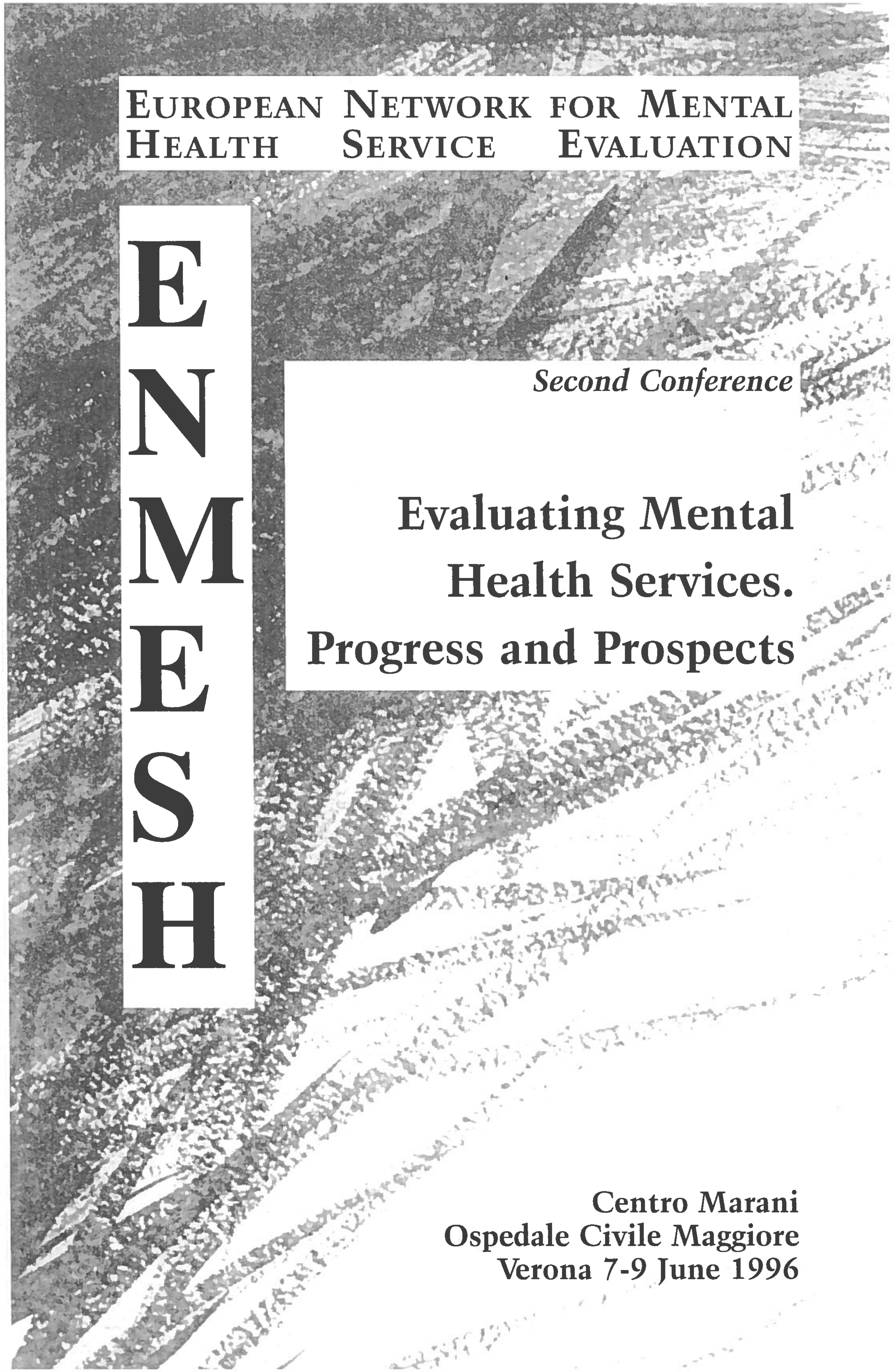

EUROPEAN NETWORK FOR MENTAL
HEALTH SERVICE EVALUATION

ENMESH

Second Conference

Evaluating Mental Health Services. Progress and Prospects

Centro Marani
Ospedale Civile Maggiore
Verona 7-9 June 1996

Bete lucas

Second ENMESH Conference

EVALUATING MENTAL HEALTH SERVICES. PROGRESS AND PROSPECTS.

Verona, 7-9 June 1996

The European Network for Mental Health Service Evaluation (ENMESH) was founded in 1991.
The aims of ENMESH are:

1. To establish a network of active researchers in mental health services in Europe.
2. To promote the development and dissemination of study designs, research instruments, mental health outcome indicators, and relevant forms of statistical analyses.
3. To function as a clearing house for mental health service evaluation information in Europe.

ENMESH Executive Committee:
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Local Organizing Committee
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Local Organizing Secretariat
INTERCONGRESS (Contact - person: Mrs. F. Bisso)
5 Lungadige Cangrande, Verona
Phone +39 (45) 915899 - Fax (45) 8345145

Arrival at Verona
Verona has got its own airport. A shuttle bus to the town centre leaves the airport every twenty minutes. Direct flights connect Verona with Munchen, London, Paris and Barcelona only.
Alternatively, we suggest participants to rely on the airports in Milan or Venice and then reach Verona by train. The train journey takes about one hour and half from either Milan or Venice.

Venue
The Conference will take place at the Centro Culturale Marani, Ospedale Civile Maggiore, Piazzale Stefani 1, Verona, Italy (Phone +39-45-8072215). The Conference Centre can be easily reached by bus: buses 21, 22, 23 and 24 leaves the rail station every five minutes, and buses 70 and 71 leaves the town centre every ten minutes.

Themes

The Conference will bring together distinguished international speakers from different parts of Europe and aims to discuss the following themes:

1. *Population Needs for Mental Health Services*
2. *Mental Health Services Description*
3. *Mental Health Services Utilisation*
4. *Costs of Mental Health Services*

Language

The official language of the Conference is English. No simultaneous translation will be provided.

Registration

The registration desk will be located in the foyer of the Conference Centre. Attenders can register on Friday 7th June from 13.00 until 14.30. The registration fees, including taxes and VAT, the conference kit and abstract book, lunches, coffee breaks and the Dinner Party on Friday evening, is 416.500 Italian lire before March 31 1996 (476.000 Italian lire after March 31, 1996). The registration fees do not include hotel accomodation. The registration fees must accompany the delegate registration form.

In the event of cancellations made before May 24 1996 the registration fees will be refunded, apart from an administrative charge of 50 000 Italian lire. After May 24, 1996 no refund will be possible.

Messages and Mail

Messages for partecipants should be left at the Registration Desk.

Posters

Poster sessions have been scheduled to take place at 11.50-12.50 on Saturday 8th June. The poster will be displayed in the foyer of the Conference Centre. Those displaying posters will be informed at registration of the number of their poster board, and should make arrangements to mount their poster in good time. Posters may be mounted the Friday evening onwards and must be removed between 18.00 and 18.30 on Saturday.

Speakers

All auditoriums and meeting rooms will be equipped with a 35mm slide projector and an overhead projector. It is essential that speakers contact Mrs. Nicolis in advance of the conference should they require any further equipment.

All speakers should notice the time of their presentation from the programme. If they have a problem with the time they have been allocated they should again let us know immediately. It is each presenter responsibility to check any slides they have and to make sure that they are left in the correct place ready to be loaded in time for their presentation. Space will be provided for these activities and further details will be provided upon registration.

Dinner Party

A dinner party will take place at 20.00 on Friday 7th. at the Giusti Gardens located in the centre of the City of Verona. All participants and their partners are invited (price of the ticket included in the registration fees). The Giusti Gardens, created towards the end of 15th Century, are famous throughout the world for their unique structure and nature.

For further information concerning the hotels and the town of Verona please contact INTERCONGRESS (see above).

Friday 14.30-15.45

Opening Session and Key-Note Addresses

Room: Aula Convegni

Chair: A. Balestrieri (Verona), M. Tansella (Verona)

14.30 - 14.45	**Welcome** *Sergio Luzi* *(General Director, ULSS N. 20, Verona)* *Mario Marigo* *(President, University of Verona)* *Michele Romano* *(General Director, Azienda Ospedaliera, Verona)* *Giuseppe Tridente* *(Dean, Medical School, University of Verona)*
14.45 -14.50	Introduction *Michele Tansella* (Verona)
14.50 - 15.10	Evaluating mental health services: A world perspective *Norman Sartorius* (Geneva)
15.10 - 15.30	Importance of service-level measure for mental health policy *Rachel Jenkins* (London)
15.30 - 15.45	Discussion

Friday 16.05-17.50

Introduction to the themes

Room: Aula Convegni

Chair: H.C. Knudsen (Copenhagen), A. Schene (Amsterdam)

16.05 - 16.25	Population needs for mental health services *Ville Lehtinen (Turku)*
16.25 - 16.45	Mental health services description *Peter de Jong (Groningen)*
16.45 - 17.05	Mental health services utilisation *Mirella Ruggeri (Verona)*
17.05 - 17.25	Costs of mental health services *Martin Knapp (London)*
17.25 - 17.40	Discussion
17.40 - 17.50	Introduction to the Workshops of Saturday

Workshop 1

Room: Aula Convegni

Title: Population needs for mental health services: Part 1

Chair: P. Huxley (Manchester), D. Wiersma (Groningen)

1 Methods of assessement of the need of care in schizophrenia
D. Wiersma, R. Giel, A. de Jong, F.J. Nienhuis & C.J. Slooff (Groningen)

2 Total population needs for mental health services in a community psychiatric responsability perspective
T. Sorensen & I. Sandanger (Oslo)

3 Recent developments in the use of the Lancashire Quality of Life Profile as an outcome measure in community psychiatric services in Europe
J.P.J. Oliver & P.J. Huxley (Manchester)

4 The impact of social phobia on quality of life
H.-U. Wittchen (Munchen)

5 Are levels of need and quality of life associated among the severely mentally ill?
M. Slade & G. Thornicroft (London)

6 Do different subjective evaluation criteria reflect different constructs?
S. Priebe, W. Kaiser & P. Huxley (Berlin & Manchester)

7 Construction, reliability and validity of an instrument measuring the burden of the family: the consequences for the family interview (CFI)
J.J.A.M. Kramer, H. Kluiter & D. Wiersma (Groningen)

Workshop 2

Room: Aula C

Title: Mental health services description: Part 1

Chair: M.C. Angermeyer (Leipzig), T. Burns (London)

8 Mental health minimum data set project. Community health information systems
S. Knight (London)

9 Mental health systems and their characteristics: a proposal
T. Burns & S. Priebe (London & Berlin)

10 What do community psychiatric teams actually do? A new method for measuring the content of services
S. Johnson, S. Wright, J.P. Bindman, G. Szmukler, E. Kuipers, G. Thornicroft & P. Bebbington (London)

11 ICMHC: reliability, results and suggestions for improvements
T. Ruud, R. Husby, M. Breimoen & M. Kalve (Oslo)

12 A brief empirical method (MARC-1) for comparing the personal characteristics of people with severe mental illness in health and social services agencies: results from pilot studies in the north west of England
P.J. Huxley (Manchester)

13 A Delphi Method Approach to describing mental health practice
M. Fiander & T. Burns (London)

Workshop 3

Room: Aula Incontri

Title: Mental health services utilisation: Part 1

Chair: G. Harrison (Nottingham), P. Tyrer (London)

14 Accessibility of psychiatric services to their patients
J. Bindman, S. Johnson, S. Wright, G. Szmukler, E. Kuipers, G. Thornicroft & P. Bebbington (London)

15 Using information about sociodemografic features in background population as a tool in planning of psychiatric services
M. Nordentoft, P.B. Mortensen & P. Munk-Jorgensen (Copenhagen)

16 Predicting service utilisation in a prospective cohort admitted to Nottingham's psychiatric services: survival analyses and multi-variate prognostic model for length of stay
T. Croudace, A. Beck, S. Singh & G. Harrison (Nottingham)

17 Measuring utilisation on the programme level; result from a randomized trial
A. Schene, B. van Wijngaarden & B.P.R. Gersons (Amsterdam)

18 Satisfaction with psychiatric services: predictor or consequence of service utilisation?
P. Rucci, M. Ruggeri, R. Dall'Agnola & M. Tansella (Verona)

19 Satisfaction with community psychiatry in patients and relatives; problem areas differencies of views and impact of information
L. Merinder (Aarhus)

20 Differences between ethnic groups in satisfaction with psychiatric services
S. Parkman, S. Davies, M. Leese, M. Phelan & G. Thornicroft (London)

Workshop 4

Room: Aula B

Title: Mental health services utilisation: Part 2

Chair: L. Burti (Verona), A. Lesage (Montreal)

21 Time factors in case managment research: results from a meta-analisys and a working alliance study
H. Kroon (Utrecht)

22 Predicting the utilisation of psychiatric inpatient facilities
F. Keogh & D. Walsh (Dublin)

23 Patterns of ambulatory mental health services' utilisation in Israel: analysis of data from a national survey
D. Levinson, M. Popper, Y. Lerner & M. Feinson (Jerusalem)

24 Use of community mental health services by schizophrenics patients in South Granada
B. Moreno-Kuestner, F. Torres & J.F. Jimenez (Granada)

25 The Nottingham Acute-Bed Use Study (NABUS): alternatives to continued residence on an acute ward
S. Singh, A. Beck, T. Croudace & G. Harrison (Nottingham)

26 The effect upon referral patterns of introducing community psychiatry in Nottingham
I. Medley & M. Steels (Nottingham)

27 Evaluation of a psychiatric reabilitation unit according a heuristic model
N.A. Ribeiro, M.A. Quintela & A.A. Cepeda (Lisboa)

Saturday 11.50-12.50
(with the presence of the authors)

Saturday 12.50-18.00
(without the presence of the authors)

Poster on all four workshops' themes

Room: Foyer

Population needs for mental health services

1 Assessment of needs in Turkish schizophrenic patients
A.Y. Samanci, O. Kir & H. Balikcioglu (Istanbul)

2 The use and application of Camberwell Assessment of Needs 3.0 Instrument in Turkish patients
A.Y. Samanci, O. Kir & H. Balikcioglu (Istanbul)

3 A need-adapted discharge-plan as a solution to problems and barriers between mental hospitals and social services
L.F. Nielsen, L. Petersen, G. Werdelin & A. Lindhardt (Roskilde)

4 Needs for care of psychiatric patients in South-Verona.
M. Ruggeri, M. Galletta, P. Rucci, P. Bonizzato & M. Tansella (Verona)

5 Assessing the vocational competence of (ex-)psychiatric patients.
H. Michon (Utrecht)

6 The WHO-composite international diagnostic interview (CIDI): current status and the future
H.U. Wittchen (Munchen)

7 Relatives of the mentally ill in South Verona: levels of impact, vulnerability and alleviating factors
C. Samele (London)

Mental health services description

8 The "BRAS": an attempt to develop an operational definition of the concept "Psychiatric Emergency"
D. Spooren & C.L.J. Jannes (Gent)

9 Psychiatric day care in European countries: progress and prospects
G. de Girolamo & M. Sanza (Bologna)

10 Psychiatric cares in a hospital forensic section: a retrospective review
G.P. Guaraldi, A. Fagiolini, R. Salati, C. Bortolai, M.R. Antonica & M. Venuta (Modena)

11 Quality assurance of the psychiatric services in the Swiss Canton of Basel Stadt
R. Kaiser, Ph. Eich, Ch. Fah, J. Frossard, J. Merz, R. Mullejans & U. Ackermann-Liebrich (Basel)

12 The Northern Norway psychosis project
A. Hoye (Tromso)

13 An EEC project on standardized description of mental health services involved in the long-term treatment of schizophrenia. Issues related to reaching consensus on terms and measures
C. Munizza, J. Beecham, P. de Jong, S. Johnson, R. Kuhlman, L. Salvador, A. Stenman, G. Thornicroft, G. Tibaldi, M. von Cranach & M. Zuccolin (Torino, London, Groningen, Kaufbeuren, Jerez de la Frontera & Gällivare)

Mental health services utilisation

14 Frequency and duration of contact in an intensive case management service
R.J. Bale, T. Burns & M.T. Fiander (London)

15 The Nottingham Acute-Bed Use Study (NABUS): Alternatives to admission
A. Beck, S. Singh, T. Croudace & G. Harrison (Nottingham)

16 Outcomes evaluation in a rehabilitation program.
L. Tabaglio, L. Archiati, L. Brambilla, G. Rossi, S. Bignotti & R. Pioli (Brescia)

