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SPECIAL ISSUE - EDITORIAL

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Mental health in Europe: a long road ahead

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Mental health care in Europe underwent profound changes in the last 30 years. Almost everywhere in the western European countries hospital-based care has been downsized and a concurrent increase in various forms of community care has taken place. Despite this general trend, many cross-country differences are visible: they concern the extent of the reduction in size and importance of mental hospitals, the setting up of community-based services and the parallel change in staff training, as professional resources are ultimately the crucial factor for granting a different model of treatment and care.

In this perspective a major problem in the often hot discussions among professionals, and also in the very delivery of mental health care, is due to the scarce awareness of a key point spelled out by Thornicroft (2000): community care *'is a service delivery vehicle. It can allow treatment to be offered to a patient, but is not the treatment itself. This distinction is important, as the actual ingredients of treatment have been insufficiently emphasized'* (Thornicroft 2000). A full understanding of this central point can avoid many of the practical mistakes and of the speculative expectations in the recent past.

This special issue of the *European Archives of Psychiatry and Neurological Science* includes four contributions aimed at providing a clear and largely comparable picture of the current state of mental health care in four main European countries: France, Germany, Italy and the U.K.

As we noted above, these contributions show that, while the tendency for the homogenization of different systems of care in Europe, as well as of most aspects of societal sectors and values, is in place, a long road remains to be made in order to achieve a real homogeneity between mental health services in different countries composing the European mosaic.

Most of these differences and many of the service shortcomings have to do with the gap between the acquisition of knowledge and its application: the results of most research studies are not opportunely transformed into improved patient care and more cost/effective organization of services. Indeed, new knowledge—if applied—is frequently implemented inadequately, inappropriately, and inconsistently.

It is our hope that the contributions included in this issue of the EAPNS will help clinicians, researchers and policy planners cope with these difficult challenges of the future.

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1. Thornicroft G (2000) Testing and retesting assertive community treatment. Psychiatr Serv 51, 703