



## Theoretically informed case study accompanying the film

### Light Residential Projects - Italy



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**QR-Code to the Homepage and video:**  
**Link to the video: <http://www.inno-serv.eu/residential>**

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## **1. Short profile: Light Residential Projects - housing solutions for people with mental health problems in Italy**

The aim of Light Residential Projects is to ensure a gradual transition to independent living and inclusion in the community for people with mental health problems<sup>1</sup> through offering living arrangements out of residential structures and support in daily living.

### **Specific innovative elements of Light Residential Projects:**

#### *Network approach*

The 'Blurring Approach' involving a change in values and practices in health and social care, integrating the two approaches in one service.

#### *Community-based care*

Social service provider: integrated intervention programs between the various services of the locality and open collaboration with informal networks and the local services.

#### *Rejecting residential care approaches*

Focusing on the person and not the service system

### **Key characteristics of the service**

#### *Organisation:*

**Aiutiamoli** is an association founded in Milan in 1989 to deal with the discomfort, pain and loneliness of the mentally ill and their families. In March 2007 the Foundation Aiutiamoli was set up as a non-profit organization to manage the Day Care Center "City of the Sun" and for other rehabilitation and residential projects..

#### *User groups*

Users are patients who are clinically stable but living in difficult social situations and who need support to manage their own home

