

FC23 Health services and epidemiology**CHANGES IN PSYCHIATRIC REFERRAL 1983-1995, FREDERIKSBERG HOSPITAL**

H. Aggernaes, L. Pedersen, B. Jorgensen. *Psychiatric Department, Frederiksberg Hospital, Ndr. Fasanvej 57, Frederiksberg, Copenhagen.*

Establishment of the psychiatric emergency unit in 1982 in Frederiksberg Hospital (central Copenhagen) decreased the number of admissions 20%. The unit provided possibility for an overnight stay. 39% of the referrals were due to alcohol. Prospective studies carried out in 1983 and 1988 showed an increase in referrals from female alcoholics and a large number of referred patients who had already received psychiatric care. Thus the unit functioned as a semi-acute asylum since suitable alternatives outside the psychiatric department were not available. A similar study of all referrals registering sociodemographic and psychiatric data plus treatment plan was carried out in a two month period in 1995. Referrals had decreased from 874 to 654 (25%). The two major causes for referral were alcohol addiction (29%) and psychosis (29%) although 75% were sober when referred. 18% were admitted as acute cases and 45% were discharged with an appointment in the psychiatric department. From 1988 to 1993 psychiatric services were established in the catchment area which explains the decreased number of referrals of chronic patients.

FC25 Health services and epidemiology**EPIDEMIOLOGIC SURVEY OF DEPRESSION TREATMENT**

P. Blin, Y. Charpak, A. Nouveau, C. Blachier, M.-P. Allicar, M. Bouhassira. *Eval, 75 rue du Faubourg Saint Antoine, Paris, France.*

GAZEL is a cohort study of 20045 voluntary middle aged workers from a French national company (EDF-GDF). The database included a yearly questionnaire, medical and administrative. For a study on depression, a random sample of 2394 workers was selected with an over-representation of potentially depressive subjects. They had to complete a form about drug use and care during the past month and previous use in antidepressants. A telephone interview was then planned to complete the MINI, a shortened version of the CIDI mental test. The form was completed by 1503 workers and 1108 accepted the phone interview. Among them, 482 were diagnosed as depressive (ICD-10 diagnosis) in 1994: 50 with a first major depressive episode and 432 with a recurrent depression and/or dysthymia, including 226 with severity criteria (double depression and suicide attempts). In 1994, 47% received an antidepressive drug and/or had psychiatric care, 24% had been treated in the past but not in 1994 and 29% were never treated. This study shows that numerous depressive patients are not treated, especially at the beginning of the disease. The independent factors linked with the treatment management are chronicity and severity criteria, duration since disease onset and medical absences.

FC26 Health services and epidemiology**NEW SOCIETY - NEW PROBLEMS: MENTAL HEALTH CARE IN**

A. Bukhanovsky. *Department of Psychiatry, Rostov National Medical University, Voroshilovskiy pr., 40/128, apt. 15, Rostov-on-Don, Russia.*

48 people who committed serial sexual crimes including 14 serial murderers underwent examination. The Tchikatilo Phenomenon (TP) has been distinguished as a variant of a criminal personality whose stage pathological development results in the emergence, fixation and transformation of a non-psychotic want of committing repeated crimes against human sexual inviolability and life. The TP can be systematised according to two dynamic vectors: the pre-clinical/clinical and the pre-criminal/criminal stages. The TP has a predisposition devoid of fatality and characterised by high risk of appearance. The diathesis realisation takes place under the influence of unfavourable factors of micro-social medium in which the macro-socium influences are being realised. Present within every nation and epoch, the TP by itself cannot serve to be the society's negative feature. The psychosocial state of the society is characterised rather by the TP occurrence rate which indirectly reflects the structure, strain and dissemination of contradictions actually existing in the society. According to the data provided by R. M. Holmes et al. (1991), from 4 to 5,000 people annually can be potential victims of serial murderers in the USA. As estimated by FBI experts, up to 35 serial killers are active in this very country. There are no official statistics concerning Russia. In the Rostov Region (4.5 m people) 12 serial murderers have been revealed and arrested, 4 of them during the last year (the victim rate 15.8). The calculations permit assumption that expected number of serial killers waging simultaneous criminal activity is about 170-180. The high indexes mentioned can be explained by the effect of a number of negative macro-social factors inherent in the nation undergoing totalitarian and post-totalitarian periods in its development.

FC27 Health services and epidemiology**QUALITY ASSURANCE: GERIATRIC PSYCHIATRY DAY HOSPITAL OF LAUSANNE**

C. A. de menconca Lima, F. Ramseier, I. Simeone. *Service universitaire de Psychogériatrie, Hôpital de Jour, Route de Mont, Prilly, Vaud, Switzerland.*

Since December 1994 the staff of the Geriatric Psychiatry Day Hospital (DH) of Lausanne has collaborated with the programme of Quality Assurance in Mental Health Care of WHO. A draft of a check-list with 90 indicators was prepared to evaluate the quality of a geriatric psychiatry day hospital. These indicators were classified in 8 domains: physical environment, administrative arrangements, staffing, admission process, care process, interaction with families, outreach, discharge and follow-up. A first evaluation of the quality of DH estimated that the global quality was fair but admission process was considered as unacceptable while discharge and follow-up as well as the care process were classified as barely acceptable. An important effort to improve these 3 domains was made. Each one of them was analysed and new quality indicators were adopted. For admissions they are being used since January 1996; for discharge and follow-up since July 1996. At the end of September 1996 we observed a significant quality improvement of admissions ($t = 10.57, p < 0.001$) and discharges and follow-up ($t = 5.76, p < 0.001$). So, the quality of admissions was considered as barely acceptable and that of discharges and follow-up as fair. The staff of the DH has prepared new indicators for the care process which are being used since January 1997.