

## Editorial

An architect for mental health:  
an appreciation of Michele Tansella

Graham Thornicroft

**Summary**

Michele Tansella, Professor of Psychiatry at the University of Verona, died in 2015. This editorial pays tribute to his contributions to scholarship in the field of psychiatric epidemiology and health service research, and to his highly effective efforts to improve mental healthcare, locally, nationally and internationally.

**Declaration of interest**

G.T. was a close collaborator with Professor Tansella.

**Copyright and usage**

© The Royal College of Psychiatrists 2017.

Graham Thornicroft is Professor of Community Psychiatry at the Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King's College London.

After an outstanding career of scholarship in the field of psychiatry, Michele Tansella died in 2015. Long a close friend of this journal (a corresponding editor since 1994), it is now timely to appreciate and to celebrate his contributions to mental health. I will focus mostly on the papers he published in the *BJPsych* as exemplars of the arc of his wider work.<sup>1</sup> In particular I will show how he constructed – over four decades – the building blocks and then the higher levels of his career to become, as he often described himself, an ‘architect for mental health’.

His initial research took place under the mentorship of Professor Malcolm Lader, at the Institute of Psychiatry in London, and addressed the effects and adverse consequences of diazepam use.<sup>2</sup> As was surprisingly common at that time, his early research focus was quite different from the field in which he later distinguished himself, and indeed he then went on to work closely with Professor Michael Shepherd, who was an enduring influence on all his later work.

Establishing himself in Verona as the Head of the Department of Psychiatry, he increasingly dedicated himself to investigating questions central to epidemiology and to public mental health.

He had scientific curiosity about patterns in the occurrence of cases of mental disorders, and in how services try to respond (and often fail to respond) to these high levels of need. In 1979 he established the Verona Psychiatric Case Register, a powerful tool to monitor the implementation of the Italian psychiatric reform in 1978 in the catchment area of South Verona and the foundation of his team's future population-based studies. He strongly supported the reform and pioneered the community-based psychiatric service in South Verona, the first example in the Veneto region, and subsequently showing that the 1978 Italian Mental Health Act led to reduced hospital admission rates.<sup>3</sup>

The case register produced manifold rewards in its ability to answer fundamental epidemiological questions. For example, he investigated the occurrence of first-episode psychosis, an area in which he made a pioneering contribution.<sup>4</sup> He was also among the first to document higher rates of mortality among people with mental illness.<sup>5</sup> Further, he brought an original approach to the psychiatric residency training course at the University of Verona, providing a blend of high-quality instruction, practical clinical

experience in hospital and community settings, and an unwavering respect for the needs and perspectives of patients.

During the following decade he intensified his efforts to know how best to provide mental health services, making important contributions to foundational work, such as describing alternatives to hospital admission,<sup>6</sup> defining severe mental illness,<sup>7</sup> contributing to a suite of internationally harmonised scales to use for mental health services research,<sup>8</sup> and using population-based data to understand why people dropped out of care.<sup>9</sup> Never satisfied with what he knew, he wanted to synthesise all the available evidence on the effectiveness of hospital care and community care, from which synthesis emerged the balanced care model for mental healthcare.<sup>10–12</sup> This evidence chimed with his personal clinical experience – as a pioneer of community-based services in the South Verona region in Italy – that while most mental health resources need to be invested in community treatment, care and support for people with mental illness, there remains a requirement for a relatively small number of acute psychiatric beds to provide high levels of support during crises, and in fact the South Verona service has managed with only 15 acute beds since the psychiatric reform was introduced.

Over and above these activities, he founded the journal *EPS* in 1994 and remained its Editor-in-Chief for the following two decades. Now entitled *Epidemiology and Psychiatric Sciences*, his careful scientific oversight ensured that this journal gave international visibility to the best health service and epidemiological research, that it was the first Italian scientific journal to be indexed, and that its impact factor improved steadily year by year. This relentless focus on making practical, evidence-based improvements in services led Michele Tansella towards the field now called ‘implementation science’, namely investigating how best to put proven evidence into routine clinical practice for the benefit of patients.<sup>13,14</sup>

He accomplished these many gifts to his fields of science while shouldering a remarkable administrative load, for example serving as Dean of the Medical School at the University of Verona for most of his final years, and fully discharging his responsibilities as Head of the local clinical services, and as Head of the World Health Organization Collaborating Centre in Verona. He knew that his ability to fully enact his scientific knowledge depended on his authority within the local services and on the quality of his relationships with all the key people within the local health system. He also knew, especially as he became unwell, that he needed to plan for his legacy by carefully transferring his responsibilities to his senior colleagues. His success in forming these partnerships was made wonderfully manifest by the several

hundred colleagues, from near and far, who spoke movingly about his commitment to his work, and his successful ability to move administrative mountains, when paying tribute to him at his retirement Festschrift event in 2014.

For those now beginning to build their research careers, what can be learned from how Michele Tansella constructed his own journey? Whether viewed through the narrower lens of his 29 papers in this journal, or the wider arc of all his 315 published papers, a number of key lessons emerge. He fully committed himself to undertaking research of the very highest level of quality, and never settling for second best. He put himself in senior clinical and management positions in which he could enact his understanding of what treatments and services work best for people with experience of mental illness. He was able to continuously refresh his passion for knowledge by flexibly adapting to new questions and to new challenges, and he kept renewing his own research skills (not always the case among senior researchers). He welcomed working with colleagues across the whole world, and being open to their challenges; and he recognised the value of long-term collaborations to build strong research teams and networks of expert colleagues with complementary skills.

