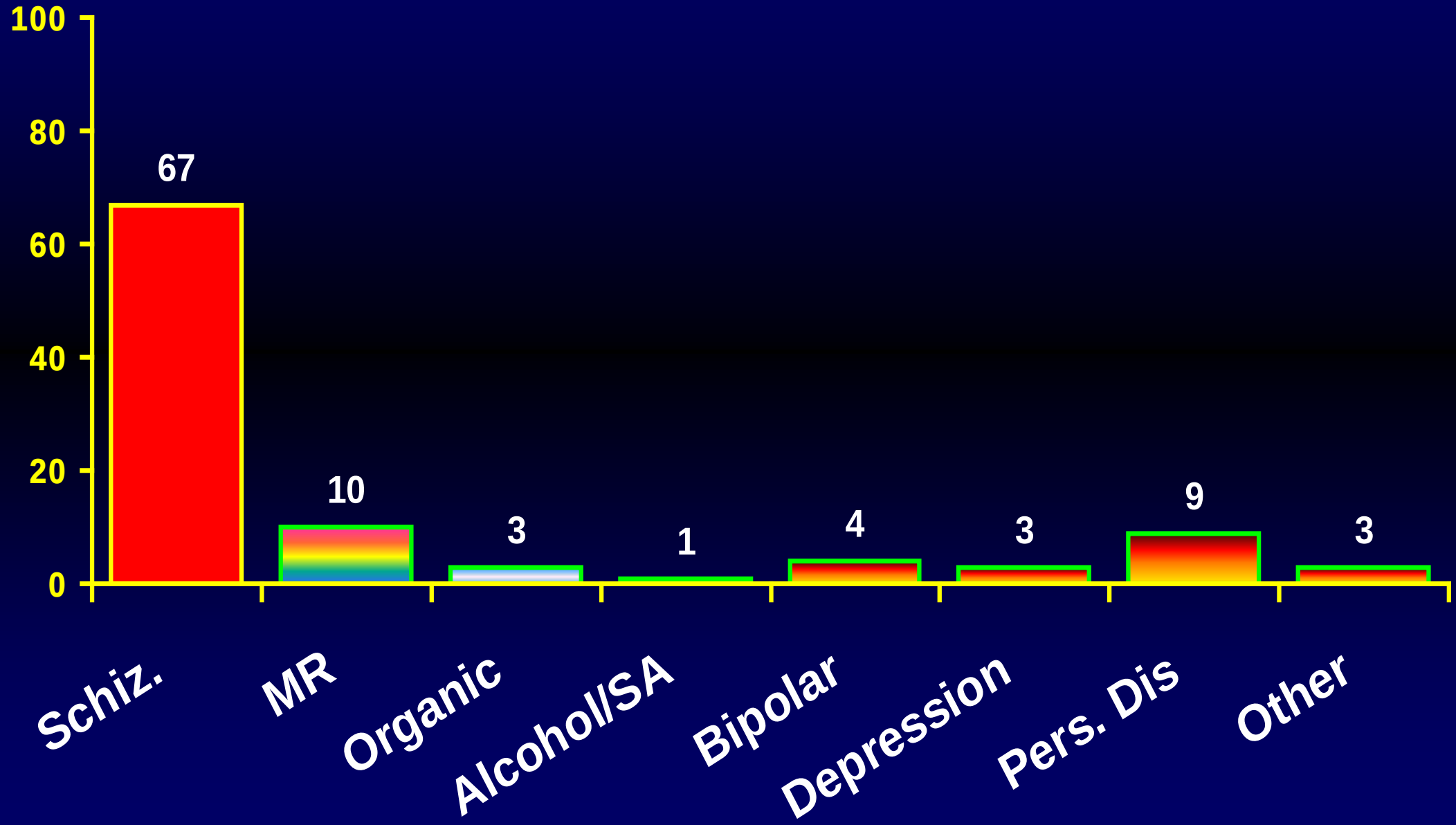
Increase from 3.1 to 4.1 pts per 10,000 inhabitants in 5 yrs

