

S10 *Trends and perspectives in mental health care : ...*  
 CLOSING THE MENTAL HOSPITAL

J. Leff. *Centr. Inst., Mannheim, Germany.*

The transition to community care which has occurred throughout the western world over the last 40 years has meant a decline in the size and functions of the mental hospital. The admission wards have been moved to general hospitals, psychogeriatric patients have been transferred to nursing homes and long-stay functionally ill patients have mostly moved to staffed houses in the community. As a result it has been possible to close 50 of the 130 mental hospitals in England and Wales and a somewhat lower proportion of the state mental hospitals in the United States. Questions arise as to the effects of these dramatic changes on patients, staff and the public. The Team for the Assessment of Psychiatric Services (TAPS) was established to evaluate the closure policy in respect of two large mental hospitals in London. After 11 years of research it is evident that the great majority of long-stay patients, both with functional and organic disorders, have benefitted considerably from the move to the community. One exception is patients who are too disturbed to live in ordinary houses, even with high staffing levels. These "difficult to place" patients require a very high staff-patient ratio (1:7:1) but can then be cared for in a relatively non-restrictive environment and can show improvement in aggressive behaviour. In the UK the media have been very negative about community care and this has influenced public attitudes. These can be improved by educational campaigns targetted on the immediate neighbours of a sheltered home.

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 COSTS OF MENTAL HEALTH CARE

J. Beecham. *Personal Social Services Research Unit, George Allen Wing, University of Kent, Canterbury, Kent, United Kingdom.*

The demand for information about the costs of mental health care is increasing. In Europe, as in many other parts of the world, it stems from pressures to reduce public expenditure budgets, changes in the ways health care services are delivered and funded as well as specific mental health initiatives to introduce a range of non-institutional forms of support. The supply of cost information, however, is usually insufficient to meet these needs. Research information can inform both planners and purchasers of care. Although there is a relatively small body of research which incorporates an economic perspective, this paper will examine how such studies can help guide the distribution of resources, provide information on what services cost and explore the relative cost-effectiveness of care alternatives.

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TRENDS & PERSPECTIVES IN MENTAL HEALTH CARE -  
 FROM RESEARCH TO PRACTICE

G. Thomicroft. *PRISM, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London, United Kingdom.*

This paper will begin with a summary of the six key steps in the development of community-oriented mental health services: agreeing the guiding principles, estimating population needs, making an organisational diagnosis, writing the service strategy, delivering the service components and review and evaluation. Review and evaluation will be described at three levels: the system/regional level, the local/service level and the individual/treatment level. Examples of each level will be given from recent work carrying out evaluating in London's mental health services and a community psychosis prevalence study in Camberwell.

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MENTAL HEALTH CARE IN TRANSITION: RECENT DATA  
 AND EXPERIENCES FROM FORMER COMMUNIST  
 COUNTRIES

T. Tomov. *Department of Psychiatry, Medical University, Sofia, Bulgaria.*

Countries of Eastern Europe (EE) do not have explicit mental health policies. The existing systems of care are characterised with orientation to curative medicine, exclusiveness of biological treatment, victimisation of patients, lack of viable professional communities, non-existent helping professions other than psychiatry, underdeveloped specialist training. Psychiatric hospitals still provide the main or only arena for mental health activities in Eastern Europe. Data on psychiatric beds, admissions and personnel suggest that the culture of the psychiatric institutions in Eastern Europe is dominated by misery, desolation and professional dependency. Psychiatry has been for many decades a very low priority on the public agenda and still is. Hope for psychiatric patients is associated with developments outside psychiatry: the social care programmes, the human rights movements and the re-emergence of general practice.