

# Italian social psychiatry research: What gets published in peer reviewed journals?

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**SUMMARY.** **Aims** – To explore the current state of Italian social psychiatry research as evidenced by original papers published in peer-reviewed journals 2004-2006. **Methods** – Electronic databases and hand searches of leading peer-reviewed journals were used to identify original research papers published in 2004-2006, addressing a social psychiatric issue, having at least one Italian author, and reporting data from Italian samples. **Results** – A total of 174 papers were identified. A substantial proportion reported findings of international collaborative research. Quantitative methods dominated, with 86 papers on cross-sectional surveys. Only 18 papers showed results of intervention trials with pre and post measures. Most common target group were psychiatric patients in community mental health services which featured in 93 papers. **Conclusions** – There is a critical mass of Italian social psychiatry research, dominated by a few research centres and with considerable amount of international collaboration. The findings of this survey might reflect the relative shortage of national funding for social psychiatry research.

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## INTRODUCTION

Italy has been widely regarded as one of the driving countries for mental health reforms and de-institutionalisation in Europe. The law 180 is still seen as a significant milestone of reforms towards community mental health care in the western world (de Girolamo *et al.*, 2007).

The law 180 and subsequent reforms were based on a new ideology and pushed through by a sufficient political will. They were based on values and visions about how good mental health care should function. Since the 1970s, the situation has somewhat changed. In particular, we have entered the era of evidence based mental health care, and there is an expectation that future service development will be influenced by research evidence.

Research in this area is applied rather than fundamental research. It has to take into account specific national

traditions and features of the given health and social care system. Thus, there is a challenge to the national scientific community to provide research findings in social psychiatry which may - directly or in-directly - benefit mental health care in Italy.

Inspired by similar analyses of German social psychiatry research conducted by Angermeyer and his group some years ago (Angermeyer & Winkler, 2001; Holzinger & Angermeyer, 2002; 2003), we therefore aimed to explore the current state of social psychiatry research in Italy. This issue can be addressed from various methodological angles, and our approach was to review original research papers in the area published in peer-reviewed journals between 2004 and 2006. This timeframe was chosen to assess the most recent publication output and obtain a comprehensive picture without including too large a number of papers so that the review remained manageable. The review specifically focused on a) the topics covered by the research, b) the type of methods used, and c) the institutional origin of the publications.

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## METHODS

For a paper to be included in this review, the following inclusion criteria were used:

- a) published in years 2004 to 2006;
  - b) having the editorial status of an original paper (exceptions were made for short/brief reports with abstracts);
  - c) reporting data on Italian samples (of quantitative or qualitative nature, no matter if pooled with data from other countries) concerning adult or elderly populations;
  - d) having at least one Italian author individually mentioned in the list of authors (and not just as a member of a study group with collective authorship);
  - e) written in English or Italian;
  - f) published in English or Italian language peer-reviewed journals listed in the Appendix. The list includes the first 70 journals with highest Impact Factor of those listed by the Institute Scientific Information (ISI) Science Citation Index and in Social Science Citation Index for the discipline "Psychiatry" (reference year: 2004) and four Italian Journals included in the Psycinfo database of the American Psychological Association (*Epidemiologia e Psichiatria Sociale*, *Minerva Psichiatrica*, *Rivista di Psichiatria*, *Rivista Sperimentale di Freniatria*);
  - g) addressing a social psychiatry topic. For this we used the definition of social psychiatry by Priebe & Hoffmann (2002) which was also applied by Holzinger & Angermeyer (2003) in their analysis of German social psychiatry research. According to that definition, social psychiatry is a psychiatric discipline studying the social dimension of mental health and mental illness, and social factors in mental health care. It therefore includes psychiatric epidemiology; studies on the impact of life events and interpersonal relationships in psychiatry; attitudes and opinions of patients, mental health professionals and general population on mental illness and its care; research on milieu- and socio-therapeutic methods and specific long-term therapeutic concepts for chronically ill patients; and the evaluation of mental health care using objective and subjective outcome criteria (Priebe & Hoffmann, 2002).
- e) studies merely describing services or therapeutic programmes;
- f) historical papers;
- g) studies dealing with the prevalence or risk of psychiatric disorders in specific physically ill populations;
- h) research on children and young adolescent (below 18 years of age).