17 Long-term psychiatric care for patient with mental handicaps
J.T. van Busschbach & D. Wiersma (Groningen)

18 Rapresentative sampling in a UK randomised controlled trial
K. Harvey, C. Samele & T. Burns (London)

19 Social adjustment and needs of psychiatric care for schizophrenics after 15 years since their first hospitalisation
M. Zaluska (Warsaw)

20 People with first onset psychosis. Who cares?
S. Amin, S. Singh, T. Croudace, K. Tolley & G. Harrison (Nottingham)

Mental health services costs

21 Costing services provided by a community psychiatric centre
G. Fattore, M. Percudani & A. Contini (Magenta)

Workshop 5
Room: Aula B

Title: Population needs for mental health services: Part 2

Chair: S. Priebe (Berlin), T. Sorensen (Oslo)

28 Estimating local-area needs for psychiatric care: a case study
A.D. Lesage (Montreal)

29 The Camberwell Assessment of Needs as an instrument for strategic evaluation in an community based unit for psychiatric and social services
K. Ramian, B. Ahlgreen, M. Cohen & N.E Seiersen (Risskov)

30 Housing: wishes of patients and needs of caregivers. An empirical study
V. Messerli-Rohrbach, J, Bosch, N. Brudy, Th. Cahn & M. Schmied (Liestal)

31 Psychopathology and quality of life in patients suffering from schizophrenia: an Italian-US comparison
G. de Girolamo, R. Warner, G. Belelli, C. Bologna, A. Fioritti & G. Rosini (Bologna & Boulder)

32 Utilisation of day activities centres: the quality of life, general distress & coping strategies of visitors
Ch. van Nieuwenhuizen, A.H. Schene & A.L.C.M. Henkelman (Amsterdam)

33 Quality of life as concept for the evaluation of psychiatric services: a qualitative approach
R. Kilian & M.C. Angermeyer (Leipzig)

34 Caregiver burden in a Portuguese outpatient practice
M. Goncalves Pereira, Z. Mendes & J.M. Caldas de Almeida (Lisboa)

Workshop 6
Room: Aula C

Title: Mental health services description: Part 2

Chair: R. Gater (Manchester), B. Saraceno (Milano)

35 The interface between primary and specialist psychiatric care. The Manchester experience
R. Gater (Manchester)

36 Resources, procedures and activities in the former psychiatric hospitals of two regions in northern Italy. The QUALYOP study results
C. Barbui, A. Bedoni, G. Civenti, L. Frattura & B. Saraceno (Milano)

37 Longitudinal analysis of data from the South-Verona psychiatric case register
R. Micciolo, A. Biggeri & L. Canal (Trento, Firenze & Verona)

38 Differences in psychiatric case registers in Germany and in the Swiss Canton of Basel-Stadt
R. Kaiser, Ph. Eich, Ch. Fah, J. Frossard, J. Merz, R. Mullejans & U. Ackermmann-Liebrich (Basel)

39 The All-Wales community mental health team survey
M.F. Carter, C. Crosby, A. Warner, S.A. Geertshuis & A. Collis (Bangor)

40 Outcomes or treatment outcomes. That is the question
T. Brugha (Leicester)

Workshop 7
Room: Aula Incontri

Title: Mental health services utilisation: Part 3

Chair: L. Hansson (Lund), N. Trieman (London)

41 Predictors of adherence to a group home programme for mentally ill
T. Middelboe, M. Nordentoft, H.C. Knudsen & B. Jessen-Petersen (Copenhagen)

42 The Nordic comparative study on sectorized psychiatry: clinical and social patient characteristics predicting use of psychiatric services during a one year follow-up
L. Hansson, H. Vinding, S. Muus, G. Gostas, O. Saarento, M. Sandlund, T. Zandren & T. Oiesvold (Lund)

43 The use of regional care networks by long term-users
J.T. van Busshchbach, D. Wiersma, M. Schreurs & S. Sytema (Groningen)

44 Utilisation of Fountain House "De Waterheuvel": a nine year study
B. van Wijngaarden, M. Hijmans & A.H. Schene (Amsterdam)

45 Outcomes of the most difficult to place long-stay psychiatric inpatients. One year after relocation
N. Trieman & J. Leff (London)

46 Quality of care on closed psychiatric adjmission wards
Y.A.M. Nijssen & A.H. Schene (Amsterdam)

47 Emergency psychiatric consultations in S. Martino Hospital-Genoa: a preliminary contribution
C. Vecchiato, M. Marcenaro, F. Altomonte, R. Radmann & F. Ratto (Genova)

Workshop 8
Room: Aula Convegni

Title: Costs of mental health services

Chair: J. Beecham (London), F. Creed (Manchester)

48 Importance of units for intensive psychiatric care: a study on evaluation of treatments costs
R. Eisele & N. Rosset (Geneva)

49 Cost effectiveness of day and in-patient psychiatric treatment
S. Holme, F. Creed, P. Mbaya, S. Lancashire, B. Tomenson & B. Williams (Manchester)

50 Predicting and comparing the costs of mental health residential care
D. Chisholm, M.R.J. Knapp, J. Astin, P. Lelliott & B. Audini (London)

51 The South-Verona Case Register for evaluating the costs of psychiatric care
F. Amaddeo, J. Beecham, P. Bonizzato, A. Fenyo, M.R.J. Knapp & M. Tansella (Verona, London & Canterbury)

52 Comparison of community and hospital care management for discharged psychiatric in-patients in the West London area
K. Evans, P. Tyrer, N. Gandhi & P. Harrison-Reid (London)

53 Social networks, service utilisation and service costs in South London
T. Becker, G. Thornicroft, P. McCrone, L. Loftus, M. Leese, S. Johnson & D. Turner (London)

54 Costs of specialist employment schemes
J. Schneider (Canterbury)

Saturday 16.40-18.00

Plenary session

Room: Aula Convegni

Chair: D. Goldberg (London), H.-U. Wittchen (Munchen)

Presentation of the results of the Workshops by the persons delegated by Workshop participants.

General discussion.

Sunday 09.00-11.00

Prospects for the future

Room: Aula Convegni

Chair: G. Thornicroft (London), J.L. Vazquez Barquero (Santander)

09.00 - 09.05	Introduction
09.05 - 09.25	Population needs for mental health services *Josè Miguel Caldas de Almeida* (Lisboa)
09.25 - 09.45	Mental health services description *Vivienne Kovess* (Paris)
09.45 - 10.05	Mental health services utilisation *Sjoerd Sytema* (Groningen)
10.05 - 10.30	Costs of mental health services *Juan Manuel Cabases* (Pamplona)
10.30 - 11.00	General discussion

Sunday 11.30-13.15

Closing session

Room: Aula Convegni

Chair: M. Knapp (London), M. Tansella (Verona)

11.30 - 11.55	Problems facing community psychiatry *David Goldberg* (London)
11.55 - 12.15	Monitoring and evaluating mental health services. A WHO perspective *Josè Sampaio-Faria* (WHO,Copenhagen)
12.15 - 12.30	Discussion
12.30 - 13.15	Closing remarks and future initiatives of ENMESH *Helle Charlotte Knudsen* (Copenhagen)

Introduction to the themes

Evaluating mental health services: a world perspective

Professor Norman Sartorius, M.D., M.A., Ph.D., FRC.Psych.
Department of Psychiatry, University of Geneva
16-18, Bd de St Georges, 1205 Geneva, Switzerland

At present there is little agreement about the concepts relevant to the evaluation of mental health services. There are differences in the definition of what belongs to health services, differences in the recommendations concerning the focus of evaluation and concerning methods which should be employed. The evaluation itself is often a costly procedure and its results are not optimally used. The question that arises therefore is whether evaluation should be seen as a regular part of health services or employed only exceptionally.

If the former is accepted the challenge before those running health services is to design evaluation in a manner that will be congruent with the aims of the services, taking ethical, political and financial concerns into account.

The paper will present proposals for criteria and guidelines that could be useful in responding to this challenge.

IMPORTANCE OF SERVICE LEVEL MEASURES FOR MENTAL HEALTH POLICY

R. JENKINS

Department of Health, Wellington House, 133-155 Waterloo Road
London. SE1 8UG

Mental Health Policy formulation and implementation is an iterative process which relies on information from the field about the current state of Mental Health needs in the population and the current state of services, the development of a strategic framework to address those needs, and the implementation of the strategy. It is clear therefore that if policy is to be appropriate, we need accurate measures of **mental health needs** in the general population, in the population attending primary care services, and in those receiving specialist care.

We also need measures of the quality and quantity of service **inputs** (eg acute beds, 24 hour nursed hostels, (supported accommodation, day care, occupational rehabilitation, personnel and their training) of **processes** (eg case management procedures) and of **health and social outcomes**. If policy is to be successful, it needs to address the whole spectrum of psychiatric morbidity, ie it needs to be rooted in the epidemiology of the disorders, and in a public health framework of primary, secondary and tertiary prevention and prevention of morbidity.

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POPULATION NEEDS FOR MENTAL HEALTH SERVICES

V Lehtinen
Stakes, Mental Health Unit, Kunnallissairaalantie 20,
FIN-20700 TURKU, Finland

The concepts of need and mental health service (psychiatric treatment) will be considered. Mental health service may refer to an intervention not defined in greater detail, a treatment mode, the object of treatment, the therapeutic process, and the service system. The concepts of need and need for treatment are by no means unambiguous, either, because they include value judgements depending on who is assessing the need and whose need is assessed. Population need for mental health services is also a different thing than the individual need for treatment.
One of the main goals of epidemiological studies is to help the planning of services by assessing the burden on society caused by different illnesses. One may say that, for this task, the assessment of need for services is more important than the assessemnt of the prevalence of the illness in question. In view of that, however, the studies assessing populations needs for mental health services are surprisingly few in comparison to studies dealing with the prevalence of mental disorders. As a summary of studies conducted since the late 50s one can state that, in the adult population, the need for psychiatric services on specialist level varies from 8% to 16%, and that of the total need for mental health services (including primary care and social services and counselling) between 19% and 29%.

Name of Presenter:

Ville Lehtinen

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MENTAL HEALTH SERVICES DESCRIPTION: INTRODUCTION

In any evaluation study of the process of providing mental health care the following three elements will have to be assessed: the problems presented to the services, the treatment or intervention provided by the services, and the outcome of the process. Several instruments are available for the standardized description of the first and last elements. Until recently, however, an instrument pertaining to the second element was lacking. Interpretation of the literature on this subject has therefore been hampered by incomplete and inconsistent descriptions of the interventions provided by the services. To fill this gap the European Headquarters of the World Health Organization initiated a project, aimed at the development of such an instrument. The resulting International Classification of Mental Health Care (WHO-ICMHC) will be presented and commented upon.

Name of Presenter:

Dr A. de Jong

Correspondence Address:

Department of Psychiatry, University of Groningen, P.O.Box 30001, 9700 RB Groninge
the Netherlands

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Mental health services utilisation: Introduction

Mirella Ruggeri

Institute of Psychiatry - University of Verona, Verona, Italy

In mental health service evaluation, measures of services utilisation have a pivotal role and may be viewed not only as process variables, but also as indicator of outcome; in the latter case, data on service utilisation should be integrated and compared with other outcome measures, such as changes in psychopathology, disability, quality of life, service satisfaction.

In this paper, patient and service characteristics influencing service utilisation will be examined, as well as the effects of specific patterns of service utilisation on patients' outcome. The link existing between patients' needs and demands, service strategies, service utilisation and service outcome will be explored. Limits and advantages of service utilisation studies in the assessment of the effectiveness and the cost-benefits ratio of specific service strategies and in service planning will finally be discussed.

Name of Presenter:

Mirella Ruggeri

Correspondence Address:

Servizio di Psicologia Medica - Istituto di Psichiatria, Ospedale Policlinico
37134 Verona, Italia

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THE COSTS OF MENTAL HEALTH SERVICES: AN INTRODUCTION

In various shapes and forms, mental health economics has a higher profile than ever before. There are rapidly growing demands for cost information, cost-effectiveness evaluation, and analyses of systems and the incentives within them. But it is neither fad nor fashion which has prompted this growing interest but the harsh economic realities of the late 20th century, and the belated recognition that knowing more about the efficiency and equity of current and potential future care arrangements can lead to marked improvements in service quantities and qualities. The underlying context in most countries is identical - too many people with psychiatric problems not receiving adequate, appropriate or effective care.

The current demands for mental health economics far outstrip the available supply of completed research, policy advice or practical insight. The supply is also internationally imbalanced. A third imbalance relates to the nature of the health economics work which is under way, with most work on the other side of the Atlantic tending to focus on the prices, insurance and the demands for mental health care, and most work (where it can be found) on this side of the Atlantic concentrating on costings and occasional cost-effectiveness analyses.

Each of the countries and care systems with which I am familiar has tended to move through a small number of developmental stages of demands for mental health economics, particularly for costs data and cost-effectiveness insights. At each developmental stage there are different underlying assumptions (and associated ideological positions), different data needs, different intellectual and political tensions, and different potentialities when it comes to impacting upon policy and practice. The presentation will introduce and illustrate these stages, and will identify how progress can best be made so as to increase the volume of completed economics research and to raise its quality and usefulness.

Name of Presenter:

Martin Knapp

Correspondence Address:

Personal Social Services Research Unit, London School of Economics and Political Science, Houghton Street, London WC2A 2AE, UK (phone 44-171-955-6225, fax 44-171-955-6131, email M.Knapp@lse.ac.uk)

Workshop 1
Population needs for mental health services: Part 1

ABSTRACT FORM
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METHODS OF ASSESSMENT OF THE NEED OF CARE IN SCHIZOPHRENIA

D Wiersma, R Giel, A de Jong, FJ Nienhuis & CJ Slooff
Department of Social Psychiatry, P.O.Box 30.001, 9700 RB Groningen,
the Netherlands Tel + 31 50 361 38 39 Fax + 31 50 369 67 27 E-mail D.Wiersma@med.rug.nl

AIMS: A Dutch incidence cohort of 82 patients suffering from a first life time psychosis of non-affective type was investigated 15 and 17 years after onset in the context of the International Study on Schizophrenia aiming at the description and prediction of the long term course and outcome and at the evaluation of need of care.
METHODS: The study included besides standardized instruments like the PSE and the DAS two instruments for the evaluation of needs of care: the MRC Needs for Care Assessment and the Camberwell Assessment of Needs.The NFCAS is a professional oriented and investigator based instrument which by means of an semi-structured interview the information is gahtered on clinical and social problems and on treatment from the patient and/or informant and professional staff. The CAN, is a structured interview with the patient and/or his professional helper asking their opinion about problems and the help needed.
RESULTS: The Dutch study, participating also in the European Study on the Evaluation of Community Care for Schizophrenic Patients, completed the 15 years follow-up in 1993 and the next one in 1995. It was found that about one out of every four patients had one or more unmet needs, and an overall increase of unmet needs seems to occur.
CONCLUSIONS: Two main issues will be addressed: 1) what are the changes in need status of problems and of patients over a period of two years? and 2) what is the discrepancy between between the need status of the patients assessed by the NFCAS and by the CAN?

Wiersma D. et al.Assessment of the Need for Care 15 years after onset of a Dutch cohort of schizophrenic patients and an international comparison. Soc Psychiat Psychiat Epidemiol 1996
Wiersma D. et al. Natural course of schizophrenia over 15 years of a Dutch incidence cohort. Submitted

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ABSTRACT FORM

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TOTAL POPULATION NEEDS FOR MENTAL HEALTH SERVICES IN A COMMUNITY PSYCHIATRIC RESPONSIBILITY PERSPECTIVE

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The islands of Lofoten, a region in North-Norway with about 25000 inhabitants, constitute a catchment area for specialized psychiatric service. The explicit policy has been to implement a comprehensive service within a community psychiatric responsibility understanding. Within this framework there has been developed a community near model for decentralized psychiatry: "The Strategic Network Model". A main task has been to increase the competence with regard to psychiatry and cooperation within the total professional network in the area. In addition, to take community psychiatric responsibility, necessitates data showing the total needs for psychiatric services. In Lofoten this has been approached by using three different methods: (1) surveys of representative samples of the general population, (2) professionals assessing various areas of needs for each of the known long term patients (320) in the area, and (3) open popular meetings, "expectation conferences" in each of the municipalities. In these meetings patients, relatives, politicians, administrators, professionals, and interested people from the municipality, and professional from the psychiatric out-patient clinic, came together to identify resources, problems and their solutions. All three methods showed problems related to development and maintenance of social networks, and the accessibility of services, as the main problems. The use of "expectation conferences" seemed to be the most feasible way to implement new services.

