4. Patients satisfaction with the information offered about disease and treatment (80%).
5. Continuity: Duration of outpatient treatment without admission to hospital (30% of severe psychotic>2 years).
6. Service: Waiting time (50% within 14 days after referral)

Conclusion: The database in progress may in time documents necessary aspects of the quality of the outpatient treatment in Denmark.

P48.04
Patterns of use of acute psychiatric units in Andalousia (Spain)

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Objective: To study, for the first time, how patients are using the 17 General Hospital Psychiatric Hospitalization Units (GHPHUA) in Andalousia: The biggest area of Spain (population 7.236.459). (see the Poster: "Analysis of subgroups of psychiatric admissions in Andalousia (Spain)).

Methods: Using the CMBD (Andalousian Case Register) we have made an observational retrospective study of the 16873 users of the GHPHUA during 5 years.

Results:
1. The use of GHPHUA has been: 3060 patients (1995); 3013 (1996); 3557 (1997); 3590 (1998); and 3653 (1999).
2. The use by heavy users patients – with more than three admissions along the year- has been: 698 patients (1995); 683 (1996); 924 (1997), 915 (1998); and 1009 (1999).
3. There is an ascending evolution of this phenomenon in the analyzed temporary series: 22,81% (1995); 22,67% (1996); 25,98% (1997); 25,49% (1998) and 27,62% (1999).

Conclusions:
i. The use of the GHPHUA is increasing progressively.
ii. The fourth part of the patients who use them are heavy users.
iii. The number of "revolving door" patients is being increasing every year.

P48.05
Analysis of subgroups of psychiatric admissions in Andalousia (Spain)

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Objective: To analize admissions of single users and "revolving door" patients in the 17 General Hospital Psychiatric Hospitalization Units (GHPHUA) of Andalousia.

Methods: See the Poster: "Patterns of use of Acute Psychiatric Units in Andalousia (Spain)": Evaluated 45995 GHPHUA admissions during 5 years.

Results:
1. The number of admissions in GHPHUA has been: 7679 admissions (1995); 7640 (1996); 9853 (1997), 10062 (1998) and 10761 (1999).
2. Heavy users patients – with more than three admissions along the year- have had: 3557 admissions (1995); 3570 (1996); 5233 (1997), 5349(1998) and 6094 (1999).
3. There is an ascending evolution of admissions for "revolving door" patients: 46,32% (1995); 46,73% (1996); 53,11% (1997); 53,16% (1998) and 56,63% (1999); and descendent for not heavy users: 14,29%, 20,05% and 19,34% (1995); 14,19%,

19,69% and 19,4% (1996); 12,43%, 16,83% and 17,63% (1997); 12,09%, 17,49% and 17,26% (1998); 10,97%, 16,78% and 15,61% (1999), respectively for patients with 1, 2, or 3 admissions.

Conclusions:
i. "Revolving door" patients consumes 50% of the admissions.
ii. Such consumption is also progressively ascending.
iii. Consumption is progressively descendent for not heavy users.

P48.06
A model to evaluate the reliability of the GAF-scale

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The aim of this study is to develop a model of controlling the reliability of the GAF-scale, between sites in routine clinical practice.

Method: A database of 8 269 GAF-ratings from different patients in 34 clinics has been analysed. The material came from a nation-wide project, were every patient during two weeks was rated with the GAF-scale. To analyse the reliability between sites, a regression model was made, considering the database distribution of patients diagnoses, treatment frequency and patient data divided up in psychiatric clinics.

Result: The result shows overall that the GAF-scale can be reliable, in a sense of a global measurement in psychiatry when it used in clinical settings. Sites that have used the GAF- scale as a routine practice indicate good variability and their GAF-ratings fit the regression model according to the predicted values, when it was controlled for diagnoses, patients ages and treatment periods. This study also pointed out a reliability problem between sites, that "local cultures" have been developed in different clinics and highlights the need of quality assurance programme for routine assessments.

P48.07
Comparable unit descriptions for mental health and social services

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The description of treatment settings and interventions is considered increasingly important in researching and planning mental health care. European Service Mapping Schedule (ESMS) was developed to describe services, but does not describe the interventions that are available within the services.

Monitoring Area and Phase System (MAPS) provides a method for describing treatment interventions, based on standardized item categories. The MAPS-Unit form describes units in the same dimensions as clients and is cross culturally applicable, theoretically based and valid in different fields of care. These dimensions are AREA and PHASE.

The method was originally developed within drug and alcohol treatment, but aimed to be applicable for other services because of frequent use of health and social services of the clients. The poster will introduce the categorization method and give examples of comparable unit descriptions within psychiatry, youth care, prison and drug treatment.