The residents

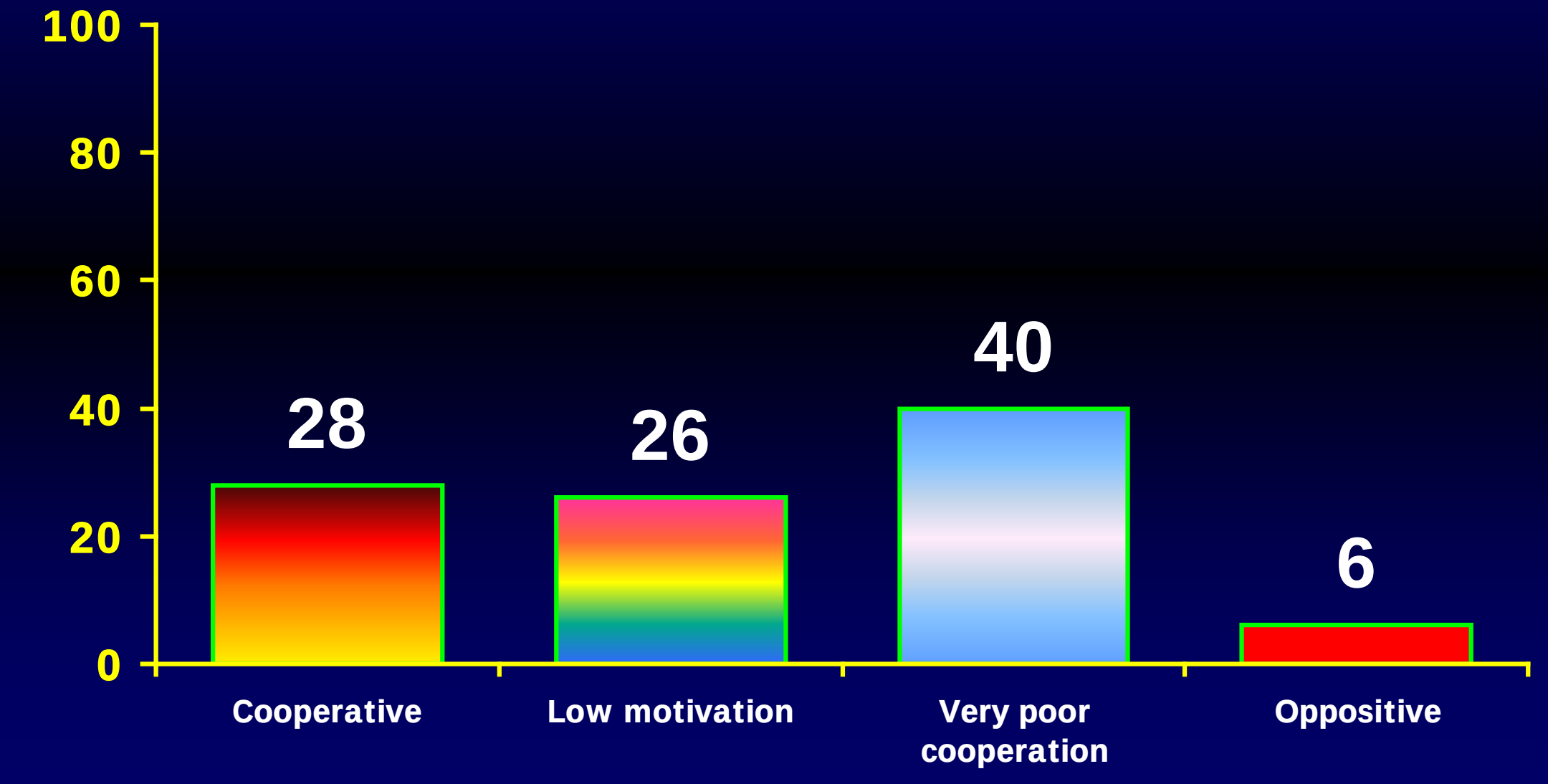
FINAL RESULTS
PHASE 2

- Res. Facilities assessed = 265
- Patients assessed = 2,963
- Mean age = 49.3 yrs
- Average length of illness = 26 yrs
- Age 1st contact = 24 yrs
- % never in a MH = 48%

Main diagnosis (%)