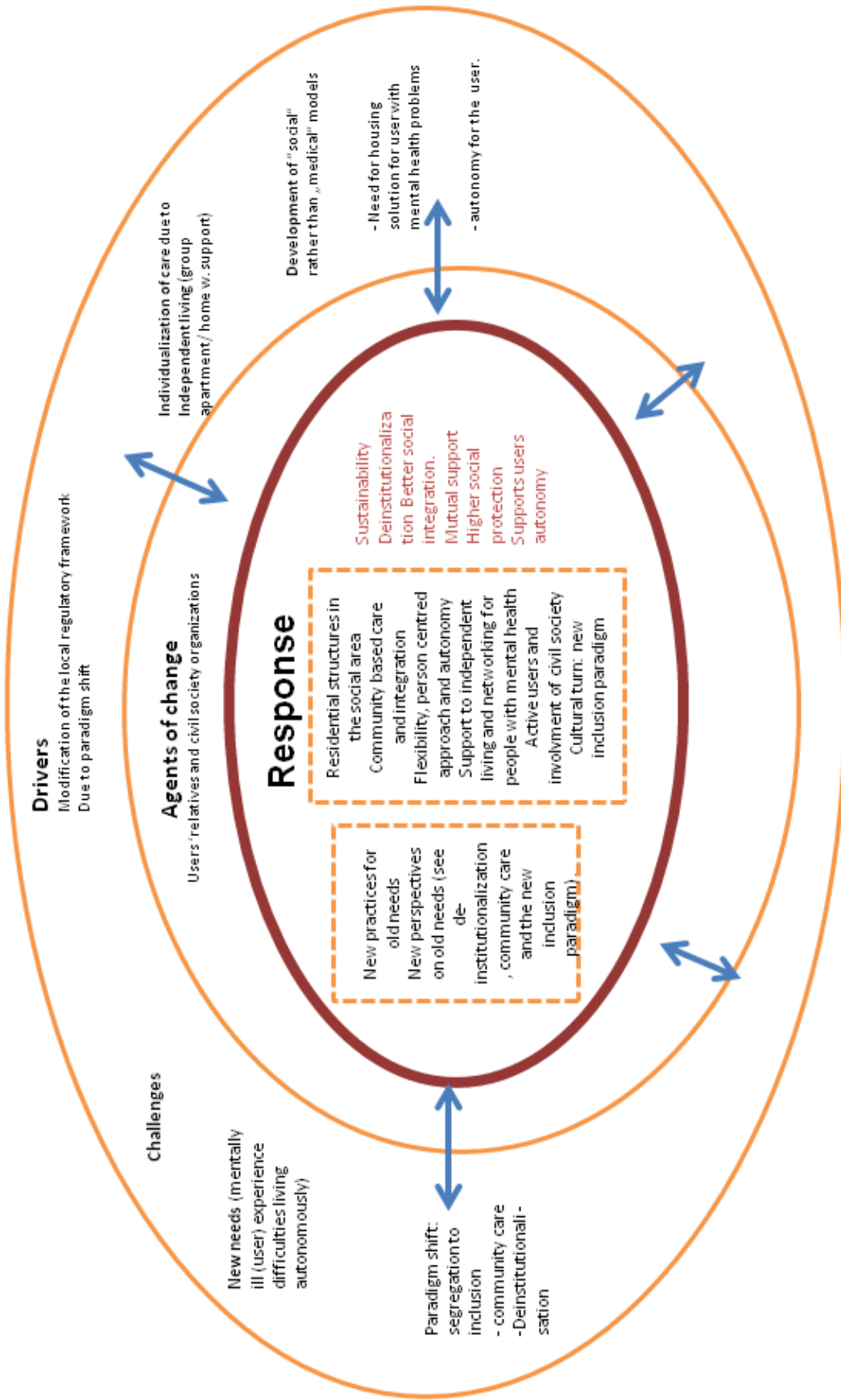
#### *Principle*

The main idea is to establish new models of residential psychiatry in order to allow the completion of the rehabilitation of the user enabling their right to independent living. Empowerment, autonomy and independent living are the main principles.

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<sup>1</sup> Different definitions of mental health disorders and intellectual disabilities are contained in the Italian Law System.

# Factors influencing Social Services Innovation



## 2. Policy framework relating to housing solutions for people with mental health problems in Italy<sup>2</sup>

| Principle/<br>Guidelines  | Key organisations and<br>actors  | Services provided<br>by local authorities  | Expenditure,<br>resources  |
|---|--|--|--|
| <p>1. <b>Flexibility in residential psychiatric care and individualised approach:</b> (a) From service structures to care programs. From the structure to the person</p> <p>2. <b>Active user:</b> service user involvement in decision making</p> <p>3. <b>Integration of health and social sectors:</b> (a) Blurring boundaries between health (rehabilitative competences) and social (active citizenship) sector involving services, (b) From the organization of work for structure to the development of "teams".</p> <p>4. <b>Public-private partnership models and agreements with non-institutional actors:</b> (a) provided by accredited actors (private and third sector) for providing housing solutions; (b) Trend to community integrated assistance (integration between sectors and actors).</p> | <p>- All Inhabitants shall have the <b>same access</b> to services, The organisational structure has three levels: the central state, the regional health care system and municipalities</p> <p>- The <b>Regions</b> are <b>responsible</b> for the actual provision of health care services.</p> <p>- <b>Legal Foundation</b> for the service of Light Residential is to offer local level services to entire the population of the region.</p> <p>- <b>Government and actors</b> involved in mental health care are: ASL (Local Health Unit), DSM (Department of Mental Health); providers (hospitals and accredited private actors belonging to the private and third sector); local authorities; social networks.</p> <p>- Greater proximity might be found in the <b>social-health district territory</b> where there is more immediate involvement of natural networks, municipal services, family physicians and the implementation of appropriate integration with the work of UOP (Operative Unit of Psychiatry), through the CPS (psycho-social center), the residential and semi-residential.</p> <p>- Community psychiatry encourages the therapeutic alliance with <b>users and their families</b> (Lombardy Regional Plan for Mental Health 2002-2004: 8).</p> | <p><b>Legal milestones:</b></p> <ul style="list-style-type: none"> <li>- Regional Plan for Mental Health 2002-2004. Resolution no. 7/17513 of 17 May 2004;</li> <li>- DGR 4221/2007;</li> <li>- Resolution no. VIII/8501 of 26/11/2008 - Guidelines for Regional Triennial 2009/2011;</li> <li>- the Social-Health Regional Plan 2010-2014.</li> </ul> <p><b>Service characteristics</b></p> <ul style="list-style-type: none"> <li>- Light Residential programmes are provided by accredited actors for activities in the field of psychiatry, most of them are non-profit organizations;</li> <li>- The regional data related to the implementation of programs of Light Residential for the period 2008-2008 indicate (cf. Percudani 2009);</li> <li>- 128 patients in 2008 involved in LR programs; 166 in the first quarter of 2009, with an increase of 30% (cf. Percudani 2009);</li> <li>- 11 ASL involved;</li> <li>- a greater presence of men (60%); approximately 50% of recipients younger than 45 years; the prevalent pathology is schizophrenia (60%).</li> </ul> <p><b>The mental health system</b></p> <p>In Lombardy, the success rate in treating mental disorders, in 2010, was 42.93 while in Italy was 43.59 (Istat) (cf. Lombardy Region 2009)</p> | <p>1. <b>Current public health expenditure in the Region:</b> 16.083,43 million euros for 2011 (cf. Lombardy Region)</p> <p>2. <b>Financing of residential projects:</b> Light Residential Project are funded by public authorities. Lombardy Region for the health "quota"/portion and the municipality of Milan for the social "quota".</p> <ul style="list-style-type: none"> <li>- The health quota is about 45 euro and foresees the signing of a contract between A.O. or an accredited body and ASL.</li> <li>- The social quota is established in agreement with local authorities.</li> </ul> |

