FC28 *Health services and epidemiology*

MORTALITÉ ET ATTENTE DE VIE COMME INSTRUMENT DE ÉVALUATION GESTIONELLE DANS LA PSYCHIATRIE

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Objet.

La question "mortalité'/attente de vie des malades psyatriques" est un thème qui a toujours recontré' un interêt très vif Ma communication se propose de comprendre si l'attente de vie des malades psychiatriques est moins élevée que celle de la population de fait. De plus, il faut distinguer, dans la situation italienne (ou la Loy n° 180 a imposé la progressive fermeture des hôpitaux psychiatriques), le taux de mortalité des malades obligés à quitter les hôpitaux (et soignés chez soi par les médecins des circonscriptions sanitaires) du taux de la population encore sujet à une periode d'ospitalisation.

Méthode.

Nous avons rédigé la liste de tous les malades renvoyés des hpitaux psychiatriques du Veneto grace à Loy n° 180, et nous avons comparé (en répartant les sujets quant à sexe et age) le train de leur taux de mortalité au meme train de la population de fait, et de la population encore sujette à ospitalisation.

Résultats.

Le rassemblement de données actuellement à notre disposition met en evidence que le taux mortalité des malades soignés par les circonscriptions sanitaires est plus élevé du taux de la population de fait et de celle encore sujette à ospitalisation.

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NFCAS EVALUATION FOR SCHIZOPHRENIC PATIENTS

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Ten psychiatric multidisciplinary teams from seven European countries are presently involved in a multicentric study on schizophrenia. The objective of the study is to compare the care systems in different countries. The different research teams have been using SCAN and NFCAS evaluation schedules amongst other tools. Most of the teams were not used to doing clinical research and they have been trained for this purpose. Their experience will show what the impact of this research was on their clinical work and also how they have been able to use their clinical experience of the patients, included in the study, to deal with the difficulty they encountered in completing the study and using the schedules.

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CONTINUOUS MONITORING IN SECTORISED PSYCHIATRY

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In the catchment area of Zurich, sectorisation was introduced in 1994. As such, the city of Zurich was divided into two sectors for which the Psychiatric University Hospital holds responsibility. So far, the data assessed with the newly implemented continuous system indicate that there are marked differences between the two sectors regarding the patients' social deficits in e.g. working, housing and dependence on social welfare. These differences mainly result from differences in the socio-demographic structure of the respective areas served by the two sectors Aside from the structural improvement (structure quality), an increase in the continuity of treatment was assessed (process quality). However, regarding treatment outcome, no differences were found (outcome quality). These results challenge the psychiatric care system to provide appropriate care for underprivileged clients. Thus, this information serves as a feedback for the political decision-makers and will be taken into consideration in the future planning process

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MENTAL HEALTH STATUS AMONG HOMELESS PERSONS IN DORTMUND (GERMANY)

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Objective: In Germany there have been few scientific studies conducted on mental health patterns in the homeless population. Due to an increasing interest in this issue among service providers more valid data is required US- and other European studies indicate elevated rates of severe mental disorders including addiction related problems. Aim of this study was to assess the mental health status in homeless single male adults in Dortmund (Germany) to determine their needs concerning adequate psychiatric care

Methods: The cross-sectional study, conducted in January 1996, included 140 homeless or former homeless men, sampled in various locations within the city The analysis covered relevant sociodemographic characteristics, variables concerning health-consciousness and coping strategies as well as a physical examination. The mental health status was assessed with the semistructured clinical interview AMDP ("Arbeitsgemeinschaft für medizinische Dokumentation in der Psychiatrie") to document the psychopathological status. Additionaly, parts of the CIDI ("Composite International Diagnostic Interview"), which covered the Mini Mental State and the substance-related disorders (moduls L, M, N), were used.

Results: Out of the 140 men approached, 117 completed the entire evaluation, including 82 homeless and 37 former homeless According to the clinical interview the ICD 10 point prevalence for alcoholism in the homeless group was 59%, disorders related to illegal drugs were present in 24,4%, cognitive disorders in 14,6%, psychotic disorders in 4,88% and depressive states in up to 18,34% A quite high percentage had prior experience of being in prison

Conclusions: Predominantly there was a high percentage of untreated alcohol related problems and comorbidity was found in 41,5%. Characteristics of the studied homeless population and resulting implications for adequate management strategies in mental health care provision will be discussed