



## Editorial

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At the end of this horrible year we try to take stock of the general situation and our scientific society. This second wave of the pandemic has led to mixed feelings of resignation and anger among the population. We have resigned ourselves to using interpersonal distancing, masks, disinfectants, communication devices and has significantly reduced movement between places. On the other hand, we have become more intolerant to the slowness of bureaucracy, the lack of adequate answers and words or documents with little content; we refer to the continuous requests for protocols to be updated that meet theoretical criteria and involve prohibitions with no usable alternatives. Similar experience is induced by those who consider physical restraint in psychiatry as the main problem to solve in mental health during the pandemic. Physical restraint is a problem present throughout medicine and can only be justified by the state of need. We fully agree that any abuse in this area should be prosecuted as well as any health malpractice, we do not agree that parliament should legislate on the matter as if it were a specific psychiatric problem. A regulation or guideline in this matter should be prepared for all health practices,. We are deeply convinced that restraint is a risk for the patient and should be prevented and avoided as much as possible; however, in the state of need it becomes the only temporarily viable solution to be implemented according to a guarantee protocol. We would not want the ideology of certain theorists without clinical experience in psychiatry to determine the same result as it has determined up to now on Electric Convulsive Therapy (ECT). Since it has been made free of risks and suffering for the patient, with the combination of anesthesia and curarization, while maintaining some specific indications, it is no longer practiced in Italian public services, although is regularly practiced in those of many other countries. The problems of mental health departments are the shortage of staff and the lack of resources for the competition we have with other medical disciplines with greater influence on public opinion and decision makers. It is certainly not helpful for psychiatrists to present themselves disunited in front of public opinion and institutional bodies such as the region or the ministry. We are referring to sporadic initiatives in the field of mental health that claim to represent it in its entirety, assuming in an apodictic manner to postpone the truth for the solution of our patients' problems. Mental illness is certainly a complex field where biological, psychopathological, relational psychological and social knowledge intersect. The stigma that often accompanies the illness is mostly due to the confusion that public opinion carries out between deviant and mentally ill behavior. People with mental illnesses are no more dangerous than so-called healthy people. On the contrary, only intra-family crime is more frequent in the context of mental illness, and otherwise it is much easier for a patient to be a victim rather than a perpetrator. However, public opinion tends to confuse violent behavior with pathology and this creates stigma for the whole area of mental health, including mental health services. The fear of going mad is a very deep fear within us that determines a defensive fear of the mentally ill person who become the so called "crazy" in the cultural stereotype. Overcoming this barrier is a specific duty of anyone working in the



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field of mental health. It is appropriate to disseminate the culture of the tractability of mental disorders and the good therapeutic and rehabilitative successes that are achieved in psychiatry today. A person with a serious mental illness who voluntarily participates in a pharmacological, psychotherapeutic and rehabilitative process is indistinguishable from a healthy person because of his or her individual and social functioning. The main problem remains the insight of the illness and the consequent compliance in the feasible treatments. To improve them, it is advisable to rely on clinical evidence before proposing or judging the appropriateness of a treatment or medical decision. The aim of our scientific society through the journal Evidence Based Psychiatric Care (EBPC) is to spread the paradigm of scientific methodology and comparison combined with the psychiatric clinic based on the psychopathological tradition.

In this 2020 without congresses in presence many national and international virtual conference have been realized. We have finally managed to reach the quarterly release of the EBPC online journal and we have realized the first national conference of mental health department directors. This last milestone was scheduled to take place in the presence during the national congress of the Società Italiana di Psichiatria (SIP), which unfortunately was postponed by one year. We wanted to host the conference remotely on 18 December 2020 as the first meeting of professionals with responsibilities in different contexts. In Italy the organization of health services has national rules, but these are implemented by regional governments in different ways from region to region. Therefore, it becomes

important the dialogue between professionals working in different regions. The SIP has been promoting this debate for years through the conferences of the regional sections; the conference of department directors is the continuation of a comparison work that started ten years ago in Legnaro (PD) and continued with meetings about every two years (Ostuni (BA), Torino, Milano, Rimini, Treviso and Bolzano). Inviting the directors is an evolution that allows to take on board emerging issues and propose shared solutions to regional and national authorities. The method, timing and themes of the conference will be agreed upon from time to time by the participants and the minutes of the meetings will be made known to all. Through this material we aim to arrive at a shared document of proposals to improve the mental health services in our country.

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