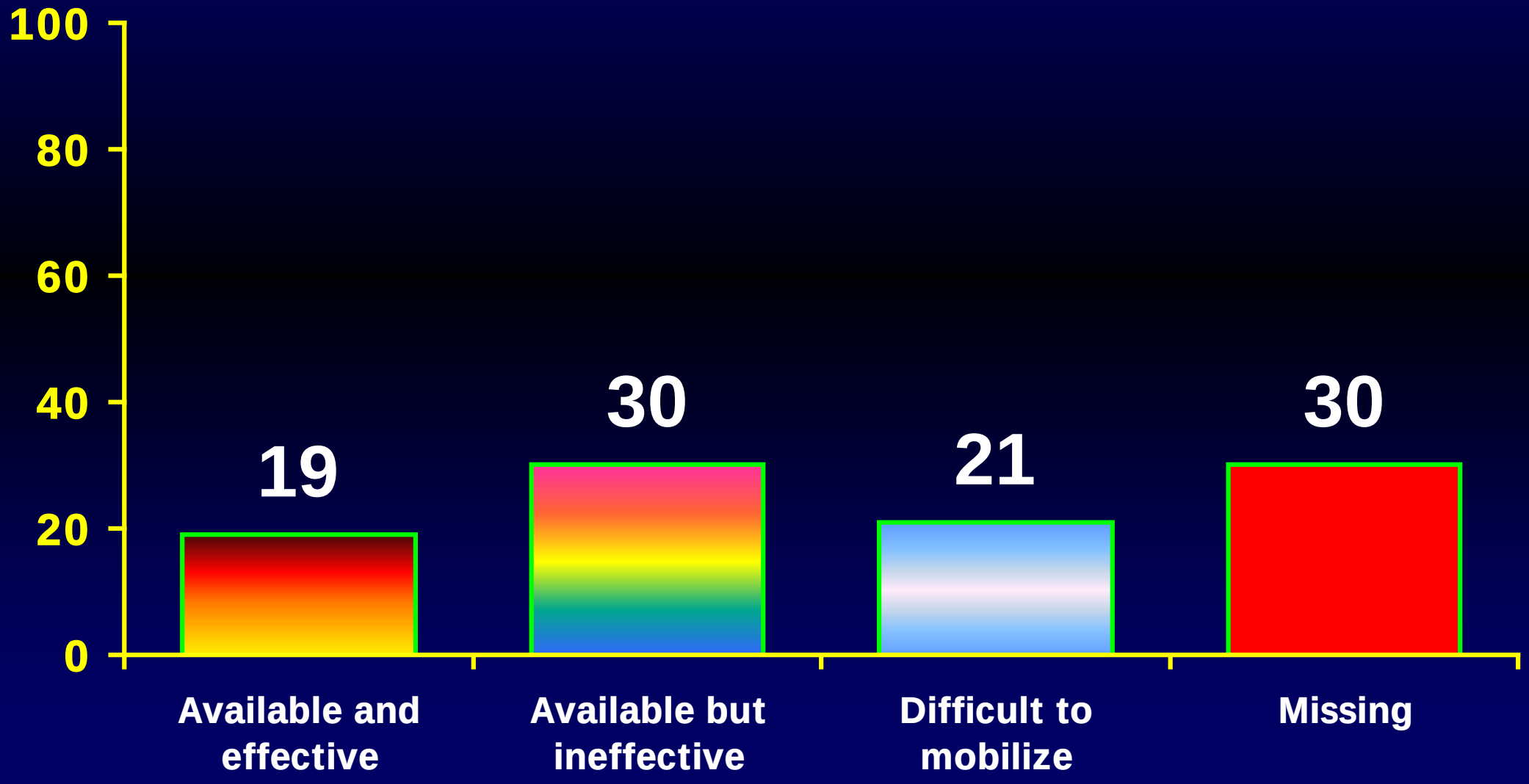


Cooperation capacity in the last year (%)