The main method to identify papers was a hand search and browsing of the online tables of contents of all considered journals for the years 2004 to 2006. This was complemented by MEDLINE and Psycinfo searches using as search terms the title of journal and search words "Italy" or "Italian". If doubts arose about the inclusion of a paper, the two authors discussed the paper and reached a consensus about its inclusion or exclusion. The following information was then systematically extracted from the identified papers: topic covered, population investigated/source of data, design/scope of research, institutional affiliation of authors.

## RESULTS

A total of 174 papers were identified and included in the analysis. Of these, 115 appeared in international peer-reviewed journals published in English, and 59 in the four Italian journals included. Figure 1 shows the selection process for papers for the review and the methods of research studies reported in the included papers.

Only a small number of studies employed qualitative research methods (n=7,4%). The overwhelming majority applied quantitative methods with statistical analyses (n=167,96%). The design used in most cases was an observational cross-sectional survey (86 papers); 31 studies used a prospective observational design, whilst the analysis of administrative databases was used in 21 papers. Eighteen papers reported results on intervention trials with pre- and post-intervention measures of outcomes. Six of these studies were described as randomized controlled trials (Van Os *et al.*, 2004; Gigantesco *et al.*, 2006b; Gray *et al.*, 2006; Magliano *et al.*, 2006c; Slade *et al.*, 2006; Veltro *et al.*, 2006). Eleven studies, finally, were retrospective analyses of clinical charts.

Primary sources of data for most papers (n=93) were psychiatric patients treated in community mental health services, followed by the general population (n=20), staff of psychiatric services (n=21), family or caregivers of patients (n=16), at risk populations (Hardoy *et al.*, 2005), patients seen by general practitioners (n=7), patients with chronic medical illnesses (n=2), prison inmates (n=2),

We therefore excluded:

- a) studies published in supplements, as letters, editorials, case reports, reviews or meta-analyses;
- b) purely conceptual and methodological papers;
- c) psychometric work, such as the construction or validation of rating scales (e.g., Becchi *et al.*, 2004);
- d) multicentre research where no Italian individual author was individually listed as author or co-author, although Italian authors may have been mentioned as members of a study group with collective authorship (e.g., Buist-Bouwman *et al.*, 2006);

