

Support' score indicated by reporting a high level of support from their multidisciplinary team. A good PS score is associated with good job satisfaction, and positive scores on the social support and decision latitude scales from the JCQ.

Conclusion: Consultant psychiatrists working in a more progressive way appear to be suffering less from the occupational pressures than their more traditional colleagues.

S-64-05

Morale of staff in community mental health care in a province in Northern Italy

G. M. Galeazzi, S. Priebe, S. Delmonte, W. Fakhouri. *Community Mental Health Service of Sassuolo, Sassuolo, Italy*

Objective: Burnout and job satisfaction can have a substantial impact on the nature and quality of care delivered by mental health professionals. This study aimed at exploring morale of psychiatrists and nurses working in Community Mental Health Centres of the Province of Modena, and at finding perceived influential factors.

Methods: 30 psychiatrists and 30 psychiatric nurses completed a survey on work morale. Established scales (Maslach Burnout Inventory, Minnesota Job Satisfaction Scale, Team Identity Scale) were associated to open-ended questions, scored using a posteriori formed categories (inter-rater agreement on the final categories had kappas ranging from .60 to .91). Regression analyses were used to determine predictors of morale as measured by the scales.

Results: Nurses had lower scores on emotional exhaustion and depersonalisation than psychiatrists. The perceived most enjoyable aspects of the job were the emotional contact with patients, possibility of teamwork and humanitarian aspects of the profession. 22% of the variance of the emotional exhaustion score was predicted by being a psychiatrist (instead of a nurse) and by reporting team conflict as a pressure in the job. The same variables explained 14% of the variance of the overall burnout score.

Conclusion: The "human" element of the profession and relational aspects, both with clients and colleagues, are considered more important than technical competence or other potential sources of stress in determining work morale and satisfaction. Training in skills to establish a positive therapeutic relationship and strategies to reduce team conflicts could have a positive impact on staff morale.

Tuesday, April 5, 2005

S-63. Symposium: Future directions of mental health care

Chairperson(s): Stefan Priebe (London, United Kingdom), Angelo Fioritti (Rimini, Italy)
16.15 - 17.45, Holiday Inn - Room 6

S-63-01

Trust and choice in mental health - some postmodern implications for the future

R. Laugharne. *University of Exeter, Exeter, United Kingdom*

Objective: Postmodern critics of scientific modernism have questioned the knowledge and power of medical scientists. The issues of trust and patient choice are two areas of interest stimulated

by this criticism. We sought to review the research evidence on trust and choice in mental health.

Methods: We completed a literature review of trust and patient choice in mental health, and completed a survey of mental health patients.

Results: Trust in doctors remains high. Higher levels of trust are associated with older age, continuity of care and choosing your doctor. Patients want choice in their treatment but in partnership with their doctor. Giving patients choice in their treatment improves engagement with services but the effect on treatment outcome is variable.

Conclusion: Issues raised by postmodern cultural change have practical implications for mental health. Trust remains high in doctors, but this finding needs to be investigated for psychiatrists. Patients want choice, not as a pure consumer but using advice from their doctor.

S-63-02

Re-institutionalisation in different European countries

S. Priebe, A. Badesconyi, A. Fioritti, L. Hansson, R. Kilian, F. Torres Gonzalez, T. Turner, D. Wiersma. *Queen Mary, Univ. of London Newham Centre for Mental Health, London, United Kingdom*

Objective: De-institutionalisation has been the dominant process of mental health care reforms in Western Europe since the 1970s. It has been argued that this process may now have been superseded by the new era of re-institutionalisation. Major characteristics of the new process are an increase of forensic beds, involuntary admissions, and places in supported housing. Yet, there has been little systematic research on the subject, and this study assessed data from different countries.

Methods: Changes of forensic beds, involuntary admissions, places in supported housing, conventional psychiatric hospital beds and the general prison population between 1990/1 and 2002/3 were identified in England, Germany, Italy, Netherlands, Spain and Sweden.

Results: The number of forensic beds and places in supported housing increased in all countries, whilst changes in involuntary admissions were inconsistent. Conventional psychiatric beds showed further decrease in five of the six countries, but the degree varied. The general prison population has risen markedly in all countries.

Conclusion: Whether the new process is seen as re-institutionalisation or trans-institutionalisation depends on the interpretation and the balance between new places in different institutions, further reduction of hospital beds and the capacity of services in the community. Re-institutionalisation appears to occur in countries with different traditions and health care systems. Explanations and implications for future directions of mental health care are discussed.

S-63-03

Changing legal frameworks for mental health care in Europe

A. Fioritti. *Direttore Sanitario Azienda USL Rimini, Rimini, Italy*

Objective: Cross-national comparison of law provisions can be very helpful in order to outline models and trends and to support in drafting new legislation.

Methods: A recent comparison of the texts of laws from all countries members of the European Union has allowed for an

outline of models in regulating this complex issue in Europe. This work is an updating of a previous one conducted 18 years earlier, and gives way to considerations about historical trends in this area.

