



# The National Action Plan for Mental Health 2025-2030: Between Innovation and Continuity. A Psychological Perspective

Armando Cozzuto\*, Chiara Baiano\*\*

Submitted: 5/12/2025

Accepted: 12/1/2026

## Abstract

The National Action Plan for Mental Health (PANSM) 2025-2030 marks an ambitious effort to reshape Italy's mental health system in response to new social and clinical challenges. Drawing on a psychological and professional policy perspective, this article critically examines the Plan's conceptual and operational structure. While the document affirms progressive principles such as a life-course approach, community-based integration, and the biopsychosocial model, its implementation proposals often revert to a traditional, medically dominated logic. This tension between innovation and continuity risks undermining the transformative potential of the Plan and perpetuating long-standing structural imbalances in the mental health system. A stronger recognition of psychology as a key discipline in prevention, early intervention, and community health is essential for achieving the Plan's stated goals.

**Keywords:** National Action Plan for Mental Health, psychology in primary care, community mental health, biopsychosocial model, professional policy, integrated care.

\* President of the Order of Psychologists of the Campania Region.

\*\* Department of Psychology, University of Campania "Luigi Vanvitelli".

**Corresponding author.** Armando Cozzuto. Order of Psychologists of the Campania Region. Piazzetta Matilde Serao 7, 80132 Naples (Italy).

E-mail: armando.cozzuto@gmail.com

*Rivista di Psicologia Clinica (ISSNe 1828-9363), n. 2/2025*

DOI: 10.3280/rpc2-2025oa21860

117

Copyright © FrancoAngeli

This work is released under Creative Commons Attribution - Non-Commercial –  
No Derivatives License. For terms and conditions of usage please see: <http://creativecommons.org>

## Introduction

The publication of the National Action Plan for Mental Health 2025-2030 (*Piano di Azione Nazionale per la Salute Mentale 2025-2030*, PANSM) represents an important milestone in the evolution of Italy's mental health policy (Ministero della Salute, 2024). Coming after years of fragmented governance, regional inequalities, and increasing social distress, the Plan aspires to consolidate a renewed vision of public mental health capable of addressing the complexity of contemporary needs. The document arises in a context profoundly shaped by the COVID-19 pandemic, which exposed the fragility of existing care systems and highlighted the necessity of accessible, integrated, and psychologically informed responses to individual and collective suffering (World Health Organization, 2021). The Plan's rhetoric is promising. It speaks of prevention, proximity, and integration; it endorses a life-course perspective and a biopsychosocial paradigm; it invokes participation, community engagement, and evidence-based practices (WHO, 2021). Yet, as often happens in public policy, the distance between vision and implementation becomes apparent when one examines its operational structure. Despite its progressive language, the PANSM seems to reproduce patterns of medical centrality, with the Department of Mental Health (*Dipartimenti di Salute Mentale*), where psychiatric care constitutes the primary mandate and the presence of other professional figures (e.g., psychologists, social workers, educators) is complementary and integrative, remaining the undisputed axis of governance and intervention.

This commentary explores such inconsistencies, considering their implications for professional psychology and for the broader objective of promoting a public mental health culture grounded in prevention and social inclusion (Salvatore & Cordella, 2023).

## Strengths of the Plan

It is important to acknowledge that the PANSM introduces several valuable conceptual orientations. First among them is the adoption of a life-course approach, which explicitly links childhood, adolescence, adulthood, and ageing within a coherent framework of mental health

promotion (Ministero della Salute, 2024). This orientation reflects an increasing awareness that well-being and vulnerability are not confined to specific clinical moments but are distributed across the developmental trajectory of the individual. In emphasizing early detection and timely intervention, the Plan aligns with international trends that seek to overcome the chronic underinvestment in prevention (WHO, 2021). Equally commendable is the explicit recognition of the biopsychosocial model. Moving beyond a reductionist medical framework, the Plan acknowledges the interplay of biological, psychological, and social determinants of mental health. This conceptual shift resonates with the ethos of community psychology and public health, which interpret mental suffering as an emergent property of social contexts, life events, and relational systems, not merely as an individual pathology (Tansella & Thornicroft, 2009). Another positive element lies in the reaffirmation of territorial and integrated care. By situating the Houses of Community (*Case della Comunità*) as centers for accessible, low-threshold services, the Plan echoes the vision of proximity care that was central to the de-institutionalization movement following Law 180 (AGENAS, 2022). It recognizes that the promotion of mental health cannot be separated from the networks of daily life such as schools, families, workplaces, and local communities. Moreover, the inclusion of evaluation and outcome assessment as necessary components of clinical practice suggests an awareness of accountability and quality improvement (WHO, 2022). These premises, taken together, indicate that the Plan aspires to a modern, socially responsive model of mental health governance. However, the strength of these conceptual foundations depends entirely on the consistency with which they are translated into operational measures.

