

**FC45 Health services and epidemiology****COSTS AND BENEFITS OF REPROVISION FOR RESIDUAL INPATIENTS**

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The aim is to assess costs and cost-effectiveness of alternative care facilities for a residual hospital population. The study is part of the joint TAPS/PSSRU evaluation of the reprovion programme for a psychiatric hospital in London (1). Included are 128 subjects of whom 72 were identified as "difficult to place" (DTP) and relocated in intensively staffed specialized facilities and the rest constituted the last cohort to be resettled in the community. Cost of care - The average total cost of providing specialized care for DTP patients was £1,065 per week pp, of which 94% was related to accommodation costs (2). The average cost of community care for the whole hospital long-stay population (excluding DTP) was £612 per week, pp - nearly half the cost for DTP patients. The cost of care for members of the last cohort was £766 per week, pp. Clinical and social outcomes - At one year follow-up, the DTP group showed no significant change in most measures. The profile of challenging behaviours has changed, notably with a reduction in aggression within the least restrictive setting (3). Specialized facilities for DTP patients exerted a major impact on the overall cost of the reprovion programme. However, their effect on social and clinical outcome is limited.

**FC47 Health services and epidemiology****THE FEATURES OF ANTIPSYCHIATRIC MOVEMENT IN RUSSIA**

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Improvement of psychiatric care - the analysis of the psychiatric service's activity. In many countries antipsychiatric movements took place which led to the process of deinstitutionalization and the development of out-patient services. In the USSR psychiatric subjects were always closed to the discussion for ideological reasons. Since the declaration of the publicity domestic psychiatry was sharply criticised by the mass media. Psychiatrists were accused of political abuse in psychiatry, hard registration of mentally ill which led to their social discrimination, etc. After Psychiatric Law came about, the methods of psychiatric facilities' activity were seriously improved. The structure of the inpatient psychiatric system wasn't involved in these changes. The number of psychiatric hospitals and psychiatric beds did not change. Today there are 12.6 psychiatric beds per 10,000 of the population. Apparently Russian psychiatry takes a leading place in the number of beds per population. As experience shows modern psychiatry must concentrate attention on outpatient forms of psychiatric help. To change the situation, governmental decisions are necessary which could change the principles of financing psychiatric facilities and give an opportunity for the leaders of the regional psychiatric services to make independent structural changes in psychiatry.

**FC46 Health services and epidemiology****PREVALENCE AND COURSE OF PSYCHIATRIC DISORDERS AMONG NURSING HOME ADMISSIONS**

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**Objective.** Some surveys in nursing homes suggest that psychiatric morbidity might decrease shortly after admission which contrasts the results from point-prevalence studies. Therefore, we performed an investigation on psychiatric prevalence in residents newly admitted to nursing homes and on the outcome after six months.

**Method:** 262 nursing home residents in an urban and a rural region of Austria were interviewed using the Clinical Interview Schedule (Goldberg et al 1970) and its case criteria within two weeks after admission and a second time after six months.

**Results:** Psychiatric prevalence was 76.3% at admission, and 69.9% six months later. In the intervening period, the percentage who died or were admitted to hospital was markedly higher among cases than among non-cases. During the six months, the incidence of new psychiatric cases (5.9%) was slightly lower than the rate of remission (8.6%). At both assessments, organic mental illness was the most frequent psychiatric disorder, followed by neurotic, adjustment, and psychosomatic disorders. Residents who developed psychiatric disorders during the intervening six months suffered predominantly from organic mental disorders, while the highest rate of remission was found among residents suffering from affective and neurotic disorders.

**Conclusion.** The survey shows that the slightly lower rate of psychiatric disorders six months after admission is due partly to remission from psychiatric illness and partly to attrition (death or hospital admission).

**FC48 Health services and epidemiology****SEVEN-YEARS DEVELOPMENT OF HEROIN ADDICTED INDIVIDUALS**

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Addiction to illegal drugs is a growing problem. Most questions about the long-term development, however, are still open. Knowledge from follow-up studies is rare since this research-design is quite expensive. Therefore, it is a priority to derive as much information from existing studies as possible. A perspective study on 390 heroin addicted Swiss persons shows the seven-year course of severe addictions. In a strictly perspective view there is only a small subgroup which is continuously dependent. Even individuals who are long-term perspective severely dependent try to quit drugs for short periods. For heroin dependence this group represents one quarter of the perspective cohort and more, if the death-rate is taken into consideration. On the other hand, there is a group of more than 20% showing stable abstinence over seven years. Two further subgroups can be distinguished: an early relapsing pattern with stable abstinence afterwards and a late relapsing pattern which represents a special population that would need more long-term support and mental care. Long-term patterns were developed as well for cocaine, cannabis, alcohol and measurements of social maladjustment. Background variables and their confounding impact are analysed and discussed.