Over the past decades, the therapeutic goal for schizophrenia has become more and more ambitious, shifting from that of controlling violent episodes to ameliorating patients’ symptoms, to the extent that individuals with schizophrenia can achieve a relative degree of social and relational remission. Indeed, thanks to more recent pharmacological and psychosocial forms of intervention, once pessimistic attitudes toward long-term schizophrenia outcomes are transforming gradually into guarded optimism.

Evidence of the efficacy of various forms of treatment now make it possible for researchers and clinicians to consider both the remission of severe symptoms for long periods of time and the possibility of good social functioning as potential goals. The success attained thus far in this field has also broadened the scenario in such a way as to lead to true improvements in the quality of routine care, which are predicted to continue over the next few years. At the same time, however, although this realistic goal is now in sight, fulfilling that goal requires that mental health services in Italy (and in general, in the western world) make many cultural and organisational changes that are not easy to achieve on a large scale.

The translation of more innovative and efficacious treatments from experimental endeavours to routine clinical practice occurs slowly; and when it does occur, the transformation process is influenced by complex mechanisms. Hence, it is crucial that policy makers and clinicians discuss both the delivery and the content of care on a regular basis when developing mental health care programmes. Other factors to always be carefully examined are overall organizational models, specific types of intervention or intervention packages selected, quantity and quality of mental health staff training, and most of all, the methods proposed for achieving these goals and assess their outcomes (Tansella & Thornicroft, 2001; Ruggeri & Tansella, 2007; Thornicroft & Tansella, 2008).

Negli ultimi decenni, gli obiettivi terapeutici nel trattamento della schizofrenia sono diventati sempre più ambiziosi, passando dall’obiettivo di “contenimento” dei comportamenti aggressivi, prima, all’obiettivo di ottenere un miglioramento dei sintomi, poi, fino all’obiettivo di una restituzione quanto più completa alla vita sociale e relazionale. Grazie ai trattamenti farmacologici e psicosociali, anche la percezione dell’esito possibile della schizofrenia è cambiata, da una visione ineluttabilmente pessimistica ad una visione di, seppur cauto, ottimismo. Le evidenze scientifiche sull’efficacia dei trattamenti consentono di identificare come obiettivo potenziale dei trattamenti se non “la guarigione”, almeno la remissione per lunghi periodi dei sintomi più gravi e il mantenimento di un buon funzionamento sociale. Avere questa prospettiva e porsi questi obiettivi richiede un notevole salto di qualità delle pratiche attuate nell’ambito della routine clinica.

La “cinghia di trasmissione” dei trattamenti più innovativi e efficaci, dalla ricerca alla pratica di routine, quando funziona, funziona lentamente ed è influenzata da meccanismi complessi. In particolare, pare necessaria oggi una riflessione sia sul contesto in cui vengono forniti i trattamenti, sia sui contenuti dei trattamenti stessi, che coinvolga i modelli organizzativi dei servizi, la scelta degli specifici interventi, o dei pacchetti di interventi da attuarsi, il processo di formazione dei professionisti che operano nell’area della salute mentale e il metodo che deve essere utilizzato per realizzare questi obiettivi e per valutare la misura in cui sono stati raggiunti (Tansella & Thornicroft, 2001; Ruggeri & Tansella, 2007; Thornicroft & Tansella, 2008).

Tutte queste considerazioni sono alla base del Progetto DIRECT’S (Discrepanze fra pratiche di Routine ed
The sum of these considerations constituted the background of the SIEP-DIRECT’S (Discrepancy between Routine practice and Evidence in psychiatric Community Treatments on Schizophrenia) Project—conducted by the Italian Society of Psychiatric Epidemiology (SIEP) from 2004 to date. The project—to which this issue of EPS is entirely dedicated—was promoted and led by Mirella Ruggeri during her Presidency of SIEP. Together with the Society’s Vice-President (Domenico Semisa), Dr. Ruggeri has also been coordinating SIEP-DIRECT’S efforts in the Project’s implementation, with the close collaboration of Antonio Lora, and of experts from other European countries and Italy, and the participation of a large group of mental health professionals working in 19 Mental Health Services (MHS) located throughout Italy. To achieve the project’s aim of identifying discrepancies between evidence and routine practice, SIEP’s Group of experts developed and tested a set of 103 indicators that operationalized preferred clinical practice requirements according to the NICE Guidelines of schizophrenia (National Institute for Clinical Excellence, 2003). The work was conducted with reference to the Italian version of the NICE Guidelines on Schizophrenia (Carrà et al., 2004) and with the permission and the expertise support of NICE. The SIEP-DIRECT’S Project promotes reflection that can be delineated along three main axes:

a) What are the actual routine mental health service practices for schizophrenia treatment in Italy, and to what extent do they diverge from current evidence?
b) What is the usefulness of clinical guidelines? What is their potential role in promoting improvements in clinical practice? What are their limitations?
c) What are the problems that must be dealt with in psychiatric community care to ensure continuous staff competency updating, apply evidence-based approaches, and monitor the effectiveness of these approaches?

As shown by the 6 Original Articles included in this issue of EPS, the data yielded by the SIEP-DIRECT’S Project demonstrate that an advanced community care model, such as the one developed in Italy over the last 30 years, has the capacity to quickly intervene, engage patients suffering from severe mental illness and interact appropriately with the agencies operating in the surrounding community and with patients’ social networks. In the MHSs participating in the project, clinical practices concerning drug use were shown to be acceptably in line with the NICE clinical guidelines, although major discrepancies between evidence and guidelines concerning several other aspects were detected: a lack of written guidelines evidences in the psychiatry of Community for the Treatment of Schizophrenia (EPS) (SIEP-direct)—attained by the Society Italian of Epidemiology Psychiatric (SIEP) from 2004 ad oggi, during the presidency of Mirella Ruggeri, that has fostered and guided—a number of EPS is interamente dedicated. The focus to the and the achievement of the project has been coordinated by the same President and the Vice-President (Domenico Semisa), with the precious collaboration of Antonio Lora and an ample group of experts Italian and foreign and the participation of many professionals of mental health operators in 19 Centri di Salute Mentale (CSM) of various Italian provinces.

Per identificare le discrepanze fra evidenze e pratiche di routine nel trattamento della schizofrenia, nell’ambito del Progetto SIEP-DIRECT’S, è stato messo a punto un set di 103 indicatori costruiti in modo tale da rendere misurabile ciascuna delle raccomandazioni contenute nelle Linee Guida del National Institute for Clinical Excellence (NICE) per il trattamento della Schizofrenia (National Institute for Clinical Excellence, 2003). Questo lavoro è stato svolto utilizzando la versione italiana ufficiale di tali linee guida (Carrà et al., 2004) ed è stato condotto con il permesso e il supporto dello stesso NICE.

Questo Progetto favorisce una riflessione che si snoda su tre assi principali:

a) quali sono le pratiche attuate nella routine clinica per il trattamento della schizofrenia e quanto esse si discostano dalle evidenze scientifiche?
b) qual è l’utilità e quali sono i limiti delle linee guida e il ruolo che esse possono giocare per il miglioramento delle pratiche cliniche?
c) quali sono le difficoltà che debbono essere affrontate nella psichiatria di comunità per favorire un continuo aggiornamento delle competenze ed essere in grado di applicare con tempestività i trattamenti di dimostrata efficacia e di monitorarne i risultati?

I dati del progetto SIEP-DIRECT’S, come illustrato nei 6 Original Articles presentati in questo numero di EPS, confermano che un modello di psichiatria comunitaria avanzato, quale quello sviluppato in Italia negli ultimi 30 anni, ha una buona capacità di intervenire tempestivamente, di tenere “agganciati” i pazienti che soffrono di disturbi psichici gravi e di mantenere buoni contatti con la rete delle istituzioni presenti nella comunità e con il contesto sociale di riferimento. Discretamente in linea con le linee guida appaiono le pratiche farmacologiche dei Servizi che hanno partecipato alla ricerca, mentre sono stati individuati una serie di aspetti in cui si rileva un’elevata discrepanza fra le pratiche cliniche e le evidenze: la difficoltà di

