Eur Psychiatry 1996; 11, Suppl 4: 153s–249s

Symposia

S1. Psychiatry and public health

Chairmen: L Singer, H Häfner

MENTAL ILLNESS IN REPRESENTATIVE SAMPLES OF HOMELESS MALES IN THE CITY OF MUNICH, GERMANY

M.M. Fichter, N. Quadflieg, A. Gnutzmann. *Department of Psychiatry, University of Munich and Med.-Psychosomatische Klinik Roseneck, 83209 Prien, Germany*

Two separate representative samples of homeless males in the city of Munich were interviewed in 1989 (N = 146) and in 1995/96 (N = 260). Following pre-samplings in summer as well as winter, a strategy was used to obtain a random sample of homeless males who had used shelters (shelter sector) or meal services (meal service sector) or neither shelters nor meal services (outdoor sector). Aims of the studies were to obtain reliable estimates of the prevalence of mental disorders in the homeless population of the city of Munich using standardized or structured interview methodology and operationalized psychiatric diagnoses. In 1989 the Diagnostic Interview Schedule (DIS) for DSM-III disorders and in 1995/96 the Structured Clinical Interview (SCID) for DSM-IV disorders were used. In the 1989 sample the six-month prevalence of DSM-III axis I mental disorders was 80.0%, while the lifetime prevalence of DSM-III axis I mental disorders was 94.5%. The most frequent disorders (six-month prevalence) were alcohol abuse/dependence (71.2%), affective disorders (24%), anxiety disorders (14.4%), and schizophrenia (9.6%). On the average the homeless males were 43.1 years old, had become homeless at age 34.5 years and 46% had been homeless for more than five years. Divorced, single and separated persons were overrepresented and educational status was rather low. According to their own report most (73%) had never used inpatient psychiatric services in spite of the high prevalence of mental disorders. Even though the prevalence of alcoholism was very high, only 12% had ever been treated in an alcoholism rehabilitation hospital. 16% had had one or more outpatient visits with a psychiatrist and 16% received counselling for alcohol problems. Lifetime psychiatric comorbidity was very high. 53.4% had two or more psychiatric axis I diagnoses.

The 260 homeless males interviewed in 1995/96 were assessed in a project within the Munich Public Health Research Division. In this project, which was conducted several years after the opening of the iron curtain, 54 of the 260 interviewed homeless males (20.8%) were from eastern European countries — a considerable proportion. Except for anxiety disorders, mental disorders were not more prevalent in this subsample. New data from the second survey in 1995/96 will be presented and compared with data from the first survey conducted about 5 years earlier. Methodological issues and implications for provision of health services for homeless individuals will be discussed.

[1] Fichter, M.M., Koniarczyk, M., Greifenhagen, A., Koegel, P., Wittchen, H.-U. and Wölz, J. (in press) Mental Illness in a Representative Sample of Homeless Men in Munich, Germany. Europ. Arch. Psychiat. Clin. Neurosci.

THE FUTURE OF THE MENTAL HOSPITAL

J. Leff. *Institute of Psychiatry, DeCrespigny Park, London SE5 8AF*

The Team for the Assessment of Psychiatric Services (TAPS) has conducted a ten year study of the closure of two London mental hospitals. All long-stay patients in one hospital and 200 of them in the other have been followed up after one year in the community. A five year follow-up is in progress.

There was an improvement in negative symptoms. Otherwise patients' mental state remained stable. Patients increased their skills in domestic and community activities. They were living under much freer conditions and greatly appreciated their extra freedom. Their social lives became enriched with more friends and social contacts with ordinary people.

The death rate, suicides and crime were low. Only 1% of patients became homeless.

A group of 'difficult-to-place' patients were too disturbed to be discharged to community homes. They constituted 14% of the long-stay population and need highly-staffed, specialised care in the absence of the mental hospital.

WHO IS IN NEED OF LONG-TERM COMMUNITY CARE?

W. Rössler. *Central Institute of Mental Health, J 5, 68159 Mannheim, Germany*

For many years, in health care planning comprehensive service provision had been equated with met needs. Consequently service utilization was employed as an indicator of need. However, utilization data are difficult to interpret, as service use.

- varies between different diagnostic groups,
- varies in relation to measures indicating social deprivation, or
- even depends on convenience factors like travel time.

Therefore, new approaches of need assessment on the individual level can provide additional information for future health care planning.

The study presented here investigates the needs of vulnerable schizophrenic patients, their utilization of psychiatric and psychosocial services and, as outcome criteria, their quality of life.

Study design: In the highly frequented mental health care system in the Mannhein area, 66 vulnerable schizophrenic patients were followed throughout the first twelve months after discharge from inpatient care. The clinical diagnosis of schizophrenia (according to ICD-10) was confirmed by a SCAN-interview, including PSE 10. For assessing the patients' needs for therapeutical interventions and rehabilitation, we applied the "Needs for Care Assessment" every three months. To record the patients' passage through the network of mental health care services in the community, we used the Mannheim Service Recording Sheet. It not only records each contact of patients with services in a defined time interval (weekly), but also each treatment or care-intervention provided by the contacted services. Information was obtained continuously throughout the follow-up period. Quality of life was assessed with the "Munich Life Dimension List" every three months.

Results: A path analytical model showed a direct relation between the need status of each patient and the number of contacts with psychiatric services. There was, however, a negative correlation