



EPA EMERGENCY PSYCHIATRY SECTION REPORT 2019

SECTION COMMITTEE MEMBERS:

Chairperson: FURLAN Pier Maria

Secretary: MULDER Cornelis

Councillor: TYANO Sam

ACTIVITIES OF THE SECTION IN 2019:

Meetings/events

The section activity in 2019 was concentrated on academic conferences and visits to Brazil and the People's Republic of China and on a further development to enhance all over Italy and abroad the "School in Hospital" network for long term pediatric hospitalisation for children with mental health disorders, as well as for children with cancer needing long term treatment at hospital and, from this year, also at home.

In Brazil I have spent three weeks from 10 to 31 August 2019, professionally visiting the States of Piauí and Goiania, and the City of Nova Iguaçu one of the Municipalities of Baishada Fluminense (RdJ) and the cities of Niteroy and Rio de Janeiro. In particular, in Piauí, following the invitation of the Governor of the State and the State Councillor for Health, on behalf of Turin University as expert for its mental health organization, we have signed an official framework agreement with the Government of the State for scientific educational consulting cooperation. During the visit I was asked to visit the largest Asylum in the Capital, Teresinha, whose conditions correspond to the fact that Piauí is the poorest State in Brazil, even if the Governor is thoroughly intentioned to cope with the situation by introducing a reform on the basis the Italian experience and technical advice (I was the advisor for the successful closure of the largest mental hospital in Italy – Collegno). The Governor also intends to establish a relationship with the Section and the Chair of the National Network for School in Hospital, (the mission included the Chair), given our ongoing experience running a University Master Course on the "School in Hospital" (for the long term hospitalization of children with mental health diseases and solid or liquid cancer as explained above). The same mission went to the City of Goanìa, Capital of the State of Goia, where a partnership has been signed with the local government and the Saussuna Psychological Institution (a local NGO). Furthermore, Emergency Psychiatry and the School in Hospital were of particular interest to the Niteroi University (a private institution, depending on the Salesian Order) due to its policy oriented towards helping people living in "comunidades" (known as Favelas). A framework for an



exchange of knowledge and expertise has been signed with the Rector of the University. Finally, a long workshop on emergency psychiatry and drug abuse (80% of attendees live in City Comunidades) and follow up seminars will continue regularly with telelearning.

In 2018 October 10 I had a conference on abuse of diagnoses and antidepressants in Shanghai International Conference organized by La Defense Industries, replied December 20. In January 9-13, 2019 I have held a conference on medical organization in the University of Zhongshan. In July I have been invited at the International Congress in Nanjing on Nanjing City of advances technologies. Finally, I have presented the topic of the common denominators between western and traditional Chinese medicine, as a further opportunity in medical care and mental health, in a Summer School organized by the University of Zhengzhou August 1-3, 2019.

The University of Shenzhen has invited me on November 6-10 2020 to give a talk on the above mentioned topic.

I have continued the active and frequent collaboration with China (PRC), even if the possibility to establish a fruitful and direct exchange on the topic of psychiatry has had to be slightly by-passed, facing arguments focused on psychosomatic emotional reaction to cancer, PTSDs, Health organisation etc.

The organization of a joint meeting with Professors Niels Mulder and Sam Tiano in Berlin on Emergency Psychiatric events will be postponed to next year for administrative reasons. The 2020 programme is closely linked to the issues and projects described above. Cooperation with other Sections would be very welcome.

Publications

Compulsory Psychiatric Admissions in an Italian Urban Setting: Are They Actually Compliant to the Need for Treatment Criteria or Arranged for Dangerous Not Clinical Condition?

Autori: Oliva F; Ostacoli L; Versino E; Portigliatti Pomeri A; Furlan PM; Carletto S; Picci RL.

Data di pubblicazione: 2019

Abstract: Background: Italy was one of the first European countries adopting the need for treatment criteria for compulsory admission (CA). The aim of the present study was to confirm whether CA in an urban setting in Italy was compliant with the



requested clinical criteria. Methods: In this retrospective observational study, we retrieved all collected information regarding CA in Turin (Italy) from January 2006 to December 2013. All content and data reported in the CA forms, including diagnosis and clinical details, were gathered and analyzed. Comparisons between CA with and without a diagnosis of DSM-IV psychiatric disorders and between different diagnoses were performed using either parametric or non-parametric tests, depending on variable distribution. Results: Three hundred and two (10.5%) of 2,870 consecutive CAs made in Turin during a lag time of 8 years were due to unknown psychiatric diagnoses (113; 3.9%) or to psychomotor agitation (189; 6.6%). The most prevalent psychiatric disorders leading to CA were schizophrenia (729; 25.4%), brief psychotic disorder (627; 21.8%), bipolar disorder episode (396; 13.8%), delusional disorder (292; 10.2%), and personality disorder (237; 8.3%). The CAs due to psychiatric disorder were longer ($U = 328,875.0$; $p < 0.001$) and involved patients who were more likely to be compulsorily admitted during the study period ($U = 357,012.5$; $p = 0.003$), to have had prior contact with a psychiatrist [$\chi^2(2) = 28.34$; $p < 0.001$], to have had previous admissions to a psychiatric ward [$\chi^2(2) = 33.06$; $p < 0.001$], to be under the care of psychiatric services [$\chi^2(3) = 87.01$; $p < 0.001$], and not to have concurrent alcohol [$\chi^2(1) = 23.06$; $p < 0.001$] and/or drug use [$\chi^2(1) = 12.97$; $p < 0.001$] than those due to psychomotor agitation/unspecified diagnoses. Conclusion: Despite a history of 35 years of CA made according to a strict need for treatment criteria, the evaluation of CA records shows that a certain proportion of Oliva et al. Compulsory Psychiatric Admissions in Italy CAs appears to have been due to brief, not psychiatric, alcohol/drug related behavioral conditions. Further studies should confirm the need for law reform leading to



the integration between the need for treatment and the danger criteria for CAs.

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