

SYNOPSIS Community-based psychiatry has attracted a wide interest in the last 20 years. However, the evidence in the literature on monitoring and evaluating community psychiatric services for a long period of time is scanty. The aim of this monograph is to present the results of a number of evaluative studies, covering a ten-year period, conducted in South-Verona, an area of 75000 inhabitants in Northern Italy, where a new community-based system of care, the South-Verona Community Psychiatric Service (CPS), has operated since 1978. This system, which is based on the provisions of the Italian psychiatric reform, is alternative to the old hospital-centred system of care, and provides care and support to all types of patients, without back-up from the mental hospital, where only a few old long-stay in-patients continue to reside.

In the first part of the monograph, trends in the provision of psychiatric care in the period 1979–1988 are presented, using the South-Verona Psychiatric Case Register (PCR). Both one-day and one-year prevalence figures and incidence rates are lower than in other register areas outside Italy, partly because of the smaller number of specialized out-patient services available in South-Verona and partly because of less use of in-patient care in our area. Moreover, there is a tendency in Italy to care for elderly patients in geriatric institutions outside the psychiatric system.

Most of the patients seen in any year are treated without in-patient care. This applies to all diagnostic groups, except affective psychosis. Rates of compulsory admission dropped dramatically after the reform. The total number of admissions to all in-patient psychiatric facilities (including private hospitals) in 1988 is only 8.4% lower than that found in 1977 (one year prior to the reform), while the mean number of occupied beds in 1988 was 47% lower than in 1977.

In South-Verona point-prevalence of long-stay in-patients has slowly decreased over the years and there is a negligible build-up of new long-stay in-patients. The South-Verona CPS is now taking care of most psychiatric patients who, before the reform, would have been admitted to the mental hospital and become long-stay. These patients, who may be defined as long-term patients in the community, have consistently accumulated since 1981 and are making high use of psychiatric community services.

In the second part the results are reported of a retrospective follow-up study conducted on the full cohort of those South-Verona residents who, in 1979, contacted the psychiatric services monitored by the South-Verona PCR and received an ICD-9 diagnosis of 'schizophrenia or other functional non-affective psychosis'. Patients who met the inclusion criteria ($N = 60$) were traced in 1986 and interviewed using standardized instruments (PSE-9, DAS-2, PIRS). Patients living in the community were found in different living conditions. None of the patients who were judged to need support were without it (i.e. none were '*abbandonati*'), including those who were out of contact with psychiatric services. An excess mortality that is within the twofold increase reported in other studies was found. Only one death was due to suicide.

Comparisons between patients who remained in the mental hospital and community patients revealed that the clinical conditions of mental hospital patients tended to remain unmodified through the years, while their social skills declined. These patients were withdrawn, unable to relate to others, with no interests or activities at all. On the other hand, community patients were most frequently disturbed in their occupational role and their heterosexual role behaviour. Symptomatology and social performance in community patients were correlated, but not consistently.

The results of this study underline the likelihood that prolonged contact with psychiatric services, even if community orientated, does not *in itself* entirely prevent social disability. A parallel study conducted on the same cohort of patients is reported in the third part. A procedure was used recently developed by Brewin *et al.* (1987) for assessing the needs for care of long-term mentally ill patients in the community (Needs for Care Assessment Schedule – NFCAS). It was found that the South-Verona CPS was meeting both clinical and living skills needs for care of its patients. On the other hand the patients in contact with other services or private practitioners were presenting few problems, and those out of contact with any form of services were presenting the lowest number of problems. It was found that the NFCAS is not appropriate for rating long-stay in-patients still living in mental hospitals.

Prevalence figures and incidence rates of patients with affective disorders who contacted the

South-Verona PCR in the period 1979–1988 are reported in part four. Seasonal variations of contacts with psychiatric services have also been studied. No significant variation was found in the occurrence of new episodes of affective psychosis in females and of depressive neurosis in either sex. On the contrary, the results of the harmonic analysis show in males with affective psychosis three significant seasonal harmonics, with peaks in spring and late summer/early autumn. Moreover, it has been shown that in South-Verona for every 100 ‘contacts’ at the GP level there are 10 contacts at the extramural specialist level and 1 admission to hospital, confirming that most affective disorders are treated mainly at the general practice level.

Part five reports the studies completed so far in South-Verona at the primary-care level and shows the advantages of conducting epidemiological investigations in parallel at *both* general practice and specialist psychiatric care levels, in defined geographical areas. Finally, in part six the implications for elsewhere of the South-Verona ten-year experience in alternative community care are discussed, and suggestions for further research are put forward.