

W08.04**METHODOLOGICAL AND ETHICAL LIMITATIONS OF SCHOOL BASED ADDICTION PREVENTION**

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FC10. Social outcomes of mental disorders*Chairs:* T.W. Kallert (D), I. Tuma (CZ)**FC10.01****OUTCOME OF PATIENTS WITH SEVERE MENTAL ILLNESS AND BORDERLINE INTELLECTUAL FUNCTIONING**A. Hassiotis*, O. Ukoumunne, S. Byford, P. Tyrer, K. Harvey, J. Piachaud, C. Gilvarry. *RF and UCLMS, London, UK*

Background: Intensive case management is said to be a highly effective model of community care for patients with severe mental illness. However recent studies have failed to show clear advantage of intensive versus standard care for the majority of severely mentally ill patients.

Aims: To explore the outcome and costs incurred by patients with severe mental illness and borderline intelligence over a period of three years.

Method: The study utilises data from the UK700 project, a multicentre randomised controlled trial. 104 patients with psychosis and borderline intelligence were recruited into the standard and intensive case management arms (54 and 50 respectively) of trial.

The main outcome measures were

- Bed use, Relapse rates,
- Clinical symptoms and Social function
- Service costs were also calculated.

Results: At three years those in the intensive case management showed

- A reduction in number of hospital admissions ($p = 0.004$) and
- Days spent in hospital ($p = 0.003$) though only
- Marginal difference was observed in total costs for the two groups ($p = 0.06$)
- Other results showed an increase in total number of needs ($p = 0.006$)
- Increased satisfaction with the service ($p = 0.006$)

Conclusion: The evidence which has emerged from the study suggests that intensive case management can be effective for a sub-group of severely mentally ill patients who have cognitive and other deficits. Assertive community treatment may increase effective engagement of patients who may be high service users.

FC10.02**DEINSTITUTIONALISATION, LIVING SITUATION AND SUBJECTIVE SATISFACTION OF SCHIZOPHRENIC PATIENTS**Th.W. Kallert*, M. Leiß. *Department of Psychiatry and Psychotherapy, Technical University Dresden, D-01307 Dresden, Germany*

Background to Study: After the German reunification the deinstitutionalisation of long-term hospitalised psychiatric patients and the restructuring of the complementary psychiatric care has become

necessary in the "new" German states. Hereby it became possible to offer alternative residential settings and new community-oriented care programmes for the mentally disabled.

Methods: Ten years after the beginning of this process we analysed the referred impact on the housing conditions and the subjective satisfaction (Lancashire Quality of Life Profile) of 245 chronic schizophrenic (ICD-10) patients living in different residential care-settings (psychiatric nursing-home [1], social therapeutic hostel [2], sheltered community residence [3]) or with family [4], resp. on their own [5] in the Dresden region. Additionally we asked for the satisfaction with the organisation of the deinstitutionalisation process.

Results: The 5 subgroups - defined by the residential setting - differ in sociodemographic and illness-related variables (e. g. average length of illness: [1] 35.5 [± 9.9] y, [3] 18.0 [± 11.1]; [4] 16.2 [± 10.9]; ANOVA, $p < 0.01$) and in the levels of psychopathology (PANSS total score: [1] 94.8 [± 17.8], [2] 72.0 [± 14.8], [5] 60.4 [± 22.5]; Scheffe test, $p < 0.01$) and social disabilities (DAS-M total score: [1] 4.0 [± 0.5], [2] 3.3 [± 0.5], [4] 2.1 [± 1.1]; ANOVA, $p < 0.01$). It is shown how deficiencies and restrictions of the living situation and the deinstitutionalisation process are reflected in the respective judgements of the patients especially referring to autonomy and self-determination.

Conclusion: Requirements for the further development of the complementary psychiatric care system are deduced. These point especially to the further establishment of day-structuring and socially integrating community-based care measures.

FC10.03**A CONTROLLED CLINICAL TRIAL OF INTENSIVE HOME TREATMENT FOR PERSONS WITH SEVERE MENTAL ILLNESS**K.R. Lloyd*, M. Cleary, C. Pearson, R. Brooks. *Department of Mental Health, University of Exeter, Wonford House Dryden Road, Exeter EX2 5AF, UK*

Background: The UK's National Service Framework for Mental Health emphasises the importance of developing alternatives to hospital admission for persons with severe mental illness (SMI). One such option is intensive home treatment.

Aims: To evaluate prospectively service use, clinical and social outcomes for patients with SMI referred to an Intensive home treatment team.

Methods: Design: Controlled clinical trial.

Setting: 2 non teaching district services in SW England.

Cases: Persons meeting criteria for SMI referred for admission to an Intensive home treatment team (IHTT) in Exeter UK.

Controls: Persons meeting criteria for SMI referred for admission to psychiatric services in Taunton UK

Intervention: An intensive extended hours 7 days per week home treatment service.

Primary outcome measure: Service utilisation.

Results: 209 subjects entered the study, 102 cases and 107 controls. Baseline clinical & demographic characteristics were similar for cases and controls.

Neither bed days nor admissions were significantly reduced in the intervention group over time but both increased significantly over time in the control group. Conversely, clinical and social outcomes were significantly better in the control than Intensive home treatment group. Client satisfaction with the intervention was high but staff satisfaction was higher in the control than intervention group. Economic analysis is under way.

Conclusions: The findings suggest Intensive home treatment had a greater impact on inpatient bed usage than treatment as usual