<sup>2</sup> The service of light residential analysed is activated in the Lombardy Region, in particular in the Municipality of Milan. Data and information in the table above refer to this context.

### 3. The social, political and institutional context

#### 3.1 Population/ Government

|  | Italy (2011)               | EU27 (2011)                |
|--|----------------------------|----------------------------|
| Total Population:                                  | 60626442                   | 502406858                  |
| Population projections 2010-2050                   | 65915103                   | 524052690                  |
| Proportion of population aged 65-79 years:         | 14.3 %                     | 12,7%                      |
| Proportion of population aged 80 years and more:   | 6 %                        | 4.8 %                      |
| Proportion of population aged 65 and over:         | 20.3 %                     | 17.5%                      |
| Old-age-dependency ratio: (15-64 to 65+)           | 30.9 %                     | 26.2 %                     |
| Projected old-age dependency ratio 2010-2050       | 56.34%                     | 50.16%                     |
| Life expectancy at 60 (2009) in years: male/female | 22.4 years /<br>26.5 years | 21.1 years /<br>25.1 years |
| Expenditure on social protection (% of GDP) 2010   | 29.87%                     | 29.36%                     |
| Expenditure on care for elderly (% of GDP) 2008    | 0.14%                      | 0.41%                      |
| Pension expenditure projections (% of GDP) 2050    | ...                        | ...                        |

#### 3.2 Information about the specific welfare State: Italy

National Government highlights priority targets and interventions for comprehensive local health services and mental health policy in Italy (cf. Ministry of Health 2008: National guidelines for mental health) and establishes the essential levels of assistance (LEA) in order to guarantee equity of care. In 2011, the Ministry of Health, in collaboration with regions, developed the 'Action Plan for Mental Health' to define objectives, priority actions and defining criteria and indicators for the monitoring and evaluation of service delivery. The supply of mental health services and interventions are provided by regional and local authorities that are responsible for planning and implementing interventions<sup>3</sup>.