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and protocols to serve as a guide for treatment provision; underestimation of the importance of systematically providing users with information on diagnosis, outcomes, and treatments; a tendency to avoid implementing specific and structured forms of intervention and monitoring their outcomes; and difficulty in considering patients’ family members as individuals directly requiring specific forms of support and who should also be regularly involved in the patient care process. The SIEP-DIRECT’S Project data indicate that too many services are still operating under the influence of these attitudes. This finding points to a need for cultural growth in Community Psychiatry. This field should more carefully re-examine the guideline topics and work towards a sound understanding of the importance of action that is extended to family and social networks (a widely acknowledged idea…at least theoretically). Moreover, and mostly, these re-evaluation efforts should unfold in a continuous process of examination and comparison of practices and evidence, and of reflection on results obtained and their transferability to other contexts and other individuals. The observation refers, of course, to services participating in the project, and cannot necessarily be considered generalisable to all mental health services operating in Italy.

In the DIRECT’S Project, the NICE clinical guidelines served as a key reference for measuring process of care. This approach per se represents a highly valuable and straightforward method that has seldom been applied to date in psychiatry, given that process variables usually are not measured against standards. As emphasized by Ruggeri’s Special Article in the present issue, the general approach to clinical guidelines is frequently ideological. On one front we can find sceptical and even hostile clinicians fearing that an application of guidelines will diminish the value of their own clinical expertise (Nosé et al., 2003). One the other, stand researchers and policy makers prone to view guidelines in a reductionist manner, unaware of the practical limitations of guidelines (McIntyre, 2002; Leucht, 2007) The 4 Editorials presented in this issue of EPS provide a well articulated and non-ideological perspective on the potential role of clinical guidelines in health services in general and in community mental health care, in particular. This view guided the promoters of the SIEP-DIRECT’S Project, who placed great focus on the study protocol’s capacity for assessing the acceptability of the NICE clinical guidelines in Italian MHSs, based on the views of staff members working in the participating services.

The SIEP-DIRECT’S data do show that the NICE recommendations are largely considered an appropriate standard of reference for measuring the quality of care provided to patients affected by schizophrenia in Italian programmare ed attuare gli interventi basandosi su linee guida e protocolli scritti; la sottovalutazione dell’importanza di fornire agli utenti, con sistematicità, informazioni sulla diagnosi, gli esiti e i trattamenti; la difficoltà di attuare interventi specifici e strutturati e di valutarne gli esiti; una scarsa consapevolezza della necessità di considerare i familiari dei pazienti come figure che debbono essere supportate in maniera specifica e coinvolte con regolarità nel processo di cura. I dati desunti dall’indagine condotta nel l’ambito del Progetto SIEP-DIRECT’S evidenziano che è ancora troppo alto il numero di Servizi che soggiacce a tali attitudini, il che segnala la necessità di una cresita culturale nella Psichiatria di Comunità che sappia declinare l’importanza di un’azione estesa alla rete familiare e sociale – da tutti ampiamente riconosciuta in via teorica – in un continuo processo di confronto fra le pratiche e le evidenze e di riflessione sui risultati ottenuti e sulla loro trasferibilità ad altri contesti e ad altri soggetti. Questo vale, ovviamente, per i Servizi che hanno aderito all’invioto della SIEP ed hanno partecipato alla ricerca.

Nel Progetto SIEP-DIRECT’S i processi di cura vengono misurati avendo come riferimento le linee guida NICE per la schizofrenia. Questo metodo di per sé costituisce un approccio di grande interesse, che è stato raramente applicato in Psichiatria. Come sottolineato da Ruggeri nello Special Article di questo numero, l’approccio alle linee guida risente spesso di atteggiamenti ideologici ed è soggetto ad estremismi, con la tendenza, da un lato, degli operatori a guardare alle linee guida con scetticismo o addirittura ostilità, per il timore che esse svioliscano il valore della propria esperienza clinica (Nosé et al., 2003) e, dall’altro, dei ricercatori e, talvolta, degli amministratori, ad utilizzare in maniera rigida ed acritica, senza alcuna consapevolezza delle loro limitazioni (McIntyre, 2002; Leucht, 2007). In controtendenza con queste attitudini, i 4 Editoriali presentati in questo numero di EPS, forniscono una visione articolata e “laica” del ruolo che le linee guida possono svolgere nei Servizi sanitari in generale e nei Servizi psichiatrici di comunità in particolare. Questa stessa visione è stata adottata dai promotori del Progetto SIEP-DIRECT’S, che grande spazio hanno lasciato nel protocollo dello studio affinché gli operatori dei Servizi coinvolti potessero esprimere il proprio parere sull’accettabilità delle linee guida NICE nel contesto italiano.