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ABSTRACT FORM

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Title: RECENT DEVELOPMENTS IN THE USE OF THE LANCASHIRE QUALITY OF LIFE PROFILE AS AN OUTCOME MEASURE IN COMMUNITY PSYCHIATRIC SERVICES IN EUROPE.

Dr. JPJ Oliver and Prof. PJ Huxley
University of Manchester, School of Psychiatry & Behavioural Sciences

Oliver et al (1996) have recently published the results of the application of the Lancashire Quality of Life Profile (LQOLP) as an outcome measure in a number of different services in the UK and the USA. The LQOLP has been translated into several languages and is in use in many service settings in Europe as well as in major research programmes. This paper will present previously unpublished results of the use of the LQOLP in services in England, Germany, and Wales.

The Welsh study involves four assessments (on the BPRS, SFS, GSQ and LQOLP of 100 patients, over three years. The results show deterioration at nine months, following the disruption caused by the introduction of a new community mental health team, and further clinical deterioration of subsequent follow-up. No areas of social functioning at QOL deteriorated consistently over the three years.

In addition, there will be a brief demonstration of the new computerized version of the LQOLP designed for use as an outcome measure in operational services and currently being adopted by district services in the North West region of the UK.

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THE IMPACT OF SOCIAL PHOBIA ON QUALITY OF LIFE

Although social phobia has been found to be a prevalent form of mental disorders in the general population, clinical and public attention has only recently turned to this form of anxiety disorder and its impact on quality of life (QOL) and its economic implications. As a consequence, only very few and rather general data are available at this point regarding general and disease specific impairments, disabilities and handicaps associated social phobia. Information about QOL and functional impairments associated with social phobia can be regarded as essential for a better understanding of the disorder, its health-economic burden and the evaluation of treatment effects. This report summarizes findings from a case-control study in which QOL as well as other indices of impairment of 65 cases with social phobia have been compared to a matched control group of 65 subjects with a history of herpes infection. By using reliable and valid assessment instruments, this report focusses on cases with pure social phobia reporting no significant comorbidity with other mental disorders. Based on the standardized diagnostic interview, the CIDI, social phobics could be described clinically as being chronically impaired for more than 2 decades, with an average illness duration of 22.9 years and an onset predominantly in childhood or adolescence. Study findings indicate a significantly lower current quality of life - as assessed by the SF-36 - of social phobics, particularly in the scales measuring vitality, general health, mental health, role limitations due to emotional health and social functioning. Based on standardized sum-scores for mental health components of the SF-36, 23.1% of all social phobics could be described as severely impaired, 24.6% as significantly impaired as compared to only 4.6% who were impaired in the control group. Past week work productivity - assessed by the WPAI - was significantly diminished, indicated, by a) a three-fold higher rate of unemployed cases, b) a significantly elevated rate of mean work hours missed due to social phobia problems, and c) a significantly higher number of subjects reporting significant impairments in work performance. In terms of health care utilization, slightly elevated rates for current (past 4 weeks) treatments by mental health specialists were found (9.2%) as well as higher rates of lifetime psychotropic medication use (24.6%). Overall, these findings underline that social phobia is a chronic and quite impairing anxiety disorder, which results in considerable subjective suffering and in the longterm has a negative impact on work performance and social relationships. Current disabilities and impairments are usually less pronounced than in the past, presumably due to adaptive behaviors in life style of the respondents. The data also suggest that social phobia is poorly recognized and treated by the health care and mental health system.

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ARE LEVELS OF NEED AND QUALITY OF LIFE ASSOCIATED AMONG THE SEVERELY MENTALLY ILL?

Mike Slade, Graham Thornicroft

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The purpose of this study is to examine the relationship between level of need and quality of life among the severely mentally ill. This is important, since care is often initiated on the basis of an assessment of need, with changes in quality of life used as an outcome indicator It is often implicitly assumed that changes in level of need are associated with changes in quality of life. This assumption has not yet been formally tested

535 annual period prevalence cases of psychosis were identified in 2 South London sectors, from which a cohort of 320 patients were randomly selected for interview. The battery of interviews included the Camberwell Assessment of Need (CAN) and the Lancashire Quality of Life Profile (LQOLP) The CAN assesses need in 22 areas of life, which comprise Section 1 of the LQOLP gives a measure of observable quality of life, and Section 2 for the patient's perception of their quality of life. Data from the CAN will be aggregated to give overall level of need and level of need in several sub-domains. We present results which compare the key-worker's (nurse) rating of level of need with the patient's rating of their quality of life. Baseline ratings were obtained for 206 people, a response rate of 64%. The results will analyse the relationship between aggregated CAN and LQOLP ratings, and we shall discuss their association

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DO DIFFERENT SUBJECTIVE EVALUATION CRITERIA REFLECT DIFFERENT CONSTRUCTS?

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Subjective evaluation criteria are based on statements made by the patients and reflecting their views. While patients' assessment of treatment, or their satisfaction with it respectively, allows a direct evaluation, subjective quality of life, patients' expressed needs, and self-rated symptoms are indirect criteria. There are some theoretical frameworks and empirical data regarding each criterion.
The paper addresses the question whether these criteria reflect distinct constructs and to what extent they are used to assess the same construct under different labels. Self-rated symptoms, subjective quality of life, patients' expressed needs (total number and unmet needs), and their assessment of treatment was investigated in 90 first admitted schizophrenics, in 170 long-term hospitalized schizophrenics, in 203 recently admitted alcoholics, and in 52 long-term hospitalized alcoholics using identical instruments. The results show that there is a considerable overlap of the variance of subjective evaluation criteria. There are major consequences for theoretical and empirical research strategies in subjective evaluation.

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CONSTRUCTION, RELIABILITY AND VALITIDY OF AN INSTRUMENT MEASURING THE BURDEN ON THE FAMILY: THE CONSEQUENCES FOR THE FAMILY INTERVIEW (CFI).

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9700 RB Groningen, The Netherlands.

The aim of the research project is the construction of a semi-structured interview which in a reliable and valid way measures the burden on the family when one of it's members suffers from psychiatric illness.

Method: A total of 300 interviews are at present being conducted with family members of psychiatric patients. The interview contains questions about objective efforts, transfer of tasks, disruption in daily life, restriction in social life and leisure activities, feelings of worry and distress and practical and emotional support. Also questions are being asked about illness behaviour of the patient. Reliability is determined by means of interrater reliability and test-retest reliability. Furthermore sensitivity to change is established by interviewing some of the family members six months after the first. Validity will be checked by comparing the results of the interview with rates on the following self-report questionnaires: IEQ (Schene en Van Wijngaarden, 1992), SSL-I en SSL-D (Van Sonderen, 1993) and the HSCL (Derogatis, 1984).

Results concerning reliability and validity will be presented.

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Workshop 2
Mental health services description: Part 1

ABSTRACT FORM

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MENTAL HEALTH MINIMUM DATA SET PROJECT

The NHS in England is developing a new Mental Health Minimum Data Set. This is based around the individual patient and is designed to encompass all the components of care involved in treating and supporting the patient.

The types of information assembled to form the minimum data set will include demographic patient details, current diagnosis (such as patient's diagnosis and Health of the Nation Outcome Scores [HoNOS]), administrative details, care received and proposed care (details of the care that, following the review, will be provided in each of the care contexts set out above).

How will this affect healthcare professionals?

The Department of Health's *Care Programme Approach* already requires that patients looked after by specialist Mental Health Services have reviews of their health and social care needs leading to plans of care. Reviews and care plans need not be elaborate; patients with relatively straight forward problems receiving care as an outpatient are usually reviewed twice, at their first appointment and when the decision to finish care is made. These reviews involve only one healthcare professionals and the patient. The proposals will require each mental healthcare provider to keep a full set of current care plans in a computerised form.

It is intended that the key worker responsible for the day to day co-ordination of the patient's care and the care review will assemble the minimum data set. This key worker may be a doctor, a nurse, a psychologist, an occupational therapist or a social worker.

What are the implications for information systems?

The proposed data set differs from the majority of existing minimum data sets in use within the NHS. These data sets generally consist of information about a single healthcare intervention or event for a patient; for example, an individual finished consultant episode involving one or more surgical procedures. This information is captured and transferred from providers to purchasers after completion of the event. However, the Mental Health Minimum Data Set will comprise details of multiple interventions, some of which have taken place and others which are planned.

This will have implications for both mental healthcare providers' information systems and District Health Authorities' and General Practitioner Fundholders' systems. It also has implications for the frequency and method of transfer of information from providers to purchasers and the NHS Executive. It is important that both information systems and the means to analyse the information they hold are available to enable the new data set to be used effectively. These issues are being considered as part of the piloting process.

Piloting

The collection and use of the proposed minimum data set is being piloted within the NHS. This will be unique in the history of mental health services, that such detailed information will be nationally available.

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Mental Health Systems and their Characteristics: a proposal

Tom Burns and Stefan Priebe
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Department of Social Psychiatry, Freie Universitat Berlin, Plantanealle 19, D 14050 Berlin, Germany.

Aims

Evaluations of mental health care often yield surprisingly different international results, attributed to interaction of programme effects with overall health-care systems. Differences in outcomes of ostensibly similar programmes are, however, noted within the same health-care system. It is difficult to distinguish the relative contributions of programme fidelity and non-defined differences in the configuration of the programme or local circumstances. Our aim is to outline a minimum descriptive data set for reporting community mental health evaluations.

Method

A survey of the literature was conducted. Regularly recurring items were identified and complemented from the authors' experience. A provisional classification was derived and representative services in England and Germany were characterised using the framework.

Results

Three distinct, yet overlapping, levels of description were identified : Context, Target Group and System.

Conclusion

A viable, if crude, system of service system description has been evolved. It is clearly in need of considerable development to be of use. Such development, using principle component and cluster analysis to refine and shorten it, can only take place if there is commitment to use it regularly and subject it to critical evaluation.

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WHAT DO COMMUNITY PSYCHIATRIC TEAMS ACTUALLY DO? A NEW METHOD FOR MEASURING THE CONTENT OF SERVICES

S Johnson, S Wright, JP Bindman, G Szmukler, E Kuipers, G Thornicroft, and P Bebbington
Maudsley Continuing Care Study, Institute of Psychiatry, London SE5 AF

Aims

Process measures often examine patterns of use of mental health facilities, rather than the content of care. We aimed to develop a methodology which would enable us:

- To describe the plans and interventions which constitute the care delivered to the severely mentally ill.
- To relate potential indications for intervention to plans for care
- To study how far plans are implemented.

Method

Three schedules were developed, measuring (i) potential indications for intervention (ii) plans for intervention and (iii) interventions received. They were used to interview the keyworkers of 97 people with severe mental illness.

Results

The most frequent potential indications for intervention were social isolation (42%), current psychotic symptoms (36%), distress following an adverse event(35%) and lack of activity (35%). The interventions most often either planned or currently received were medication review (80%), help finding regular activity (53%) and help finding social contact (41%). The potential indications for which a corresponding plan or current intervention was least likely to be identified were distress about an event, current symptoms, insufficient monitoring at home for safety, poor social skills and family problems.

Conclusions

This appeared to be a brief, clear and acceptable method of examining the content of care from keyworkers' point of view.

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ICMHC: RELIABILITY, RESULTS AND SUGGESTIONS FOR IMPROVEMENTS

T Ruud, R Husby, M Breimoen, M Kalve.
Norwegian Board of Health, Oslo, Norway.

Aims: The aims of the study is see if the ICMHC can give a systematic description of the mental health care for adults in seven catchment areas.

Methods: 67 outpatient and inpatient units were rated on International Classification of Mental Health Care (ICMHC). The ratings were based on semistructered interviews with the leaders of each unit. Interrater reliability (ICC) was calculated for the ratings. The quantitative distribution of working hours on the ten domains was rated by each of the unit leaders.

Results: Interrater reliability was .60 or above for seven scales.The ratings were used to classifiy the units within each of the ten domains of the ICMHC. It was not possible to divide the units into clear categories based on patterns of ratings. Units with ratings on level three in several domains were often specialized units.

Conclusions: The semistructured interview was a good way to get a comprehensive description of the unit. With improvement the ICMHC may be used to classify units within each domain, and perhaps to categorize units according to their functions. Such improvements may be keeping qualitative and quantitative aspects more apart, operationalizing some scales more, dividing the domains into general and special tasks, and giving a clearer descriptions on how data should be gathered.

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Title: A BRIEF EMPIRICAL METHOD (MARC-1) FOR COMPARING THE PERSONAL CHARACTERISTICS OF PEOPLE WITH SEVERE MENTAL ILLNESS IN HEALTH AND SOCIAL SERVICES AGENCIES: RESULTS FROM PILOT STUDIES IN THE NORTH WEST OF ENGLAND.

Prof. PJ Huxley
University of Manchester, School of Psychiatry & Behavioural Sciences

Social policy in the UK directs service purchasers and providers to focus attention upon people with severe mental illness (SMI). A common approach has been to develop a definition of severe mental illness and then project this onto treated populations to assess the extent to which the definition describes the service users. The problems of this approach - a lack of agreement in the criteria for severe mental illness; the resulting lack of comparability between services; and the consequent absence of data on those patients who do not meet the criteria - are just beginning to emerge.

This paper presents the results of several pilot studies undertaken in the North West of England which make use of a common set of personal, historical, demographic and behavioural characteristics, contained on a single page (A4) assessment form (MARC-1).

These results show that community psychiatric nurses caseloads contain cases with a lower proportion of these characteristics than an independent sector day centre's cases. Social workers caseloads also contain a higher proportion of cases with these characteristics of severe mental illness. A mapping exercise shows that MARC-1 data encompasses between 90 and 100% of the information in commonly utilized definitions of SMI.

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A DELPHI METHOD APPROACH TO DESCRIBING MENTAL HEALTH PRACTICE

MT Fiander and TP Burns
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Descriptions of UK community mental health practice are usually confined to generalised macro-level programme descriptions. These encompass a broad range of practice and are of little use in describing and monitoring service delivery.

Aim

This study examined whether a Delphi process could be adapted to identify a set of clinician-generated categories with which to classify the common clinical interventions used with severely mentally ill clients in the community.

Method

A three round 'conventional Delphi' method was used with practising clinicians as experts. Results from the Delphi process were used in a final discussion group for deciding on the categories. A check for clinical adequacy was performed.

Results

The spread of responses to the third Delphi round (analysed by semi-interquartile range) indicated strong consensus. Consensus was present in 37 of the 38 categories (97.4%) and there was a strong consensus in 34 categories (89.5%). A set of ten comprehensive and mutually exclusive categories divided into a total of 44 sub-categories was produced in the discussion group.

Conclusions

The Delphi based methodology produced a meaningful set of categories with which to describe mental health care practice. Combined with quantitative techniques, they have great potential for providing practical, service-level descriptions of mental health practice.

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Workshop 3
Mental health services utilisation: Part 1

ABSTRACT FORM
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Start here

ACCESSIBILITY OF PSYCHIATRIC SERVICES TO THEIR PATIENTS

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Aims

Accessibility of psychiatric services to their patients may determine pathways into care, and continuity of care. We therefore sought to:

- Develop a schedule for measuring service accessibility.
- Relate accessibility to patient characteristics.
- Examine whether accessibility predicts service use over a ten month follow up.

Methods

One hundred patients with severe mental illness were interviewed at baseline and at 10 months. Patients were asked about their perceptions of the ease of contacting the team, and their objective knowledge of how to get help from the services.

Results

- Patients perceived the team as easy to access during the day, but not at night.Women, and people with schizophrenia perceived services as less accessible.
- Patients knowledge of services was high. Those cared for via outpatient appointments knew less than those with a community keyworker.

Accessibility was not associated with ethnic origin.
Data has now also been collected on changes in accessibility as services have become more community based, and whether accessibility predicts admission rates and loss of contact.

Conclusion

A straightforward measure of accessibility has been developed. Understanding accessibility may help to predict service use and to suggest interventions to inprove continuity of care.

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Using information about sociodemografic features in background population as a tool in the planning of psychiatric services

Merete Nordentoft, Preben Bo Mortensen and Povl Munk-Jørgensen

Institute of Psychiatric Demography, Aarhus and Department of Psychiatry, Bispebjerg University Hospital, Copenhagen.