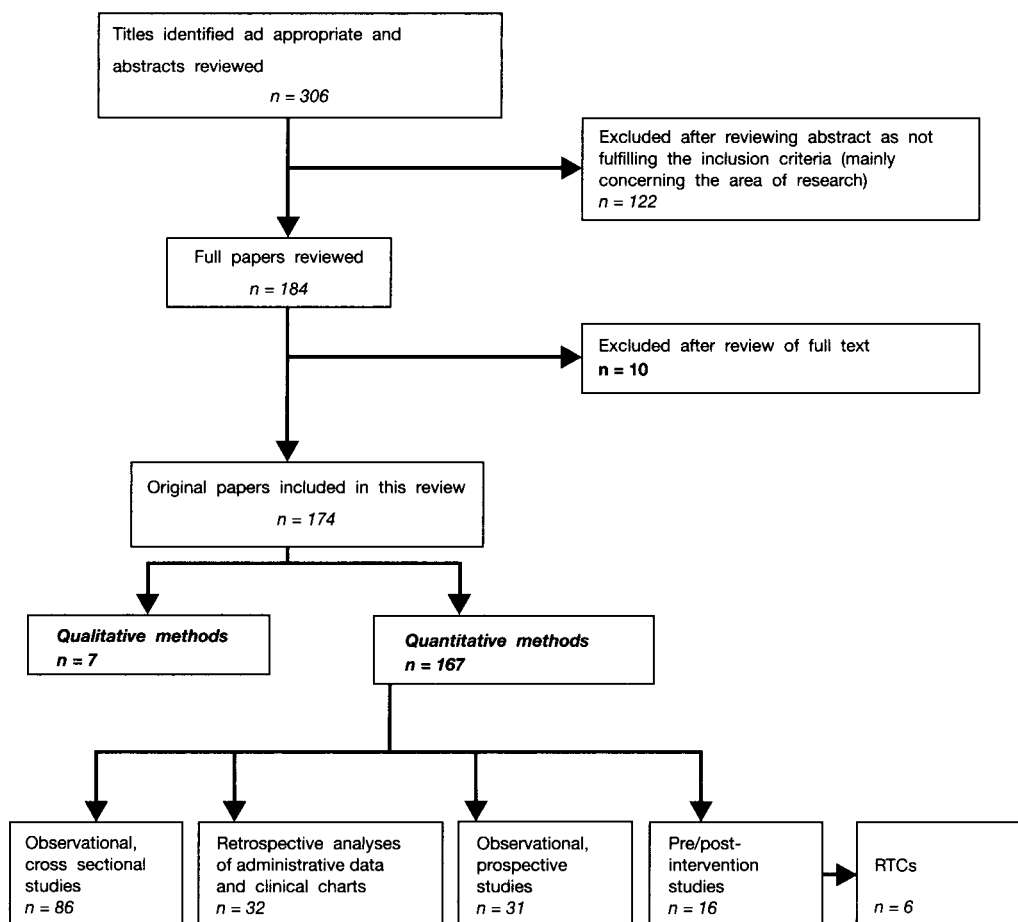


Figure 1. – Selection of papers for the review and methods of studied reported in included papers

elderly people in nursing homes ( $n=2$ ), drug users ( $n=2$ ), and other groups, e.g. police officers (Tomei *et al.*, 2006); 21 papers reported descriptions and analyses of administrative datasets and official statistics.

With respect to the diagnostic groups studied, the single most often represented diagnostic group were patients with schizophrenia ( $n=28$ ). A substantial number of papers ( $n=28$ ), mainly observational naturalistic studies, reported on the clientele in public services, without limiting the type or severity of the disorder. Severe mental illness was the inclusion criterion, even when not explicitly mentioned, for the case-mix of further 20 papers (e.g. those studying samples in therapeutic residential facilities).

Patients with mood disorders were the subject of ten papers, four studied patients with anxiety disorders, three papers focused on patients with eating disorders. Other

specific diagnostic groups were studied in fewer than three papers each (e.g. learning difficulties).

Regarding authorship and institutional affiliation, the majority of papers ( $n=109$ ) reported for the first author (or first listed Italian author in case of international multicentre studies) a university affiliation. The two most productive university centres were the Section of Psychiatry and Clinical Psychology of the University of Verona, followed by the Department of Psychiatry at the University of Naples, SUN. Further centres represented with more than four papers published in the period considered were the Department of Psychiatry of the Universities of Bologna, Cagliari, Ferrara, Florence, Roma “La Sapienza”, and Turin. 36 manuscripts had a first Italian author affiliated with Local Health Agencies belonging to the National Health Service. The remaining 29 papers had as the first

Table I. – Italian social psychiatry papers published 2004-2006: topics.