Traditionally, in Italy, Regions are the main authorities responsible for providing health care while local government (Municipalities, social-healthcare districts) plan, manage and provide social services. Since the reform of Title V of the Constitution (Constitutional Law of 18 October 2001 n. 3) health has been characterized by progressive strengthening of regional responsibilities and regions have acquired legislative powers in social assistance. The integration of the health and social sector has been a developing objective for the Italian welfare state and numerous legislative provisions have promoted this. In terms of resources, at national level the expenditure on social protection, in 2010, was 29.87% of GDP, lower than the EU27 average where the rate was 29.36% (the expenditure on care for elderly, in 2008, represented 0.14% of GDP against the EU percentage of 0.41%). Total health spending accounted for 9.3% of GDP in Italy in 2010, slightly below the OECD

<sup>3</sup> According to the Report on the Health Status of Country 2009-2010 'the number of Mental Health Departments coordinating the care network dropped from 214 in 2007 to 208, partly due to their incorporation into the local health authorities, whereas there has been a parallel consistent increase in Mental Health Centres in the community (from 708 to 1,387)' (Summary of the Report 2011: CCXXXI).

average (9.5%)<sup>4</sup>. In Italy, 79.6% of health spending was funded by public sources in 2010, above the average of 72.2% in OECD countries (OECD Health Data 2012).

In integrating social services, a significant reform was implemented through Law 328/2000 which redefined the Italian local social protection model basing it on the principles of integration, public-third sector partnership and a holistic conception of the citizen-user. New forms of cooperation between public institutions, health services, social services and civil society organizations have been encouraged through new local planning powers the Area Plan (Piano di zona). In the implementation of the reform the following aspects should be noted:

- different levels of integration between public and private actors and between health and social services (different local welfare models);
- local disparities in the economic resources of regions and municipalities. Fiscal federalism and reorganization of local autonomies are some issues currently being debated in relation to the provision of social services in Italy.

Also for mental health services, the provision and availability of integrated and support services differ among Regions and Municipalities reflecting different welfare regimes as well as the extent of progress towards de-institutionalisation and community living. In 2008, Italy celebrated 30 years since the issue of the National Mental Health Reform Law (Act 180/1978, known as “Basaglia Law”), which has started the process of de-institutionalisation in favouring the network of community services that currently represent the ideal core strategy of intervention in the mental health field. In such a context, Light Residential programmes and community psychiatry initiatives constitute innovative social policies, implemented at regional and municipal level, facilitating choice and control over their lives for people with mental health problems.

There is a steady increase of expenditure on social protection services (including social services), that shows the growing importance in comparison to social protection benefit in cash. The table below presents the social protection expenditure of selected countries.

**Social protection expenditure: Aggregated benefits and grouped schemes in millions of Euros**

| Time    | Expenditure for social protection benefits in Mio. of Euro | Expenditure for social protection benefits in Mio. of Euro | Increasing benefits in kind | Part of benefits in kind of social protection benefits | Part of benefits in kind of social protection benefits |
|---------|--|--|-----------------------------|--|--|
|         | 1996   | 2010   | 1996-2010                   | 1996   | 2010   |
| EU 27   | /  | 3,605.678.95   | /                           | /  | 34.07%   |
| Italy   | 241,249.28   | 463,992.0  | 127.52%                     | 21.86%   | 25.86%   |
| Germany | 565,683.07   | 765,717.82   | 52.53%                      | 30.79%   | 34.69%   |
| Belgium | 60592.78   | 106492.16  | 110.88%                     | 24.18%   | 29.01%   |

Source: Own calculations based on EUROSTAT 2012

<sup>4</sup> The expenditure on health, in 2011, was 112,889 billion euros (Ministry of Health 2012: 240); the per-capita value was 1.862 euros. (in 2010, 111,168 billion euros).

#### 4. Challenges and drivers of innovation

Istat data on mental health for 2009 and 2010 indicates a prevalence of mental disorders (classified as “nervous disorders”) of approximately 4.3% of the total population, which rises to 9.8% for the over 65s (cf. Ministry of Health, 2011). Population ageing and the higher risk for women of suffering mental health problems represent some challenges that trigger a growing variety of needs for mental health services.

In Italy living arrangements and support in daily living, represent key areas of intervention to ensure an independent life and inclusion in the community for people with mental health problems (cf. FRA 2012).