## Critical Issues

A close reading of the PANSM reveals a persistent discrepancy between its declared principles and its organizational prescriptions (AltraPsicologia, 2024). The most evident of these is the continued predominance of a medical and psychiatric logic. Although the introductory sections underline prevention and integration, the operative chapters revert to a service architecture centred on the *Dipartimenti di Salute Mentale* and their clinical hierarchies. This choice risks marginalizing

the contribution of psychology, social work, and education, disciplines that are essential for translating the biopsychosocial model into practice. The result is a paradox: a Plan that speaks the language of innovation but structurally reproduces the same frameworks that have limited innovation in the past. The underrepresentation of psychology in the national health system remains a major concern. The Plan itself reports that only 7.2 percent of territorial mental health activities are psychological or psychotherapeutic (Ministero della Salute, 2024). This imbalance reflects not only a shortage of personnel but also an institutional underestimation of the psychologist's role in prevention and early intervention. The consequences are visible: growing waiting lists, overreliance on pharmacological treatment, and inadequate responses to mild and moderate distress, conditions that could be effectively managed within primary care by qualified psychologists (AltraPsicologia, 2024). The ambiguity surrounding the position of the primary care psychologist further exacerbates this problem. On one hand, the Plan locates this figure within the *Case della Comunità*, consistent with the *Decreto Ministeriale 77/2022* and regional best practices such as those developed in Emilia-Romagna (AGENAS, 2022). On the other hand, it simultaneously asserts that the first level of intervention should be fully integrated into the *Dipartimenti di Salute Mentale*. Such wording risks reabsorbing the psychologist into the psychiatric domain, thereby undermining the autonomy, accessibility, and preventive mission of primary care psychology. The potential outcome would be the re-medicalization of psychological distress, contrary to the Plan's declared intention to promote well-being and early care. Another area of concern is the reference to task shifting and task sharing. While collaborative practice is essential in complex health systems, the way these concepts are presented in the Plan lacks sufficient clarity and safeguards. Without precise definitions of professional boundaries and responsibilities, task shifting may lead to the delegation of psychological tasks to inadequately trained personnel, with negative implications for service quality and patient safety (WHO, 2021). True interprofessional collaboration requires mutual recognition of competencies, not their dilution. The implementation of the Stepped Care model also appears inconsistent. The Plan invokes this framework, particularly regarding the treatment of depression, but then structures it around medical and pharmacological hierarchies, minimizing the role of psychological therapies at the lower levels (NICE, 2019).

This interpretation contrasts with the NICE guidelines, which place psychoeducation and psychotherapy at the foundation of the stepped approach. The result is an inversion of priorities that risks transforming an evidence-based model into a bureaucratic schema disconnected from clinical reality. Beyond these structural issues, several important thematic areas receive insufficient attention: psychological support in hospitals, emergency and disaster psychology, gender-based violence, migration, poverty, and the psychological aspects of work and organization. The Plan also overlooks the transformative potential of digital innovation and artificial intelligence in promoting accessibility and personalization of care (WHO, 2022). In neglecting these domains, it fails to engage with many of the most urgent psychological challenges of contemporary society.

## **The Campania Experience: A Pioneering Model of Primary Care Psychology**

An important example of regional innovation in Italy is represented by the experience of the Campania Region, which has played a pioneering role in the establishment of primary care psychology. Campania was the first Region in the country to activate the Primary Care Psychology service (*Servizio di Psicologia di Base*, Regional Law No. 35 of 3 August 2020), formally integrating psychological care within the public health system and anticipating the organizational principles later codified in Ministerial Decree 77/2022. This strategic choice was supported by a dedicated investment of €32.5 million from the National Programme for Health Equity (*Programma Nazionale Equità nella Salute*, PNES), ensuring the service's operation for three years while awaiting national legislation.

The constitutional legitimacy of the regional initiative was confirmed on 13 December 2021, when the Constitutional Court, through ruling No. 241, rejected the appeal brought by the Presidency of the Council of Ministers against Campania's law. This historic decision not only safeguarded the regional model but also accelerated political momentum at national level, prompting multiple parliamentary groups to submit bills that were later examined by the Social Affairs Committee and eventually merged into a unified proposal.

Today, more than 148 psychologists operate within Campania's Primary Health Districts. In the first year of implementation, they conducted 67.961 consultations and took responsibility for 13.895 patients. These data underscore the strong demand for accessible, early, and community-based psychological support, and highlight the effectiveness of a structured, interdisciplinary first-level service endowed with its own organizational and functional autonomy. The Campania experience thus provides a concrete demonstration that a preventive, proximity-based model of psychological care is not only feasible but essential for meeting population needs.

## **Discussion**

Since the pioneering reforms of the 1970s, Italy has been internationally recognized for its humanistic approach to psychiatry and for the integration of community care (Tansella & Thornicroft, 2009). Yet the system has often struggled to consolidate this heritage within coherent national frameworks.

