side-effects especially critical. (2) Deficit symptoms after TBI can be treated with drugs that mimic major neurotransmitters, like dopamine agonists, psychostimulants, non-tricyclic antidepressants and cholinesterase inhibitors. (3) Antidepressive drugs might also help to reduce the (hippocampal) toxicity of hypercortisolism related to intensive-care treatment, rehabilitation stress and depression. (4) Positive neuropsychiatric symptoms after TBI can be treated with a number of sedative and antipsychotic drugs. (5) Finally, the ethical and legal aspects of compassionate drug use in rehabilitation of patients with TBI will be discussed.

S47.04
PSYCHOPATHOLOGY FOLLOWING BRAIN INJURY; IMPACT ON RETURN TO WORK

P. North

No abstract was available at the time of printing.

S48. Quality assurance, accreditation and costs in mental health

Chairs: R. Bosio (I), F. Ramacciotti (I)

S48.01
QUALITY IN ACCREDITATION TO THE EXCELLENCE

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Background: In order to implement peer accreditation programmes between mental health services, it is necessary to develop standardised assessment instruments which are user-friendly, reliable and based on a large consensus.

Objectives: A) To devolop a consensus methodology including a set of criteria, indicators, standards and procedures for accreditation visits. B) To promote the training of both in-house and external visit facilitators. C) To carry out peer accreditation visits aimed to promote the total quality approach in the Departments of Mental Health (DMH).

Metods: A) Enrolment of DMHs on a voluntary basis. B) Consensus definition of evaluation criteria, indicators and standards; consensus definition of operational procedures for accreditation visits. C) Realisation of peer accreditation visits to DMHs and preparation of detailed visit reports, with feed-backs from the visited DMHs. D) Final evaluation.

Results: A "DMH Accreditation Manual", 2000 second version, has bee developed; it includes five sets of quality requirements in the area of: Department Organisation, CMHC, day-center, residential facilities, hospital facilities. Moreover, specific visiting procedures have been finalised, and visit reports of DMHs have been made available. Some DHMs are already using the visit reports for the planning of activities and preparation of the new year budget. A specific software linked to the accreditation manual has been produced, to be used for self-evaluation and training activities.

Conclusions: It is possible to apply accreditation procedures with DMHs, although they need an ongoing update and improved degrees of reliability.

S48.02
HOW TO STATE PROCEDURES IN MENTAL HEALTH: THE GENOA DEPARTMENT OF MENTAL HEALTH EXPERIENCE

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In Italy, the recent reorganization of psychiatric services, that led to institution of the Department of Mental Health, went on together with the changing in the management of the total health system.

Psychiatry itself already needed to overtake too many differences arisen in the services in the last twenty years, with the aim of confronting and selecting more useful practices.

It wouldn't have been easy, because the ways of psychiatric practice aren't so straight, because the staff was trained not always according to the needs, and because in Italy there wasn't a system of standards and organization in treatments.

We verified how the different services were proceeding about the following problems: meeting the demands, taking care, emergencies and planned treatments, liaison psychiatry, residentiality, social interventions. By confronting the differences it was possible to identify the more used ways of proceeding, that were collected in a Handbook of the D.M.H.

In this work, the Authors describe the process for the construction of a Handbook for Quality, pointing out the obstacles they met and the methodologies they chose to face them.

People working, also in teams, were involved and the outcomes can be used for the development, the revision and the evaluation of the clinical practice and the taking care.

S48.03
IDEOLOGIES AND ACCREDITATIONS

F.A. Jenner

No abstract was available at the time of printing.

S48.04
STANDARDISED DESCRIPTION OF PSYCHIATRIC CARE. THE NEED TO PLACE EVERY SERVICE IN ITS SPECIFIC CONTEXT

G. Tibaldi, C. Munizza

No abstract was available at the time of printing.

S49. Treatment spectrum of atypical antipsychosis

Chairs: S. Kasper (A), J.Svesttka (CZ)

S49.01
ATYPICAL ANTIPSYCHOTICS IN SCHIZOAFFECTIVE DISORDERS

S. Montgomery

No abstract was available at the time of printing.

S49.02
ATYPICAL ANTIPSYCHOTICS IN BIPOLAR DISORDER

Goodwin

No abstract was available at the time of printing.