In short, Michele Tansella was an outstanding scientist, friend, mentor and exemplar of a life dedicated to science, with all his creativity, flexibility, curiosity, determination and his commitment to a better world for people with mental illness.<sup>5,7,10,15–21</sup> He was the architect of his own career accomplishments, as well as for the progression of many of his professional colleagues and for the progress of community psychiatry across the world. He demonstrated in his own life the importance of acting ethically and proudly to promote public mental health. The *BJPsych* has been fortunate to benefit from the many contributions of such a fine man.

**Graham Thornicroft**, PhD, Centre for Global Mental Health & Center for Implementation Science, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London SE5 8AF, UK. Email: graham.thornicroft@kcl.ac.uk

First received 14 Dec 2016, final revision 8 Mar 2017, accepted 14 Mar 2017

## References

- 1 Thornicroft G. Michele Tansella 1942–2015. *Epidemiol Psychiatr Sci* 2015; **24**: 461–3.
- 2 Tansella M, Siciliani O, Burti L, Schiavon M, Zimmermann C, Gerna M, et al. N-desmethyldiazepam and amylobarbitone sodium as hypnotics in anxious patients. Plasma levels, clinical efficacy and residual effects. *Psychopharmacologia* 1975; **41**: 81–5.
- 3 Tansella M. Community psychiatry without mental hospitals – the Italian experience: a review. *J R Soc Med* 1986; **79**: 664–9.
- 4 Tansella M, Micciolo R, Biggeri A, Bisoffi G, Balestrieri M. Episodes of care for first-ever psychiatric patients. A long-term case-register evaluation in a mainly urban area. *Br J Psychiatry* 1995; **167**: 220–7.
- 5 Amaddeo F, Bisoffi G, Bonizzato P, Micciolo R, Tansella M. Mortality among patients with psychiatric illness. A ten-year case register study in an area with a community-based system of care. *Br J Psychiatry* 1995; **166**: 783–8.
- 6 Tansella M. Alternatives to standard acute in-patient care for people with mental disorders: from systematic description to evaluative research. *Br J Psychiatry* 2010; **197** (suppl 53): s1–3.
- 7 Ruggeri M, Leese M, Thornicroft G, Bisoffi G, Tansella M. Definition and prevalence of severe and persistent mental illness. *Br J Psychiatry* 2000; **177**: 149–55.
- 8 Becker T, Knapp M, Knudsen HC, Schene A, Tansella M, Thornicroft G, et al. The EPSILON Study – a study of care for people with schizophrenia in five European centres. *World Psychiatry* 2002; **1**: 45–7.
- 9 Amaddeo F, Zambello F, Tansella M, Thornicroft G. Accessibility and pathways to psychiatric care in a community-based mental health system. *Soc Psychiatry Psychiatr Epidemiol* 2001; **36**: 500–7.
- 10 Thornicroft G, Tansella M. Components of a modern mental health service: a pragmatic balance of community and hospital care. *Br J Psychiatry* 2004; **185**: 283–90.
- 11 Thornicroft G, Tansella M. *Better Mental Health Care*. Cambridge University Press, 2009.
- 12 Thornicroft G, Tansella M. The balanced care model: the case for both hospital- and community-based mental healthcare. *Br J Psychiatry* 2013; **202**: 246–8.
- 13 Thornicroft G, Lempp H, Tansella M. The place of implementation science in the translational medicine continuum. *Psychol Med* 2011; **41**: 2015–21.
- 14 Tansella M, Thornicroft G, Lempp H. Lessons from community mental health to drive implementation in health care systems for people with long-term conditions. *Int J Environ Res Public Health* 2014; **11**: 4714–28.
- 15 Garzotto N, Burti L, Tansella M. A fatal case of pancytopenia due to levomepromazine. *Br J Psychiatry* 1976; **129**: 443–5.
- 16 Tansella CZ, Tansella M, Lader M. A comparison of the clinical and psychological effects of diazepam and amylobarbitone in anxious patients. *Br J Clin Pharmacol* 1979; **7**: 605–11.
- 17 Sytema S, Balestrieri M, Giel R, ten Horn GH, Tansella M. Use of mental health services in south Verona and Groningen. A comparative case-register study. *Acta Psychiatr Scand* 1989; **79**: 153–62.
- 18 Becker T, Knapp M, Knudsen HC, Schene A, Tansella M, Thornicroft G, et al. The EPSILON study of schizophrenia in five European countries. Design and methodology for standardising outcome measures and comparing patterns of care and service costs. *Br J Psychiatry* 1999; **175**: 514–21.
- 19 Rossi A, Amaddeo F, Bisoffi G, Ruggeri M, Thornicroft G, Tansella M. Dropping out of care: inappropriate terminations of contact with community-based psychiatric services. *Br J Psychiatry* 2002; **181**: 331–8.
- 20 Lasalvia A, Bonetto C, Tosato S, Zanatta G, Cristofalo D, Salazzari D, et al. First-contact incidence of psychosis in north-eastern Italy: influence of age, gender, immigration and socioeconomic deprivation. *Br J Psychiatry* 2014; **205**: 127–34.
- 21 Tansella M, Thornicroft G. Implementation science: understanding the translation of evidence into practice. *Br J Psychiatry* 2009; **195**: 283–5.