



STATE OF THE ART AND FUTURE PERSPECTIVES FOR THE INTEGRATED WORK IN CONTAMINATED SITES: THE CASALE MONFERRATO MODEL

Edited by Antonella Granieri

Preface

Antonella Granieri

Dipartimento di Psicologia, Università degli Studi di Torino, Turin, Italy

In terms of scientific paradigm, we have witnessed the transition from a multidisciplinary perspective, in which the contributions of the different disciplines are juxtaposed, to an interdisciplinary approach, in which the specificities of the different specialists contribute to build integrated research and care models [1].

An example of this transition has taken place in Casale Monferrato, a National Priority Contaminated Site (NPCS) that has drawn the scientific and therapeutic attention of several specialists because it represents a peculiar reality concerning the incidence of mesothelioma [2, 3].

In Casale Monferrato, epidemiologic and medical/oncologic research has been undertaken since the '70s, on the wave of the reported news, along with mortality data and knowledge about asbestos risks. In Italy, the pioneering work of epidemiologic mapping has led, over the years, to the creation of new services – for example, the Regional Operating Centers (COR) on mesothelioma and the National Register of Mesothelioma (ReNaM) – and a surveillance epidemiological plan aimed at assessing the impact of malignant mesothelioma throughout the country.

Psychological research came afterwards, with juxtaposed projects at first. Psychological studies initially focused on assessing the impact of living in a contaminated site (CS), not only for the patients and their caregivers, but also for the whole population. Research conducted over the years highlighted, consistent with international literature [4], how asbestos exposure represents a traumatic event, leading to the loss of healthy aspects of the self, confidence, and hope for the future. Both patients and their families showed depressive symptoms, reduced quality of life, and a peculiar way of expressing their affects [5, 6].

The work in the field has revealed that in Casale Monferrato, the health care system is under a lot of pressure because it cannot count on standardized care protocols, tailored to the specific health needs of the population. Health Care Services would rather respond by offering drugs and clinical exams, which meets the increasing explicit demand for medical services but does not serve

the underlying health care needs, which remain unfulfilled [7, 8].

Under such circumstances, a reorganization of the Health Care Services is advisable, which should aim at:

- 1) identifying clinical facets for diagnosis, prognosis, and treatment;
- 2) developing and experimenting with new interdisciplinary health care protocols;
- 3) promoting new political cultures aimed at achieving more effective and cost-efficient services.

Over time, being part of different scientific fields was no longer an obstacle; it became a growth factor thanks to the scientific debate that led to the development of a clinically integrated approach, free from any prejudice and preconceptions.

Achieving this goal was not easy; it required a lot of humility from all the actors involved, as well as the ability not to request priority for one's own intervention rather than that of others. That's the reason why research intervention on malignant mesothelioma (and in the CS, in general) should be integrated in every phase, from diagnosis to palliative care, up to supportive intervention for the family at the time of their loss. This might seem obvious in terms of the medical aspects, but when it comes to psychology, this is not always the case, and certainly not in every site.

This short monograph will present three contributions about the state of the art of the integrated work in Casale Monferrato.

In the first paper, Comba *et al.* [9] talk about the path that led to the creation of a national epidemiologic surveillance service. The authors underline the pivotal connection between epidemiology, prevention, and the creation of a structured system ensuring equity for the support of affected individuals and communities.

In the second paper, Guglielmucci *et al.* [10] share the results of two different lines of psychological research aimed at identifying the specific psychological needs of malignant mesothelioma patients and their caregivers, and they suggest that supportive clinical interventions should be designed from the evidence that already exists in scientific literature.



The Brief Psychoanalytic Group therapy (BPG) intervention model was created by the Editor of this monograph [AG] in this perspective, and its first three replications are presented in the last paper of the short monograph [11].

The main thrust of the papers is that the different types of practical experiences carried out in the field laid the foundations for a stronger connection amongst scholars, health professionals, and the population.

Thank to this, a cultural movement was created in Casale Monferrato, which allowed the policies to structure new cost-effective specialized health care systems.

Those systems provide innovative oncologic care protocols aimed at increasing the survival time, that is the amount of residual life, and psychological protocols aimed at facilitating the emergence of resilient aspects,

not only in the patients, but in their families and in the population as well, thus improving the quality of the time remaining to live [12, 13].

According to Comba *et al.* [9], the priorities of public health authorities should be: i) remediation, ii) granting access to the best therapeutic protocols for asbestos victims, iii) research leading to new therapeutic protocols for asbestos-related diseases, and iv) the request for justice.

A commitment for the future is – after an initial feasibility study – to replicate the interdisciplinary model in other CSs, not only in the EU, but also in other non-European countries that are laboriously making (Brazil), or are preparing to make (Colombia), the transition to a development model characterized by the ban on asbestos.

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