

S21 Basic aspects of quality assurance in mental health care**The Philosophy of Quality Assurance**

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Quality assurance is of growing importance within all medical disciplines including mental health care. Activities in this field are often of different intensity and quality in different countries. Although these are more advanced in societies with higher socio-economic level, a global interest can be observed for quality assurance in mental health care, also in underdeveloped countries. The subject „quality assurance“, originally coined for the technical field, has been adopted for assuring quality in medical care, including psychiatry. Current definitions of the core terms around quality assurance will be given, i.e. of structure quality, process quality and outcome quality (Donebedian), of external versus internal quality, quality indicators etc. Philosophies of quality assurance, adjusted to the peculiarities of mental health care, will be described (Stewart-Cyclus etc.) Quality assurance measures are not new in medicine nor in psychiatry in particular. It will be shown in how far traditional measures of quality control are practiced successfully. Answers will be tried to the question what is new in modern quality assurance. Neglecting adequate quality assurance measures may cause several legal and/or practical (economic) consequences. Furthermore it will be tried to point which time-consuming, arduous efforts have been so far undertaken by outstanding experts (WHO, APA) to provide philosophies, strategies and technical means (guidelines, standards, measuring instruments and other parameters) to meet the extremely complex phenomenon of „mental health care“.

References:

Bartolote, JM, Quality assurance in mental health care. In Sartorius, N., Girolano, G., German, G.A., Eisenberg L (eds) Treatment of mental disorders. A review of effectiveness WHO, American Psychiatric Press Inc., Washington-London, pp 443-461 (1993)

S21 Basic aspects of quality assurance in mental health care**Ethical and Legal Aspects of Quality Assurance in Mental Health Care.**

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Ethical and legal aspects of quality assurance are dealt with, though indirectly, in the mental health care law: Ten basic components (hereafter the Principles)

The principles have been prepared by the Mental Disorders Control Unit (Human Rights, Ethics and Mental Health Legislation Subunit), Division of Mental Health, World Health Organization. This instrument consists of an account of key reference principles in the field of mental health legislation. The principles were selected as part of the International Review of Mental Health Laws conducted by this Division, and is meant to be considered by individuals in official or private capacity. The present work presents a discussion with regard to a few principles and considers normative aspects of quality assurance that should be attended to. Special attention is paid to availability components, and to the need of adapting modern ideas and technologies of quality assurance of developing societies and countries.

S21 Basic aspects of quality assurance in mental health care**Quality of Life as Outcome Criterion in Mental Health Care**

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While traditionally psychopathological measures have been the only outcome criteria in psychiatry, quality of life is now becoming important for several reasons. The return of the mental health patient into the community has brought the issue of quality of life into the forefront; self-help organizations and relatives and friends of the mentally ill, recently also the patients themselves, are rallying for a better quality of life and asking for better services, and regulatory bodies increasingly demand that a new drug not only relieves symptoms but also increases quality of life or at least does not decrease it. At least three components of quality of life have to be distinguished and assessed separately: subjective well being of the patient, his/her objective functioning in social roles, and contextual factors, material and social. The nature of some psychiatric disorders (mania, delusional states and severe depression) require that the patient's view be supplemented by evaluation of external observers. On the other hand, the subjective view of the patient about his own life is an essential aspect of health related quality of life and should not be omitted. Available assessment instruments will be evaluated according to these criteria.

References:

Katschnig, H., Freeman, II., Sartorius, N (eds): Quality of life in mental disorders. John Wiley & Sons, Chichester -New York (in press)

S21 Basic aspects of quality assurance in mental health care**ICD-10 and Quality of Mental Health Care**

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The new international classification of mental disorders, tenth revision (ICD-10) offers an opportunity for enhancing both the quality of mental health care and procedures for monitoring the achievement of such quality. There are two basic features of ICD-10 that afford such an opportunity.

One is the systematization of the field in terms of more behavioural and less inferential classificatory principles as well as greater clarity in diagnostic definitions. The other involves higher comprehensiveness in the portrayal of the patient's clinical condition. This is obtained through a multiaxial diagnostic scheme that covers the following axes or domains:

- I. Clinical diagnosis (mental and physical disorders).
- II. Disabilities (in personal care, occupational performance, functioning with family and broader social functioning).
- III. Contextual factors. The implementation in regular practice of the ICD-10 multiaxial diagnostic format may upgrade both clinical care and quality assurance activities.

References:

Mezzich, JE: International perspectives in psychiatric diagnosis. In: Kaplan, HF, Sadock BS (eds) : Comprehensive Textbook of Psychiatry, Sixth Edition. Williams & Wilkins, Baltimore, 1995