CS04

Prioritization in medicine – a special role for mental healthcare?

T. Meyer
Hannover Medical School, Institute for epidemiology – social medicine and health system research, Hannover, Germany

The international debate on priority setting in health care has been around for more than 30 years now, Denmark, Norway, the US state of Oregon, Sweden, UK and the Netherlands being among their vanguards. From the beginning, the debate has been related to – or was even seen as identical to – the discourse on rationing in health care. Based on these international debates, the presentation will introduce different understandings and characteristics of the priority-setting concept in health care and will argue for a clear distinction between priority setting and rationing. Different ways of implementing priority setting, i.e., by means of guidelines or ethical frameworks, will be introduced to set the frame for the current choosing-wisely initiative. It will be argued that priority setting is important for the organisation of mental health care, as it is for health and social care of different chronic disorders.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.785

Symposium: psychosocial rehabilitation and mental health

CS05

Evidence-based psychosocial measures in rehabilitation

T. Becker[1,*], U. Guehne[2], S. Riedel-Heller[3]
[1] *Günzburg, Germany*
[2] *Universität Leipzig, Selbständige Abteilung für Sozialmedizin, Leipzig, Germany*
[3] *Universität Leipzig-Medizinische Fakultät, Institut für Sozialmedizin- Arbeitsmedizin und Public Health, Institut für Sozialmedizin- Arbeitsmedizin und Public Health, Germany*
[*] *Corresponding author.*

Background Psychosocial interventions are essential tools in mental health care and rehabilitation. A range of interventions relevant to rehabilitation that are covered in a German DGPPN S3 guideline on psychosocial interventions are discussed.

Methods Literature search and (mostly) systematic reviews were performed for a range of psychosocial interventions.

Findings Milieu therapy (MT) includes measures that impinge on therapeutic milieu/atmosphere in joint professional/user groups in the course of treatment. MT provides a context in which psychosocial interventions can be implemented. There is evidence of its effectiveness in improving mental health outcomes. Peer involvement (PI) and peer support are supported by promising evidence as innovative interventions in mental health care. Findings on case management (CM) are inconsistent. There are difficulties in defining CM. CM strengths include treatment satisfaction and continuity of care. With respect to integration in the labour market for people with severe mental illness supported employment (SE) has been shown to be more effective in achieving job placement. A proportion of SE users fail to find jobs on the general labour market. Other types of work rehabilitation are required, and there is room for pre-vocational training interventions.

Discussion Psychosocial interventions are strong interventions. The strength of the evidence is varied. The use of psychosocial interventions rests on experience, evidence and ethics.

Conclusions Psychosocial interventions are indispensable in building mental health care systems. Vocational interventions and residential services are mandatory. Peer involvement could help in moving mental health services forward.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.786

CS06

Quality assessment of mental health rehabilitation services

H. Killaspy
University College London, London, United Kingdom

Objectives Providing good quality mental health care is vital to achieve better outcomes but service quality is a complex, multidimensional construct that extends beyond the delivery of specific evidence based treatments and interventions. This makes it difficult to operationalize and measure, particularly at the international level where different socioeconomic and political contexts impact. Mental health rehabilitation services focus on people with severe and complex psychosis. This group are one of the most socially excluded in society and are vulnerable to exploitation and abuse. They are also, be definition, difficult to treat and, historically, have often been institutionalised in hospital or community facilities.

Aims This presentation will report on the development and application of an internationally validated quality assessment tool for longer term mental health care facilities, the Quality Indicator for Rehabilitative Care (QuIRC).

Methods The content of the QuIRC was derived from a systematic literature review, international Delphi exercise and review of care standards in ten European countries. Its psychometric properties were assessed in over 200 longer-term mental health facilities across Europe involving validation with over 1750 service users. It has subsequently been used in a national programme of research into inpatient mental health rehabilitation services in England which will also be briefly described.

Results The QuIRC has excellent inter-rater reliability and validity. Specific aspects of care assessed by the QuIRC have been found to be associated with successful community discharge from inpatient mental health rehabilitation services.

Conclusions The QuIRC is a free to use, standardised and validated on-line international quality assessment benchmarking and research tool, available in ten European languages.

Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.787

https://doi.org/10.1016/j.eurpsy.2016.01.787 Published online by Cambridge University Press