The recent experience of Campania, where primary care psychology has been implemented at scale, illustrates that transformative models are possible when governance structures explicitly recognize the preventive and community-based functions of psychological care. This regional case demonstrates that when psychologists are embedded within primary care settings, access improves, stigma decreases, and early intervention becomes a realistic goal rather than an aspirational principle.

The PANSM 2025-2030, while inspired by progressive principles, risks perpetuating a duality: a rhetoric of innovation coexisting with an administrative apparatus still rooted in hospital-centred governance. From a professional psychology standpoint, this duality has profound implications. The psychologist remains largely confined to secondary and tertiary care, where intervention is often limited to severe pathology. This not only restricts professional expression but also prevents the system from benefiting from psychology's full preventive and developmental potential (Salvatore & Cordella, 2023). The emergence of the psychologist of primary care in certain regions demonstrates that alternative models are both viable and effective. By

embedding psychological expertise within community settings, these initiatives have improved early access, reduced stigma, and fostered empowerment (AltraPsicologia, 2024). However, the absence of national recognition and structural support risks leaving these experiences isolated. At stake, therefore, is not simply a matter of professional representation but the very nature of public mental health in Italy. A system that continues to equate mental health with psychiatric illness cannot fully respond to the complexity of human distress. To fulfill its promise, the PANSM must evolve from a model of treatment to one of promotion, from care of illness to cultivation of well-being. As the Campania experience suggests, this transformation requires recognizing psychology as a cornerstone of primary and community care, not as an accessory to secondary services.

This transformation requires the presence of psychology not at the margins but at the centre of planning, implementation, and evaluation (WHO, 2021).

The challenge is to transform the Plan's vision into a coherent and participatory strategy. This implies rebalancing governance structures, strengthening psychological and community-based services, and establishing clear mechanisms of accountability. The creation of stable inter-professional networks between psychologists, general practitioners, educators, and social workers is crucial. Furthermore, the monitoring of the Plan's outcomes should not be an internal bureaucratic exercise but an open, participatory process involving professional associations, universities, and users (WHO, 2022). Equally vital is a renewed investment in training and research. Universities and postgraduate institutions must prepare future professionals to work within integrated systems, capable of navigating both clinical and social dimensions of mental health (Salvatore & Cordella, 2023). Collaboration with regional health authorities can ensure that evidence-based innovations are shared and adapted across territories, reducing inequalities in access and quality.

Finally, the Plan should explicitly recognize that mental health is a field where cultural values, social justice, and professional ethics converge. A biopsychosocial perspective is not only a methodological stance but also a political choice: it affirms the right of individuals to receive care that acknowledges their subjective experience and their participation in the community. Psychology is indispensable for realizing this vision (WHO, 2021).

## Conclusion

The PANSM 2025-2030 articulates a vision aligned with contemporary global paradigms of prevention, integration, and person-centred care, yet it remains constrained by institutional inertia and the predominance of medical frameworks. Bridging this gap demands a cultural and organizational shift that restores psychology to its rightful place as a central component of mental health policy. If the Plan succeeds in embracing this shift, empowering primary care psychology, fostering community engagement, and valuing interdisciplinary collaboration, it could become a genuine catalyst for innovation. Otherwise, it risks reinforcing the very limitations it seeks to overcome. The future of Italian mental health care will depend on the capacity to transform this Plan from a document of intentions into a living system of practices that are scientifically grounded and socially equitable.

## References

- Agenzia Nazionale per i Servizi Sanitari Regionali (AGENAS). (2022). *Decreto Ministeriale 77/2022: Modelli e standard per lo sviluppo dell'assistenza territoriale nel Servizio Sanitario Nazionale*. Ministero della Salute.
- AltraPsicologia (2024). *Nota sull'analisi del Piano di Azione Nazionale per la Salute Mentale 2025-2030*. Retrieved from <https://www.altrapsicologia.it>
- Department of Health and Social Care (2019). *National Institute for Health and Care Excellence (NICE) Guidelines: Depression in adults: Recognition and management (NG222)*. London: NICE.
- Ministero della Salute (2024). *Piano di Azione Nazionale per la Salute Mentale 2025-2030*. Rome: Ministero della Salute.
- Organizzazione Mondiale della Sanità (World Health Organization). (2021). *Comprehensive Mental Health Action Plan 2013-2030*. Geneva: WHO.
- Organizzazione Mondiale della Sanità (World Health Organization) (2022). *Mental Health Atlas 2020*. Geneva: WHO.
- Salvatore, S., & Cordella, B. (2023). *Foundations of the Psychological Intervention*. New York: Routledge.
- Tansella, M., & Thornicroft, G. (2009). Implementation of community-based mental health care: International perspectives. *Acta Psychiatrica Scandinavica*, 120(6), 430–438. <https://doi.org/10.1111/j.1600-0447.2009.01461.x>