

Letter to the Editor

The Italian 2023 Mental Health Report: a comment

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Dear Editor,

the 2023 Mental Health Report by the Italian Ministry of Health¹ provides very interesting data to broadly understand the state-of-art of mental health in Italy and in its different regions. This report precisely indicates sources, flows, and methodological aspects, and specific data were compared to capture the main variations that occurred in 2023 compared to 2022. To better describe the trend overtime, the 2016 and 2021 data are also collected and discussed.

Service users

Compared to 2022, the overall proportion of service users in 2023 showed an increased rate of 77,211 units (+9.9%) and exceeded pre-Covid levels (in 2019, it was of 826,465 users) (Table I). The users retained in care within public mental health services were 169.5 per 10,000 adult inhabitants, with an increased rate of 15.2 units per 10,000 inhabitants. As evidenced in previous reports, there were large regional variations, and ranging from 108.5 per 10,000 adult inhabitants in the Marche region up to 325.9 in Liguria. Although reduced, the first and first ever contacts remained significant. In the 18-24 age group, the rates were 74.2 per 10,000 inhabitants in males and 98.6 per 10,000 inhabitants in females. Migrants represented 5.5% of service users retained in care within Community Mental Healthcare Centers (CMHCs) (i.e., 104.4 per 10,000), with large regional differences.

In 2023, CMHCs increased by 26 units compared to 2022, but in the period 2016-2023 they decreased by 212 (-16.3%). According to the "International Classification of Diseases, 10th edition" (ICD-10) criteria², the most common psychiatric diagnoses in CMHCs were depression (31.9 cases per 10,000 inhabitants), schizophrenia and other functional psychoses (29.6 per 10,000 inhabitants), neurotic and somatoform syndromes (18.2 per 10,000 inhabitants), personality and behavioral disorders (12.0 per 10,000 inhabitants), and bipolar disorders (11.8 per 10,000 inhabitants). The number of total mental healthcare interventions offered to *new* service users with severe mental illness (i.e., major depression, severe personality disorder, bipolar disorder, and schizophrenia spectrum disorder) in 2023 total services was 500,710, with an average of 4.3 interventions per individual. Non-pharmacological interventions in 2023 were 437,171, with an average of 3.8 interventions per individual, and were overall offered to a total of 115,466 new service users. As for care continuity after hospitalization, a psychiatric contact in CMHCs within 2 weeks from discharge was

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Published online: December 27, 2025

How to cite this article: Pellegrini P, Leuci E, Pellegrini C, et al. The Italian 2023 Mental Health Report: a comment. *Journal of Psychopathology* 2025;31:191-195. <https://doi.org/10.36148/2284-0249-1596>

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reported in 36.5% of new service users and within one month in 43.5% of cases. It was higher for the youngest age group (18-25 years old), with 42.6% at 14 days and 47.6% at 30 days. Overall considered, these findings on percentage and time them took to be retained in care and receive outpatient treatments after hospital admission are very worrying. About 560 million Euros were spent on psychopharmacological drugs in 2023 (402 for antidepressants and 157 for antipsychotics).

Psychiatric facilities

The total number of psychiatric facilities showed a reduction in 2023 (-8.3%), as did the service users (-3.3%) (Table I). The provision was 55.6 bed places per 100 adult inhabitants compared to 57.4 in 2022. The average duration of treatments increased significantly since 2016 and also slightly in 2023 compared to 2022. Moreover, the duration of treatments increased together with age, i.e., from 288.2 days for the 18-24 age group to 1,866.5 days in the 65-74 age group.

The bed occupancy turnover in 2023 showed 12,107 admissions and 12,280 discharges. It increased since 2021, while remaining well below the 2016 rate. Specifically, this occupancy mainly interested intensive treatment facilities ($n = 5,068$), followed by prolonged treatment ones with 24-hour assistance ($n = 4,789$). The psychiatric facilities' area in Italy is highly diversified throughout and within different regions, and would require a more detailed data analysis to better understand whether it is really able to offer early and relatively short-term rehabilitation interventions aimed at a full personal recovery and social inclusion. It certainly provides effective long-term care interventions in relation to chronicity, older age, and different health and social needs to which this system seems to respond. However, providing for a requalification of these mental health facilities within specific and more structured diagnostic and therapeutic care pathways is needed³, as well as providing for innovative long-term care approaches such as the "Personal Health Budget" (PHB) and co-housing-type models⁴, also in order to favor their transformation into community and proximity services really integrated within patients' life projects. As for day services, unfortunately, there was a significant reduction in 2023 in terms of both total number of structures (-11%) and users (-14%).