In the county of Copenhagen the council decided to reshape the psychiatric organisation. In that process they wished to take into account the fact that psychiatric morbidity and need for psychiatric services is unevenly distributed in different areas. It is wellknown that psychiatric morbidity is less frequent in rural than in urban areas, and more frequent in poor areas compared to affluent areas.

Data from the Danish Psychiatric Case Registre and data from the Danish Central Statistical Bureau will be matched on an individual level. The population will be divided into segment hypothesized to be of inportance predicting the frequency of psychiatric morbidity in an area. The influence of age, sex, civil status, level and source of income, single parenthood and type of housing in the general population on the use os psychiatric services will be analyzed on a national level, and a predictor model will be developed and applicated on the County of Copenhagen.

Results will be presented.

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Predicting service utilisation in a prospective cohort admitted to Nottingham's psychiatric services: survival analyses and multi-variate prognostic model for length of stay

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AIM: To explore the importance of consultant team characteristics in determining time to discharge by developing a prognostic model for service utilisation (duration of admissions) using survival analysis for length of stay.

METHODS: In a 6 month prospective cohort of consecutive admissions to Nottingham's acute psychiatric wards predictors of length of stay were explored using survival analysis. A multi-variate prognostic Cox's Regression model was developed to statistically investigate the variation in length of stay *due to consultant team* that remained after controlling for characteristics of catchment populations (MINI social deprivation) patients (diagnosis, marital and employment status, community support) and admissions (reasons for admission). Survival curves for hypothetical patient populations were plotted for two sectors with the most contrasting patterns of service utilisation (characterised by number of admissions, re-admissions, total occupied bed days and median length of stay): a good outcome population (married, employed, middle aged women with depressive disorder) and a poor outcome population (unmarried, unemployed, young man with schizophrenia).

RESULTS: After controlling for significant variation due to population deprivation, patient diagnosis and circumstances of admission, consultant team remained an influential predictor of duration of stay.

CONCLUSIONS: Characteristics of Mental Health Sector Teams an important determinant of acute psychiatric resource utilisation.

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MEASURING UTILIZATION ON THE PROGRAM LEVEL; RESULTS FROM A RANDOMIZED TRIAL

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Objectives: in a randomized trial we compared partial hospitalization (N=73) to full time hospitalization (n=77) for patients normally admitted to an open inpatient unit. Patients in both conditions were offered the same type of treatment program, including individual psychotherapy and counseling, grouptherapy, sociotherapy, family counseling, occupational therapy, psychomotor therapy, dramatherapy and pharmacotherapy. We wanted to measure treatment utilization.

Methods: special diarries were designed, each containing the set programme for each day of the working week. Patients could tick daily in which sections of the programme they participated and with which of the staff members they had a therapeutic conversation and how long these lasted. We also calculated crises and calamities (suicide attempts, self mutilation and serious nonverbal agressive behaviour).

Results: average duration of day treatment was 37.6 weeks, inpatient treatment 24.9 weeks. However during their whole treatment day patients compared with inpatients received roughly the same amount of individual therapy, sociotherapy and family counseling. They received significantly more grouptherapy, psychomotor therapy and drama therapy sessions. The longer day treatment did not compensate for the differences in treatment intensity in individual counseling and occupational therapy. We found no differences in crises and calamities.

Conclusion: this method gave important information about treatment utilization. The average day treatment duration has to be longer because of its lower treatment intensity. Day treatment is not more dangerous.

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SATISFACTION WITH PSYCHIATRIC SERVICES: CONSEQUENCE OR PREDICTOR OF SERVICE UTILISATION?

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Aims - The aim of the study is to analyse the relationship between satisfaction with psychiatric services and service utilisation from two different longitudinal perspectives: in the first, satisfaction is considered as the dependent variable, resulting from the interaction of the patient with the service and from clinical and demographic factors; in the second, satisfaction is considered as the predictor of a set of service utilisation measures. The hypothesis to be tested in the latter case is whether satisfied and dissatisfied patients have a different pattern of service utilisation.
Methods - Data from the Psychiatric Case Register of South-Verona were matched with patients' self-report on satisfaction with services, collected using the Verona Service Satisfaction Scale (VSSS-54), and with other clinical routine evaluations. These take place twice a year (wave A: from April to May, wave B: from October to December) as part of the South-Verona Outcome Project, which includes various measures of psychopathology, disability and quality of life besides satisfaction.
Results - In a multiple regression aimed to identify the demographic, clinical and service utilization predictors of satisfaction, high education and high disability resulted to be associated with dissatisfaction, while no relationship was found between satisfaction and psychopathology and number of contacts in the previous year. When considering specific types of intervention, a complex association with satisfaction emerged. Satisfied and dissatisfied patients were then compared on a set of measures reflecting their service utilization in the year following the assessment of satisfaction. Out of the 257 patients assessed in wave B in 1994 who completed VSSS-54, 57 were no longer in contact with the service in wave A 1995 and 98 in wave B 1995. No difference in the 1-year drop-out rate was found with reference to overall and specific aspects of satisfaction.Dissatisfied patients had higher disability (z= -3.86, p=.0001), phychopathology (z= -2.58, p<.0100) and lower functioning (z= -2.98, p=.0029) and resulted to have a significantly higher number of contacts in the subsequent year (z= -2.08, p=.0370) as assessed using Mann-Whitney test.
Conclusions - According to our data, intensity of service utilization is not a predictor of satisfaction. Various studies have shown that dissatisfaction may result in higher drop-out rates and lower service utilization. In our sample dissatisfaction is more likely to be present in patients with severe psychopathology, high disability and poor functioning and higher service utilization. The lack of a reduced service utilization in dissatisfied patients may be due to the difficulty of severely ill patients in finding alternative services in the area. On the other side, most of the efforts done by the service are devoted to this group of patients: these data emphasize the problem of how to better cope with their demands and subjective perception of the service.

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SATISFACTION WITH COMMUNITY PSYCHIATRY IN PATIENTS AND RELATIVES; PROBLEM AREAS, DIFFERENCES OF VIEWS AND IMPACT OF INFORMATION

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Satisfaction with community psychiatry in patients with ICD-10 schizophrenia or schizoaffective psychosis and their relatives was studied using VSSS(Verona Service Satisfaction Scale). The satisfaction data was recorded before and after a psychoeducational intervention which was part of a randomized study of psychoeducation.

The focus of the analysis was identification of problem areas in the organization of community psychiatric service and comparison of satisfaction data from patients and relatives.

The impact of psychoeducational intervention on both specific information satisfaction and on other satisfaction items will also be studied.

For both relatives and patients, information regarding diagnosis, prognosis, treatment offered and psychiatric service was a problem area.

For patients, a stable and satisfactory contact with their "case manager" in community psychiatric service was regarded as an important factor for general satisfaction.

Relatives were dissatisfied with the amount of psychosocial rehabilitation offered.

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DIFFERENCES BETWEEN ETHNIC GROUPS IN SATISFACTION WITH PSYCHIATRIC SERVICES

Ms Sue Parkman, Dr Sara Davies, Dr Morven Leese, Dr Michael Phelan & Dr Graham Thornicroft

ABSTRACT

If services are acceptable to patients they are more likely to make use of them. Conversely, dissatisfaction with services may ofter be the reason why patients discontinue from psychiatric care. No clear associations have been reported between socio-demographic characteristics and satisfaction. In England, several studies have shown higher rates of schizophrenia, and higher rates of voluntary and compulsory hospital admissions amongst black Caribbeans than among the white population. Black Caribbean patients are less likely to make voluntary contact with health services, have less contact with GPs, and more likely to discontinue from psychiatric care, all of which suggest that they find psychiatric services less satisfactory and less appropriate for their needs.

The PRiSM research project is a geographically based study of severe mental illness in south London. As part of the study, the Verona Service Satisfaction Schedule (Ruggeri & Dall'Agnola 1993; Ruggeri et al 1994) is being used to collect data on the use and satisfaction with mental health services amongst psychotic patients resident in two mental health sectors. Analysis amongst a sample of 134 white patients and 50 black patients in the PRISM study indicate that black patients are less satisfied with specific aspects of the services that they receive compared to white patients. The findings will be presented at the conference.

References

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Ruggeri M. *Patients' and relatives' satisfaction with psychiatric services: the state of the art and its measurement.* Social Psychiatry and Psychiatric Epidemiology 29 (5): 212 - 227

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Workshop 4
Mental health services utilisation: Part 2

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TIME FACTORS IN CASE MANAGEMENT RESEARCH: RESULTS FROM A META-ANALYSIS AND A WORKING ALLIANCE STUDY

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Aims

It is widely recognized that the treatment of the chronic mentally ill should be long-lasting and continuous. In case management research one should also pay attention to the duration of the programme. Length of treatment and duration of the programme appear to be countervailing forces.

Methods

1 A meta-analysis on 22 (quasi-)experimental studies of case management programmes.
2 A working alliance questionnaire in four programmes in the Netherlands. One programme was followed up four times during three years.

Results

In the meta-analysis the correlation between length of study and reduction in inpatient days was -.51. In the working alliance study the younger programs concentrated on rehabilitation and the older on stabilization. However, the clients who were longer in treatment had a better working alliance with their casemanager.

Conclusion

Clients in case management programs benefit from a longer treatment. Case managers start with high ambitions and enthusiasm and end up with more realism but often also with a lower morale.

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PREDICTING THE UTILISATION OF PSYCHIATRIC INPATIENT FACILITIES.

F. Keogh & D. Walsh.

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Aim: This study examines the relationship between diagnosis and length of stay in psychiatric hospitals.

Method: All episodes of care in Irish inpatient psychiatric facilities are recorded on a computerised database. All discharges for 1993 were extracted (N=26,390) and the diagnoses were summarised into 28 diagnostic categories (DCs). A coefficient of variation of length of stay was calculated for each DC to assess the homogeneity of each group. A regression analysis using length of stay as the dependent variable was carried out.

Results: Diagnosis accounted for only 2% of the variation in length of stay. Inclusion of other variables in this regression model did not improve prediction. Following these results it was decided to examine episodes of less than one year (93% of episodes) and long stay episodes separately. Diagnosis accounted for 5% of the variation in the short stay and 13% in the long stay group. The addition of variables such as sex and marital status to this model resulted in an R^2 of .092 for the short stay and .247 for the long stay group.

Conclusion: Studies which have examined psychiatric admission rates have found strong associations with social variables such as deprivation. It may be that similar factors also influence inpatient stay. This issue will be explored in more detail in this paper.

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PATTERNS OF AMBULATORY MENTAL HEALTH SERVICES' UTILIZATION IN ISRAEL: ANALYSIS OF DATA FROM A NATIONAL SURVEY

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(2) JDC- Israel Falk Institute for Mental Health and Behavioral Studies JDC Hill P.O. Box 3489, Jerusalem, Israel, 91034

The general aim of the study was to find patterns of utilization of mental health ambulatory services. A national survey of all adult users of ambulatory mental health services during one week (n= 10,140) was used. Users were grouped into two major categories according to psychiatric criteria and were checked for the type of services they used, their length of stay in treatment, the frequency of their treatment and the profession of their therapist. The results show that the initial grouping of ambulatory patients into two groups was correlated with differences in the patterns of utilization: The group of patients with psychotic and affective disorders stayed in treatment for longer periods and received treatment less frequently. More than 50% of their visits were made for medical treatment with only 25% for individual therapy (as opposed to a pattern of mostly individual therapy), and they were treated primarily by nurses and psychiatrists (as opposed to psychologists and social workers). The results led to the conclusion that in one group of patients utilization of services is based primarily on psychiatric needs, whereas in the other utilization is based to a large degree on awareness to psychological problems and willingness to use mental health services.

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USE OF COMMUNITY MENTAL HEALTH SERVICES BY SCHIZOPHRENICS PATIENTS IN SOUTH GRANADA

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The aim of the present work is to assess the utilization of mental health services by the population covered by the European Study on the Evaluation of Comprehensive Care of Schizophrenic Patients in South-Granada (Spain). The *Manhe* *Service Recording Sheet* has been used to record the patient pasage through the network of mental health care services i the community. A cohort of 84 patients with diagnostic of schizophrenia have been included in the study. The observat period was delimited to six months. The rate of services utilization by outpatients were differents between *service* *type a* (day hospital and rehabilitation unit) and *services* *type b* (outpatients mental health units). The average of interventions per patient is about 41.6 in *services type a* 2.2 in *services type b*. The most frequent type of interventions used in *services a* are activities of daily living (38 %) and biological-pharmacological"(86%) in serv *type b*.

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The Nottingham Acute-Bed Use Study (NABUS):

Alternatives to continued residence on an acute ward

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AIM: To determine alternative service provisions which would have enabled discharge of potential long-stay patients from acute wards.

METHODS: Patients on a psychiatric ward 60 days after admission were studied from a prospective cohort of admissions to Nottingham's services. The responsible medical officer was contacted to determine whether any alternative treatment facility or package of care could have enabled immediate discharge, if available at the time.

RESULTS: 132 (27%) of patients admitted over the study period became potential long stay patients with lengths of stay greater than 60 days. For 56%, there was no alternative to continued residence on the acute ward. 6% could have been discharged to a group home, saving 379 bed days and 19% to a low-observation in-patient facility, saving 834 bed days. A comparatively small number, 7%, could have been discharged to their own homes, even with intensive community support, resulting in a saving of only 193 bed days,

CONCLUSIONS: Where in-patient facilities are well targeted on the severely ill bed day savings made by discharging patients at 60 days who no longer need acute ward supervision are more likely to be made through the use of low-observation in-patient facilities or group homes, rather than home based care with intensive community support.

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THE EFFECT UPON REFERRAL PATTERNS OF INTRODUCING COMMUNITY PSYCHIATRY IN NOTTINGHAM

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The Nottingham Psychiatric case register was used to identify all first patient contact psychiatric diagnoses made between 1977 and 1990, in order to establish whether there had been any changes in referral patterns during this time. The development of community orientated multidisciplinary psychiatric teams in Nottingham during this time coincided with a 38% increase in the rate of referrals to the service. There was, however, a reduction in the percentage of referrals for "severe" psychiatric conditions (defined as schizophrenia, affective psychoses and paranoid states), as compared to those receiving a more minor diagnosis. It is speculated that improved access to multidisciplinary community teams tends to increase the referral rate of more minor conditions, therefore the service must take care to prioritise the more severely ill.

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EVALUATION OF A PSYCHIATRIC REABILITATION UNIT ACCORDING A HEURISTIC MODEL

- N.A.RIBEIRO; M.A.QUINTELA; A.A.CEPEDA
- Evaluation Group of Mental Health Services Division
- AL. Afonso Henriques, 45 - 1056 LISBOA CODEX - PORTUGAL

1. **AIMS:**
   1.1 - Demonstration of the validity of a heuristic model in the evaluation of a Mental Hospital Psychiatric Reabilitation Unit
   1.2. - Integration of the model for a continuous quality improvement

2. **METHODS** - The heuristic model was developed at the New York State Office of Mental Health (Evans, 1991; Shern et al, 1992). This conceptual frame work is based in a contextual philosofy where inter-act the principal components of structure and process that will affect the results. According the model, the following areas of the Service and theirs correlations are studied: <u>Organization variables</u> - <u>Caregiver characteristics</u> - <u>Consumer characteristics</u> - <u>Consumer´s status and environment</u> - <u>Service Environment</u> - <u>Caregiver Behaviour</u> - and finally, the <u>Service Outcomes</u> and <u>Consumer Outcomes</u>. In the evaluation we tried to find indicators "soft" and "hard" to the several variables, in order to reveale the ambiance of the Unit and their impact on the outocmes.

3. **RESULTS** - The application of the model permitted to verify:
   3.1 - Deficiencies in the structure and in the caregivers (formation-selection)
   3.2 - Fails in the implementation of reabilitation process (absence of DPI technology)
   3.3 - Distorcions in the behaviour/interaction-caregivers/clients - Conflictual and mutual suspicious behaviour
   3.4 - Adverse effects of subsidied professional courses ("money" as goal)
   3.5 - Professional courses not adapted to normal work-market in the community

4. **CONCLUSIONS**
   4.1 - It´s salient the big difficulty to establish a positive relation with the Institution we are insert.
   4.2 - The environment of an old Psychiatric Hospital, functioning like an "asylum" is very "morbid" to the development of innotative projects.
   4.3 - The fail of a supportive network of comunity services don´t permit the sequence of our efforts.
   4.4 - Though the big difficulties, 50% of the clients declared their "satisfaction" with the Service.
   4.5 - We are extremely convinced that a new "Pilot Project" (a Community Mental Health Center) will improve our activity and the clients` satisfaction.
   4.6 - Finally, we conclude the heuristic model that privilege "soft" indicators is extremely adequate to the complexe evaluation of reabilitation services.