	N°	REFERENCES
<b>EPIDEMIOLOGY</b>		
Patterns and trends of prescriptions of psychotropics	17	(Barbui <i>et al.</i> , 2004a, Percudani <i>et al.</i> , 2004b, Percudani <i>et al.</i> , 2004c, Andretta <i>et al.</i> , 2005, Barbui <i>et al.</i> , 2005, Bargagli <i>et al.</i> , 2005, Biancosino <i>et al.</i> , 2005, Guaiana <i>et al.</i> , 2005, Pacitti <i>et al.</i> , 2005, Percudani <i>et al.</i> , 2005a, Percudani <i>et al.</i> , 2005b, Pigato <i>et al.</i> , 2005, Tomasi <i>et al.</i> , 2005, Barbui <i>et al.</i> , 2006b, Barbui <i>et al.</i> , 2006c, Percudani <i>et al.</i> , 2006, Tomasi <i>et al.</i> , 2006)
Prevalence/incidence of mental disorders	10	(Battaglia <i>et al.</i> , 2004, Demyttenaere <i>et al.</i> , 2004, Faravelli <i>et al.</i> , 2004a, Faravelli <i>et al.</i> , 2004b, De Ronchi <i>et al.</i> , 2005b, Mangelli <i>et al.</i> , 2005, Carta <i>et al.</i> , 2006, de Girolamo <i>et al.</i> , 2006, Faravelli <i>et al.</i> , 2006, Gigantesco <i>et al.</i> , 2006a)
Suicide	8	(Dello Buono <i>et al.</i> , 2004, Majori <i>et al.</i> , 2004, Guaiana <i>et al.</i> , 2005, Lorant <i>et al.</i> , 2005, Pavia <i>et al.</i> , 2005, Zeppegno <i>et al.</i> , 2005, Martiello <i>et al.</i> , 2006, Scocco <i>et al.</i> , 2006b)
Other (disorders in at-risk populations, inmates)	4	(Carrà <i>et al.</i> , 2004a, Farina <i>et al.</i> , 2004, Bland <i>et al.</i> , 2005, Bellomo <i>et al.</i> , 2006)
<b>MENTAL HEALTH SERVICE RESEARCH</b>		
Costs and funding of mental health services and treatments	11	(Barbui <i>et al.</i> , 2004b, Garattini <i>et al.</i> , 2004, Grigoletti <i>et al.</i> , 2004, Mirandola <i>et al.</i> , 2004, Percudani <i>et al.</i> , 2004a, Ruggeri <i>et al.</i> , 2004a, Andretta <i>et al.</i> , 2005, Burti <i>et al.</i> , 2005, Barbui <i>et al.</i> , 2006a, Grigoletti <i>et al.</i> , 2006, Slade <i>et al.</i> , 2006)
Services utilisation, trends, determinants, drop-out	10	(Sangiorgio <i>et al.</i> , 2004, Gaddini <i>et al.</i> , 2005, Rossi <i>et al.</i> , 2005a, Rossi <i>et al.</i> , 2005b, Salvador-Carulla <i>et al.</i> , 2005, Tello <i>et al.</i> , 2005a, Tello <i>et al.</i> , 2005b, Menchetti <i>et al.</i> , 2006, Minnai <i>et al.</i> , 2006, Rossi <i>et al.</i> , 2006)
Characterisation of services/mapping	5	(de Girolamo <i>et al.</i> , 2005, Salvador-Carulla <i>et al.</i> , 2005, Santone <i>et al.</i> , 2005, Picardi <i>et al.</i> , 2006a, Pozzi <i>et al.</i> , 2006)
Analysis of macroindicators related to mental health	5	(Carta <i>et al.</i> , 2004, Guaiana <i>et al.</i> , 2005, Lorant <i>et al.</i> , 2005, Priebe <i>et al.</i> , 2005, Saxena <i>et al.</i> , 2006)
Quality management/audit	5	(Balestrieri <i>et al.</i> , 2004, Pasquali <i>et al.</i> , 2004, Abate <i>et al.</i> , 2005, Allevi <i>et al.</i> , 2006, Pozzi <i>et al.</i> , 2006)
Deinstitutionalisation	4	(Barbato <i>et al.</i> , 2004a, D'Avanzo <i>et al.</i> , 2004, Priebe <i>et al.</i> , 2005, Scocco <i>et al.</i> , 2006a)
<b>OUTCOME RESEARCH</b>		
