

S44. Mental Health Services

BENEFITS FROM THE COMMUNITY TREATMENT SERVICE; AN ALTERNATIVE FOR HOSPITALIZATION

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Community treatment and support becomes more popular as an alternative to traditional mental health care, i.e. hospitalization or day-hospital. On the basis of 339 patients with the ICD-9 diagnosis of psychosis referred to the Community Treatment Unit we were able to identify some differences with the other mental health care services. The majority of patients who agreed to participate in CTU program were in the older age, predominantly women, not employed (retired or invalids). The most common diagnosis were schizophrenia and manic-depressive disease. This is in contrary to the situation in out-patient center, where younger patients predominate. One explanation may be the fact that the community treatment is rather uncommon form of mental health care in Poland. Patients are not used to it and hesitate to consent to home visits of the members of the therapeutic team. It is also noteworthy to mention that the community treatment does not simply consist of home visits; patients are usually encouraged by team members to participate in group therapy and other social activities. It is our impression that patients who consent to participate in CTU program are more likely willing to collaborate with therapists and to not object to the maintenance pharmacology. While in CTU program they become more active and better cope with daily duties.

DAY HOSPITAL VERSUS ASSERTIVE COMMUNITY TEAMS

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The utility of the day-hospital in the management of chronic psychiatric patients is currently put into discussion. Although the symptom stabilization may be reached rapidly, the heterogeneity of the management, the daily frequency, the lack of a referral as well as the setting itself, which is essentially medical, provoke a dependence from the ward, a strong psychological regression and a delayed discharge, with a more difficult social rehabilitation.

We aimed at reporting the results obtained from an assertive community team with 9 patients who attended the day-hospital for more than 2 years, who were still suffering of such residual symptoms that the social rehabilitation was not possible.

Five were affected by obsessive-compulsive disorder and delusional disorder in comorbidity, 1 patient by pure bipolar disorder, 1 by delusional disorder and 2 by schizophrenia.

The assertive community treatment consisted of an apparently informal setting: weekly psychotherapeutic supporting sessions, which might be changed according to patient's need, availability of the staff, a referral included in a small group which might be consulted in emergency situations, psychoeducational intervention for the families, as well as psychopharmacological treatments.

After 6 months of treatment, no patients asked to be admitted to the day-hospital: 1 patient changed the therapeutic setting, 6 started to work, while 2 showed no change and are still in the assertive community team.

The findings of this experience may be considered positive, in line with previous results showing that the day-hospital has a limited validity in the short time aimed at reading a preliminary psychic stability. After this phase, more effective treatment led by operators in the territory, in direct contact with the patients, appear more useful for his psychosocial rehabilitation.

A PSYCHIATRIC EVALUATION OF THE GROUP HOMES FOR LONGTERM MENTALLY ILL IN THE CITY OF COPENHAGEN. DESIGN AN PRELIMINARY RESULTS.

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Considering the deinstitutionalization of western psychiatry during the past decades, evaluation of community alternatives to long-term hospitalization has become increasingly important. Particularly models for housing has been debated in relation to outcome measures as quality of life (QL), integration and autonomy. In a cross-sectional part our study assesses psychopathology in group home (GH) residents, analyze correlations between psychiatric symptoms, social performance and quality of life. The hypothesized beneficial effect of living in GH is furthermore analyzed in a longitudinal part of the study, interviewing residents before and during stay in GH. Semistructured interviews, observer rating scales and selfreport measures are used, and residents as well as relatives and staff are interviewed. The housing model, research design and preliminary results from the first 22 cross-sectional interviews are presented. ICD-10 diagnoses of schizophrenia/delusional disorder was found in 77%. Psychopathology as measured by Brief Psychiatric Rating Scale (BPRS) (median 11.0, range 2-25), was correlated significantly ($p < 0.001$) to functioning measured by Global Assessment Scale (GAS) (median 50.8, range 32-75). After moving into GH, residents showed improvement in different QL-domains, measured by a 16-item selfreport scale, particularly concerning housing facilities (95%), general health (73%) and daily activities (63-73%). Several critical points were made, and only 32% wanted to make the GH a permanent residence. Preliminary conclusions are that even severely disabled mentally ill can benefit from this rather demanding housing model, resulting in improved QL.