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Poster on all four workshops' themes

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ASSESSMENT OF NEEDS IN TURKISH SCHIZOPHRENIC PATIENTS

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AIMS The study has been designed to look into needs of the patients by paying attention to their sociocultural background as well as their disorder and its treatment.

METHOD The Turkish research version of Camberwell Assessment of Needs 3.0 (CAN) was employed . 31 schizophrenic patients were chosen by randomisation.A 45 items sociodemographic data collection sheet was used to cover the areas which The CAN has not done so.This data sheet also included areas related to internal migration, compliance with the treatment , duration of the illness, medication etc.

RESULTS Turkish patients reveal differences in the areas of accomodation, food , sexual expression , information about condition and treatment from their Central European counterparts.The input from the family of the patients replaces the benefits from the healthcare and social wellfare system.The duration of the illness and family"s view the illness have been influential on meeting the needs.The gender differences have also been worthnoting.

CONCLUSION Despite the fact that schizophrenia presents with similar clinical features in different societies, the needs of the patients markedly differ from one country to another . This has been resulted from sociocultural and healthcare system differences.

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THE USE AND APPLICATION OF CAMBERWELL ASSESSMENT OF NEEDS 3.0 INSTRUMENT IN TURKISH PATIENTS

AY Samancı , Ö Kır , H Balıkçıoğlu

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AIMS The Camberwell Assessment of Needs (CAN) 3.0 instrument was translated and adapted into Turkish to see if it can satisfactorily detect the needs of the Turkish patients.

METHOD The CAN was employed on psychiatric outpatients in a principal psychiatric institution which receives referrals from all over Turkey.An additional data sheet has looked into information regarding the family characteristics of medication, number of recurrence and progression of the illness , sociocultural and economical class.

RESULTS The CAN covers the most areas of the needs of the patients.However, in case of Turkish patients , the family oriented questions need to be increased.The food, sexual expression, accomodation , information about the illness and few areas of the assessment requires additional questions.

CONCLUSION The Camberwell Asssessment of Needs instrument is a highly usefull scale .However, it requires an adjustment in line with sociocultural characteristics of the country. Moreover,The healthcare and social wellfare system of the country should also be considered. The CAN would need additional pages in different countries.

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TITLE: A NEED-ADAPTED DISCHARGE-PLAN AS A SOLUTION TO PROBLEMS AND BARRIERS BETWEEN MENTAL HOSPITALS ANS SOCIAL SERVICES.

Authors: L.F.Nielsen; L.Petersen; G.Werdelin; A.Lindhardt.
Address: Roskilde Amtssygehus Fjorden, Smedegade 10-16, 4000 Roskilde. Denmark.

Aims: With basis in need-assesment criteria of a discarge-plan is proposed with the aim of modifying present practise.

Background-material: 60 psychiatric in-patients. all having been hospitalized for at least 180 days in the past 1 ½ year at Roskilde Amtssygehus Fjorden.

Methods: 1) A qualitative study of 10 long-term psyciatric patients. The patients are described with the main emphasis on need-assesment using CAN, a diagnostic interview and a short semi-structered interview with the focus on the patients wishes for the future. 2) An interview study of 17 social-psychiatric establishments in the community, with the emphasis on the cooperation between the mental health services and the social services.

Results: All patients had cronic mental disorders. They had been hospitalized for a long time and most received pension. The qualitative study showed that half of the patients were not sufficiently examined, especially regarding their requirements for social services after discharge. The interview-study showed specific traits regarding the problems of the cooperation between hospital and social services.

Conclusion: The discharge-plan is an important instrument in the transition between mental hospital and the social services. The discarge-plan must be designed as a need-based model, prepared in cooperation with the social services.

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NEEDS FOR CARE IN PSYCHIATRIC PATIENTS IN SOUTH VERONA

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nstitute of Psychiatry - University of Verona

Aims To study the need for care of patients attending the South-Verona community-based psychiatric service (CPS in a three-month period and their relationship with various service utilizzation, demografic, clinical, and social variables.
Methods Needs for care were assessed for all patients seen in the period April-June 1994 by their key professionals who completed the Italian version of the Camberwell Assessment of Need (CAN). These assessment are part of the South-Verona Outcome Project, which includes also various professional- and patient-based measures o psychopathology, social disability, quality of life, satisfaction with services. Data on service utilizzation and socio-demographic characteristics have been obtained from the South-Verona Psychiatric Case Register.
Results Three hundred and twenty nine patients were assessed.The mean number of problems for each patient wa 3±2,93, with 42 patients (12,8%) reporting no problem, and 84 patients (25,5%) reporting only one problem. A higher number of problems was found in the following areas: psychological distress symptoms (70.5%), socia relationships (24%), physical health (24,9), psychotic symptoms (24%), sexual relationships (14,5%), looking afte the home (19,1%), daytime activities (20%), intimate relationships (19,1%), self-care (13,7%), food need (12,5%). Help received from friends and relatives was low or null in most patients. On the contrary, help received from th service was moderate to high in a percentage of patient ranging from 11.1 to 66.7%.The intervention from servic was high when benefits were needed or when safety to others was threatened. When alcohol abuse was present or us of transports or money management was problematic the service provided help in 50% of cases. According t professional' opinion on the patients' needs, the service provided an adequate help in the large majority of case (ratio help received/help needed ≥1 in 84.7 % of cases).A significant difference was found on the mean number o problems in schizophrenic patients (mean 5.23) vs. other diagnostic groups (means ranging from 1.86 to 3.17). N difference was found between males and females on problems and help needed and received. Service provided mor help to separated/divorced, consistently with the number of problems, while widowed received more help fro friends and relatives. Unemployed patients had a significantly higher number of problems (even serious) with respe to patients in other working conditions, but the help received did not differ across working conditions. As to th relationship between service utilization and CAN, the number of problems was significantly associated with th number of contacts in the last 3 months and in the last year, but the help needed and provided form the service wa more strictly connected with short-term service utilization (3 months). A significant correlation was found betwe disability and help received from friends/relatives. Help received from service was more related to psychopatholog and functioning than to disability.
Conclusions Our data show that needs for care vary widely among patients with a higher number of problems i schizofrenic, single and unemployed patients. According to the professionals' opinion, care provided in Sout Verona CPS is able to adapt to such variability, with rare occurrence of underprovision or overprovision of care. Th psychiatric service is the main source for help in the majority of cases, with a minor role of friends and relatives. comparison between professionals' and patients' opinion both on presence of problems and help provided by relativ and services is needed.

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Assessing the vocational competence of (ex-) psychiatric patients.

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Aims
Vocational rehabilitation programmes try to improve the vocational competence of their participants. In an evaluation-study on the Dutch vocational rehabilitation programme "De Schalm" and similar programmes in two major cities, we aimed at detecting differences of vocational functioning over time. Another question we explored was how vocational functioning was related to a succesful completion of the programme.
Methods
We used both quantitative and qualitative methods in these studies. Working skills were measured with a 40-item structured list, all items representing a five-point rating scale. Vocational skills were also questioned in semi-structured interviews with participants and supervisors. In the Schalm-study we repeated these procedures shortly after finishing the programme.
Results
Repeated measurements were not able to detect differences in the vocational functioning of the participants. However the qualitative data showed that half of the participants made small but significant improvements. Finding work (voluntary or paid) after finishing the vocational programme was found te be related strongly with positive scores on vocational skills. Finding work also was influenced by some psychiatric variables: participants which didn't use psychofarmaca and had fewer characterics of a group defined as chronic psychiatric patients were also more succesful.
Conclusions and discussion
These first results show that vocational functioning can be measured validly and reliable. At this moment the NcGv is involved in studies using a short form of the initial version. We are especially interested in the relationship between working skills and (severity of) psychopathology. So far our studies did not reveal a relationship between working skills and psychiatric variables. Other studies, having worked out this variable more specifically, yielded that this relationship does exist (e.g. Rogers & Anthony, 1993).

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THE WHO-COMPOSITE INTERNATIONAL DIAGNOSTIC INTERVIEW (CIDI) CURRENT STATUS AND THE FUTURE

The last decade the CIDI has firmly established a leading position among diagnosti interviews not only in epidemiological studies in the general population as well as primar care studies, but also for many clinical studies. Furthermore an abundance of studies wer conducted examining the psychometric properties of specific questions, procedures to dat onset and other time-related information, diagnostic sections as well as the instrument as whole. Whereas the beginning of these activities was closely monitored and sometime rigidly steered by the CIDI Advisory Board established in WHO, the past decade has als evidenced the development of several modifications and derivation of the original WHO CIDI. Some of these modifications were commissioned by WHO in response to variou needs in WHO coordinated studies (HIV-infections, primary care studies); others were n officially monitored and officially sanctioned by WHO. Actually the majority of user worldwide made at least to some degree modifications in their study version in an attempt adapt the instrument to their specific reserach questions. The best-known example for th latter type of studies is the University of Michigan CIDI for use in the National Comorbidi Survey (NCS). This development raises the issue, whether it is adequate at all in reserach promote one standardized core instrument or whether the future will see rather th development of a modular approach, in which only a substantial but limited number diagnostic modules are presented, offering some flexibility to reseachers. The pap discusses some key methodological findings, reviews the pros and cons and attempts outlook to the future.

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RELATIVES OF THE MENTALLY ILL IN SOUTH VERONA: LEVELS OF IMPACT, VULNERABILITY, AND ALLEVIATING FACTORS

C Samele
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AIM

The present study sought to determine the extent of impact, the group most vulnerable to impact, and examine factors acting to alleviate impact on relatives of the mentally ill in South Verona.

METHOD

Relatives of patients were identified from a Psychiatric Case Register. Interviews were conducted with one relative using a semi-structured schedule.

RESULTS

Forty relatives, of patients diagnosed with psychosis or depressive neurosis, were interviewed. The overall level of impact was low, and linked, in part, to patients continuing to work. Impact on relatives' psychological health, however, was prominent. Despite the availability of comprehensive community psychiatric services for patients, little formal help was available for relatives to discuss their own problems.

CONCLUSIONS

Levels of impact on relatives was minimal. Mothers of patients diagnosed with psychosis appeared to be the most vulnerable. Patients in paid employment alleviated otherwise detrimental consequences for both the patient and their family.

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THE 'BRAS': AN ATTEMPT TO DEVELOP AN OPERATIONAL DEFINITION OF THE CONCEPT 'PSYCHIATRIC EMERGENCY'

DJA Spooren, CLJ Jannes
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Aims:
Despite increased interest in the field of emergency psychiatry in the last decades, attempts to clarify the concept of emergency are rare. In this paper we present the results of a study concerning the operationalization of the concept of urgency or 'emergency'. Content and psychometric properties of a rating scale for clinicians are described.

Methods:
Scale items were based on literature. During nine months, psychiatric residents in four public hospitals were asked to use the scale items for rating the different aspects of an emergency in case of a psychiatric emergency referral. The scale was included in a larger monitoring form containing sociodemographic and clinical variables. A separate study was done to assess the inter-rater reliability in every hospital.

Results:
The scale had a good internal consistency. Inter-rater reliability showed more variation according to the hospital under study. The possibilities and limitations of this scale to discriminate between different groups are given.

Conclusion:
Defining the concept of emergency more clearly helps us in describing different populations of emergency service users. Furthermore, this concept may contribute in defining quality criteria in the organization of services, as well as for training of staff.

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PSYCHIATRIC DAY CARE IN EUROPEAN COUNTRIES: PROGRESS AND PROSPECTS

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AIMS: To provide an overview of the current status of different forms of day care in European countries, both in terms of trends and theoretical developments, and in terms of service provision.

METHODS: A comprehensive review of the literature and a direct inquiry through the responsible offices for mental health services in different European countries.

RESULTS: Day care forms a vital component of any good quality community-orientated psychiatric service. However, there is considerable confusion amongst both planners and mental health workers about what day care actually is, what its legitimate functions are and how these functions are best carried out. Four main functions of day care have emerged from the literature review and the direct inquiry: (1) as an alternative to hospitalization; (2) as a transitional facility for people discharged from psychiatric wards; (3) as a source of long-term structure and support for those with chronic mental illness; and (4) as a site for relatively intensive therapy for people with a variety of non-psychotic disorders.

CONCLUSIONS: Day care represents an important service element, for different types of patients and users. Ideally a range of day services should be available within each catchment area providing mental health care to a geographically delimited population.

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PSYCHIATRIC CARES IN A HOSPITAL FORENSIC SECTION: A RETROSPECTIVE REVIEW

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In order to obtain data upon the characteristics of the patients admitted to the "Prisoners Unit" of Modena University Hospital because of psychiatric illnesses, impatients-prisoners' charts relevant to a six years period (1990-1995) were examined. Data concerning age, race, history of impatient/outpatient psychiatric care, clinical status, lenght of stay and judicial position were collected and discussed.

In the period considered, a total of 165 patients required psychiatric cares. The average lenght of stay was 7.83 days (St.dev. 10.72), mean age was 31.086 years (St.dev. 8.681).

Primary diagnoses (revalued according to the DSM IV criteria) were the following:

Mood Disorders: 18%
Personality Disorders: 24%
Anxiety Disorders: 13 %
Adjustment Disorders:20%
Other: 25%

Drug abuse was observed, as condition detected in comorbidity, in the 40% of the patients

A suicidal attempt or a suicidal ideation was recorded in the 35.3% of the patients (expecially within the first days of incarceration or within the date of Court appearance).

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ABSTRACT FORM
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art here

UALITY ASSURANCE OF THE PSYCHIATRIC SERVICES IN THE SWISS CANTON OF ASEL-STADT

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stitute for Social and Preventive Medicine, University of Basel, Steinengraben 49, 4051 Basel, witzerland

uality assurance measures were an integral part of the psychiatry reform of 1990 in the swiss nton of Basel-Stadt. The main **aim** was to establish an anonymous case register for all psychiatric rvices.

ethods: Steps of implementation were 1) to set up a case record system enabling the institutions do their own analyses, 2) to collect the data in a central data bank, 3) to analyze the data through oling and anonymous linkage and 4) to inform health managers and institutions regularily about e performance of the system.

esults: Data collection started January 1st 1993. The central data bank was installed. By 1995 all patient and most outpatient institutions participated. First results like differences in groups of hizophrenic patients due to admission modes were presented to the institutions and helped them use their data for internal evaluation. This aim was reached by 3 institutions so far.

onclusions: Successfully implemented, the case register is expected to be a valuable instrument r the evaluation of time trends in the quality of care. In the process of implementation early porting of results is important to show possibilities of analyses and to improve motivation for rticipation.

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The Northern Norway psychosis project

The main goal of the Northern Norway psychosis project is the early identification of persons with schizophrenia. The project is also introducing some novel procedures/principles for the study of the treatment and is emphasizing treatment continuity and a set of standardized cooperative routines.

The part of the study dealing with the prospective first contact incidence of schizophrenia will be presented at this conference. It is planned to compare the results with the registered first hospital admissions in the region of the past 15 years.
The prospective study includes those first refered to the psychiatric care system for a psychotic illness (those between the ages of 15 -55 with a SCID interview based DSM IV schizophrenia, schizophreniform or schizoaffective disorder).

The uptake area has about 250 000 inhabitants, and for this reason we expect to find about 60 - 80 patients meeting these criteria in a three-years period. Our work is easied somewhat by the fact that the health care service is almost exclusively public, consisting of one psychiatric hospital and eight psychiatric outpatient clinics.

The project emphasizes early identification and the utilizes the following methods:

- continous training of personel at the outpatient clinics and at the hospital
- training of and information to all general practioners in the area several times during the project period (with a standardized training programme)
- providing information regularly to:
    - private specialists in psychiatry/psychology
    - all medical, surgical and neurological departments at the hospitals in the area
    - all outpatient clinics in child and youth psychiatry
    - all police offices in the area
    - all psychological services in the schools
    - all outpatient clinics and psychiatric hospitals in Norway, in order to register possible patients that are treated elsewhere

The study patients will be followed from their first contact with health services, continous monitoring of social functioning, symptom levels and the use of health services(including cost). In addition to the incidence study the project will also examine the following questions:
* How does this group of patients seek help when experiencing signs/symptoms? We use the "Pathways to psychiatric care"-formula from the WHO's ten-country study to find out.
* What is the use of health services when emphasizing early identification and treatment continuity? Is there any difference when comparing to a historical comparison group?
* Is there a relation between outcome and use of health services?
* How is the individual course of the disease related to use of health services ? There is registration o social functioning and symptom level (GAF monthly, PANSS every 6 months) in addition to registration of every treatment contact and type of treatment (not detailed).