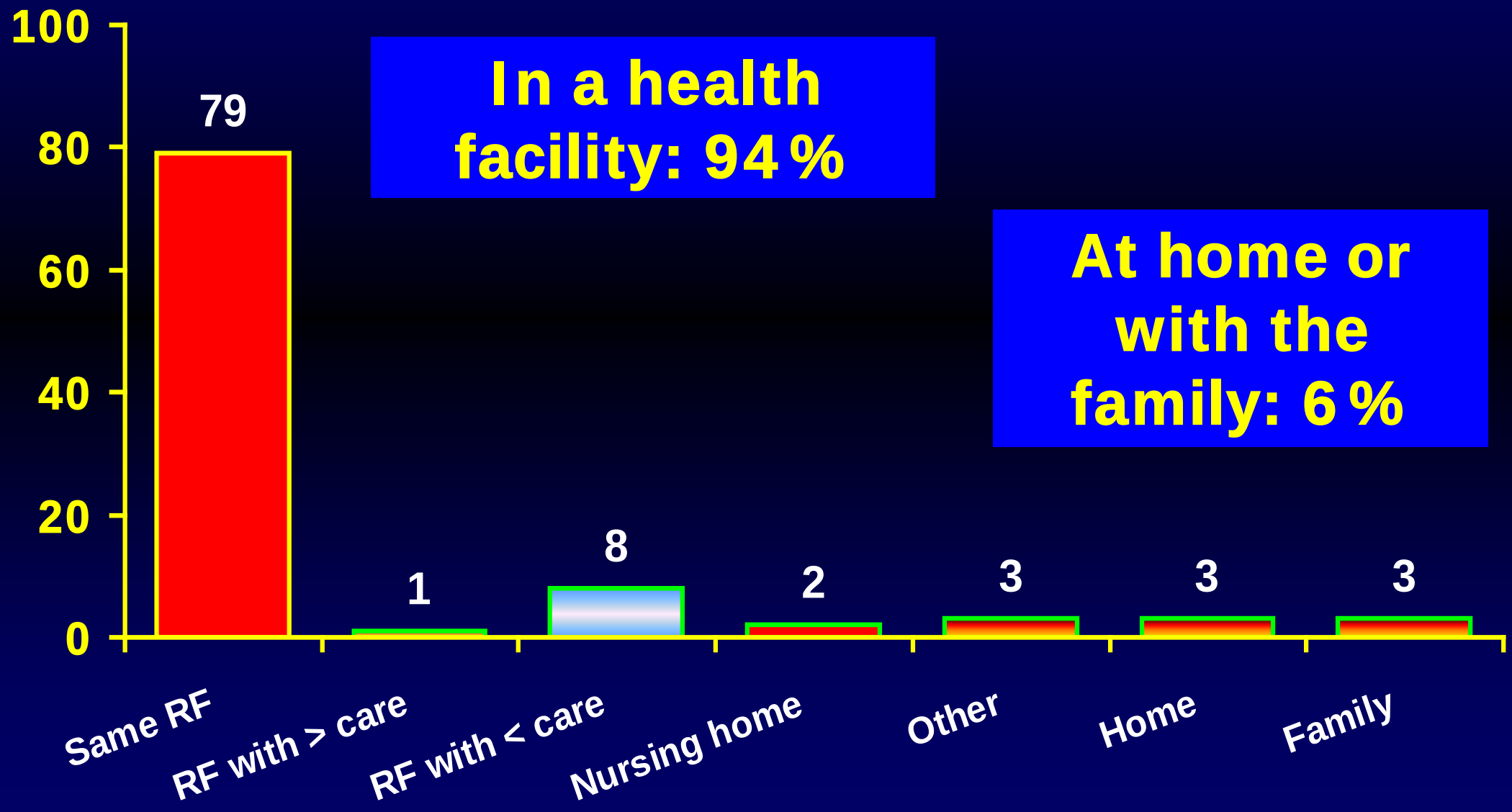


Participation to the RF activities (%)

Social support in the last year
(%)



Prediction about the stay of pts in 6 months' time according to the RF director (%)



Soc Psychiatry Psychiatr Epidemiol
DOI 10.1007/s00127-013-0705-z

ORIGINAL PAPER

Is psychiatric residential facility discharge possible and predictable? A multivariate analytical approach applied to a prospective study in Italy

G. de Girolamo · V. Candini · C. Buizza · C. Ferrari · M. E. Boero · G. M. Giobbio · N. Goldschmidt · S. Greppo · L. Iozzino · P. Maggi · A. Melegari · P. Pasqualetti · G. Rossi

