

S27 Quality management in extramural and intramural...**Quality Circles in Out-Patients Mental Health Care.**

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The German Society for Psychiatry, Psychotherapy and Nervous Diseases (DGPPN) has established a network of quality circles for psychiatrists in private practice and in outpatients' clinics. The circles have a defined structure, consist of about 8-10 colleagues and meet every 4 to 6 weeks. One of the participants is the moderator. The group defines a special theme for two or more meetings, like depression, alcoholism or anxiety disorders. By means of a standardized case vignette they discuss the optimal diagnostic and therapeutic strategy and try to come to common guidelines, which consider their special situation and region. Prepared material provides the moderators with information about epidemiology, psychopathology, pathophysiology, as well as with diagnostic and therapeutic aspects of the disorders being dealt with. The material is not meant as a guideline nor as a standard but as a didactic tool to guarantee a differentiated discussion with the group. A scientific evaluation of a one-year pilot project with ten circles, each meeting about five to six times, reached an acceptance of the program by the participants and the moderators. Therefore currently a close network of circles is being established throughout Germany. Related to an international perspective the problem will be discussed in how far this model is suitable to be transferred to mental health out-patients' care systems in other countries, and if so, in countries with which health care structure.

References:

Berger, M., Barth -Stopik, A., Gaebel, W.: Qualitätszirkel in der ambulanten psychiatrisch-psychotherapeutischen Versorgung. *Spektrum der Psychiatrie, Psychotherapie und Nervenheilkunde* 25,5/1995, S. 217-219

S27 Quality management in extramural and intramural...**Assessing Treatment Quality of Depressed Inpatients.**

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In a pilot study, three Mental State Hospitals (Weissenau, Wiesloch and Schussenried), two Psychiatric Departments at General Hospitals (Karlsruhe, Stuttgart), and one Psychiatric Univ. Hospital (Freiburg), all belonging to the State of Baden-Württemberg/Germany, the quality of the inpatients' treatment of depressive patients is being assessed. During a three months' period the basic sociodemographic data, the performed diagnostic and therapeutic interventions, and the psychopathological status on admission and discharge of all depressed patients in the 6 hospitals were monitored. Among others psychopathology was measured by the Hamilton depression scale version 21 items and the BDI, self-developed instruments were used for the assessment of the patients' satisfaction with the various facets of the treatment procedure.

Roughly 300 patients were up to now included in the study. The patients are assured that their assessment will be completely anonymous. The overall quality of treatment, measured by Hamilton scale and BDI was good, the mean stay was 40 days. All hospitals profited by the anonymized feedback of their treatment quality in comparison to the other hospitals. It will be discussed in how far the approach of this study to check overall quality of care by using appropriate tracer diagnoses is also adequate for international comparisons of quality of care in the mental health field.

References:

Collins, JF, Ellsworth, RB, Casey, NA, et al: Treatment characteristics of effective psychiatric programs. *Hosp. Comm. Psychiat* 35, 1984, 601-605

S27 Quality management in extramural and intramural...**Empirical studies on Quality Assurance in German Psychiatry**

Wolpert, Eugen M (Darmstadt/Germany) Oskarsson, Ilógn (Reykjavik/Iceland) (Overall Abstract)

(Overall Educational Objectives: At the conclusion of this presentation, the participants will recognize the importance of empirical studies in the psychiatric field and will be stimulated for own research activities by the studies reported.)

Empirical data for rational planning and implementation of quality assurance measures in mental health care are worldwide urgently needed. There is a tremendous lack of knowledge how to optimize structure, process as well as outcome quality in the field of psychiatry and psychotherapy. Empirical data found within one national mental health care system are not always simply transferable to another. One has to take into account local peculiarities connected with the special cultural, economic and historical background. Respecting this one can try to adopt data from other countries and other populations. Studies like those presented in this symposium may be taken as examples for such research and be discussed under the perspective in how far research of this kind can be useful for other countries. International communication in this field might be stimulated by this presentation.

S28 The spectrum of measurement instruments in psychiatry**THE SPECTRUM OF MEASUREMENT INSTRUMENTS IN PSYCHIATRY**

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In order to improve reliability and enhance comparability of psychiatric research, a variety of measurement instruments have been developed. They include instruments for the assessment of psychopathology, disability, quality of life and satisfaction, services, environment and risks to mental health etc. However, narrowing the scope of measurement to a small number of standard instruments may have certain negative effects on research and clinical practice aiming to document the diversity of human experience in health and illness. In view of the above, the Symposium will review a number of measurement instruments designed for specific purposes, cultures and population groups including: instruments for the assessment of medically unexplained somatic symptoms; instruments for the assessment of disabilities, impairments and handicaps; and instruments for measuring the outcome of mental disorders. Linguistic aspects of the psychiatric measurement procedures and operationalisations of non-ICD and non-DSM diagnostic criteria will be discussed.