Psychiatric wards and consultation in emergency room
Compared to 2022, the 2023 total number of *psychiatric wards* (i.e., "Servizi Psichiatrici di Diagnosi e Cura" [SPDC]) has slightly reduced (-8), as well as the total number of beds (-111 [-3.5%]) (Table I). Conversely, the total number of discharge from psychiatric wards increased in 2023 (+5.3%). However, the total number of compulsory treatment admissions continued to de-

crease significantly, while re-admission remained high. Compared to 2022, the 2023 total number of psychiatric wards affiliated with the National Health Service (NHS) remained unchanged, while the overall availability of beds decreased (Tab. I). Indeed, the latter ranged from 4803 beds in 2021 to 4,409 beds in 2023, with a 1-year reduction rate of 237 beds (-5.1%). Similarly, the total number of beds for 100,000 adult inhabitants decreased from 9.3 to approximately 9.0. Within the hospital area, management directly by NHS was 83.8% in 2023, compared to 84% in 2021 and 75% in 2016. Compared to 2022, the 2023 total number of *psychiatric consultations* in the emergency room increased (+4.7%) (Tab. II). Moreover, 13% of them resulted in hospitalization.

Mental health staff members and costs

In comparison with 2022, the 2023 total number of mental healthcare *staff members* showed a relatively relevant reduction of 987 units (-3.2%), while compared to 2016, this decrease reached the significant value of 2472 units (-7.8%) (Table II). In this respect, it should also be taken into account that 70% of the staff members were female, 5.5% had a part-time contract, and 4.4% a fixed-term employment contract. The staff members working in psychiatric facilities affiliated with the NHS in 2023 were 12,692 compared to 10,814 units in 2022 (+1,878 [+17.3%]): 6.5% were psychiatrists, 5.3% psychologists, 28.4% generic health operators, 20.0% nurses, 18.8% professional educators and psychiatric rehabilitation therapists, and 3.0% social workers. Compared to staff members of mental health departments, mental healthcare professionals of the NHS-affiliated facilities showed a greater rehabilitation and health assistance component. Overall considered, the 2023 total number of public and private-affiliated professionals was composed of 41,806 units compared to 40,915 in 2022 (+891 [+ 2.1%]).

The 2023 Mental Health Report specifically reported the 2022 *costs* for mental health care in 2022 (Table II). In comparison with 2021, they marked a 2.9% increase, but compared to 2016, they decreased by 5.8%, especially in the outpatient and day service areas. Also, the costs for psychiatric facilities increased (+5.9%), but considering the progressive expense contraction, they interested from 39% in 2016 to 45.1% in 2022 (+6.1%) of the total financial investments for mental healthcare, widely exceeding the costs for outpatient and home activities. In this respect, it should also be considered that inflation and contract renewals of the staff members with fixed-term employment significantly contributed to determine an increase in these costs.

TABLE I. *Outpatient services' activities, psychiatric facilities, and psychiatric wards.*

Outpatient services' activities					
Variables	2016	2021	2022	2023	2022 - 2023 differential
Users (n)	807,035	778,737	776,829	854,040	+77,211
Prevalence rate per 10,000 adult inhabitants	160.9	158.0	154.2	169.5	+15.2
First contact (n)	349,176	289,871	285,101	273,172	-11,929
First ever contact (n)	310,031	274,804	269,273	258,694	-10,579
Prevalence rate for females (%)	54.0%	53.6%	54.0%	54.0%	0.0%
Age group > 45 years old	66.9%	67.3%	67.2%	67.3%	+0,1
CMHCs (n)	1,460	1,245	1,222	1,248	+26
Psychiatric facilities					
Variables	2016	2021	2022	2023	2022 - 2023 differential
Psychiatric facilities (n)	2,282	1,983	2,001	1,833	-168
Service users (n)	31,593	27,813	28,738	27,768	-970 (-3.3%)
Duration of treatment (in days)	673.9	1124.0	1086.3	1097.9	+11.6
Admission (n)	16,904	10,794	12,213	12,107	-106
Discharge (n)	16,931	9,927	11,980	12 280	+300
Discharge/total number of service users in psychiatric facilities	53%	35,6%	41,6%	44,2%	+2.6%
Semi-residential centers (e.g., day hospitals, day services) (n)	898	742	776	689	-87 (-11 %)
Service users in semi-residential centers	28,239	21,352	22,196	19,052	- 3,144 (-14 %)
Psychiatric wards					
Variables	2016	2021	2022	2023	
Total number	285	329	323	315	
Beds (n)	3623	4039	3897	3786	
Hospital discharge (n)	108.847	78.950	83.183	85.615	
Compulsory treatment admission (n) (% in relation to total number of hospitalization)	7 9 6 3 (8.1%)	5 5 3 8 (7.0%)	5118 (6.2%)	4879 (5.6%)	
Re-admission within less than 30 days/total number of hospital discharge	17.7%	14.0%	14.6%	14.8%	
Re-admissions within less than 7 days/total number of hospital discharge	7.8%	7.7%	8.3%	8.4%	
Day Hospital places (n)	244	294	282	281	
Psychiatric wards affiliated with the NHS					
Variables	2016	2021	2022	2023	
Affiliated psychiatric wards (n)	22	18	17	17	
Beds (n)	1148	764	749	623	
Day hospital (n)	19	2	2	2	

Note. CMHC = Community Mental Healthcare Center; NHS = National Health Service.

