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Effects of the enlargement of community-based psychiatry

A health service research approach

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Abstract nt. 7

Abstract til 15. møde i Dansk Forum for Sundhedstjenesteforskning 11. november 2009
Jørgen Aagaard, Ulla Væggemose, Lars Ehlers
Title
Effects of the enlargement of community-based psychiatry. A health services research project
Introduction
<p>A research project concerning effects of the enlargement of community-based psychiatry during the period 1995-2005 was carried out in the county of Aarhus (470.000 inhabitants, 20>80 years), Denmark.</p> <p>The reorganization from predominantly hospital-based psychiatry to more community-based psychiatry started in Denmark in the 1990s and the process was intensified from about 2000.</p> <p>Previously, the total treatment package, i.e. both the health and the social care, was the county's responsibility. At the end of the period, the responsibility of the county was solely hospital wards, specialized outpatient clinics and the community psychiatry, i.e. psychopharmacology and psychotherapeutical approaches. The municipalities had taken over most of the social care and social psychiatry.</p>
Material and Methods
<p>Data concerned budget, staffing, duties, diagnoses and outcome for nearly 20.000 patients.</p> <p>The analysis is based on data both from the hospital sector including admission and outpatient service and from day centre, community accommodation etc. A special evaluation for severe mental illness (SMI) concerning outcome measures as drop-out and mortality was performed.</p>
Results
<p>The accomplishment of the analyses has constructed the empirical basis for the enormous changes within the total psychiatric treatment offer. Changes which have taken place during a rather short period of time. The enlargement of community-based psychiatry during the period and the reduction in the number of psychiatric beds has caused an increase in the number of outpatients. However, the SMI patients still have high drop-out rates and high mortality rates. They use the emergency room more often and they occupy a greater part of the fewer beds. Thus, the enlargement has not had the desirable preventive effect for these patients. The effect of the enlargement mainly seemed to be a broader and bigger target group, i.e. the CMH centers provide treatment to more patients with less severe mental illness.</p> <p>The results disclosed that during the period between the psychiatric catchment areas within the county there was a considerable variation concerning reduction in beds, admission rates, drop-out and mortality rates of SMI and admissions to hospital from nursery homes.</p> <p>Apparently, no clear connection exists between the investments (budget, staff) and some of the outcome measurements. This is a crucial result.</p>
Conclusion and perspectives
<p>As a consequence of the results, the development of data systems coordinating administrative and quality data of the total treatment provided is recommended. A need for establishment of a contemporary health service research is emphasized. This kind of research focuses on evidence, quality guidance, expenses and cost-effectiveness with reference to and support to management, planning and development, and this approach is not only of potential benefit for patients and staff but also for the economy as more value for money.</p>
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