The project started a year ago, and therefore it is too early to offer any results or conclusions. We hope to have some preliminary incidence results (first contact *and* retrospective, including a comparison between the two) at the time of the conference, as weel as some information about the help-seeking pathways.

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C. Munizza, J. Beecham, P. deJong, S. Johnson, R. Kuhlmann, L. Salvador, A. Stenman, G. Thornicroft, G. Tibaldi, M. vonCranach, M. Zuccolin.

" An EEC project on standardized description of mental health services involved in the long-term treatment of schizophrenia. Issues related to reaching consensus on terms and measures ".

Within the BIOMED programme, EEC is funding a project titled "Psychiatric rehabilitation. Standardization of procedures for the assessment of activities and costs/benefits"; it involves teams from Italy, Spain, Great Britain, Deutchland, Netherlands and Sweden and started in July 1994.
The first meetings of the participating teams has been devoted to a revision and operationalization of the initial key words and objectives in order to ensure the feasibility of the project. At the key-words level the main shift has been from rehabilitation activities to long term care. Participants reached consensus on shared definitions of: target population, catchment area, service and module.
Available dimensions/categories to be included in the service assessment have been rewiewed, in order to select a minimum set (for it to be useful to decision makers).
To make feasible a comparison of services of the six participating countries, being part of different networks of health and social agencies, all teams identified the criteria for selection or development of instruments to be used to compare a) catchment areas, b) health and social networks and c) activities of all services involved in the long-term care of schizophrenic patients.
Three specific instruments have been already prepared and are currently under preliminary testing.

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FREQUENCY AND DURATION OF CONTACT IN AN INTENSIVE CASE MANAGEMENT SERVICE

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Aim

To measure the frequency, duration and changes in patterns of contact with severely mentally ill clients in a two year study of intensive case management (ICM). To establish if contact patterns during the engagement phase of a new service differ significantly from those in an established service.

Method

8,000 client contacts were recorded on a specifically designed activity record developed by a local Delphi process and entered onto a database. Missing and incongruous records were corrected by detailed audit of client notes. Frequency and duration of visits in the first 6 months were compared to those of the second 6 months.

Results

Contacts during the first six months (whilst case managers were building case loads) measured just under two per week. This is substantially below that reported in the North American literature. Frequency of contact during the post-engagement period (the second 6 months) was maintained but contact duration reduced substantially.

Conclusion

Contact frequency and duration in ICM changes as the service develops and clients becom engaged. Differences between the American and European experience are not only the result the data collection methodology but reflect real differences in service delivery. The problems extrapolating from the early stages of an experimental service are highlighted.

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ABSTRACT FORM
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The Nottingham Acute-Bed Use Study (NABUS):

Alternatives to admission

Beck, A., Singh, S., Croudace, T. and Harrison, G.

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Porchester Road, Nottingham. NG3 6AA.

AIM: To determine alternative service provisions which would have prevented admissions to Nottingham's acute psychiatric wards and reduced total occupied bed days.

METHODS: For each admission in a six month prospective cohort the medical officer responsible was surveyed to investigate whether any alternative treatment facility or package of care, would have prevented the admission. Responses were collected within three days of the assessment decision to capture the 'mind-set' of the admitting officer.

RESULTS: Although 330 (69%) admissions had no alternative to admission, less intensive alternatives were available in 29% of cases: 5% could have stayed in the patients home but required intensive community support (out of hours CPN and/or day care) saving 837 bed days; 6% could have been admitted to a Crisis House saving 672 bed days. The largest bed day savings, 1344 were for 9% who could have been accommodated in a low-observation in-patient facility.

CONCLUSIONS: Modest savings in occupied bed days can be made by diverting patients from acute ward beds to Crisis house facilities or home-based care. However the most significant bed day savings result from the use of a low-observation in-patient facility as an alternative to admission to an acute ward.

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OUTCOMES EVALUATION IN A REHABILITATION PROGRAM

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Fatebenefratelli "Residence Pampuri " Psychiatry Rehabilitation Center
Via Pilastroni,4 Brescia (Italy).

AIMS

Evaluate satisfaction, about treatment and care received, in a group of 60 members of the Fatebenefratelli "Residence Pampuri " Psychiatry Rehabilitation Center. Brescia (Italy).

After discharge all members' carers or relatives will be involved in a follow-up study to check members' personal and social functioning.

METHODS

Administration of :

N1) " Psychiatry Service Satisfaction Questionnaire"
("Questionario sulla soddisfazione per un Servizio di Salute Mentale".)
(ISS- Roma) .
15 days before discharge (Members only).

N2) " life Conditions Questionnaire"
("Questionario sulle condizioni di vita") (ISS- Roma)
1 and 6 months after discharge. Administered to relatives or carers.

RESULTS

This study is in course. N1 data are available at the present, 8 items Questionnaire (1 to 4 choice), and show significant satisfaction in members .

CONCLUSIONS

This study is seeking correlations between Service satisfaction Vs. Personal and Social functioning , to evaluate outcomes of Psychosocial Rehabilitation programs after discharge.

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LONG-TERM PSYCHIATRIC CARE FOR PATIENT WITH MENTAL HANDICAPS

JTv Busschbach, D Wiersma.
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In an epidemiological study on long-term use of psychiatric services in a region in the North-East part of Holland we found a high prevalence of cognitieve impaired (IQ between 70 and 80) and mentally handicapped (IQ below 70) patients. The aim of this presentation is to provide information on the special needs of this group of patients in long-term care. In interviews with professional care-givers data was gathered on psychiatric diagnosis, psychological and social handicaps, history of former care and the content of care at this moment. Comparision of the data of this group with data on all long-term psychiatric patient reveals differences in the effect psychiatric illness has on psychological and social functioning. It was also shown that it is not the amount but the different nature of care that these patients need that puts them apart as a specific group. Special attention should be payed to these patients especially where it concerns things like substitution of intensive care by forms of low-intensity case-management, daycare-activities and rehabilitation.

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REPRESENTATIVE SAMPLING IN A UK RANDOMISED CONTROLLED TRIAL

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The increasing use of randomised controlled trials in the evaluation of mental health services requires the "representativeness" of a sample to be addressed as a key methodological issue.

Method
In a UK trial evaluating intensive case management for the severely mentally ill one step taken to ensure "representativeness" was to use a criteria based sampling frame. All subjects identified as meeting the following criteria were approached for interview: aged 18-65, a diagnosis of psychosis, at least two psychiatric admissions one of which was within the last two years.

Basic demographic information and data regarding psychiatric history was collected for all subjects identified and the "representativeness" of the subjects who entered the study was analysed.

Results
309 subjects were identified and of those 196 entered the study. Preliminary findings suggest that there were no significant differences between the subjects who entered the study and the identified population.

Conclusions
While this approach enabled the "representativeness" of the study population to be assessed it was achieved at the cost of targeting the clinically most relevant group who would be identified by asking "which of your patients is most difficult to maintain outside hospital?"

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SOCIAL ADJUSTMENT AND NEEDS OF PSYCHIATRIC CARE FOR SCHIZOPHRENICS AFTER 15 YEARS SINCE THEIR FIRST HOSPITALISATION

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The aim : to estimate the needs for psychiatric and social care in a population of schizophrenics living in the cachment area of 300 000 general population in the north-east part Warsaw.
Method: The group of 109 in patients living in the mentioned area hospitalised for the first time in 1978/79, and diagnosed as schizophrenics was followed up in 1993/94.
Results: 4 persons were out of contact, 20 had deceased. In the group of 85 patients total duration of the hospitalisation (summarized during 15 years) was extended from 3 days to 5 years.
64% of the group were unemployed, 16,8 fully employed and 10,1% - part time or scheltered
38,2% were living with spouse and having children, 28% were divorced or widowed and having children, 29,2 % were alone or with parents.
64% were functioning independently in the every day living activities, 25,8% were needed help from others 5,6% were living in the hospital (since 5 moths to 2 years) or nursing home(1 person)
Conclusions: The existing psychiatric services (psychiatric wards, day clinics, home hospitalisation, ambulatories) schould be supplemented by social services (sheltered employment, housing, leisure time activity centers, support for families etc). These institutions are expected to be managed by non government organisations.

Presenter

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PEOPLE WITH FIRST ONSET PSYCHOSIS - WHO CARES ?

S Amin, S Singh, T Croudace, K Tolley & G Harrison.
Department of Psychiatry, Duncan Macmillan House, University of Nottingham, Nottingham, England, NG3 6AA.

Aims

To ascertain patterns of service utilisation in a representative cohort of patients with first onset psychosis.

Methods

The first 60 consecutive patients in an inception cohort were assessed at onset and at 3 years. Information regarding service utilisation was collected in several domains, i.e. service type (e.g. inpatient, community visits etc.), the service provider (e.g. NHS, Primary Care, Social Services), and the type of healthcare workers involved (e.g. psychiatrists, community nurses). Data was collected by patient/informant interviews to assess current state, and also retrospectively by multiple case note abstraction.

Results

Approximately 25% of index episodes were not admitted. 10% of patients accounted for approximately 50% of total inpatient bed days - defining characteristics were ;- male, onset under 25 years, primary diagnosis of schizophrenia. The average length of inpatient stay was significantly greater in patients with schizophrenia as opposed to affective psychoses. Most community contacts were by Community Psychiatric Nurses (CPN).

Conclusions

A significant proportion of first onset psychotic episodes are treated in the community. There is a small homogeneous group of patients who disproportionately consume inpatient care. Patients with schizophrenia place a greater burden on inpatient services than those with affective psychoses.

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COSTING SERVICES PROVIDED BY A COMMUNITY PSYCHIATRIC CENTRE

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Aims. Although economic evaluations of psychiatric services are proliferating, little attention has been paid to costing methodology. We built a simple model to estimate full costs of the main community services provided by a Public Psychiatric Centre (CPS Ussl 35 Magenta, Milano).

Methods. Full costs of final services include direct labour costs and a portion of total overheads of the Centre. Direct labour costs of each final service are calculated multiplying the number of minutes provided by all the staff directly involved by their relative costs per minute. To attribute overheads to each service we followed two steps; a) we estimated total costs attributable to the Centre including direct running costs (labour, utilities, pharmaceuticals), capital costs and a portion of administrative costs borne by the USSL (District Authority); b) from this value we subtracted labour costs directly attributable to final services (see above) and we divided the remaining costs by the unweighted total number of services provided by the Centre. Therefore, the total costs of each final service comprise two components: the first that is dependent on the amount of labour it contains and its costs, the other that is constant and independent on the type of service provided.

Results. Overheads are 36.000 Italian Liras (It£) (1993) per final service provided. Psychiatrists and psychologists cost 908 and 658 It£ per minute, respectively. Nurses and social workers cost 439 It£ per minute. On the base of these data, we estimated full costs of the following services: psychiatrist visits, psychologist consultations, nurse domiciliary visits, social worker domiciliary visits, other social worker services, drug administrations and rehabilitation group therapies.

Conclusion. This full costing methodology requires accessible data and is relatively simple to manage. Therefore, it may be an efficient way to obtain cost estimates to be used in cost analysis, cost-effectiveness studies and other types of economic evaluation.

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Workshop 5
Population needs for mental health services: Part 2

ABSTRACT FORM
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ESTIMATING LOCAL-AREA NEEDS FOR PSYCHIATRIC CARE: A CASE STUDY

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Aims. Different approaches to estimating local catchment-area needs for psychiatric services are illustrated and compared. The east-end Montreal area under study (341,730 inhabitants) is provided with a comprehensive system of specialized services coordinating seven catchment-area community psychiatric clinics, emergency services and hospital admissions. Because of service sectorization limiting cross-area specialized treatment, the area lends itself well to epidemiologically-based needs assessment.

Methods. Data from an epidemiological morbidity survey of a random sample of 496 adults was available, as were actual service utilization rates. Four types of utilization were modellized (i.e., overall, outpatient, inpatient, emergency clinic) using social indicators available from Statistics Canada census-tract data. Finally, a case-control study compared outpatients from a deprived and an affluent catchment area, matched case by case for primary diagnosis, age, sex and residential status (n=52).

Results. Modelling proved highly predictive of utilization, the overall-use model accounting for 73% of the variance. The case-control study indicated higher rates of Axis-II traits, substance abuse and needs for social care in the deprived catchment area.

Conclusions. Resource allocation based on social indicators modelling method was more consistent with actual distribution of staff. Caution should be exercised, however, since none of the methods appear to reflect adequately the severity of caseloads evidenced in the case-control study.

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THE CAMBERWELL ASSESSMENT OF NEEDS[1] AS AN INSTRUMENT FOR STRATEGIC EVALUATION IN AN COMMUNITY BASED UNIT FOR PSYCHIATRIC AND SOCIAL SERVICES.

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Aims
The aims of this paper is to evaluate the use of The Camberwell assessment of Need (CAN) as an instrument for strategic evaluation of a co-organised psychiatric treatment- and social service unit.

Methods
A Danish version of the CAN was used. Two subgroups of patients was examined: A group of 70 patients referred to ambulatory psychiatric treatment only and a group of 63 patients referred to social services as well. The patients was examined by an independent interviewer and rated by the staff. The short-term outcome of the reports on the decision making process in the unit was registered by decision analysis and interviews.

Results
CAN identified differences in needs between the two groups. CAN identified patients with multiple serious problems as rated by the staff and patients who reported multiple serious problems not evaluated as such by the staff. CAN identifies areas of disagreement between staff and patients. This new type of information influence the decision making proces and stimulate to new inquiries especially for the social workers.

Conclusion
CAN is able to identify unmet need and subgroups af patiens with multiple serious problems. CAN provides some new data of strategic value for social work.

---

[1] Phelan, Michael, et al. "The Camberwell Assessment of Need: the Validity and Reliability of an Instrument to Assess the Needs of People with Severe Mental Illness." British Journal of Psychiatry 167 (1995): 589-595.

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HOUSING: WISHES OF PATIENTS AND NEEDS OF CAREGIVERS. AN EMPIRICAL STUDY.

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Kantonale Psychiatrische Dienste Baselland, CH-4410 Liestal

The aim of this study consists in

1. knowing the needs and wishes of in- and outpatients concerning their housing, expressed by themselves and their caregivers,
2. to compare these needs with the existing institutions and
3. to develop some ideas to coordinate wishes and really existing housing offers.

Method:
The authors asked about 600 in- and outpatients as well as their caregivers by means of a standardized questionnaire about their wishes and needs and they made semi-structured interviews with social-workers, nurses and caregivers in different housing-institutions about the general housing needs of persons with psychiatric illness.

Results:
The results show, similar to other studies, that most of the asked patients prefere to live alone or with their families in an apartment, eventually with external help. But the patients find very little encouragement for these wishes from their caregivers. The latter generally consider sheltered housing like hostels to be more adequate.
Furthermore, patients express a great insecurity on a free housing-market with only a small number of affordable vacant apartments and they reported frequent loss of accomodation due to their illness: neighbours complained about noise and maladjusted behaviour.

Conclusions:
The striking desagreement between patients and caregivers can be fruitful for the therapeutic process, but only if both partners are aware of this fact.
To improve the patients' chances on the housing-market, external help like e.g. mediators between letters and tenants could simplify their relations and make mutual comprehension possible.

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PSYCHOPATHOLOGY AND QUALITY OF LIFE IN PATIENTS SUFFERING FRO SCHIZOPHRENIA: AN ITALIAN-US COMPARISON

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# DEPARTMENT OF MENTAL HEALTH. AZIENDA USL BOLOGNA NORD, BOLOGN (I)

AIMS: To compare the psychopathology and the quality of life in patients with schizophren treated in Bologna (I) and in Boulder (US).

METHODS: A hundred people with schizophrenia and schizoaffective disorder were random selected from the clientele of a community mental health center in Boulder, Colorado, and were similarly selected from public psychiatric services in and around Bologna (Italy). Subjec were administered the *'Brief Psychiatric Rating Scale version 4.0'*, the *'Lancashire Quality Life Profile'* and the *'Assessment of Need Questionnaire'*.