Focusing on the Lombardy Region the discharge rate for mental disorders was, in 2010, 42.93 (against 43.59 registered at national level) and the rate of adults with disabilities and mental illness was, in 2009, 213.92 (Health for All, Istat). The number of socio-health residential structures [presidi residenziali socio-assistenziali] at 31.12.2009 amounted to 2.385 while the number of beds was 105,677 with a current public expenditure for health of 17,187.

In 2009 the expenditure for interventions and social services in the Lombardy Region was 17.3% of the total (1.208.044.688; in the Municipality of Milan it was 1.025.145.286 euro).

#### **Structural weaknesses** of the system:

In Italy the following structural weaknesses are discussed:

- The impact of public spending cuts. Several cuts to healthcare and to the welfare system have been envisaged with expected impacts also in the field of mental health.
- Lack of person-centred support and community based socio-health services addressed to people with mental health. Unsatisfactory level of shared care (sharing of interprofessional care).
- Weaknesses in the health and social services offer of sufficient housing in the community and of support for independent living for people with mental health problems.

Focusing on the Lombardy Region and on the metropolis of Milan the following structural weaknesses are discussed:

- ‘the discrepancy between the offer of intensive support residential services and the supply for low intensity services, preclude some patients, especially those young and of working age, from rehabilitation ’ (gaps in supporting the transition from hospital treatment to independent living in the community);
- ‘continuing professional practice centred on hospitalization and stigmatization of the patient;
- ‘need to integrate the rehabilitation, through the achievement of a semi-autonomy of patients, not only through residential service but including recreational activities in the wider community cf. in cinemas, swimming pools and, last but not least, through targeted training and job placements’

(<http://www.menteinsalute.it/residenzialitaleggera.asp>).

### **Drivers and challenges:**

The reason for this innovative project is to meet the need for people with mental health problems to live independently whether in a group apartment or in their own home. An enabling factor is the modification of the local legislative framework focusing on a shift in the regional law (Lombardy Region) for the "redevelopment of residential psychiatric services" introduced 'light residential' projects to support autonomy for people with mental health problems through living outside of residential structures.

### **Innovation:** Ideas, criteria, levels and added values

The need for housing solutions for people with mental health problems in Italy expected to increase. Reasons for this are both on the prevalence of mental health and mental health residential services, and population ageing.

The basic principle of light residential programmes is that individualised support and integrated services should be arranged in ways that enable autonomy in people's neighbourhoods. For community living to be truly successful, residential programmes should be accompanied by a range of social services and offer activities for free time.

Only some Italian municipalities currently provide light residential programmes. With the Regional Plan for Mental Health 2002-2004 (Resolution no. 7/17513 of 17 May 2004) the Lombardy Region has promoted processes of institutional innovation including Light Residential Programmes in the offer of public mental health services, implemented in collaboration with third sector organizations, and setting up an accreditation mechanism.

There are six particularly innovative aspects about the service:

#### *Flexibility, person centered approach and autonomy:*

The innovation consists mainly in favouring and supporting autonomy for people with mental health problem through living in supported residential settings and through the planning of personalized care paths (individualized integrated programmes) agreed between users and institutional and professional figures.

#### *Support to independent living and networking for people with mental health:*

Benefits of professional support in daily living and social networking between service users include increased user's confidence and control over their own life, more opportunities for socializing and easier access to resources in the neighbourhood where they live.

#### *Integration:*

A core element of the highlighted service is integration: (a) Institutional and Governance integration. The integrated approach in financing, planning and managing light residential programmes (community health governance and openness to local social services and civil society); (b) Organizational and Professional integration (shared care) in therapeutic rehabilitation projects for people in residential care. Collaboration and coordination between different professional expertise and new social work practices are outcomes.



*Community based:*

The social service provider represents an open and embedded component of community and neighbourhood. Users involved in the Light Residential project can enjoy other activities (rehabilitative) offered by Aiutiamoli. For the implementation of its activities Aiutiamoli works in collaboration not only with local health and psychosocial centres (PSC) and other actors involved in mental health care, but also with local third sector organizations, volunteers, family and parent's users. An added value is openness and connection of the organization provider to civil society.

