



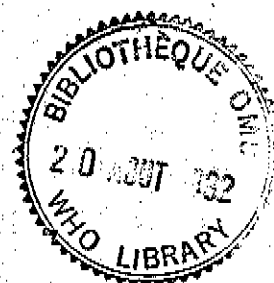
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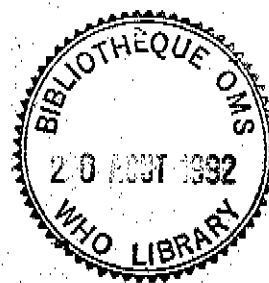
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EVALUATION OF COMMUNITY-BASED MENTAL HEALTH CARE SYSTEMS: ESTABLISHMENT OF A DATA BANK

Report on a WHO Consultation



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EUR/HFA TARGET 4

This activity was organized by the WHO Regional Office for Europe to promote work aimed at achieving the following target in the health for all strategy.^a

TARGET 4

REDUCING CHRONIC DISEASE

By the year 2000, there should be a sustained and continuing reduction in morbidity and disability due to chronic disease in the Region.

Keywords

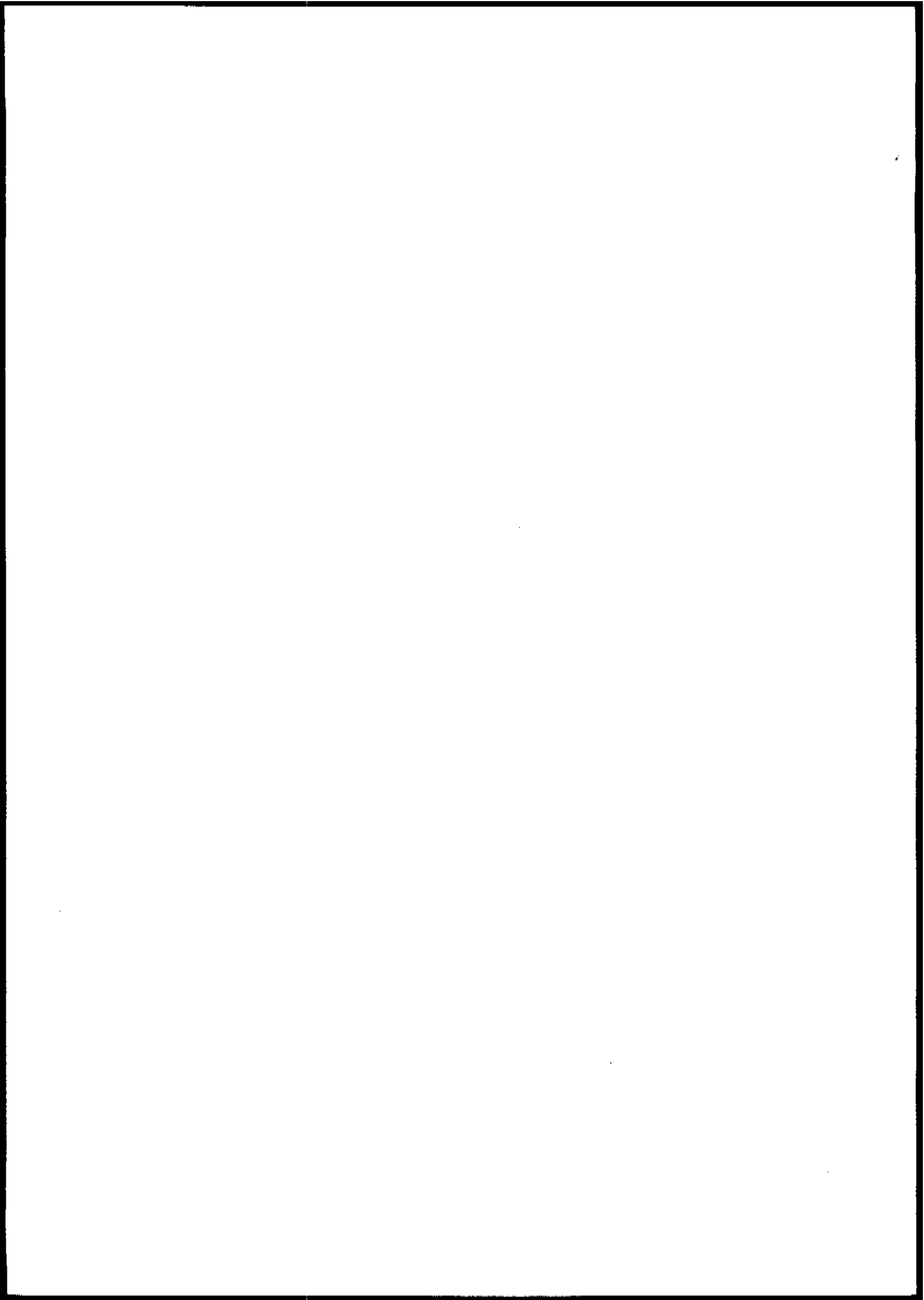
COMMUNITY MENTAL HEALTH SERVICES
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INFORMATION SYSTEMS
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^a *Updating of the European HFA targets.* Copenhagen, WHO Regional Office Europe, 1991 (document EUR/RC41/Inf.Doc./1 Rev.1).