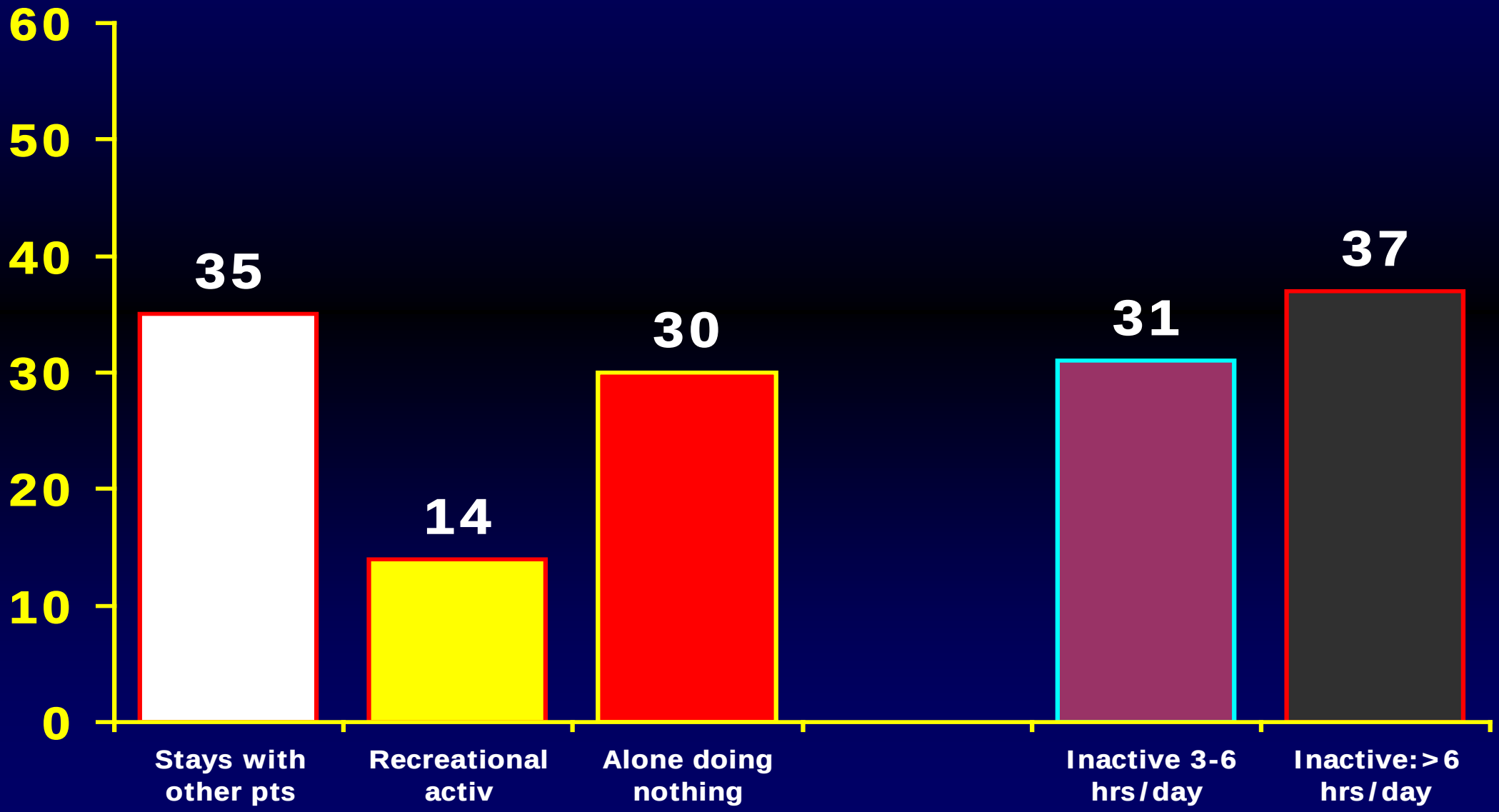
Received: 27 November 2012 / Accepted: 1 May 2013

Abstract
Background A growing number of severely ill patients require long-term care in non-hospital residential facilities (RFs). Despite the magnitude of this development, longitudinal studies surveying fairly large resident samples and yielding important information on this population have been very few.
Aims The aims of the study were (1) to describe the socio-demographic, clinical, and treatment-related characteristics of RF patients during an index period in 2010; (2) to identify predictors and characteristics associated with discharge at the 1-year follow-up; (3) to evaluate clinicians' predictions about each patient's likelihood of home discharge (HD).
Methods A prospective observational cohort study was conducted involving all patients staying in 23 medium-long-term RFs of the St John of God Order with a primary psychiatric diagnosis. A comprehensive set of socio-demographic, clinical, and treatment-related information was gathered and standardized assessments (BPRS, HONOS, PSP, PHI, SLOF, RBANS) were administered to each participant. Logistic regression analyses were run to identify independent discharge predictors.
Results The study involved 403 patients (66.7 % male), with a mean age of 49 years (SD = 10). The participants' average illness duration was 23 years; median value for length of stay in the RF was 2.2 years. The most frequent diagnosis was schizophrenia (67.5 %). 104 (25.8 %) were discharged: 13.6 % to home, 8.2 % to other RFs, 2.2 % to supported housing, and 1.5 % to prison. Clinicians' predictions about HD were generally erroneous.
Conclusions Very few patients were discharged to independent accommodations after 1 year. The main variables associated with a higher HD likelihood were: illness duration of <15 years and effective social support during