Disability/social functioning	26	(Barbato <i>et al.</i> , 2004a, Bellino <i>et al.</i> , 2004, Lasalvia <i>et al.</i> , 2004, Lora <i>et al.</i> , 2004, Mazza <i>et al.</i> , 2004, Pallanti <i>et al.</i> , 2004, Quaglio <i>et al.</i> , 2004, Ruggeri <i>et al.</i> , 2004a, Ruggeri <i>et al.</i> , 2004b, Ruggeri <i>et al.</i> , 2004c, Slade <i>et al.</i> , 2004, Thornicroft <i>et al.</i> , 2004, Becker <i>et al.</i> , 2005, De Ronchi <i>et al.</i> , 2005a, Gaite <i>et al.</i> , 2005, Rocca <i>et al.</i> , 2005, Ruggeri <i>et al.</i> , 2005, Scuccimarra <i>et al.</i> , 2005, Bellomo <i>et al.</i> , 2006, Farina <i>et al.</i> , 2006, Gigantesco <i>et al.</i> , 2006b, Haro <i>et al.</i> , 2006, Magliano <i>et al.</i> , 2006c, Parabiaghi <i>et al.</i> , 2006, Schiavone <i>et al.</i> , 2006, Veltro <i>et al.</i> , 2006)
Psychopathology	22	(Barbato <i>et al.</i> , 2004a, Bellino <i>et al.</i> , 2004, Lasalvia <i>et al.</i> , 2004, Lora <i>et al.</i> , 2004, Ruggeri <i>et al.</i> , 2004a, Ruggeri <i>et al.</i> , 2004b, Ruggeri <i>et al.</i> , 2004c, Slade <i>et al.</i> , 2004, de Girolamo <i>et al.</i> , 2005, Lasalvia <i>et al.</i> , 2005, Rocca <i>et al.</i> , 2005, Ruggeri <i>et al.</i> , 2005, Scoscia <i>et al.</i> , 2005, Barbui <i>et al.</i> , 2006b, Bellomo <i>et al.</i> , 2006, Fassone <i>et al.</i> , 2006, Gray <i>et al.</i> , 2006, Magliano <i>et al.</i> , 2006a, Magliano <i>et al.</i> , 2006c, Pozzi <i>et al.</i> , 2006, Puschner <i>et al.</i> , 2006, Schiavone <i>et al.</i> , 2006)
Quality of life	21	(Alonso <i>et al.</i> , 2004, Barbato <i>et al.</i> , 2004b, Bellino <i>et al.</i> , 2004, Lasalvia <i>et al.</i> , 2004, Lora <i>et al.</i> , 2004, Morselli <i>et al.</i> , 2004, Ruggeri <i>et al.</i> , 2004a, Ruggeri <i>et al.</i> , 2004b, Ruggeri <i>et al.</i> , 2004c, Slade <i>et al.</i> , 2004, Thornicroft <i>et al.</i> , 2004, Becker <i>et al.</i> , 2005, Lasalvia <i>et al.</i> , 2005, Rocca <i>et al.</i> , 2005, Ruggeri <i>et al.</i> , 2005, Scoscia <i>et al.</i> , 2005, Gray <i>et al.</i> , 2006, Picardi <i>et al.</i> , 2006b, Puschner <i>et al.</i> , 2006, Scocco <i>et al.</i> , 2006a, Slade <i>et al.</i> , 2006)
Efficacy/effectiveness of specific interventions	18	(Biffi <i>et al.</i> , 2004, Bressi <i>et al.</i> , 2004, Di Giannantonio <i>et al.</i> , 2004, Lora <i>et al.</i> , 2004, Mazza <i>et al.</i> , 2004, Van Os <i>et al.</i> , 2004, Burti <i>et al.</i> , 2005, Scoscia <i>et al.</i> , 2005, Veltro <i>et al.</i> , 2005a, Biancosino <i>et al.</i> , 2006, Farina <i>et al.</i> , 2006, Gigantesco <i>et al.</i> , 2006b, Gray <i>et al.</i> , 2006, Magliano <i>et al.</i> , 2006a, Magliano <i>et al.</i> , 2006c, Scarnera <i>et al.</i> , 2006, Slade <i>et al.</i> , 2006, Veltro <i>et al.</i> , 2006)
Needs	11	(Meijer <i>et al.</i> , 2004, Ruggeri <i>et al.</i> , 2004b, Slade <i>et al.</i> , 2004, Van Os <i>et al.</i> , 2004, Thornicroft <i>et al.</i> , 2004, Becker <i>et al.</i> , 2005, Burti <i>et al.</i> , 2005, Kovess <i>et al.</i> , 2005, Lasalvia <i>et al.</i> , 2005, Rimondini <i>et al.</i> , 2006, Slade <i>et al.</i> , 2006)
Satisfaction with service/treatment	10	(Buscaglia <i>et al.</i> , 2004, Gigantesco <i>et al.</i> , 2004, Morselli <i>et al.</i> , 2004, Ruggeri <i>et al.</i> , 2004a, Ruggeri <i>et al.</i> , 2004c, Thornicroft <i>et al.</i> , 2004, Biancosino <i>et al.</i> , 2005, Ruggeri <i>et al.</i> , 2005, Veltro <i>et al.</i> , 2005a, Ruggeri <i>et al.</i> , 2006)