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Introduction

The Consultation was organized by the WHO Regional Office for Europe in collaboration with the Institute of Psychiatry and Neurology, Warsaw, Poland, and in agreement with the Government of Poland. It was attended by five experts from Poland, seven from other countries and two members of the World Health Organization (Annex 2).

Four main trends in the European Region justify the need for making available to health managers and decision-makers the data on emerging community-based systems of mental health care which is being obtained from research and studies being developed in the Region.

(a) Concern about the controversial effects of some of the developments that were initiated in the 1960s and 1970s, often on idealistic terms and without sufficient planning, funding or scientific evidence as to their effectiveness in dealing with the care of severely ill or disabled people in particular. This trend mainly influences decision-makers at national/subnational levels, who frequently avoid taking firm decisions because they are inadequately informed about community-based alternative forms of care.

(2) The profound changes affecting many countries of central and eastern European (CEE) will increase the demand for new insight and approaches to mental health care developments. Decisions have to be taken, particularly at national/subnational levels, and information and evidence will increasingly be sought on the effects of new models of care in clinical terms, user-satisfaction and costs. Western European countries' experience is potentially useful in this context, and they should therefore be given the knowledge that is available.

(3) The trend towards decentralizing planning and control over budgets to regional, local and institutional levels of management means that more decision-makers at local and institutional levels will probably want to use the available data on community-based services in taking decisions.

(4) The increasing involvement of users, users' relatives, mutual aid groups and voluntary organizations in the planning and running of mental health services means that they are likely to become increasingly interested in evaluative information on community-based mental health care developments.

Scope and purpose

A growing number of policy-makers, planners, administrators and users are seeking sounder evidence about the appropriateness of alternative forms of care to the more traditional ones. Research institutions and investigators are also showing a growing interest in mental health service studies. It was therefore thought that an inventory of the studies and research projects going on in the Region and dissemination of information about them would be useful and necessary. To this end, the Regional Office is considering the feasibility of establishing a data bank to be developed in collaboration with interested collaborating centres and departments or institutions in Member States.

The purpose of the Consultation was to discuss the aims, structure, content and plan of action for developing a data bank on community-based mental health care system evaluation studies in the European Region.

Discussion

Aims of the data bank

The aim of the data bank would be to transfer information from research to decision-makers and managers at national, subnational, local and institutional levels, particularly in those Member States that are facing challenging opportunities for improving their systems of mental health care. These include many CCEE and some southern European Member States that are actively deinstitutionalizing their traditional, large institution-based systems of mental health care.

Since it would be necessary to gather information on research tools and methods for evaluating services and care while collecting information from development projects and studies, the data bank should allow for information on those methods and techniques to be provided specifically to the research community at a later stage, if feasible.

