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QUALITY OF CARE AND ITS DETERMINANTS IN REHABILITATIVE MENTAL HEALTH CARE ACROSS EUROPE

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The European Commission's Green Paper on Mental Health highlighted the need to improve the social inclusion, human rights and dignity, of mentally ill people. It recognised evidence for improved quality of life and social inclusion provided by deinstitutionalization of services. This study, funded by the EC, explores the relationship between unit characteristics and quality of care, as recorded by the Quality Indicator for Rehabilitative Care (QulRC).

Method: QulRC's seven domain scores were analyzed for associations with unit, patient and staff variables, using linear regression. Results: Unit location affected Living Environment (LE) domain scores. Size of units was associated with all domains apart from Human Rights (HR). Resident characteristics showed single gender, percentage of lower functioning residents, both affected some domains. Staff intensity scores were not associated with any domain of care, but specific disciplines affected particular domain scores. Lower quartile results across domains suggest that 25% of European units studied score less than 50% on individual domains' quality scores. Discussion: Results suggest the preferability of residential rehabilitation units that are city-based, in the community, smaller in size, and have both men and women residents; where the proportions of detained patients, and patients with a high level of need, are low; and where the staff group includes an employment specialist and a psychologist, but does not include a social worker or a psychiatrist. Average unit performances for different countries in Europe need to be established and considered in developing preliminary quality targets to be reached in particular timescales.