

# The Health System and Early Intervention in First-Episode Psychosis:

## Perplexity and New Perspectives

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Parents, operators and doctors can join The Child and Adolescent Neurological Rehabilitation Department in Campania where mothers, grandmothers, fathers sit and use their smartphones while some children play in the waiting room or in a small place (if there is one). After the therapy, the waiting room is crowded of therapists, who leave their boxes of therapy with the children, by saying goodbye to them with simple expressions, like "Today he has not worked well, he has wanted to do nothing" or "Today he has well behaved, it's good, he deserves an award". Clearly, such a situation creates the following questions:

- 1) Why are mothers and fathers alone in the waiting room, instead of being with their own «children having problems»?
- 2) Nowadays psychological and pedagogical theories hold in the period of the children's development (0-10) influenced by a strong dependence among adults. Why are theory and clinical practice so different?
- 3) If the therapist wants to move from a «simple dysplasia of the language» to a major «complex behaviour problem», who does it with? Who explains the exercises to do at the mirror? Why do psychomotricists working on «behaviour disease» or on «the iperactivity» agree that the behavioural problems of the child is «the symptom» of dysfunctional family so it is necessary to work on the dynamics of family relation through a familiar psychotherapy?

To answer these questions, it is necessary to explain the current children's mental health services. According to the therapy of mental health, in children and teenagers, there is a contamination between the "organic disorders" and "functional disorders". In adult psychiatry services, there is a difference

between neurology, focusing on mental disorder, the psychiatrist, who deals with functional health through drugs, and the psychotherapist, who studies functional health through psychotherapy. In the psychiatry of children and teenagers there is only a reference figure: the children neuropsychiatrist, who diagnoses and, sometimes, analyses both medical health and functional one. The difference between children neuropsychiatrist and psychotherapist arises only later: children neuropsychiatrist makes a diagnosis, decides the treatment, chooses the operator, among psychotherapists. In the rehabilitation centre, psychotherapy is not prescribed singularly, but only as a support for other treatments, like speech-therapy and psychomotor. Nevertheless, we rarely find prescriptions with only psychotherapy, above all the familiar one., According to mental health it is not possible to divide the two steps, on the contrary, the diagnosis is done by the specialist and the treatment by another one who can have a theoretical reference pattern completely different from the first one.

Mistaking both in the diagnosis and in the treatment has caused an increase of “organic serious disorders” and a decrease of “functional disorders”. Various disorders are, however, undervalued and not diagnosed as problems of hypo-stimulation, hyperactivity, emotional inhibition, social isolation, premature childhood psychosis that are cured by therapists that are not experienced in treating serious patients, who go worst, if not treated in the right way. These problems during childhood and adolescence need a more complex intervention on dynamics of the family because these ones are symptoms of “ disfunctional or really pathological families”. The type of treatment depends on the training of the therapist working in the centre related to psycho-neuro-motor disorders in the periods of childhood and adolescence. It is necessary that in childhood and adolescence centres there are no teams focused only on the “individual therapy” but based, on the contrary, on the diagnosis and the treatment of the “patient-family”. Nowadays, in Italy, the phenomenon of autism is becoming a dangerous epidemic often diagnosed as “ a generalized development disorder” or “ autistic spectrum disorder”. This diagnostic generalization seems dangerous because the functional disorders, like children psychosis, go worst and turn into organic disorders, like autism or mental illness. In these types of disorders it is necessary a psycho-therapy, the true patient is the “family” not only “the children-adolescent”, giving the correct value of seriousness, that considers different duration of therapy. This approach can lead to save a lot of children in the present and in the future. Nevertheless, it is fundamental to start the therapy at the right moment of the childhood and adolescence phase, because it can prevent important problems in adulthood that need higher economic and human efforts.

*A very serious child psychosis, treated in the right way, can give good results, even if with strong efforts. An organic serious disorder needs a resignation to accept the patient, even without the hope of healing, and at the same time the energy used for creating bridges so that life and family do not become inhuman (Ariano, p. 24, 2015)*

The main issue of the scientific and politic context is the following one: it is necessary to invalidate the preconception that the mental illness has biological origins. Nowadays science holds the theory of

three factors: bio-psycho-social ones. According to the relevance of one of them, the gravity and the type of the mental illness may change. This theory confirms that mental illness, both light and heavy, reveals relational dysfunctions within the family context. Furthermore, “the only child and/or adolescent” cannot be treated as the unique object of therapy; if this is not possible, mediocre results can be obtained giving any false hopes to their parents. Often the time of therapy is very long and uneffective producing a great economic difficulty to the families and the gouvernement. To change the theory of the said three factors, in mental childhood and adolescence health is central not only from a theoretical perspective but also in the clinical process, without omitting the difference between the organic and functional factors. Moreover, the last issue to highlight is the freedom of choice of the citizen about the type and place of therapy. In Italy, for every type of illness, the citizen talks to the family doctor who can send him to public/private specialists. If the citizen needs to go to hospital, he

can choose the facility or clinic in Italy. But this can not be possible for mental disorders. The parents of a children often ask for help to child neuropsychiatry service that decides the diagnosis and the treatment. The parents must wait for scrolling of the waiting list of the centres on their area of residence. This waiting can even last two years. The situation for adulthood in the mental health service is worse than what we can imagine: there are mental health departments that decide the diagnosis, the treatment and the place for it. The mental patient cannot, however, choose the type, the place of treatment and the specialist. The current proposal of law in Campania organized the service of mental disorders in childhood and adolescence, in a similar way, putting the premises for the following points:

Focus on chronicity rather than immediate treatment. It is evident, in fact, that in the commissions there is always a child neuro-psychiatrist beyond the theory of three factors (bio-psycho-social);

Standardization of the diagnosis, treatment and rating at the expense of the freedom to choose. This, instead, permits differentiation between public, business and private/social operators.

These dreams are our future goals: the work team of Sipinfanzia (Integrated Structural Models I.S.M by G. Ariano) aims at highlighting the theoretic and operative contaminations for a relatively quiet work trying to create a relationship between the theory of three factors and the therapeutic process. We dream to see empty waiting rooms of the Child and Adolescent Neurological Rehabilitation Centres, denoting the presence of parents in the therapy room. In this way, the parents will be helped to be more conscious and capable of doing the oldest and the most complex job of the word. “A literacy course does not produce any effect only on adult learners; it improves, thus, the cultural level of the society where the said literacy for the present and future realized. Additionally, considering the family (members, children or adolescents) as a patient, it may therefore improve the quality of health of a community into present and future”(Ar, p. 29, 2015).

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