segue

Table 1. – *segue*

	N°	REFERENCES
<b>EPIDEMIOLOGY</b>		
Other outcome	13	(Barbato <i>et al.</i> , 2004a, Robone <i>et al.</i> , 2004, Ruggeri <i>et al.</i> , 2004a, Di Michele <i>et al.</i> , 2005, Gaddini <i>et al.</i> , 2005, Magliano <i>et al.</i> , 2005a, Parabiaghi <i>et al.</i> , 2005, Scuccimarra <i>et al.</i> , 2005, Zanetti <i>et al.</i> , 2005, Fassone <i>et al.</i> , 2006, Haro <i>et al.</i> , 2006, Lazznerini <i>et al.</i> , 2006, Meloni <i>et al.</i> , 2006)
<b>OTHER</b>		
Family/carers' burden	12	(Lora <i>et al.</i> , 2004, Magliano <i>et al.</i> , 2004d, Meijer <i>et al.</i> , 2004, Trequatrini <i>et al.</i> , 2004, Magliano <i>et al.</i> , 2005a, Rinaldi <i>et al.</i> , 2005, Ferruzza <i>et al.</i> , 2006, Magliano <i>et al.</i> , 2006a, Magliano <i>et al.</i> , 2006c, Magliano <i>et al.</i> , 2006d, Tarricone <i>et al.</i> , 2006, Veltro <i>et al.</i> , 2006)
Impact of psychosocial factors on mental	12	(Faravelli <i>et al.</i> , 2004c, Lo Baido <i>et al.</i> , 2004, Marchiori <i>et al.</i> , 2004, Albert <i>et al.</i> , 2005, Bland <i>et al.</i> , 2005, Hardoy <i>et al.</i> , 2005, Berti <i>et al.</i> , 2006, Carta <i>et al.</i> , 2006, Favaro <i>et al.</i> , 2006, Grava <i>et al.</i> , 2006, Preti <i>et al.</i> , 2006, Tomei <i>et al.</i> , 2006)
Users' experiences and opinions	7	(Biancosino <i>et al.</i> , 2004, Bonner <i>et al.</i> , 2004, Burti <i>et al.</i> , 2004, Gigantesco <i>et al.</i> , 2004, Marmai <i>et al.</i> , 2005, Marin & Mezzina 2006, Paccaloni <i>et al.</i> , 2006)
Collaboration with GPs (recognition of disorders, appropriateness of referral and prescription)	7	(Balestrieri <i>et al.</i> , 2004, Saltini <i>et al.</i> , 2004, Balestrieri <i>et al.</i> , 2005, Berardi <i>et al.</i> , 2005, Di Pietro <i>et al.</i> , 2005, Calogiuri <i>et al.</i> , 2006, Menchetti <i>et al.</i> , 2006)
Burnout	7	(Galeazzi <i>et al.</i> , 2004, Freilone <i>et al.</i> , 2005, Pizzichi <i>et al.</i> , 2005, Zammuner & Galli, 2005, Lalli <i>et al.</i> , 2006, Pompili <i>et al.</i> , 2006, Scarnera <i>et al.</i> , 2006)
Attitudes and beliefs about mental illness	5	(Magliano <i>et al.</i> , 2004a, Magliano <i>et al.</i> , 2004b, Magliano <i>et al.</i> , 2004c, Buizza <i>et al.</i> , 2005, Veltro <i>et al.</i> , 2005b)
Aggression and violence	5	(Vanni <i>et al.</i> , 2004, Bowers <i>et al.</i> , 2005, Fasanelli <i>et al.</i> , 2006, Fioritti <i>et al.</i> , 2006, Grassi <i>et al.</i> , 2006)
Adherence	4	(Fasanelli <i>et al.</i> , 2006, Gray <i>et al.</i> , 2006, Kikkert <i>et al.</i> , 2006, Puschner <i>et al.</i> , 2006)
Ward atmosphere	3	(Burti <i>et al.</i> , 2004, Carrà <i>et al.</i> , 2004b, Di Lorenzo <i>et al.</i> , 2005)
Training of staff	3	(Magliano <i>et al.</i> , 2005a, Magliano <i>et al.</i> , 2005b, Magliano <i>et al.</i> , 2006b)
Therapeutic alliance	2	(Van Weeghel <i>et al.</i> , 2005, Slade <i>et al.</i> , 2006)
Transcultural psychiatry	2	(Lo Baido <i>et al.</i> , 2004, Carta <i>et al.</i> , 2006)

Italian author mainly members of other research institutions, such as the Istituto Superiore di Sanità (National Health Research Institute) and the Mario Negri Institute, various IRCCS (Istituti di Ricovero e Cura a Carattere Scientifico = Scientific Institutes for Research, Hospitalisation and Health Care) and Regional Health Agencies.

Among the included journals the following ones published more than 5 original research papers in social psychiatry with an Italian author: *Rivista di Psichiatria* (n=24), *Epidemiologia e Psichiatria Sociale* (n=21), *Social Psychiatry and Psychiatric Epidemiology* (n=20), *Psychotherapy and Psychosomatics* (n=8), *British Journal of Psychiatry* (n=6), *Psychiatric Services* (n=6), *Psichiatria e Psicoterapia* (n=6), *Minerva Psichiatrica* (n=6), *International Journal of Geriatric Psychiatry* (n=5), *International Clinical Psychopharmacology* (n=5).

