

S22-01 - PREVENTIVE MONITORING OF PSYCHIATRIC PATIENTS AT RISK FOR COMPULSORY READMISSION: PRELIMINARY RESULTS OF A MULTI-CENTER RCT

C. Gallas, H. Dressing, N. Hess, S. Kief, H.J. Salize

Zentralinstitut für Seelische Gesundheit, Mannheim, Germany

Objectives: This study aims at reducing the risk for compulsory readmission in psychiatric patients by a comprehensive intervention comprising psychoeducation on warning signs, crisis cards and a continuous telephone monitoring of the patients' mental health status and health care utilization over a two-year period. Beyond reducing involuntary admissions, further objectives of the intervention are to reduce number and duration of inpatient stays and to result in a more cost-effective service provision.

Methods: Psychiatric inpatients suffering from schizophrenia or an affective disorder were randomly allocated to the intervention group or the control group (treatment as usual). Risk for compulsory readmission was defined by a current involuntary treatment episode or involuntary treatment within the previous 24 months. Both groups are assessed at baseline, at 12-month and 24-month follow-up. Interviewer ratings cover psychopathology (Positive and Negative Syndrome Scale, Young Mania Rating Scale, Hamilton Depression Scale, Global Assessment of Functioning), psychopathy (Hare Psychopathy Checklist Screening Version) and risk for violence (HCR 20). Treatment satisfaction, empowerment and quality of life is measured by self-report questionnaires. Health care utilization and prescription of psychotropic medication is recorded continuously in the intervention group and over a 3-month period in the control group.

Results: Preliminary results of this ongoing study will be presented, illustrating sample characteristics and first results of the one year follow-up. Focusing on data of type, number and duration of inpatient stays, the potential of the intervention to reduce the risk for involuntary readmission to psychiatry will be discussed.