The 'Blurring Approach' involving overcoming the division between social and health in favour of an integration of these two fields. Integration and connection both between the different stakeholder actors, institutional and non-institutional, involved in mental health care and between an integration with other projects, implemented in the same area, working in synergy with the residential one in order to avoid isolation. Aim: Connection of users as well as favouring social inclusion and participation in the community of people involved in the residential projects.

*Institutional change and arrangements:*

The regional law (Lombardy Region) of "redevelopment of residential psychiatric services" introduced light residential projects to support autonomy for people with mental health problem through living out of residential structures. Light residential programmes have been stabilized within regional planning and included in the offer of public mental health services.

*Financing:*

The financing of programs of light residential (72 Euro per day) is based on two funding lines: (a) regional funds managed by the ASL for the health quota (45 Euro) to pay the work of the mental health practitioners; (b) funds provided by the Municipality for the social quota (27 Euro) to cover the costs for rent, utilities and food. Providers, as is in the case for psychiatric residency, are required to register the individual contributions made as part of such assistance programs. The psychiatric budget of the Lombardy Region for next year has is not being cut.

**Agents of change**

Users' relatives and civil society organizations were the actors who promoted the innovation the most.

## 5. Key innovative elements of this example

|   |   |
|---|---|
| Field of service                                      | Welfare, health   |
| Establishment of organization                         | Aiutiamoli: 1989; Day Care Center "City of the Sun": 2003<br>Foundation Aiutiamoli, built in 2008   |
| Type of organization                                  | Non-profit organization   |
| Financing   | two funding lines: (a) regional funds managed by the ASL for the health quota (45 Euro) to pay the work of the mental health practitioners;<br>(b) funds provided by the Municipality for the social quota (27 Euro) to cover the costs for rent, utilities and food<br>Providers, as is in the case for psychiatric residency, are required to register the individual contributions made as part of such assistance programs. The psychiatric budget of the Lombardy Region for next year has not be cut. |
| Size of organization                                  | Thirty practitioners  |
| Members and participation                             | 50 people among users relatives and users<br>17 users of the 'light residential project'<br>60 users of the Day Care Centre 'City of the Sun'<br>Active role of relative's, users and volunteers  |
| Contact<br>Name of the innovative example<br>Homepage | aiutiamoli@aiutiamoli.it<br><a href="http://www.aiutiamoli.it/">http://www.aiutiamoli.it/</a>   |

**Aiutiamoli** is an association founded in Milan in 1989 to deal with the discomfort, pain and loneliness of the mentally ill and their families. The **association** introduced innovation as part of the process of de-institutionalization. Since then the association has promoted mental health projects (preventive services and rehabilitation) through the work of psychologists, psychotherapists, practitioners, trainers, social workers and volunteers. Aiutiamoli delivers services through **two channels**:

- the Association 'Aiutiamoli'.

The association provides psychological services and leisure activities dedicated to patients (members) and their families.

- the Foundation Aiutiamoli, built in 2007.

The Foundation is responsible for the day centre "La città del sole" and manages 'Light Residential' projects through a partnership between the public and third sector.

### *The Day Care Center born in 2003*

The psychosocial rehabilitation, carried out in the Day Centre, is followed by psychologists, educators, psychiatrists, flanked by art teachers. In this place the "patients" become "users", **active users** of services designed to meet their needs and care. Among the activities: social skill training, self help groups, the group body expression, soft gym, shiatsu, language courses (English), musicotherapy, theatre; social 'outings' including cinema and trips.

