

4. Patients satisfaction with the information offered about disease and treatment (80%).
5. Continuity: Duration of outpatient treatment without admission to hospital (30% of severe psychotic >2 years).
6. Service: Waiting time (50% within 14 days after referral)

Conclusion: The database in progress may in time documents necessary aspects of the quality of the outpatient treatment in Denmark.

P48.04

Patterns of use of acute psychiatric units in Andalusia (Spain)

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Objective: To study, for the first time, how patients are using the 17 General Hospital Psychiatric Hospitalization Units (GHPHUA) in Andalusia: The biggest area of Spain (population 7.236.459). (see the Poster: "Analysis of subgroups of psychiatric admissions in Andalusia (Spain)).

Methods: Using the CMBD (Andalusian Case Register) we have made an observational retrospective study of the 16873 users of the GHPHUA during 5 years.

Results:

1. The use of GHPHUA has been: 3060 patients (1995); 3013 (1996); 3557 (1997); 3590 (1998); and 3653 (1999).
2. The use by heavy users patients – with more than three admissions along the year- has been: 698 patients (1995); 683 (1996); 924 (1997), 915 (1998); and 1009 (1999).
3. There is an ascending evolution of this phenomenon in the analyzed temporary series: 22,81% (1995); 22,67% (1996); 25,98% (1997); 25,49% (1998) and 27,62% (1999).

Conclusions:

- i. The use of the GHPHUA is increasing progressively.
- ii. The fourth part of the patients who use them are heavy users.
- iii. The number of "revolving door" patients is being increasing every year.

P48.05

Analysis of subgroups of psychiatric admissions in Andalusia (Spain)

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Objective: To analyze admissions of single users and "revolving door" patients in the 17 General Hospital Psychiatric Hospitalization Units (GHPHUA) of Andalusia.

Methods: See the Poster: "Patterns of use of Acute Psychiatric Units in Andalusia (Spain)": Evaluated 45995 GHPHUA admissions during 5 years.

Results:

1. The number of admissions in GHPHUA has been: 7679 admissions (1995); 7640 (1996); 9853 (1997), 10062 (1998) and 10761 (1999).
2. Heavy users patients – with more than three admissions along the year- have had: 3557 admissions (1995); 3570 (1996); 5233 (1997), 5349(1998) and 6094 (1999).
3. There is an ascending evolution of admissions for "revolving door" patients: 46,32% (1995); 46,73% (1996); 53,11% (1997); 53,16% (1998) and 56,63% (1999); and descendent for not heavy users: 14,29%, 20,05% and 19,34% (1995); 14,19%,

19,69% and 19,4% (1996); 12,43%, 16,83% and 17,63% (1997); 12,09%, 17,49% and 17,26% (1998); 10,97%, 16,78% and 15,61% (1999), respectively for patients with 1, 2, or 3 admissions.

Conclusions:

- i. "Revolving door" patients consumes 50% of the admissions.
- ii. Such consumption is also progressively ascending.
- iii. Consumption is progressively descendent for not heavy users.

P48.06

A model to evaluate the reliability of the GAF-scale

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The aim of this study is to develop a model of controlling the reliability of the GAF-scale, between sites in routine clinical practice.

Method: A database of 8 269 GAF-ratings from different patients in 34 clinics has been analysed. The material came from a nation-wide project, were every patient during two weeks was rated with the GAF-scale. To analyse the reliability between sites, a regression model was made, considering the database distribution of patients diagnoses, treatment frequency and patient data divided up in psychiatric clinics.

Result: The result shows overall that the GAF-scale can be reliable, in a sense of a global measurement in psychiatry when it used in clinical settings. Sites that have used the GAF- scale as a routine practice indicate good variability and their GAF-ratings fit the regression model according to the predicted values, when it was controlled for diagnoses, patients ages and treatment periods. This study also pointed out a reliability problem between sites, that "local cultures" have been developed in different clinics and highlights the need of quality assurance programme for routine assessments.

P48.07

Comparable unit descriptions for mental health and social services

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The description of treatment settings and interventions is considered increasingly important in researching and planning mental health care. European Service Mapping Schedule (ESMS) was developed to describe services, but does not describe the interventions that are available within the services.

Monitoring Area and Phase System (MAPS) provides a method for describing treatment interventions, based on standardized item categories. The MAPS-Unit form describes units in the same dimensions as clients and is cross culturally applicable, theoretically based and valid in different fields of care. These dimensions are AREA and PHASE.

The method was originally developed within drug and alcohol treatment, but aimed to be applicable for other services because of frequent use of health and social services of the clients. The poster will introduce the categorization method and give examples of comparable unit descriptions within psychiatry, youth care, prison and drug treatment.

