S22 *Structure quality of mental health care systems in Europe*

Mental health care systems in European countries (Overall Abstract)

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(Overall Educational Objectives: At the end of this symposium the participants will know more not only about mental health care in various European countries, but also about essentials of structure quality in mental health care)

The aim of this symposium is a double one First it will present the many facets and variety as well as similarities among the mental health care systems in European countries, i. e. in the Scandinavian countries, in Spain, Italy and Germany, representing the Western part of Europe, and Poland, the Czech Republic and Hungary, representative for East Europe The East-West contrast may reveal aspects of getting along with few finantial support by the governments that Western countries can learn for future In addition it will be tried to recognize according to so-called quality indicators where essentials of structure quality are similarly to be found in the various societies The comparison will be taken as a large „natur experiment", and by this as a source of data urgently needed to plan better mental health services. We can learn from each other and all may learn from the common data pool. That is provided by a detailed and carefully performed and discussed comparison of the different care systems

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Mental health care in Scandinavian countries and mainly in Denmark

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An overview will be presented of the historical development of the mental health services. Service care characterized by being free-of-charge and the regional psychiatric institutions has in principle the total treatment responsibility for all psychiatric services within the catchment area Over the past decades increasing emphasis is paid to the development of a variety of community psychiatric services. These have been based upon different principles and accordingly several models have been brought forward. Simultaniously with this innovative service and the extensive increase in the extramural services, the number of psychiatric beds have rapidly decreased Concomitantly, an increasing proportion of psychotic persons are seen among the homeless population and persons living in welfare institutions Also among the prison inmates the number of psychotic persons have increased.
A trend has been observed with layman's wish to deprofessionalization, but on the other hand the population at large and several politicians now recognize the need for providing adequate mental health services for the most severely ill population.

Refrences:

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Mental health care systems and quality assurance

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Among the three aspects of quality assurance proposed by Donabedian, i e structure quality, process quality and outcome quality, structure quality is of predominant importance in relation to the two latter ones Reforms in psychiatry, to be observed worldwide, began and begin always with changing structures. But hithertoo no really reliable criteria are established how to optimize mental health structures One arduous though worthwile way to come to empirically based criteria is to compare different care systems. This way is used in the present symposium The care systems will be analyzed and compared according to the following structure quality indicators. (1) Numbers/rates of psychiatric beds, (2) size of mental hospitals, (3) proportion of psychiatric beds in mental hospitals to beds in departments of general hospitals, (4) number/rate of chronic patients in hospitals versus in extramural facilities, (5) extramural facilities available in the community, (6) number/rate of psychiatrists in office practice, (7) qualification of psychiatrists and other mental health staff, (8) facilities available for rehabilitation, (9) mental health expenditure per capita/year, (10) quality assurance measures implemented ?, (11) stigma of mentally ill, attitude of the society towards mentally ill living in hospitals/ in the community.

Refrences:

Donabedian, A.: Evaluati ng the quality of medical care.
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The Spanish mental health care system

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The Spanish Mental Health Care System has evolved during the last twenty years around the following points: (1) A full integration with the rest of health care, recognized in the Central Law of Health In the past, psychiatric care was provided through welfare, outside the Social Security System Only Hypnosis and psychoanalysis are excluded from the care provided for mental patients. (2) The disappearance of any particular consideration of the legal situation of mental patients. In the past, a very detailed and efficient law regulated the admission and discharge of mental patients. This has been substituted by a single item Civil Code This initially raised concerns among psychiatrics but now it should be seen as an effective way of integrating the care of mental patients with the rest of patients and of avoiding stigma (3) The health care administration has been decentralized In general, there has been an effort to create community mental health centres (4) Quite often decisions are taken under the influence of ideologists more than based on technical aspects Sometimes this has in fact gone against integration with the rest of medical care This is sometimes due to the discussion of where psychiatric care belongs to (specialty or primary care) (5) The creation of a national residency training system for medical specialists, including psychiatrists, which has been able to provide a training in general very satisfactory to a new generation of young psychiatrists, who are changing very deeply the profession in Spain

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