### *Light residential projects*

Currently the Foundation carried out two 'Light Residential' projects

**Light residential** represents a new model of residential psychiatric constituting the search for new solutions to old needs. Innovation came from from citizen-led initiatives. In fact the project of light residential was carried out firstly by the

association Aiutiamoli during the Eighties to provide a response to the needs and concerns expressed by parents of people with mental health problem. The following local **institutional changes** - institutional arrangements and legislative framework - represented enabling factors for the consolidation of this new type of psychiatric residential service. Starting with the "three-year Regional Plan for Mental Health" implementing the Social-Health Regional Plan 2002/2004 the light residential programme became an ordinary activity. To be implemented, such programs must be based on finding appropriate housing solutions through appropriate forms of social support, involving the Coordination Bodies for Mental Health, also through public-third sector partnership. Aiutiamoli is one of the third-sector accredited actors for providing housing solutions.

Light residential represents a **new model of residential psychiatric**. The new approach is based on the idea of flexible, individual integrated therapeutic projects (PTI) and territorial care patterns of rehabilitation. Favouring easy access to housing is part of this strategy of intervention. Users are patients who are clinically stable but living in difficult social situations and who need support to manage their own home. Some users of light residential projects had lived in psychiatric hospitals or in residential structures; some are expected to return there.

Professionals guarantee **support for daily living** that helps people with mental health problems to exercise more choice and control over their lives. The concept of autonomy is a relative one and much attention is given both to the placements and the user's consent. The user needs to be the active, protagonist and to express any fears and problems. .

Aiutiamoli offers two types of **housing solutions for people with mental health problems**: Living in group homes and Living alone.

**Living in group homes.** The 'Clessidra' project is managed by the Aiutiamoli Foundation and is carried out with the Department of Mental Health of the Fatebenefratelli Hospital of Milan. The project provides light residential for 14 people living in 3 apartments in the centre of Milan.

The Foundation also has an apartment in the centre of Milan thanks to the donation of a user's family ('Aquilone project').

**Living alone.** Within the 'Aquilone project', the foundation manages in a peripheral area of Milan 5 public housing units where users live independently. An support worker is available for 4 hours per apartment; with a 24 hour back up service.. **Staff and peer support.** To avoid the risk of isolation (a) an operator goes every day to each apartment; (b) once a week there is a group at the public houses (rotating in each one), with the operational coordinator of the project, the operators on duty and all the users of the project. During the meeting the group discusses positive and critical aspects. The group has a protective function.

**Integrated intervention programs** between the various services (social and health) of the territory - through the presence of expertise on social (related to rights of citizenship) and health (rehabilitative) and with a combination of different fundings - and open to **collaboration with the informal network and the civil society** are main features of the innovative practice. Light Residential is a typical example of the

'Blurring Approach'. Actors included in the governance of the service are accredited private actors (Aiutiamoli), the Coordination Body for Mental Health set up within the ASL, ASL (Local Health Unit) of the macro-area, DSM (Department of Mental Health), local authorities and social networks. Other projects, implemented in the same area, work in synergy with the residential service in order to facilitate social networks, to avoid isolation and to favour social inclusion of people involved in the residential project managed by Aiutiamoli. Some initiatives implemented are: Let's try together [Proviamoci Assieme], a project providing foster care (for users in serious situations to avoid obligatory hospital treatment (TSO); the day care centers (psycho-social center; CPS) where users of the various projects meet one another and self-help groups are developed; the leisure activities carried out by the Association Aiutiamoli. The association also provides **support for user's family**. All these activities are focused to promote participation and inclusion in community life. Openness to civil society and the active role of relative's users and volunteers are value added of the practice.

The project might have a positive influence on the **debates within the European Commission** due to the fact that most countries in the EU are dealing with the inclusion of people with mental health favouring participation and inclusion in community life. Living autonomy is one of the key issues. The project can be used in other countries as well. Light residential projects, implemented in connection with other services/projects managed by Aiutiamoli, is an example of a new strategy of intervention which takes care of the need of autonomy and independent living for people with mental health problems. Planning and implementing further and effective integration between residential projects, activities favouring participation in the community and labour inclusion initiatives/projects/programmes represent common challenges.

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