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COMPREHENSIVE QUALITY MEASURES IN SPECIAL CARE

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A programme of audit of quality measures is presented which was carried out on a new locked ward for patients with psychosis and aggression

Members of the multidisciplinary team led quality measures which were planned in advance of the unit opening. These covered clinical, academic and personnel matters.

A patient satisfaction survey has been carried out regularly and yielded funding of ward improvements. The Health of the Nation Outcome Scales¹ have demonstrated areas of service deficit which are being addressed as well as having confirmed success in improving psychosis and aggression. The achievement of prescribed patient leave outside the unit has also been audited to obtain extra staff successfully. Patients have a structure day and activities which have been monitored. Individual staff members have had supervision of their clinical activities. A system of multidisciplinary documentation and care in single case notes has been devised and reviewed by questionnaire surveys.

Team members were supervised on service research projects and a weekly unit training meeting was developed. This work has contributed to the development of regional and national special care quality networks

¹Wing J.K., Curus R.H., Bevor A.S. Health of the Nation Outcome Scales. a report on research & development July 1993-December 1995. Royal College of Psychiatrists, London, 1996

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THE EDUCATION OF CHILDREN WITH PSYCHIATRIC DISORDERS

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The aim of the study was to estimate the school situation of 40 children, 22 boys and 18 girls between the ages of 7 and 15 years who were hospitalized in the Department of Child Psychiatry of the Medical Academy in Warsaw. These children were randomized from 202 children hospitalized due to different psychiatric disorders.

The family and school situation of each child was analyzed by interviewing children, parents and teachers. The Wechsler Test WISC-R, Bender-Kopitz, Stamback, Zazzo, Cattell, Siegelman and Roe tests were used to determine each child's characteristics. Very few of them were hospitalized due to school difficulties.

Mental deficiency was diagnosed only in one case. In many others however, dullness and border line deficiency was found and more than half of the patients demonstrated school failure. It was found that no support was given to these children by either teachers or parents

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THE IMPACT OF ECONOMIC FACTORS ON THE PRACTICE OF PSYCHIATRY

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Since 1989 political changes throughout central and Eastern Europe have brought changes to the social, cultural, and economic environment and have influenced the whole demographic structure of the population who have had to invent a new lifestyle and change their existing value system in order to adapt to new conditions. This "over the limit" stress can potentially cause psychopathological symptoms but it is difficult to evaluate the occurrence of mental disorders due to constantly changing health systems and the introduction of the new classification of ICD-10.

Despite this we can say with some certainty that psychiatric practice has not monitored a significant morbidity increase as a direct result of quantitative adaptation stress and that the expected increase in emotional disorders in newly emerging social classes (entrepreneurs, unemployed, immigrants) has not happened. However despite the fact that the population has adapted well, there is an increase in mental disorders connected with new social phenomena, e.g., gambling, drug dependency, criminal activities, prostitution, and negative social factors e.g., bullying, sexual abuse and the influence of sects, migration and immigration which are the sphere of forensic psychiatry. It is too early to judge the patoplastic influence of social changes from this generation's point of view (McDonalozation, crisis of values).

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REQUEST OF TREATMENT: A 10-YEARS FOLLOW-UP

C. Mencacci

The aim of the present study is to analyze the modification of the request of taking in care in a community based psychiatric service over a period of ten years. The "quality" of the response of the psychiatric service was also ruled out.

Two samples of patients were selected, with less than 30 years of age at the moment of the request of care (year 1985 and year 1995). Sociodemographical data and retrospective DSM-IV diagnosis were recorded and analyzed. For minor psychiatric troubles the authors mean soft psychiatric signs and maladjustment syndromes: major psychiatric troubles are psychotic disorders, mood disorders and severe anxiety disorders.

The data show that the "psychiatric demand" of young people (<30 yrs.) nearly doubled over a ten years period. Minor psychiatric troubles in particular are significantly increased. The authors examined the quality of response given and the treatment proposed, making a distinction for minus versus major psychiatric disorders.

The authors will discuss the results in order to modify the "psychiatric response" to diseases, especially in order to modify the classical psychiatric attitude and to involve non-psychiatric resources which are considered fundamental in the management of these issues.