Results: Most countries have changed their legislation in the '90s, emphasizing a wider range of services involved in the provision of mental health care and protection of human and civil rights. Roles of the medical profession and of the judicial system in the procedures of involuntary treatments were found aggregating around two basic models: the medical model, with large discretionary power left to physicians, and the judicial one acknowledging full power in all stages of the process to the legal authority.

Conclusion: Cross national comparisons may be helpful to outline historical and cultural trends and to provide a framework for drafting one nation's laws. European countries have shown to attach great importance to legislation activities in the last two decades, which has been crucial in acknowledging consolidated changes and promoting new approaches.

S-63-04

Integrative treatment in schizophrenia

T. Burns. *Department of Psychiatry, Univ, Oxford, United Kingdom*

Objective: Despite the impact of antipsychotics the long-term course of schizophrenia has not been changed, nor has acceptable compliance over time or an acceptable quality of life been achieved for a substantial proportion of sufferers. Personal, social and clinical needs are intimately intertwined and clinical consensus is that an 'integrative' approach is needed. Research results for models of integrative treatment have often been contradictory and inconclusive. Most methodologies help little in choosing between proposed models. This reflects both differing methods of service description and differing healthcare contexts. This study attempted to identify the common ingredients of successful integrative treatments.

Methods: A systematic review of home-based care (broadly defined) for severe mental illness (predominantly schizophrenia) utilizing Cochrane methodology, augmented by the measurement of service characteristics in these studies (obtained by questionnaire based on an expert panel). These service characteristics were subject to cluster analysis to identify common practice in integrative services and then to regression analysis against reduction in hospitalisation to identify 'effective' ingredients.

Results: Five main components of practice were identified (multidisciplinary working, integrated psychiatrist, simultaneous health and social care, home visiting and smaller caseloads). Two (home visiting and integrated health and social care) were associated with improved community tenure.

Conclusion: It is possible to begin to identify the essential components of integrative treatment for schizophrenia. This requires exploring rather than discounting outcome differences in studies.

Wednesday, April 6, 2005

S-71. Symposium: The QUATRO study - an European randomised controlled trial of compliance therapy

Chairperson(s): Jonathan Bindman (London, United Kingdom), Morven Leese (London, United Kingdom)
08.30 - 10.00, Holiday Inn - Room 3

S-71-01

Does adherence therapy improve quality of life?

J. Bindman. *Institute of Psychiatry, London, United Kingdom*

Objective: Adherence with prescribed antipsychotic medication is of utmost importance for people suffering from schizophrenia in order to reduce symptoms and the risk of relapse, and thereby maintain good quality of life. However, rates of non-compliance are high (appr. 50%), and success of interventions to increase compliance has been limited so far. This study aims to establish the effectiveness and cost-effectiveness of Adherence Therapy, a pragmatic intervention aimed at increasing compliance to medication based on motivational interviewing, on improving quality of life.

Methods: The study is a randomised-controlled trial in four European sites (Amsterdam, Leipzig, London and Verona). Subjects with a diagnosis of schizophrenia and a history of clinical instability (admission or clinician rated relapse) who consent to take part are allocated to 8 sessions of therapy or 8 sessions of an educational control intervention. A baseline interview is conducted prior to treatment, and outcome assessed at one year follow-up using standard measures of quality of life, with the SF-36, as primary outcome.

Results: 409 subjects have been recruited, interviewed and treated and follow-up interviews have been completed.

Conclusion: Baseline characteristics of the sample will be discussed, a factor analysis of the SF-36, and its subscales will be presented and the suitability of the measure for the study and others of its type will be discussed.

S-71-02

Mediated relation of adherence to medication and quality of life in people suffering from schizophrenia

B. Puschner, A. Gießler, A. Born, H. Helm, T. Becker, The Quatro Study Group. *Ulm University, Department of Psychiatry II, Guenzburg, Germany*

Objective: A considerable bulk of research has been produced on adherence to medication and quality of life which are both considered important process-/outcome variables in the treatment of schizophrenia. However, the relation between adherence and quality of life in people suffering from schizophrenia has not been examined so far.

Methods: Since January 2002, a comprehensive longitudinal multi-center European study (participants in London, Verona, Amsterdam, and Leipzig) has been analysing effectiveness of Adherence Therapy, a pragmatic intervention based on motivational interviewing aimed at increasing adherence to medication. At each site, approx. 100 subjects have been randomly assigned to either eight sessions of Adherence Therapy or psychoeducation and are being followed up for one year.

Results: An extensive literature search on predictors of adherence to medication and quality of life in schizophrenia resulted in a detailed theoretical model specifying the complex relationship between these two variables including a number of mediating factors. The theoretical model was then subjected to empirical verification via structural equation modelling which showed that there is hardly a direct effect of adherence on QoL, i.e. other variables such as symptomatic impairment, illness insight, depression, and global functioning, need to be included to