

## S28. Evaluating modern community mental health services

Chairmen: JL Vasquez-Barquero, G Thornicroft

### BUILDING AN INTERNATIONALLY-VALID APPROACH TO ECONOMIC EVALUATION

Martin Knapp. *Centre for the Economics of Mental Health, Institute of Psychiatry, 7 Windsor Walk, Denmark Hill, London, SE5 8BB*

The growth of multi-site, and particularly multi-country evaluations offers many opportunities but poses additional problems. The purpose of this presentation will be to describe the basic principles of economic evaluation, as applied in practice in mental health contexts, with an especial focus on the challenges of multi-country studies.

Economic evaluations look at both the cost or resource side as well as the effectiveness or outcome side. Some of the best economic evaluations in health care have been fully integrated with clinical evaluations, giving them the benefits of good quality, relevant outcome measures. If a completed evaluation is to have the opportunity to reflect on the efficiency and equity implications of alternative mental health treatments or interventions, it is imperative that good quality cost or resource data are collected alongside the outcome information.

This paper will summarise the main stages of an economic evaluation, giving illustrations from completed and on-going research. It will particularly address some of the difficulties—as well as the joys—of trying to complete these evaluative stages in multi-country evaluations.

The paper will draw upon on-going research at the Centre for the Economics of Mental Health, Institute of Psychiatry, and at the Personal Social Services Research Unit, London School of Economics and University of Kent at Canterbury. Some of the multi-country evaluative work is being conducted under the auspices of ENMESH.

### STANDARDISING MEASURES OF MENTAL HEALTH SERVICE UTILIZATION

H.C. Knudsen. *Institute of Preventive Medicine, Copenhagen Health Services, Kommunehospital, 1399 Copenhagen K, Denmark; Department of Psychiatry, Hvidovre Hospital, 2650 Hvidovre, Denmark*

Mental health service utilization has been a key measurement in assessing the effects of alternatives to mental hospitals ever since the dawn of the deinstitutionalization period. In the beginning of mental health service evaluation research utilization of services was measured as admission rates, readmission rates, length of hospital stay and number of outpatient and dayhospital visits — all based on utilization of health services.

As the development of community based mental health care alternatives have progressed and includes services other than health services, utilization of mental health services is only part of the pattern of utilization of mental health care facilities used by the severely and persistent mentally ill. It is therefore necessary to develop a comprehensive set of standardized measurements of service utilization based on both health services and non-health services providing mental health care.

The presentation will review the literature on service utilization methods and measurements applied in evaluative research projects in Europe and the United States during the last thirty years. The development of a standardized and comprehensive assessment of

service utilization will be presented, which will be included in an EU-Biomed II concerted action project regarding the development and standardization of measurements in mental health service research within five European countries.

### THE CONSEQUENCES OF PSYCHIATRIC DISORDERS FOR FAMILY MEMBERS: A COMPARISON BETWEEN SCHIZOPHRENIA AND DEPRESSION

A.H. Schene. *Department of Psychiatry, Academic Medical Center, Meibergdreef 9, 1105 AZ, Amsterdam, The Netherlands*

The consequences of psychiatric disorders are a major topic in times of deinstitutionalization. The theme has been studied for about four decades, but most of the studies use relatives of diagnostic heterogeneous patient samples. During the last five years we did two studies on homogeneous samples:

- (1) among 700 family members of schizophrenic patients,
- (2) among 252 family members of depressive patients.

For these studies we used the Involvement Evaluation Questionnaire (IEQ), a 90 item questionnaire, which takes about 25 minutes.

*Aim:* (1) to study the differences between family structure of these two patient samples, (2) to study the consequences for relatives of these two psychiatric disorders, and (3) to further develop and validate the IEQ.

*Results:* with schizophrenia the system mostly concerns parents and children, with depression it mostly are couples. Factor analyses on the two samples shows that the consequences for both categories can be summarized in terms of tension, worrying, supervision and urging and a total score as well. The consequences in terms of 'burden' are somewhat higher for schizophrenia. Further information will be given on the relationship between burden, coping and severity of disorder.

*Conclusion:* the concept of caregiving burden seems to hold for these different patient categories. The IEQ seems to be a questionnaire which can be used for these two categories of relatives.

### TWO DECADES OF EVALUATING TARGETED SERVICES IN SOUTH-VERONA

M. Tansella. *Institute of Psychiatry, University of Verona, Ospedale Policlinico, 37134 Verona, Italy*

The aim of this paper is to present the results of a series of long-term evaluative studies conducted in South-Verona, Italy, where a new Community-based Psychiatric Service (CPS) was set up in 1978, to provide care and support to all patients in the at-risk population, but targeted to Severely Mentally Ill (SMI) patients. This service is not experimental and was implemented by national law; it avoids restrictive selection procedures for patients and includes a 15-bed ward in a general hospital, as well as out-patient departments, a Community Mental Health Centre, apartments, a 24 hour supervised hostel, an emergency service, rehabilitation programmes, etc. Continuity of care and a longitudinal perspective are ensured and it is hospital psychiatry which complements community care and not vice versa. For *monitoring* the provision of psychiatric care a Psychiatric Case Register (PCR), which covers the same geographical area of the South-Verona CPS (75 000 inhab.), has been operating since 31 December 1978. The study of patterns of care shows that hospital care is consistently decreasing (more than 20% decrease in admission rates and more than 60% decrease in mean N. of occupied beds), while out-patient and community care are steadily increasing. After almost 20 years the situation is not yet stable and this confirms that community care needs long time to be implemented. For *evaluating* community-based services the assessment of outcome of psychiatric