TABLE II. *Psychiatric consultations in emergency rooms, mental healthcare staff members, and costs for mental healthcare.*

Psychiatric consultations in emergency rooms					
Variables	2016	2021	2022	2023	
Psychiatric consultations (n)	575,416	479,276	547,477	573,663	
Psychiatric consultations/all accesses in the emergency room (%)	2.8%	3.3%	3.1%	3.1%	
Mental healthcare staff members					
Variables	2016	2021	2022	2023	
Staff members (n)	31,586	29,785	30,101	29,114	
Psychiatrists	18.6%	17.9%	17.2%	17.2%	
Psychologists	6.7%	6.9%	6.9%	6.9%	
Nurses	4.4%	42.9%	42.2%	41.8%	
Generic health operators	9.4%	11.6%	11.6%	11.6%	
Professional educators and psychiatric rehabilitation therapists	6.0%	8.6%	8.6%	8.6%	
Social workers	4.3%	4.1%	4.1%	4.1%	
Costs for mental healthcare					
Variables	2016	2021	2022	2021-2022 differential	2016-2022 differential
Total costs (in thousands of Euros)	3,605,794	3,299,709	3,395,179	+95,470 (+2.9%)	-210,615 (-5.8%)
Costs for outpatient and home activities (in thousands of Euros)	1,725,712 (47.8%)	1,440,081 (43.6%)	1,464,660 (43.1%)	+24,579 (+1.7%)	-261,052 (-15.1%)
Costs for day services' activities (in thousands of Euros)	472,217	410,519	397,467	-13,052	-74,750 (-15.8%)
Costs for psychiatric facilities (in thousands of Euros)	1,407,865 (39.0%)	1,449,199 (43.9%)	1,53,051 (45.1%)	+83,852 (+5.9%)	+125,186 (+8.9%)
Costs for psychiatric wards (in thousands of Euros)	218,899	179,215	194,056	-	-39,684 (-18.1%)
average costs per capita (in Euros)	75.5	69.8	71.9	-	+3.6 (-4.7%)

Comments

The 2023 Mental Health Report data seems to confirm the progressive weakening of the Italian public mental healthcare service, already reported by other authors⁵. Specifically, compared to 2022, the 2023 increase in service users (+9.9%) and the concurrent decrease in staff members (-3.2%; -7.8% in comparison with 2016) potentially favor the risk of an insufficient intensity of specialist care, especially for new cases, as well as delays and difficulties in ensuring care continuity for patients with severe psychopathology. Moreover, this weakening in mental health staff resources may also compromise some CMHC activities (such as outpatient, home, and day service ones) over time, if there is no change of course. This evidence is even more serious if we consider that these activities should currently include a

plurality of mental health interventions for a wider service user base (e.g., forensic patients, minors), often in collaboration with justice, primary care, and community social services^{6,7}.

Also, psychiatric wards and facilities were overall reduced starting from 2022 (-14 and -168, respectively). Moreover, although the 2023 Report showed an actual increase in staff members working in the private NHS-affiliated area, this did not necessarily correspond to improvement in the quality of the public sector. Indeed, in almost all cases the specialized activities offered by the private NHS-affiliated area were mainly represented by psychiatric hospital and facility care, while outpatient and community-based activities aimed at social inclusion of patients with mental disorder were generally neglected. However, more importantly, despite the re-

duction in the total number of psychiatric facilities' beds (-3.3%), spending for mental health continued to increase and reached 45.1% of the whole financial budget. Moreover, within mental healthcare offered within psychiatric facilities, an increase in the average duration of treatments (+11.6 days) was observed, despite a higher number of discharge (+2.6%), which did not seem to involve the youngest user group. In our opinion, radical changes in facilities' role and care should occur, with the development of specialized interventions within the specific mental healthcare pathways implemented in the public Departments of Mental Health, as well as with the application of different models and approaches for long-term care, especially those promoting life projects and independent life within community and proximity services.

Finally, the hospital sector highlighted a reduction in the total number of occupied beds (-111 compared to 2022) but re-admission rates did not improve. However, the reduction in compulsory admissions opportunely continued in 2023. This may also be related to an improved ability in early engagement/intervention that led to decrease the need of compulsory treatment, or a cultural change that could have favored an open dialogue

with patients and family members and shared common care objectives⁹.

Notably, despite an increasing number of service users, there was a reduction in mental healthcare personnel, public services, and funding (-5.3% from 2016 to 2022, without considering inflation). This may potentially involve a specific professional risk for both the workload and the quality and safety of psychiatric care. As previously suggested by Basaglia⁹ commenting the 180 reform law, we have to note "the impossibility to propose purely technical solutions within a system that would require political responses and actions to take back our rights!"

Conflict of interest statement

The authors declare no conflict of interest.

Funding

This manuscript received no funding or grants from any public, private, and not-for-profit agencies.

Informed consent

Not applicable.

Ethics consideration

Not applicable.

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