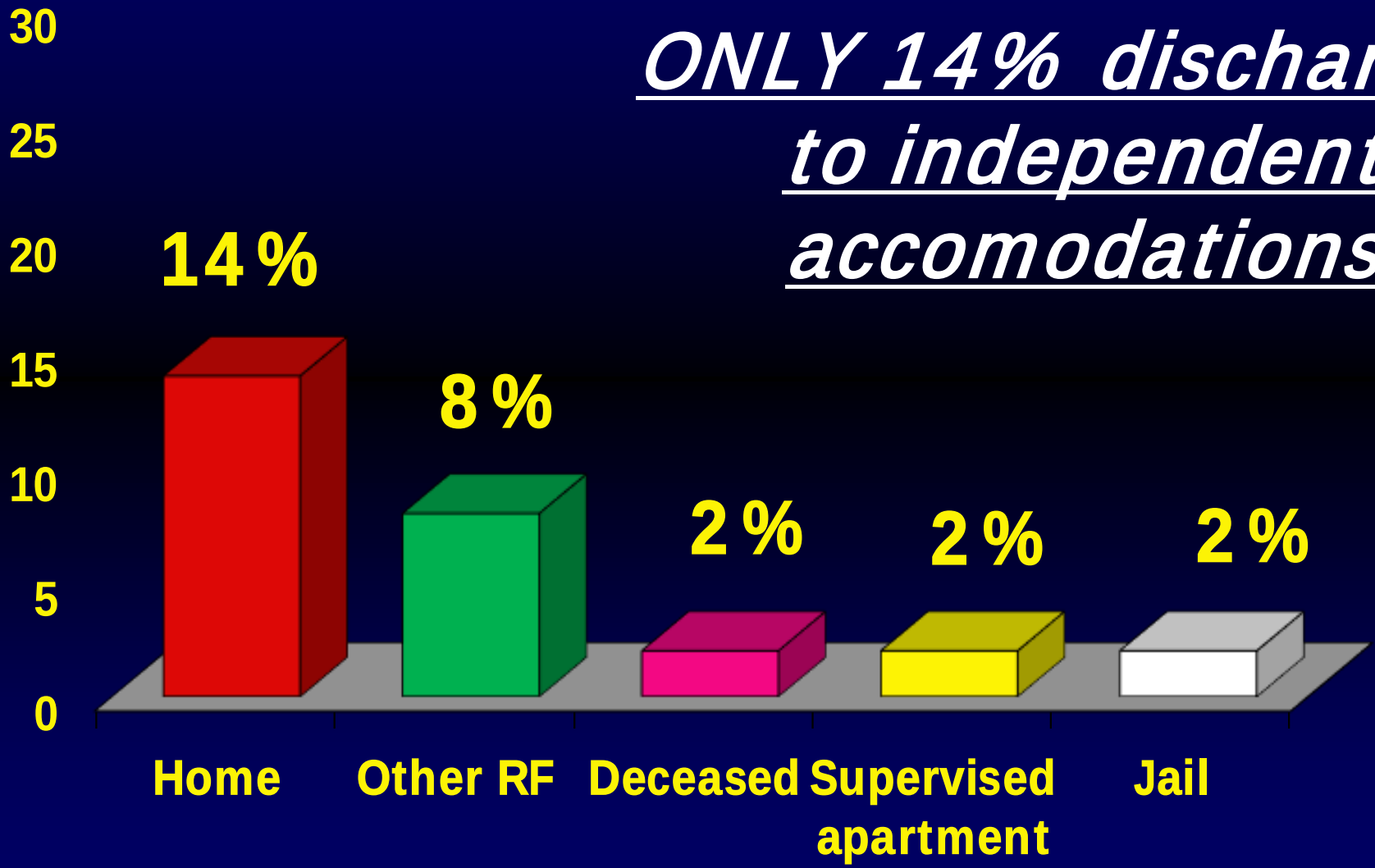
Methods

- Prospective observational cohort study involving all patients **(N=403)** 18-65 yrs. staying in 23 medium long-term RFs of the St John of God Order with a primary psychiatric diagnosis.
- Sociodemographic,clinical, and treatment-related information.
- Standardized assessments: BPRS, HONOS, PSP, PHI, SLOF, RBANS; WHOQOL, VHSS, SWBS.
- Logistic regression analyses were run to identify independent discharge predictors.

Daily activities (%)



1-year follow-up



ONLY 14% discharged to independent accomodations

CLINICIANS' PREDICTIONS (in red the right predictions)

		1-year outcome		Total
		Home	In a RF	
Clinician's prediction	Home	**27**	36	63
	In a RF	28	**302**	330
Total		55	338	393

The tetrachoric uncertainty correlation coefficient and the Cohen's Kappa were computed.

These two indices yielded **0.1** for uncertainty and **0.4** for Kappa, respectively, indicating a low association and poor agreement between clinicians' discharge predictions and patients' actual discharge status at the 1-year follow-up.

Acta Psychiatr Scand 2007: 115: 132–141

DOI: 10.1111/j.1600-0447.2006.00847.x

ACTA PSYCHIATRICA SCANDINAVICA

Which factors affect the costs of psychiatric residential care? Findings from the Italian PROGRES study

Amaddeo F, Grigoletti L, de Girolamo G, Picardi A, Santone G and the PROGRES Study Group. Which factors affect the costs of psychiatric residential care? Findings from the Italian PROGRES study.