RESULTS: Patients in Bologna reported several significant advantages in quality of life ov Boulder patients: higher rates of marriage and childbearing; higher employment rates, wage ra and greater earnings; higher income and reduced financial obstacles to the enjoyment in li more residential stability and security; more family contacts and involvement; more freque participation in religious activities; fewer accusations of criminal activity; less physical handic and more accessibility to the family physician. Patients in Bologna also scored lower on so dimensions of psychopathology. Boulder patients, on the other hand, reported more visits friends and more frequent contact with their psychiatrist.

CONCLUSIONS: The quality of life advantages for patients in Bologna appear to substantially greater than for Boulder patients.

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UTILISATION OF DAY ACTIVITIES CENTRES: THE QUALITY OF LIFE, GENERAL DISTRESS & COPING STRATEGIES OF VISITORS

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Aims
The objective of this project is to evaluate the utilisation of three Day Activities Centres (DAC's), and the Quality of Life (QoL), general distress, & coping strategies of the visitors.

Methods
Ninety-six visitors of the DAC's, mainly suffering from a severe mental illness, participated in this study. The visitors were interviewed with the Lancashire Quality of Life Profile-the extended Dutch version, and with a questionnaire inquiring about the reasons for visiting and the appreciation of the DAC. Furthermore, they filled in two questionnaires: the General Health Questionnaire measuring general distress and the Utrecht Coping List measuring coping strategies.

Results
The results show that: (1) visitors appreciated the facilities of the Centres very much although the actual participation rates were low (ranging from 1 to 32%) ; (2) reasons for visiting were sociability (64%), social contacts (61%) and daily activities (58%); (3) visitors had the highest mean QoL score for Legal & Safety, and the relatively lowest score for Relationships; (4) visitors had a mean general distress score; and (5) they used the coping strategy 'comforting thoughts' the most, and 'expressing of emotions' the least.

Conclusion
There's a discrepancy between the appreciation and utilisation of the facilities which might be explained by a lack of 'fit' between the wishes of the individual visitor and the program of Day Activities Centres.

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QUALITY OF LIFE AS CONCEPT FOR THE EVALUATION OF PSYCHIATRIC SERVICES: A QUALITATIVE APPROACH

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During the past decade the assessment of quality of life has become a key issue in the evaluation of psychiatric services. Until now quality of life assessment in psychiatry is primarily based on standardised quantitative methods and many empirical studies in this field supply results which are hardly interpretable by the underlying theoretical models. Many of these difficulties result from the fact that theoretical concepts of quality of life of the mentally ill largely neglect questions concerning the dynamics and factors influencing patients' subjective assessments of their objective living conditions. A new dynamic model of subjective quality of life of people suffering from mental disorders will be presented which takes into consideration the adaptational character of the human need/satisfaction process as well as the sociocultural and the psychosocial factors influencing this process. On the basis of this theoretical model a methodological concept will be submitted which combines qualitative and quantitative approaches for the purpose of a comprehensive analysis of the cognitive processes underlying both the subjective experience of living conditions and the subjective assessment of quality of life. A problem-focused interview developed for the assessment of the quality of life of chronic schizophrenic patients will be introduced.

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ABSTRACT:

"CAREGIVER BURDEN IN A PORTUGUESE OUTPATIENT PRACTICE"

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AIMS - Caregiver burden is described in a Portuguese population of primary caregivers to chronic psychotic patients. The authors present some findings on their Portuguese translation of the *Involvement Evaluation Questionnaire* - IEQ (Schene & Wijngaarden, 1993). Some data are equated, concerning sociodemographic and clinical correlates of burden measurements.
METHODS - This preliminary study took place at the Psychiatry Department of Hospital S. Francisco Xavier, Lisboa (descriptive cross-sectional design), considering key-relatives of outpatients with schizophrenia , schizoaffective or persistent delusional disorder (ICD-10).
A Portuguese version of the IEQ was developed, pretested and applied (N = 53).
As a clue to future investigation, relationships between IEQ total/subscale scores and several sociodemographic/clinical variables were explored (multivariate analysis).
RESULTS - The translated questionnaire presented good face validity.
In this sample, patients' disability and clinical status, together with caregivers' recent life events, explained most of the variance on IEQ total score; results concerning IEQ subscales require a more cautious interpretation.
CONCLUSIONS - Caregiver burden is a complex construct, largely (but not exclusively) related to patients' characteristics.
Preliminary data provide some support to the validity of the IEQ Portuguese translation.
As an important tool for assessment of caregiver burden, IEQ transcultural validation should be pursued.

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Workshop 6
Mental health services description: Part 2

ABSTRACT FORM

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THE INTERFACE BETWEEN PRIMARY AND SPECIALIST PSYCHIATRIC CARE. THE MANCHESTER EXPERIENCE

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ABSTRACT FORM
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RESOURCES, PROCEDURES AND ACTIVITIES IN THE FORMER PSYCHYATRIC HOSPITALS OF TWO REGIONS IN NORTHERN ITALY. THE *QUALYOP* STUDY RESULTS

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AIM - The QUALYOP study has been performed to describe resources, procedures and activities in the 12 psychiatric hospitals of Regione Lombardia and in the 7 psychiatric hospitals of Regione Emilia Romagna.
METHODS - A transectional design was adopted. Human and logistic resources, organizational procedures and psychosocial rehabilitation activities were evaluated in comparison with explicit reference criteria.
RESULTS - 2752 patients are sheltered in the 12 Psychiatric Hospitals of Regione Lombardia and 1031 in the 7 psychiatric hospitals of Regione Emilia Romagna. In Regione Lombardia structures are inadequate in the majority of the wards (70%). In addition, in more than 70% of the wards procedures and rehabilitation activities aiming at decreasing the disability of patients have not been activated. In Regione Emilia Romagna a similar situation was evidentiated regarding structures and organizational procedures (inadequate in the majority of the wards); in Emilia Romagna, however, 86% of the wards have adopted rehabilitation activities oriented towards the minimization of patient disabilities.
CONCLUSIONS - The QUALYOP study has documented the inadequacy of organization procedures and activities in the majority of the hospitals of the two regions. Educational policies are warranted to train and motivate mental health professionals.

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LONGITUDINAL ANALYSIS OF DATA FROM THE SOUTH-VERONA PSYCHIATRIC CASE REGISTER

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Psychiatric Case Registers allow to describe the history of psychiatric patients by using two different approaches: (i) the analysis of the episodes of care (EOC), based on the aggregation of psychiatric contacts on the basis of the time between contacts; (ii) the analysis of the psychiatric contacts as such. Different statistical techniques are needed. In fact, standard Poisson regression could be employed in the analysis of aggregated data like EOCs (Tansella et al., BJP 1995), but when the analysis is based on individual histories or it focuses on contacts it is important to take into account both overdispersion and correlation among observations. We will present the results obtained using individual data both on EOC and number of contacts: (i) using an extesnsion of the Cox model to recurrent events; (ii) using Generalized Estimating Equations approach and a parametric model to the analysis of the number of contacts.

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DIFFERENCES IN PSYCHIATRIC CASE REGISTERS IN GERMANY AND IN THE SWISS CANTON OF BASEL-STADT

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Quality assurance measures for medical care providers are now requested by federal law regulations in Germany and Switzerland. As a consequence, case registers for psychiatric patients are in the process of implementation in both countries.
Aim: To compare contents and underlying concepts in psychiatric case registers in Germany and Switzerland.
Methods: The published, hospital based case registers in Germany were compared with the case register of the swiss canton of Basel-Stadt, which started as one of the first in the country and represents actual efforts in the Swiss mental health care system to evaluate all in- and outpatient services.
Results: The registers in Germany are mainly aimed at allowing self-regulation measures to hospitals through comparing their own results with the outcomes on average. Due to the wider application, data collection in Basel-Stadt is based on only 32 of the 71 parameters used regularily in the German registers. The approach to collect less information, but include all institutions is intended to evaluate patient flows in the network of care through anonymous record linkage.
Conclusions: Different perspectives are found in the conceptualisation of psychiatric case registers limited to hospitals in Germany at present and trends in Switzerland to evaluate care networks. The evaluation of different approaches will be necessary to decide which way is more successful in measuring quality of care.

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Title: THE ALL-WALES COMMUNITY MENTAL HEALTH TEAM SURVEY
Authors: M. F. Carter, C. Crosby, A. Warner, S. A. Geertshuis and A. Collis
Address: Health Services Research Unit, School of Psychology, University of Wales, Bangor. Gwynedd. U.K. LL57 2DG.

Aims - In Wales there is a major programme of reform to develop locally-based community mental health teams (CMHTs). The aim of this national survey has been to examine team operational policies; how teams define and prioritise target groups; the nature of CMHT services; CMHT caseloads and the monitoring and evaluation of service delivery.

Method - CMHT managers/leaders were asked to complete the survey.

Results - 36 surveys were completed (77% response rate). The pattern of multi-disciplinary team work, joint agency funding and management is a positive finding. However, there are concerns about the adequacy of monitoring and evaluating present CMHT services and planning for the future. Common themes to emerge include the need for clarification on a) the role of CMHTs from senior managers vis-a-vis team objectives, b) the term 'serious mental illness', c) the standardisation of information gathering, monitoring and evaluation of CMHTs.

Conclusions - Such concerns are likely to be an abiding issue for future multi-disciplinary CMHT development in Wales. Recommendations include the active collaboration of planners, purchasers, senior managers, team leaders and team members in order to establish a monitoring and evaluation system. This would include an increased commitment to monitoring and evaluative work; guidelines for CMHTs on monitoring and evaluation; training initiatives to enable staff to use simple, meaningful and effective evaluative methods to enhance their casework.

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OUTCOMES OR TREATMENT OUTCOMES. THAT IS THE QUESTION

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Workshop 7
Mental health services utilisation: Part 3

ABSTRACT FORM
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PREDICTORS OF ADHERENCE TO A GROUP HOME PROGRAMME FOR MENTALLY ILL.

The aim of the present study was to determine predictors of continuous stay in a programme of small group homes in Copenhagen. By the time of entry to the programme, a cohort of 25 long-term mentally ill was examined by the Schedule for the Assessment of Positive and Negative Symptoms, the Global Assessment Scale, a Social Integration score and a structured quality of life interview. Data on residency was obtained in all patients after three years and by this time half of the patients had left the group homes. Follow-up interview was made with 19 patients. It was found that the residents who remained in the group homes during the follow-up period, already at base-line showed a significantly higher quality of life score and less affective blunting than the residents who later moved. At follow-up, the residents who had remained in the group homes demonstrated a significantly higher Social Integration score and perceived sense of mastery. Also aspects of quality of life were superior in the continuous-stay residents. Analysis of subscales demonstrated that skills important to establish a social network were predictors of stay, and it is concluded that assessment of clinical and social functioning associated with social network building is essential when assignment to residential care facilities is made.

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THE NORDIC COMPARATIVE STUDY ON SECTORIZED PSYCHIATRY: Clinical and social patient characteristics predicting use of psychiatric services during a 1-year follow-up.

L Hansson, H Vinding, S Muus, G Göstas, O Saarento, M Sandlund, T Zandrén, T Öiesvold.
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As part of a Nordic comparative study on sectorized psychiatry in seven Nordic catchment areas a prospective investigation of clinical and social characteristics of the patients predicting utilization of psychiatric services during a one year follow-up was performed. The cohorts were treated incidence cohorts, in total including 2834 patients. The results showed that a higher utilization of services was related to be older, living alone, not working in the open labour market, and to sex (women). Clinical characteristics of a higher utilization were a psychosis diagnosis and a former history of inpatient and outpatient treatment. To be a multiple user of inpatient services, was however only predicted by diagnosis. It is concluded that considerations of social support and social integration obviously is important in the planning of both resources divided to different care levels in community based services, but also in the planning of the treatment for the individual patient.

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THE USE OF REGIONAL CARE NETWORKS BY LONG TERM-USERS.

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This presentation concerns a comparison of the outcomes of epidemiological research in five different regions in The Netherlands. The purpose of all studies was to determine the size of the population of all chronically ill psychiatric patients and the use of different facilities of care by this group of patients over a period of two years. Comparison of the five studies on a macro-level focuses on regional differences in prevalence and use of services. The influence of urbanisation and the specific nature of the care network is shown. At the level of the individual user, the analyses emphasises on factors that determine the amount and content of care used over a period of time: psychiatric status, psychological disorders and social handicaps. It is stated that, although the prevalence of chronic psychiatric ilness is stable over time, the content and amount of long-term care chronic patient is strongly influenced by actual characteristics of the network of care in the region.

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UTILISATION OF FOUNTAIN HOUSE 'DE WATERHEUVEL': A NINE YEAR STUDY.

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Aim
Fountain House 'De Waterheuvel' in Amsterdam, is a clubhouse for (former) psychiatric patients. It offers psychosocial rehabilitation in the form of day-activities. In order to assess the role of day-activities in rehabilitation programs, utilisation of 'de Waterheuvel' has been registered in terms of number and characteristics of members, the frequency of their attendance, and the activities they execute.

Method
All members fill in a questionnaire containing items like social network, educational level, work history, and previous psychiatric treatment. The presence and activities of every member are registered daily. Data on 328 members over a nine-year period are summarized in three-month blocks. Variables are number of days present, amount of time present, and activities belonging to 11 main work-sites such as reception, kitchen/bakery, restaurant, catering, cleaning, and office work. Utilisation-patterns of 'de Waterheuvel' over the nine-year research period will be described.

Results
At this moment the research data are analyzed. Results will be available in May, 1996.

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OUTCOMES OF THE MOST DIFFICULT TO PLACE LONG-STAY PSYCHIATRIC INPATIENTS - ONE YEAR AFTER RELOCATION.

N Trieman and J Leff
TAPS Research Unit, 69 Fleet Road, Hampstead, LONDON NW3 2QU.

Aims: To evaluate the clinical and social outcomes of "difficult to place" (DTP) patients within the alternative facilities provided as part of a reprovision programme for a psychiatric hospital.

Method: 72 long-stay patients,who were designated as DTP, were assessed shortly before the hospital closed, by using four schedules: PSE, SNS, BELS and SBS. Severe persisting behavioural problems were recorded for each individual at baseline. All patients were reassessed one year after being relocated in three specialised units. Outcome measures were analysed for the whole study group and separately for subgroups according to their new locations.

Results: There was no overall change in the psychiatric state and no gains in the social and self-care skills for the DTP patients. The social networks also remained static. The profile of severe behavioural problems has changed over time, with one third of the total problems subsiding and a similar number of new problems emerging. There has been an overall reduction in the frequency of aggressive behaviour. This was significant within the least restrictive setting, which also provided the best quality of life.

Conclusions: The study indicates that specialised care facilities have managed to contain people with very challenging behaviours, yet regardless of the rehabilitation input, had a limited effect on their functioning. There are clear indications that aggression and some other problems could effectively be reduced in a non-restrictive environment like a 'ward in a house'. Highly individualized care plans should focus on modifying challenging behaviours to reach a tolerable level.

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QUALITY OF CARE ON CLOSED PSYCHIATRIC ADMISSION-WARDS.

YAM Nijssen & AH Schene, Academic Medical Center, University of Amsterdam, Department of Psychiatry, Tafelbergweg 25, 1105 BC Amsterdam, The Netherlands.

Objective
The general objective of this research project is to investigate the opinions of patients, family members, nurses, psychiatrists, insurers and medical officers on the quality of care on closed psychiatric admission-wards.

Methods
To investigate the opinions, a method called concept-mapping was used. Essential for this method is that participants first express their explicit views on qualitative good care and subsequently evaluate the relevance and content of their statements. Forty-five persons participated in the conceptualization process.

Results
In (group)interviews the 45 participants formulated about 300 statements on quality, which the researchers reduced to 97 items. Through multidimensional scaling and hierarchical cluster analysis, a quality of care concept of 11 domains was constructed. These domains were labelled as: staff-patient relationship, patient co-influence, information, continuity of care, treatment policy, staff competence, careful handling of freedom restricting means, ward atmosphere, safety and privacy. It showed, among other things, that caregivers attach great meaning to the aspect of staff competence, whereas those receiving care value most staff-patient relationship and information.

Conclusion
Concept-mapping is a suitable method to conceptualize quality of care. This concept can guide measurement development, in which each domain can be viewed as a construct.