Scope of the data bank

The data bank would collect information on innovative models of community-based care and services, encompassing cost-effectiveness studies (not many studies of this type have been carried out yet) and other types of evaluative studies, such as research on the process of care, user satisfaction, clinical improvement, etc.

Sources of information for the data bank

The data bank would collect its information from publications, continuing projects and information already available on other relevant data banks.

Tools for collecting information: the Instrument for Formatting Evaluative Information (IFEI)

The group discussed the questionnaire on studies on the effectiveness of alternatives to mental hospital treatment, prepared for the Consultation by Dr E. Slupczynska-Kossobudska and Dr S. Wierzbicki. In order that the data bank could include information from the above sources, they proposed that the Instrument should format the data according to the following items:

- (1) Identification of study/project
- (2) Type of study/project
 - study design
 - definitions
 - hypotheses
 - numbers in a sample
- (3) Focus of the study/project
 - (a) patients (characteristic of target population/age, gender, diagnosis - according to the International Classification of Diseases or Diagnostic and Statistical Manual, social variables, disease-related indicators, exclusion criteria);
 - (b) system of care;

- (c) general population
- (4) Modes of intervention
 - psychiatric, psychological, social
 - prevention, treatment, rehabilitation, administrative methods, others
 - where the intervention occurs
- (5) Tools and procedures used
 - instruments used for measuring impact
 - validity/reliability study
 - methodology used for cost research
 - methodological problems
- (6) Measures of impact
 - (a) individual outcome
 - psychopathology
 - physical health
 - medication level
 - hospitalization and community tenure
 - quality of life
 - social behaviour, e.g. disruptive
 - social indicators, e.g. homelessness
 - satisfaction with life
 - satisfaction with treatment
 - impact on family
 - community burden
 - (b) impact on community
 - attitudes and knowledge
 - social network and integration
 - community satisfaction
 - (c) impact on system of care
 - changes in capacity of resources
 - changes in organization of services
 - changes in performance/professional satisfaction included
- (7) Costs
 - (a) health services costs
 - (b) social services costs
 - (c) other services costs
 - (d) foregone opportunity costs

(a), (b) and (c) should cover data on treatment/non-treatment costs combined with information on capital, revenue and transportation costs.
- (8) Results
 - administrative
 - epidemiological
 - impact on services
 - impact on professionals
 - impact on individuals/clients

- impact on costs
- impact on community

(9) Conclusions

The need for structuring the conclusions in subcategories was discussed. A final decision about this should be taken after the trial period of the IFEI.

Suggested plan of action for 1990-1991

The group thought that a trial period would be necessary to assess the feasibility, full potential and shortcomings of the process for collecting and treating the information from the proposed sources. Three major tasks were proposed for this period.

Finalization of the Instrument for Formating Evaluative Information (IFEI)

A first version of the IFEI should be sent to consultants for comments when ready.

It should then be tried out on published material on mental health services evaluative research projects issued in six good, standard international journals from 1 November 1990, and on two published or unpublished documents selected and sent to the Institute of Psychiatry and Neurology, Warsaw, by the participants.

The first results and information prepared after this trial period should be sent to Consultants for their comments and suggestions.

Use of other relevant data banks

Existing relevant data banks that might contain useful information on evaluative projects should be identified and their names and addresses sent to the Institute of Psychiatry and Neurology, Warsaw, (copied to the Regional Office) by consultants.

The Regional Office will approach these data banks in order to explore the possibility of them supporting the creation of the Regional Office data bank on "Community-based mental health care developments - evaluation data".

The Institute of Psychiatry and Neurology, Warsaw, should assess the usefulness and appropriateness of the information available on evaluation in these data banks, and attempt to assess the possibility of establishing open lines between itself and the data banks as soon as possible.

Assessment of the technical requirements necessary for developing and maintaining the proposed data bank

Special consideration should be given to the possibility of developing the data bank at the Institute of Psychiatry and Neurology, Warsaw, and centres and institutions in other countries interested in collaborating in the development of the data bank should be identified.

Annex 1

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