Objective: In the latest years, mental hospitals have gradually been replaced by a community-based network of facilities, including non-hospital residential facilities (RFs). Little information is still available about their costs. Our aims were to estimate the costs of Italian RFs and to evaluate which factors affect the cost of RFs and their patients.
Method: A representative sample of 265 Italian RFs, hosting 2962 patients, was selected for the study. RFs costs and costs of psychiatric, medical and informal care were estimated.
Results: Patients in RFs cost between 7851 and 34 650 US$ per year; to this amount, it should be added from 2032 to 4702 US$ per year for the community psychiatric services (CPS). Significant differences were found by facility type, geographical areas, number of beds and age and diagnosis. About 45% of the variability for RF costs and 19% for CPS costs was explained by the regression models.
Conclusion: The results can be useful to inform service planning and resource allocation.

F. Amaddeo[1], L. Grigoletti[1], G. de Girolamo[2], A. Picardi[3], G. Santone[4] and the PROGRES Study Group*

[1]Department of Medicine and Public Health, Section of Psychiatry and Clinical Psychology, University of Verona, Verona, [2]Department of Mental Health, ASL of Bologna, Bologna, [3]Centre of Epidemiology and Health Surveillance and Promotion, Italian National Institute of Health, Rome and [4]Psychiatric Clinic, United Hospitals of Ancona and Polytechnic University of Marche, Ancona, Italy

Key words: costs evaluation; residential facilities; mental health services; psychiatry

Francesco Amaddeo, Department of Medicine and Public Health, Section of Psychiatry and Clinical Psychology, Ospedale Policlinico 'G.B. Rossi', P.le L.A. Scuro 10, 37134 Verona, Italy.
E-mail: francesco.amaddeo@univr.it
*See Appendix for members of the PROGRES Study Group.

Accepted for publication April 25, 2006

Significant outcomes

- The PROGRES study represents the first attempt to evaluate the costs of residential facilities (RFs) in a large, representative number of RFs ($n = 265$) and patients ($n = 2962$), which include approximately 20% of the facilities operating throughout the country.
- Each patient who stays in RF costs between 7851 and 34 650 US$ per year; to this sum, it should be added a sum ranging from 2032 to 4702 US$ per year covering the psychiatric care provided outside the facility.
- Patients and RFs characteristics are significantly associated with costs.