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EMERGENCY PSYCHIATRIC CONSULTATIONS IN S.MARTINO HOSPITAL-GENOA: A PRELIMINARY CONTRIBUTION

M Marcenaro, C Vecchiato, F Altomonte, R Radmann, F Ratto
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The authors evaluate emergency psychiatric consultations at the medical casualty room (that collects the largest part of acute outpatiens) of S.Martino Hospital in Genoa.
Data have been taken from the medical casualty computerized recording system over a preliminary period of 3 months (from 1-1-94 to 31-3-94).
The long-term goal of the study, that is still in process, is to define, on a statistical sample, values for summarizing, organizing and describing the emergency psychiatric consultation activity.
The study considers on the one hand demographic and psychopathological data of patients and on the other, the main features of the consultation itself.
Some of the findings were as follows: 388 patients observed (49 more then once); Psychotic disorders: 36,3%, Anxiety disorders: 21,6%, Mood disorders: 19,4%, Alcohol abuse: 10,6%, Other substance- related disorders: 8,1%, Attempted suicides: 4%. Admissions to psychiatric ward: 216 (45,6%); 86 admissions to casualty ward (18,1%) and 28 to other hospital departments (5,9). For 136 patients hospital admission was not necessary at all.
No definite relationship was found between holiday/working-day and number of consultations, while during the 24 hours the highest number of psychiatric consultations was between 11 AM and 12 PM.
The authors focus on the following data: 1) Rate of hospital admission; 2) Rate of admission to casualty ward; 3) Distribution of emergency psychiatric consultations throughout the day; 4) Rates of the different psychopathological disorders.
Summary: Three months of emergency psychiatric consultation activity at the casualty of S.Martino Hospital in Genoa are evaluated. Data from the casualty computerized recording system are discussed, focusing on demographic and psychopathological features of patients, as well as on the main features of the consultation itself.

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Workshop 8
Costs of mental health services

ABSTRACT FORM
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IMPORTANCE OF UNITS FOR INTENSIVE PSYCHIATRIC CARE: A STUDY ON EVALUATION OF TREATMENTS COSTS

1. SIGNIFICANCE

In our intensive care unit, effective treatments are applied, but we wonder if economic measures are always achieved. To enhance both the delivery of a rapid and accurate evaluation and a most specific treatment we created intensive care unit for all adult patients (24 beds for a catchment area of 140000 inhabitants). Treatment costs of hospitalisation were evaluated by diagnosis.

2.METHODS

All consecutive patients admitted during 1995 were included and evaluated with DSM III-R. The length of stay and the orientation after discharge represents the variables of outcome. This study is Treatment costs per diagnosis and per acute episod were evaluated. The financement was analysed.

3.RESULTS

During 1995, 601 patients were hospitalized. Diagnosis are: 34.7% substance abuse (mainly alcohol), 25.9% mood disorders, 21.9% psychotic disorders. The length of stay (mean 11.8 days) was significatively correlated with diagnosis ($p<.001$). After discharge, 58.7 % of patients are adressed to a public outpatients service and 24.4% to theirs private practitioners.The mean treatment costs were 3600$, supplied by state (45%) and insurance (55%).

COMMENTS

This paper shows the quantitative importance of mood disorders with 40% of days (of all hospital stays), then the substances abuse (24.9 %) and the psychotic disorders (23.4 %).It confirms the need for intensive care units with early evaluation/ orientation. The control of the lenght of stay results in a decrease of hospitalisation costs.

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ABSTRACT

COST EFFECTIVENESS OF DAY AND IN-PATIENT PSYCHIATRIC TREATMENT

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It has been shown that approximately 40% of acutely ill patients presenting for admission to the mental health service in Central Manchester can be treated in the day hospital as an alternative to in-patient treatment (*Creed et al 1990*). The aim of this study is to evaluate the cost effectiveness of the two types of treatment.

The evaluation is based on a randomised controlled trial conducted at Manchester Royal Infirmary. The effectiveness of treatment, measured in terms of clinical improvement, reduction in severity of symptoms, and improvement in social functioning over twelve months was the same for day hospital and in-patient care.

The costs of care for patients in the study were estimated for one year following admission, by identifying and valuing the services received by each patient. The total average cost of care is significantly less for patients in the day hospital group (£5,981), than patients in the in-patient group (£8.551) (p<0.001), although there is considerable variation in costs between individual patients in the two treatment groups. The results also suggest that the financial burden on patients and carers is higher for patients in the day hospital group, which has implications for the distribution of resources.

(*Reference: Creed F, Black D, Anthony P, Osborn M, Thomas P, and Tomenson B (1990) 'Randomised control trial of day patient versus in-patient psychiatric treatment* *British Journal of Psychiatry* *300: 1033-1037*)

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PREDICTING AND COMPARING THE COSTS OF MENTAL HEALTH RESIDENTIAL CARE

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Aims

The economic component of this collaborative study of mental health needs focussed on establishing, and then comparing, the level and composition of residential provision, the associated costs of that provision, and the links between costs and the characteristics of residents, facilities and areas.

Methods

Clinical, sociodemographic, service use and cost data were collected for 1904 people with mental health problems, resident in facilities ranging from hospital wards to staffed hostels and group homes in the community. Multiple regression analysis was employed to examine the association of resident characteristics with cost, and to predict the cost implications of shifting the balance of care from hospital to community-based facilities.

Results

Resident characteristics (including age, gender, diagnosis, social interaction, aggression, drug abuse and legal status) accounted for approximately 21% of the observed variation in inter-resident costs. It was also found that resources currently used to provide hospital inpatient treatment would be better deployed in providing community-based care for what appear to be inappropriately placed patients.

Conclusions

The findings of these analyses can inform commissioners' planning and purchasing activities by revealing not only those resident needs and circumstances that are associated with higher costs, but also the resource implications of changes in the balance of care.

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THE SOUTH-VERONA CASE REGISTER FOR EVALUATING THE COSTS OF PSYCHIATRIC CARE.

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[4] Personal Social Services Research Unit (PSSRU), London School of Economics and Political Science, London, U.K.

Aims - The aim of this study is to show the usefulness of adding cost information to a routine data collection provided by a case register for analysing the association between patients' characteristics and direct costs of the psychiatric care actually provided.

Methods - All patients (N=706) who in 1992 had at least one contact with services which report to the South-Verona psychiatric case register and received an ICD-10 diagnosis were included in the study. The costs of specialist psychiatric care provided in the 365 days following the first 1992 contact were calculated using a unit cost list. A bespoke software, linked to the case register, was designed to produce the individual information on costs directly. For each patient, costs were grouped by in-patient costs, sheltered accommodation costs, day-care costs, out-patient costs and community costs.

Results - All costs, grouped by service type, were found to be significantly different ($p<0.01$) between diagnostic groups: people with affective disorders have a mean cost of 4.7 million Lire over the 12 month period, which is almost twice as large as the mean cost for people with neurotic disorders (2.7 million Lire), but only about a quarter of the cost for people with schizophrenia and related disorders (17.2 million Lire). Range tests showed that the only pairwise significant differences were between the schizophrenia diagnosis group and all other groups. The multivariate analyses showed that costs are significantly higher for people with a diagnosis of schizophrenia and related disorders than for people belonging to the other diagnostic groups; however, only 6 per cent of the variation could be explained by diagnostic group alone. On the other hand, between 40 and 50 per cent of the costs of mental health care was predicted by patients' personal characteristics and other measures recorded on the case register.

Conclusions - The results of the present study show that, where service use is monitored regularly, the base from which decisions on community provision and placement are made can be informed by careful analysis of routinely or easily available data on direct costs.

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Comparison of Community and Hospital Care Management for Discharged Psychiatric In-patients in the West London Area.

P Tyrer, K Evans, N Gandhi, P Harrison-Reid

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The study aimed to evaluate whether a flexible community based care management approach for patients on discharge from hospital was superior to a more conventional approach in which care management is linked to the hospital structure. Within this simple parallel design, 155 patients were randomly allocated to hospital or community based aftercare when they were clinically ready for discharge. An independent assessor recorded ratings of clinical symptomatology, social functioning, personality status, global functioning, service satisfaction, service receipt and costs of care at 0, 6, and 12 months.

A study recruited from two different areas, one an inner city area with 0.75 acute beds per 1000 population, the other an outer London suburb with only 0.24 acute beds per 1000 population. The results after one year showed indications of superiority for the community-orientated service overall but these were swamped by very great differences in the results between the two areas studied. The reasons for this should provoke a lively debate.

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SOCIAL NETWORKS, SERVICE UTILISATION AND SERVICE COSTS IN SOUTH LONDON

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Aims: To examine the relationship of service utilisation and cost with social networks in a representative group of people with psychosis.
Methods: In two defined geographical areas in South London, a random half sample of annual period prevalent cases of psychosis were interviewed. Social networks were documented using the Social Network Schedule (SNS). Services received during six months preceding interview were recorded using the Client Service Receipt Interview and costs were calculated.
Results: SNS data was available in 196 patients (105 m, 91 f/ 43±16 y). Functional non-psychotic disorders were most frequent (78%) followed by affective psychoses (10%). When the total group was dichotomised (using median) into those with extended v small networks patients with small networks utilised fewer in- and out-patient services (6.2 v 7.2, p=.005), but when admitted had a longer mean duration of in-patient treatment (44 v 21 d, p=.018). Their care resulted in higher in-patient (£ 2870 v £ 1081, p=.01) and total cost (£ 4505 v £ 2710, p=.016). When dividing the sample into three according to active relative contacts, there was a larger proportion of patients compulsorily admitted in patients with an extended relative group (ns).
Conclusions: Small social networks appeared to be associated with fewer services being used but higher service costs accruing. Relationships between social networks and service utilisation are likely to be complex.

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ABSTRACT FORM
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COSTS OF SPECIALIST EMPLOYMENT SCHEMES

JM Schneider
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The UK offers a range of specialist employment facilities for people with long term mental health problems. However, they have evolved unsystematically and there is little empirical evidence about them, their costs and benefits. Employment schemes differ from conventional health or social services in that they usually have a commercial aim in addition to their rehabilitative and social aims. The aim of the research described in this paper was to cost specialist work schemes without neglecting their multiple functions.

Data were collected about the disabilities and life satisfaction of a sample of 157 workers in seven schemes in south east England. The Lancashire Quality of Life Profile, the Client Service Receipt Interview, the Global Assessment of Functioning and a simple measure of social networks were used. Each work scheme was costed using recent accounts.

Results show that people with high levels of psychological impairment are employed in work schemes. We also found differences between groups on some work-related dimensions of satisfaction. Preliminary findings are that no meaningful relationship can be asserted between the costs of work schemes and the satisfaction of service users. The main contribution of this paper, however, is to put forward a methodology for costing work schemes which lends itself to comparative research.

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Prospects for the future
and
Closing session

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POPULATION NEEDS FOR MENTAL HEALTH SERVICES: PROSPECTS FOR THE FUTURE

JM Almeida
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In the past, the assessment of needs for care played a minor role in the planning of mental health services in most countries. However, the current trend in Europe towards the separation of purchasers and providers of services in the organization of health care and the increasing need for mental health services to compete with other health services for resources have made the assessment of populations needs an absolute priority.
A first, but insufficient, contribution to the attainement of this objective was made by the advances registered in the detection of psychiatric disorders in the community and in the development of information systems (especially where psychiatric case registers have been created). More recently, a new step was taken with the creation of new instruments designed to assess needs for care of mentally ill in a standardized way. In spite of these advances, populations needs assessment still faces several major challanges at conceptual, methodological and operational levels. The first objective of this paper is to identify and discuss these challenges. The second objective is to discuss the developments which may contribute in a more significant way to new perspectives in the future. A special attention is given to those which may allow: 1 - the superation of the methodological problems raised by the necessity of taking into account the perception of users and the influence of cultural factors in needs assessment; 2 - a better knowledge of specific needs for care and of the more appropriate services to meet these needs on different socio-cultural settings (northern and southern european countries, more and less deprived areas, etc); 3 - the implementation of patient-based information systems which will enable the collection of reliable data on the activities, the costs and the effectiveness of the different services (from health, social and voluntary sectors) involved in mental health care provided to a given population.

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ABSTRACT for the ENMESH conference

Mental Health Description in Europe

The mental services description should include a quality assessment alongside basic data.

This paper will partially use an adaptation of a WHO survey on mental health treatment system used for an European comparative study on follow up of schizophrenic patients.

1)In order to describe mental health system the geographical area has to be specified: country, region, local catchment area reported by population. Children mental health system should be described by his own along the same description method.

2)Data describing mental health system in an area should include
-inpatient hospital settings with number of units and number of beds in psychiatric and general hospitals
-community living arrangments under professional supervision by number of sites and numbers of places
-day ressources (day hospitals, day centers, sheltered workshops and occupationnal centers) by numbers and places
-data concerning the availability of other types of outpatients ressources: conselling, psychotherapies, family therapies and so on
-data concerning the personnel who provide the care by type of setting and rate for the area described
-some data concerning service linkage between out patient, in patients and community arrangments.

3) Data concerning the organisation of the health system
-the way each type of ressources is paid
-the level of responsabilities by geographical subdivision
-the role of private care if any (including inpatient setting)
-homogeinity of ressources (city/countryside, remote area)

4)In addition a report should be completed about quality assessment:
-type of ressources available for quality assessment and their composition
-methods of evaluating quality
-participation of users and family and use of input

Some exemples will be given to stimulate the discussion

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Mental health services utilization
Prospects for the future

The study of mental health service utilization is not an aim in itself. The aim is the evaluation of service *systems*. Evaluation of service systems requires the use of record or case linked service utilization data. This is available in psychiatric case registers (PCR). Due to the process of integration and sectorization of mental health care, regional information systems, designed according to the basic PCR principles, will rapidly evolve. Technology is already available. Both for data delivery as for retrieving standardized information all services will have on-line connection to the data-base. In fact such a system is a collection of computerized patient files. These systems will contain more information, especially about medication and about psychological and social functioning, than the case registers of today. Mental health care is increasingly community based. The main challenge is the provision of continuity of care for the continuing patient to prevent longterm hospitalization. One of the main targets for research will be to evaluate this both within and between systems of mental health care, using case linked longitudinal utilization data. An approach will be presented, using the South-Verona and the Groningen PCR.

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COST OF MENTAL HEALTH SERVICES. PROSPECT FOR FUTURE RESEARCH

J. M. Cabasés
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Substantial improvement may be done in costing mental health services. First, to make studies comparable, standardization of methodology is required. Issues such as indirect cost inclusion, choice of discount rate, range of costs to be considered have to be agreed among researchers. Informal care may be considered sometimes as a substitute for formal care, thus becoming a relevant aspect of cost estimation.

Incidence-based approach should be used alongside with prevalence-based estimates.

Some recent estimates (1) suggest important geographical as well as time differences in utilization patterns and costs in schizophrenic patients in Spain.

Cost function estimates may allow for the kowledge of resource use groups of patients, service utilization patterns useful for efficient budgetary assignment. Equity oriented policy may benefit from knowing who is bearing the cost.

(1) JM Cabasés, JM Haro, L. Gaite, L. Salvador, V. Madoz and PSICOST group (1996) "Incidence-based cost of schizophrenic in Spain" (Mimeo)

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Problems facing Community Psychiatry

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Some problems in community psychiatry cut across several European countries. These are shortage of resource, which leads to high case loads for key-workers, low morale and staff "burnout"; difficulty in providing a service for dangerous psychotic patients; and poor inter-sector collaboration. None of these problems are insoluble, given adequate resources for mental illness services. Shortage of resource causes the case-mix to shift towards disturbed psychotic patients, and away from neurotic patients and syndromes associated with physical illness. In time, this will lead to a serious de-skilling of psychiatrists.

Rehabilitation services are a major unsolved problem: are specialised rehabilitation services advantageous?, and which services should be routinely provided? How should rehabilitation adapt itself to places where there is high unemployment?

Relations between primary and secondary services will also be considered, with a consideration of the pros and cons of various arrangements between the services.

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Quality Development in Mental Health Care in Europe - Recent contributions by WHO

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ABSTRACT:

The continuous improvement in the quality of health care and appropriate development and use of health technologies constitutes the content of the Target 31 of the WHO Health Targets for Europe and reflects the concern of Member States with quality and appropriateness of care. More recently the first WHO meeting of national directors/officials of mental health services in the European Member States, 1994, stated that there should be greater concern about the quality of mental health care in each member State and mechanisms must be established to guarantee a quality service.

The need for monitoring and evaluating mental health care is generalized across the European Region but the focus of the effort differs between the northern/western, southern and eastern European sub-regions, reflecting the existing differences in the pattern of resources and level of development of their respective mental health systems. WHO recent contribution to the quality development evaluation and monitoring process encompasses several initiatives particularly on the development of process and outcome oriented quality indicators and measurement tools.

Authors