## DISCUSSION

Whether the total number of 174 papers is regarded as substantial or not, depends on the perspective. We have

not conducted the same analysis for other countries, but it might be safe to assume that the number is much smaller than that of the papers published in the United Kingdom and United States, but probably higher than that in some other European countries. In any case, the number shows that social psychiatry research in Italy is very much alive and productive. There is a critical mass of research production, which finds recognition not only in national papers, but even more so in international journals.

In any interpretation of the findings of this review, the limitations of the method should be considered. Our criteria to include journals and papers had a degree of arbitrariness. The decision on the inclusion or exclusion of specific journals and the classification of many single papers can be seen as questionable. Thus, there is a risk that we overlooked or mis-classified important papers. Also, we took papers at face value and did not critically appraise them applying quality criteria. Finally, publications report results of completed studies and there is an inevitable time lag between research production and publications. Our review subsequently reflects the research conducted a few years ago, whilst the current picture

which will be shown in publications in a few years time might already be different.

The focus on peer-reviewed publications was operationalised and is replicable to assess changes over time. It reflects the performance criteria of the academic world in which peer-reviewed publications - along with competitive grant income - are what counts for success. Complex bibliometric assessments are of course possible and there is a rich debate on how best to assess the value of psychiatric research (Lewison *et al.*, 2007). However, peer-reviewed publications are an important criterion in practically every exercise evaluating research performance.

A few centres dominate the output of Italian social psychiatry research. The dominance of a relatively small number of centres can be found in most countries and might not be seen as a problem as long as the overall critical mass is sufficient to generate competition and quality. Despite the dominance of a few centres, the number of authors is substantial. They are based in different regions and affiliated with a wide range of academic and non-academic institutions. Thus, there appear to be a wide spread interest and capacity to conduct and publish social psychiatry research which is not limited to main academic centres.

Much of the research is conducted in international collaboration. Italian social psychiatry researchers seem to be valued as partners in multi-centre studies and contribute on a practical and scientific level. There is a paucity of randomised controlled studies of interventions. We found only two randomised controlled national multi-centre trials: one testing a structured rehabilitation programme (Gigantesco *et al.*, 2006b), and the other one a psycho-educational intervention for families of patients with schizophrenia (Magliano *et al.*, 2006c). Some more single centre trials were conducted, regularly without substantial external funding and using local resources. Two of them dealt with family interventions and the exploration of family and carers' burden featured in twelve papers. The relative frequency of such studies might be regarded as a specific feature of Italian psychiatry and a potential strength in an international research competition.

Intervention studies usually take several years and absorb significant amounts of funding. It is therefore not surprising that only a small percentage of papers report results of such studies. However, the fact that there are only two national multicentre trials raises questions about the reasons. Lack of expertise can hardly be the main factor, since many researchers successfully provide such expertise in international studies. The shortage of intervention studies might be better explained by the absence of specific and substantial national funding programmes

for such research. In the United Kingdom there have been significant targeted funding programmes for national studies in mental health service research, and in Germany corresponding programmes have recently been initiated. In Italy, such funding programmes with regular national calls for applications either do not exist or are difficult to access. The recent initiative of the Ministry of Health to fund national targeted research activities may help to strengthen mental health service research, but is unlikely to alter the problem of insufficient funding completely. Subsequently, researchers have to tap into international funds, which is a naturally limited approach, utilise regional budgets, which are usually not sufficient to fund large trials, and - most importantly - improvise with own-account studies. The PROGRES project, surveying provision, features and outcomes in Italian residential facilities, of which the main publications appeared in the period considered (de Girolamo *et al.*, 2005; Santone *et al.*, 2005; Picardi *et al.*, 2006a, b; Tomasi *et al.*, 2006), showed that it is possible to create a network of committed researchers from different backgrounds and thus deliver a large and rigorous research project without large external grants. Several other small scale studies are also witness to the abilities of researchers at Italian universities and services to conduct research with limited funding. Yet, for a lasting improvement of social psychiatric research and its output, the position of social psychiatry research in the national arena must be strengthened and specific funding programmes are required. In this context, it may be noted that the innovative research funding experience coordinated by the National Health Research Institute in years 1997-2001, the National Mental Health Project (Morosini *et al.*, 2001) has not yet seen further editions.

Over the last five to ten years, qualitative research has internationally become more popular in social psychiatry. This is not yet reflected in the publications from Italy of the last three years. Perhaps, this is an area in which specific efforts of one or two centres might bare fruits relatively soon. There is no obvious reason why Italy should not be able to compete in qualitative research on a high level.