Methods to use the data for organizational, clinical and research purposes are in development. Pilot studies show that the information can be used for matching clients to treatment, evaluation and quality assurance.

P48.08

Quality of life and assessment of acute day vs inpatient treatment

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Objectives: The randomised controlled trial is a part of multicenter research project EDEN based on the main hypothesis that day hospital treatment of general psychiatric patients is as effective as inpatient care. This study is set out to compare the patients' treatment satisfaction in day and conventional hospital. Quality of life of mentally ill treated in day hospitals to that afforded by an inpatient setting were evaluated.

Method: The Manchester Short Assessment of Quality of Life (MANSA) and the Clients' Assessment of Treatment Scale (CAT) were collected after admission and at discharge. Psychopathology were assessed using the Brief Psychiatric Rating Scale (BPRS) on admission, after 1 week, 3 weeks and at discharge.

Results: Considering the ongoing study, preliminary results will be presented on the conference. We expected to confirm the hypothesis that there are no difference in reduction of overall psychopathology between day hospital and inpatient group, but day hospital treatment is associated with patients' higher satisfaction and subjective quality of life.

Conclusions: Day hospital could be an alternative for some psychiatric patients being more acceptable form of acute treatment.

P48.09

Communication improvement in the team-work: from say to share

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In these last years, about theme of Aziende Ospedaliere Organisation, all people are discussing a lot, wrongly or properly, about training, formative quality and who must bring the training.

In psychiatric work is fundamental the équipe work, comparatively the aspects tightly clinical-relief or, also, to those organizational-managerial; it is impossible think at a correct management of the circumstance, without to think over about the formidable bit that the cultural and formative varieties tied to the multi professionalism of the operators can bring in the therapeutic journey of the people entrusted to our services.

During the équipe meeting, basing to the information came to us from the proposed systems by Hungarian psychoanalyst M. Balint, all équipe talks over on the clinical relate case by an operator. From the particular it arrives, after, to a generalisation of the experience just to can arrive, in the operative net, like as individual or of group behaviour, ameliorative by what comes from the discussion. Based on the escort of what is initially arrive below the clinical point of view, the proposal of the author, doctor psychiatrist and educator in sociological organizational, is that to extend the experience in the managerial field relatively to daily team-working, putting in evidence the complexity of journey with more than one voice.

It is illustrate a series of steps just arrive to purpose regarding efficiency, reliability and satisfaction widened to all stakeholders, through a methodology considered interesting and more close, and, therefore more absorbed, to the socio- assistance services or dedicated to the person.

P48.10

UKU-ConSat – a brief consumer satisfaction rating scale for psychiatry

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Central to the concept of quality of care is the patient's own point of view. UKU, a working group within the Scandinavian College for Neuropsychopharmacology (SCNP), has developed a brief consumer satisfaction rating scale, UKU-ConSat, consisting of six items related to the structure and process of treatment/care, and two items related to outcome and well-being. Based on a literature review, principles related to content, assessment, interviewing techniques, documentation and standardization steered the design of the scale. A manual accompanies the rating scale with guidelines for solicitation of information from the patient and how to rate each item. A field trial of the rating scale in 135 inpatients showed that it could be successfully applied to several relevant patient categories. UKU-ConSat was also applied in a randomized controlled clinical study of two community-based treatment programs for schizophrenia. The total score and certain item scores differed significantly between the two treatments. Thus, UKU-ConSat promises to become a useful tool both for clinical research and for improvement of psychiatric services.

P49. Stress disorders

P49.01

The relationship between personality and post traumatic stress disorder

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Objectives: This study aims to determine the role of personality characteristics of children and adolescents who have lost their parents in occurrence of PTSD symptoms, and to specify demographic and other relevant variables which are predictor factors for PTSD.

Methods: This is an Ex Post Facto type study. 144 children and adolescents who had lost their parents through traumatic event of earthquake or other causes were studied. 3 research instruments of the Junior Eysenck Personality Questionnaire, Child Post-Traumatic Stress Reaction Index and Clinician-Administered PTSD Scale were used.

Results: The results of this study show that subjects with higher scores on Neuroticism and Psychoticism were more likely to develop PTSD symptoms, whereas, subjects with higher scores on the Extroversion were less likely to meet the criteria for PTSD. Girls reported a higher level of PTSD symptoms than boys. Multiple exposure to traumatic events is found to be a factor of importance in predicting PTSD.

Conclusions: The result indicated that personality characteristics (Extroversion, Neuroticism, Psychoticism) play significant role in the development of PTSD symptoms.