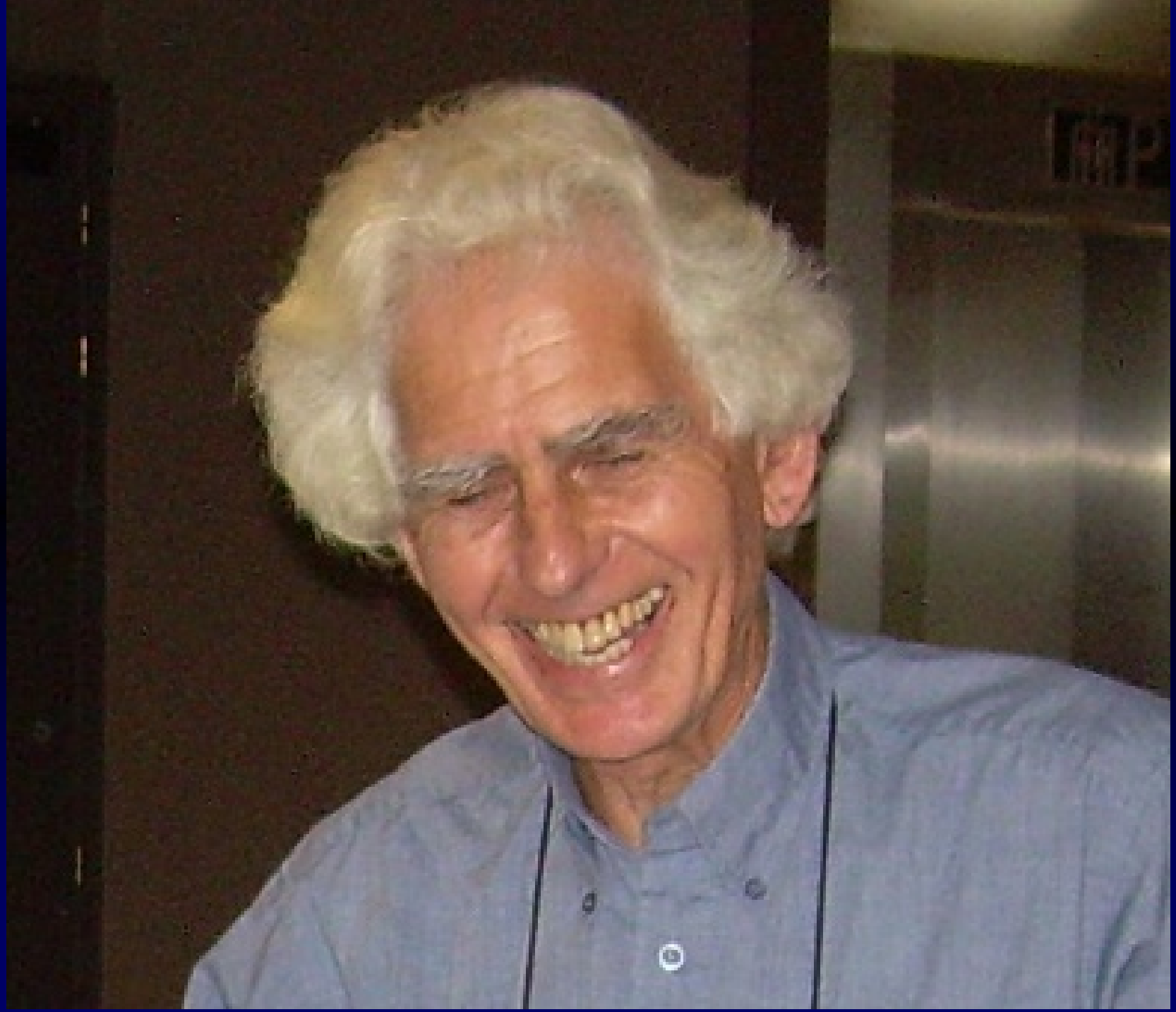
CONCLUSIONS: 1

- ✓ *Is discharge from RFs possible?*
- ✓ **Discharge from a RF within 1 year is unlikely: in our sample it occurred in 1 patient every 7.**
- ✓ **These data are similar to other studies.**
- ✓ **For clinicians it is very difficult to predict discharge**

CONCLUSIONS: 1 (cont.)

- ✓ **Probably the main point of controversy is to clearly define the role of RFs, that is whether they should be conceptualized as *intensive treatment programmes*, or merely as *ordinary homes* or *living settings* for people who participate fully in treatment and psychosocial programmes provided by local mental health services.**

- ✓ **These contrasting objectives may actually lead to different characteristics of their functioning and to diverse typologies of care processes, although the scientific literature usually refers to RFs as a unitary concept.**



Residential facilities: 'HOMES FOR LIFE' (Leff et al, 1989) ??

Perhaps, for many pts: YES!

CONCLUSIONS 2: TAXONOMY

- **Two main categories:**

  1. *'Homes for life'* for people with severe disabilities

  2. Sites of intensive treatment programmes

CONCLUSIONS 2: TAXONOMY (cont.)

Related to this point, there is the need to develop a clear taxonomy of RFs, based on specific operational criteria. This taxonomy should spell out acceptable ranges of available RFs, staffing levels, optimal size, satisfactory environmental features and activities needed to fill residents' weekly time, and in particular weekends, evenings, and so on.

CONCLUSIONS 3: NUMBER OF RESIDENTIAL BEDS (cont.)

- ✓ **Provision of RFs largely depends on two key variables:**

(i) the extent of informal family support, which can replace the formal support granted by RFs *(this is the case for Italy, and can explain the low number of residential beds);*

(ii) The availability of comprehensive community resources in the catchment area.

CONCLUSIONS 4: SIZE OF THE FACILITIES

Size represents a critical variable for any taxonomy of these settings, probably the **SINGLE MOST IMPORTANT VARIABLE**. Small RFs help create a homely, domestic-like environment which is in huge contrast to the large institutional environments of the past, warehousing hundreds of patients.

CONCLUSIONS 5: STAFFING

In community care, the quality of staff (and what they do) is more important than the quantity, provided that a 'minimum' quantity is ensured. Unfortunately, in residential care we do not know what the minimum is; in other words, what is the threshold below which there will certainly be a deterioration in the quality of care and in selected outcome indicators.

CONCLUSIONS 6: PHYSICAL CHARACTERISTICS

It would be important to identify the key variables which facilitate (or are strictly needed for) the creation of a home-like, pleasant physical environment for long-term residents. In particular, several studies have highlighted that most residents attribute great importance to privacy (virtually nonexistent in the former mental hospitals), and this has precise implications in terms of architectural features (e.g. availability of single rooms, private bathrooms, etc.).

CONCLUSIONS: 7

Costs of RFs can widely differ, depending on a large number of patients and facilities' characteristics.

CONCLUSIONS: 8

- *"community treatment… is a service delivery vehicle. It can allow treatment to be offered to a patient, but is not the treatment itself. This distinction is important, as the actual ingredients of treatment have been insufficiently emphasized" (Thornicroft, 2000).*