## CONCLUSIONS

The method of this review has strengths and limitations, but the findings clearly show that social psychiatry research in Italy is active and produces internationally acknowledged results. The strong international collaboration is associated with a relatively small focus on specific

Italian issues and a wide acceptance of Anglo-American concepts and methods, which might not always be appropriate for the Italian situation. There are only a few aspects in which Italian social psychiatry makes a specific contribution. One example is research on family interventions.

Our review started from the assumption that research may influence service development and identified numbers of publications with relevant topics. However, the ultimate criterion for the value of research can hardly be the number of publications, but rather the impetus for service development and the benefit to patients in Italy. This, however, is much more difficult to measure than mere numbers of papers.

#### Appendix: Journals considered in this review:

*Academic Psychiatry, Acta Psychiatrica Scandinavica, Addiction, Aging & Mental Health, American Journal of Geriatric Psychiatry, American Journal of Orthopsychiatry, American Journal of Psychiatry, Anxiety, Stress and Coping, Archives of Psychiatric Nursing, Archives of General Psychiatry, Australian and New Zealand Journal of Psychiatry, Behavioral Medicine, Biological Psychiatry, Bipolar Disorders, British Journal of Psychiatry, BMJ, Bulletin of the Menninger Clinic, Canadian Journal of Psychiatry, Community Mental Health Journal, Comprehensive Psychiatry, Contemporary Psychoanalysis, Culture Medicine and Psychiatry, Current Opinion in Psychiatry, Dementia and Geriatric Cognitive Disorders, Depression and Anxiety, Drug and Alcohol Dependence, Epidemiologia e Psichiatria Sociale, Epilepsy and Behavior, European Archives of Psychiatry and Clinical Neuroscience, European Neuropsychopharmacology, European Psychiatry, Experimental and Clinical Psychopharmacology, General Hospital Psychiatry, Harvard Review of Psychiatry, Human Psychopharmacology-Clinical and Experimental, International Clinical Psychopharmacology, International Journal of Clinical and Experimental Hypnosis, International Journal of Eating Disorders, International Journal of Geriatric Psychiatry, International Journal of Law and Psychiatry, International Journal of Methods in Psychiatric Research, International Journal of Neuropsychopharmacology, International Journal of Psychiatry in Medicine, International Journal of Social Psychiatry, International Psychogeriatrics, International Review of Psychiatry, Journal of Affective Disorders, Journal of the American Academy of Psychiatry and the Law, JAMA, Journal of the American Psychoanalytic Association, Journal of Anxiety Disorders, Journal of Behavior Therapy and Experimental Psychiatry, Journal of Clinical Psychiatry, Journal of Clinical Psychopharmacology, Journal of ECT, Journal of Forensic Psychiatry and Psychology, Journal of Geriatric Psychiatry and Neurology, Journal of the International Neuropsychological Society, Journal of Nervous and Mental Disease, Journal of Neuropsychiatry and Clinical Neurosciences, Journal of Personality Disorders, Journal of Psychiatric Research, Journal of Psychiatry and Neuroscience, Journal of Psychopharmacology, Journal of Psychosomatic Obstetrics and Gynecology, Journal of Psychosomatic Research, Journal of Traumatic Stress, Minerva Psichiatrica, Molecular Psychiatry, Neurocase, Neuropsychiatry, Neuropsychobiology, Neuropsychology and Behavioral Neurology, Journal of Neurology, Neurosurgery and Psychiatry, Neuropsychopharmacology, Nordic Journal of Psychiatry, Perspectives in Psychiatric Care, Pharmacopsychiatry, Progress in Neuro-Psychopharmacology & Biological Psychiatry, Psichiatria e*

*Psicoterapia, Psychiatric Annals, Psychiatric Clinics of North America, Psychiatric Quarterly, Psychiatric Rehabilitation Journal, Psychiatric Services, Psychiatry, Psychiatry and Clinical Neurosciences, Psychiatry Research, Psychiatry Research-Neuroimaging, Psychological Medicine, Psychopathology, Psychopharmacology, Psychosomatic Medicine, Psychosomatics, Psychotherapy and Psychosomatics, Quality of Life Research, Rivista di Psichiatria, Rivista Sperimentale di Freniatria, Schizophrenia Bulletin, Schizophrenia Research, Sleep, Social Psychiatry and Psychiatric Epidemiology, Social Science and Medicine, Stress and Health, Suicide and Life-Threatening Behavior.*

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