the ACT/Madison-model, including case management, psychoeducation, social skills training, crisis homes, employment demands and treatment plan.

Method: The baseline evaluation contained register data obtained prior to the start of the clinical study. Data included 11,016 admissions to mental hospitals/wards during 1981–2000 from the intervention/control region (Tønder/Aabenraa) and 868,631 admissions from all Denmark together with out-patient data during the period 1995–2000. Linear regression, analysis of variance and models of prediction were performed.

Results: The bed rate in the SJ-county (76/100,000 December 31,2000) were halved during the period, corresponding to all Denmark. The increase in admission rate and decrease in bed days per admission showed homogenous pattern between intervention and control region. The country had a much higher admission rate and use of beds. The rate of involuntary admissions (0.4/1,000/year) and the hospital incidence of schizophrenia (1.5/10,000/year) were at the same level in the intervention/control region and the country. The point prevalence and referral rates of out-patients increased to around 6/1,000 and 7/1,000/year, respectively in both regions. One quarter of these patients belonged to the ICD-10 diagnosis F20 or F30/31.

Conclusion: The regions of intervention and control had prior to start of ACT the same pattern of use of psychiatric services, enabling an evaluation of the effects of ACT.

P10.02

Experience from the first ACT-programme in Denmark. II. Severe mental illness. A register diagnosis

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Objective: During the last 25 years the Danish psychiatric services have changed to mainly short term admissions and out patient treatments at CMH-centres. The community psychiatry in Denmark has been criticized because of drop-outs of patients with severe mental illness and because patients suffering from schizophrenia have doubled the SMR of suicide and tripled the rate of conviction to treatment. In an attempt to deal with those probands several ACT projects will be established in Denmark during the next 1–2 years. The first of these started in the Tønder region on May 1st, 2001.

Method: Severe mental illness was defined from register data on the basis of psychosis (main diagnosis: F20, F22, F25, F31) and high use of psychiatric services (at least: 4 admissions, or 50 bed days, or 50 hospital days, during preceding two years). Data concerning drop out (inactive during a period), death and immigration were obtained. Logistic regression and likelihood ratio analyses were performed.

Results: The point prevalence rate of severe mental illness on December 31, 2000 in the SJ-county was 1.31/1,000. The rate of inactive patients was 0.28/1,000. The rates were distributed inhomogeneously in the 5 regions in the SJ-county. The Tønder (intervention) and Aabenraa (control) regions had low prevalence rates (1.04/1,000 and 1.06/1,000, respectively) ($p < 0.01$). In a four-year cohort half of the patients dropped out at least once, and barely half of these started again. The probability for gaining status as inactive increased with time ($p=0.09$). Tønder and Aabenraa regions had homogeneous patterns ($p=0.22$). About 60% of patients identified in the register as suffering from severe mental illness in the region, were attached to the CMH-centres in Tønder or Aabenraa. These patients constituted about 10% of all patient attached to the centres.

Conclusion: The register diagnosis "Severe mental illness" is a target group for ACT, whose rates and follow-up patterns are illuminated. The patient can be identified through the register and the register diagnosis and the status active/inactive might be used as an unbiased effect parameter in evaluation of the ACT.

P10.03

Experience from the first ACT-programme in Denmark. III. The first 60 patients

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Objective: On May 1, 2001 we started an ACT-programme in the Tønder region. The principle of evaluation is within a quasi-experimental design (intervention/control) to obtain register data (time trend, severe mental illness) and clinical data (symptoms, function, satisfaction, quality of treatment) as description and as test of priority hypotheses. These included: 1. Better adherence to treatment. 2. Improvement in psychopathology. 3. Improvement in social function. 4. Reduction in abuses. 5. Greater satisfaction reported by patients and their relatives. 6. Better quality in treatment. 7. Fewer and shorter admissions to mental hospitals.

Method: The target group of ACT is defined by a main diagnosis (F20, F22, F25, F31) and at least one of the following items: 1. abuses or conviction to treatment. 2. Instability. 3. High use of hospital benefits. The control group is from the CMH-centre in Aabenraa. The group consist of all prevalent cases and all referred cases during the following year with main diagnosis as in the target group. A pair matching on main diagnosis, instability, and GAF level, create the control group. The data obtained from cases and controls are register data, GAF, DIPSY, and CSQ. Further, the patients are interviewed with UKU, Cansas, Sans, Saps, and PSQ. Data is obtained at start and after 12 and 24 months.

Results: During the first 7 months of the study 55 patients have started in the ACT-programme. Identification of patients were through register data and through internal referrals from the counties' psychiatric services. The latter counts for half of the patients. Five of the patients were first line schizophrenic, the rest of the patients were chronic psychotic and all belonged to the target group. The data is not yet evaluated.

Conclusion: Testing the hypotheses demand at least a 2 years follow-up of at least 100 cases. Similar projects are in progress at other places in Denmark, thus metaanalysis might be a possibility.

P10.04

Psychiatric service by eyes of the consumers

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The research of the psychiatric service consumers, which were treated in a psychiatric hospital, daytime hospital, attending a psychoneurological hospital was carried out. During research 276 men were interrogated. The patients receiving the aid in psychiatric institutions basically are satisfied with it (157 respondents or 56,9 percents were completely satisfied with the rendered aid and 95 or 36,8 % – partially). Data did not depend on a type of medical. From the positive moments of treatment the patients completely satisfied with the psychiatric aid first of all specified quality of spent treatment. From the negative moments of treatment the patients irrespective of a type of medical establishment marked presence of a restrictive regimen and bad attitude relation on the part of the

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