EVALUATION OF COMMUNITY MENTAL HEALTH CENTRES IN COPENHAGEN

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A research group at the Institute for Social Medicine made an independent evaluation of the first two years of community mental health service in Copenhagen.

The purpose of the study was to investigate whether treatment in Community mental health centres could influence the presence of positive and negative symptoms and increase the level of social integration and quality of life in a group of long-term users of psychiatric services. The study was a part of the Copenhagen Community Psychiatric Project (CCPP).

Design: The design was quasi-experimental with two intervention areas and two control areas, in pairs, as part of the catchment areas of the psychiatric departments of two general hospitals in Copenhagen. The patients included in the study were 171 long-term users of psychiatric services from the four districts. They were interviewed immediately after and two years after the opening of community mental health centres in the two intervention areas.

Results: When compared with the rest of the patients residing in the intervention areas patients treated in community mental health centres were more severely mentally ill. Treatment in community mental health centres improved quality of life and social integration and reduced the frequency of negative symptoms.

HOSPITAL CARE REQUIREMENTS IN A CONTINUING CARE SERVICE

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In an inner city catchment area patients requiring continuing care have been recorded on a computer data base over the past seven years. A total of 285 such patients are currently on the case register. All patients admitted to Hospital over a one year period from April 1st 1992 to March 31st 1993 from the catchment area were studied. The continuing care patients accounted for 46% of all admissions and a fifth of both male and female patients required admission in the year. The profile length of stay was similar to non-continuing care patients with a majority of patients staying in Hospital for less than a week but a small number of continuing care patients requiring a stay of over a month. The findings emphasise that even in a service giving maximum support to patients requiring continuing care in the community there remains a substantial need for in-patient facilities.

A FOSTER FAMILY CARE PROGRAM FOR CHRONIC PSYCHIATRIC PATIENTS IN GREECE

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A Foster Family Care Program (FFCP) for chronic psychiatric patients was for the first time established in Greece in 1989 by the Department of Deinstitutionalization, Center for Mental Health, Athens. Nowadays the FFCP includes 27 patients. The aims of this study are : a) to present the characteristics of the patients and of the providers and b) to discuss the benefits from the implementation of the program, the arising problems and the perspectives of the FFCPs in Greece. The characteristics of the patients were the following : Male 63%, single 74%, mean age 47 years, farmer-worker or unemployed 59%. Diagnosis: Schizophrenia 56%, mood disorder 30%, organic brain syndrome 11%, mild mental retardation 4%. Mean illness duration: 21.29 (+12.90) years. Mean number of previous hospitalizations: 4.5 (+3.6). Mean duration of hospitalizations : 12.98 (+14.15) years. Concurrent somatic illness: 26%. The characteristics of the providers were the following: Male 52%, married 78%, mean age 49 years, farmer-worker or pensioner 51%. The benefits arising from the FFCPs concern mainly the amelioration of the quality of life of the patients, the provision of greater opportunities for their social readjustment and the low cost of the program. The FFCP might play an important role in the implementation of deinstitutionalization and psychiatric reform in Greece, particularly in view of the fact that family as an institution is still functioning in Greece.

**CONTINUITY OF CARE:
MEASUREMENT AND RELATIONSHIP TO PATIENT SATISFACTION.**
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To provide continuity of care has become one of the main goals of the Danish Mental Health Care system. However, empirical studies, measuring continuity of care are scarce. Furthermore, the impact of continuity of care, on the treatment outcome of psychiatric patients, remains uncertain.

The aims of this study has been;

(1) To measure continuity of care in a Danish Mental Health Service system.

(2) To evaluate the influence of continuity of care on patient satisfaction.

We operationalised the concept of continuity of care in the following way: Continuity of care exist to the extent that patient movement among services and in and out of services is in conformity with the patient's therapeutic needs, judged by the therapist.

The study includes 131 first-admittance patients, who were admitted to the Psychiatric Hospital in Århus. The patients were followed for a period of one year, as they progressed through the treatment system. Each time a patient was transferred between treatment services, or terminated treatment, the therapist was presented with a structured interview. One year following the first admittance, the patients participated in an interview, regarding their satisfaction with the care provided.

Two thirds of the patients did not receive continuity of care. 26% of the patients dropped out of treatment. Drop-out was significantly related to earlier discontinuity of care, living alone and low social group. Drop-out was not related to diagnosis. A significant association between continuity of care and patient satisfaction was found.