Se i dati riportati nei lavori sperimentali, pubblicati in questo numero, dimostrano che le raccomandazioni NICE per il trattamento della schizofrenia sono state considerate dai Servizi italiani un appropriato standard di riferimento per misurare le prestazioni erogate dalla larga maggioranza degli operatori interpellati, un quadro ricco di luci ed ombre emerge dai dati ottenuti sulle prestazioni...
MHCs. Yet, the emerging picture on schizophrenia treatment in Italy presents lights and shadows – if analyzed by using those same standards. This situation therefore poses a series of questions on the challenges that should be undertaken by community psychiatry in the near future.

Specifically, mental health services will have to more rationally plan the allocation of resources in relation to the therapeutic goals they aim to achieve (Goldberg, 2008), and they will have to design mental health staff training activities accordingly. Yet, they should also be able to combine technical expertise with increased user involvement, including respect of user rights to receive comprehensive information. The challenge, therefore, is not simply a problem of costs and increased financial resources (Amaddeo et al., 1998; Amaddeo & Tansella, 2007).

It is essential that policy makers and clinicians not surrender to the many difficulties that are inherent in overcoming these challenges. The proposed approach presents true potential for improving the outcomes – not only of patients affected by schizophrenia, but the lives of their family members as well and the social fabric thereby. Moreover, given that these general principles apply to many clinical scenarios, they can significantly improve the outcomes of other mental disorders.

Other European countries were in a similar situation years ago (Becker et al., 2002). This historical moment appears highly promising for community psychiatry in Italy, although it presents the potential for many pitfalls as well. “Last generation” clinical guidelines represent just one type of tool that can serve to write a working agenda (Grol & Grimshaw, 2003); recent developments in the field of psychiatric epidemiology can also help, as it has been possible to develop methods and instruments that are actually feasible for clinical practice and are “ready to use” in facilitating these processes.

In this regard, moreover, the knowledge gained through the SIEP-DIRECT’S Project is quite significant. It did identify a lack of adequate information provided by local informative systems, but it also showed that, by combining both quantitative and qualitative sources, it is possible to gather data that is of reasonably good quality and is thorough in terms of practices. Furthermore, to render the SIEP-DIRECT’S experience fully accessible and reproducible by clinicians and researchers working in Italy and in other countries and to favour cross-cultural comparison, all the Instruments 1, 2, 3 used in the SIEP-DIRECT’S Project (including the entire set of indicators developed to operationalize the NICE recommendations and the Questionnaire on user satisfaction) are provided online from http://www.psychiatry.univr.it/page_eps/back_issues.htm or from http://www.eps-journal.com.

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Lastly, we wish to emphasise that this project represents a rare example of multicentre research conducted by maintaining full autonomy and without benefitting from dedicated funds. The experience was made possible thanks to the expertise and generosity of the national and international board of experts that promoted and supervised the Project – but also, and mostly, to the enthusiasm, motivation, and curiosity of the staff operating in the 19 MHSs voluntarily accepting to participate in the study. This is a good reason, in our opinion, to remain optimistic about the capacity of psychiatric community care to face the challenges posed by the progress of current scientific knowledge.

Desideriamo dedicare questo Fascicolo di EPS a Piero Morosini, scomparso il 9 Settembre 2008. Piero Morosini ha dato un contributo fondamentale al Progetto SIEP-DIRECT’S, in cui è stato membro del Gruppo di Esperti Nazionali che hanno messo a punto il set di indicatori e dell’International Advisory Board. Egli è anche coautore dell’articolo che illustra il disegno del progetto, a cui ha collaborato fino alle ultime settimane di vita.

REFERENCES


