

S12 *Cost effectiveness in psychiatry care*

## COSTING HOSPITAL HEALTH CARE

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**Objective:** To cost outputs of a hospital group providing psychiatric and geriatric inpatient and outpatient care. This study seeks to relate the costs of caring units (a) to their output in order to obtain the real cost of care; (b) to their receipts in order to evaluate to what extent the purchase price covers costs of production.

**Method:** Using traditional cost-accounting techniques, we divided the 295 cost centres into 129 producer units and 166 overhead units whose costs were shared among the former, on an allocation basis appropriate for each overhead unit. We estimated research costs and excluded them from the final calculation. The complete cost of each producer unit was divided by the number of units of output, to obtain an average cost of production.

**Conclusions:** We identified 11 health care outputs for which it was possible to calculate an average cost of production, and with which it was possible to compare the income. In addition, this exercise gave us information on the cost of research in these university hospitals and on the degree to which a loss or profit was made on services to personnel. The next phase of the study involves relating unit costs to patients treated in order to obtain the cost of illness to the hospitals concerned.

S13 *Images and attitudes towards psychiatry and mental illness*

## IMAGES AND ATTITUDES TOWARDS PSYCHIATRY AND MENTAL ILLNESS: MENTAL ILLNESS AS METAPHOR

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For many mentally ill persons stigma has emerged to be a "second illness". Stigmatization has to be managed by patients and therapists as well as e.g. schizophrenia. Susan Sontag has demonstrated in her famous essays "Illness as Metaphor" and "Aids and its Metaphors" that there is a close link between stigma and metaphoric use of illness. This is underlined by the use of Schizophrenia as a metaphor in German language newspapers. In 40% (NZZ) to 60% (taz) the term is used as a metaphor. In none of the cases is the connotation positive. It is clear that this cannot be without influence to public attitudes on mental illness.

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## Images and attitudes towards psychiatry and mental illness

Prof. C. Bailus, chairman / W. Fischer, co-chairman

Numerous studies show the persistence of negative attitudes of the public towards the mentally ill. In spite of the insertion of psychiatry in the community, stereotypes and stigmatisation of psychiatric patients did not change accordingly. Analysis of the information coming from the media indicate that their messages are still reinforcing these opinions.

Moreover an important gap exists between the beliefs of the population and present psychiatric knowledge. Representations of psychiatric disorders, of etiological factors, and of the characteristics attributed to the mentally ill (violence, personal responsibility, bad prognosis) are only slightly differentiated. Attitudes towards psychiatric treatments are marked with distrust towards psychiatrists and especially towards neuroleptics.

Nevertheless some therapeutical approaches such as psychotherapy and relaxation gained public acceptance even if some of their indications are not relevant from a psychiatric point of view.

Interventions among medical students, health professionals, patients and their families show that these attitudes and beliefs can be modified. More important changes would facilitate the reintegration of the mentally ill into their social network and into society at large.

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## IMAGE DE LA MALADIE MENTALE DANS LA POPULATION SUISSE

Brändli H

Une enquête concernant la stigmatisation de la maladie mentale dans la population suisse - financée par Lundbeck (Suisse) SA - a été effectuée par GIS, un institut de sondage d'opinions zurichois. En 1994. Le questionnaire a été élaboré par un groupe de médecins-chefs d'institutions psychiatriques suisses, dont l'auteur de l'exposé. Cette étude était censée servir d'analyse des stigmates au point zéro d'une campagne de désigmatisation de grande envergure concernant la maladie mentale en Suisse.

Les principaux résultats de cette enquête sont les suivants:

- La fréquence de la maladie est largement sous-estimée.
- Il existe un manque d'information concernant la maladie mentale en général, manque qui se traduit par un certain nombre de préjugés erronés, tels l'auto-responsabilité du patient pour sa maladie, la co-responsabilité de la famille d'origine, le caractère violent du patient et le pronostic sombre de la maladie.
- L'ampleur des stigmates a été évaluée de manière indirecte en posant la question suivante: si vous aviez des problèmes psychiques, à qui demanderiez-vous conseil? Cette question a pu mettre en évidence la confiance que la population porte au médecin de famille - plutôt qu'aux spécialistes -, mais également la méfiance portée aux voisins et aux collègues de travail. Les stigmates sont le moins prononcés dans la population jeune, urbaine et de formation supérieure en Suisse allemande.