Parallel session: Recent European studies and networks

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Placement and treatment of mentally ill offenders: legislation and practice in EU member states

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Objective: The forensic placement and treatment of mentally ill offenders is one of the most controversially discussed issues in mental health care, gaining wide public attention and mass media coverage worldwide. However, legal regulations for assessment or for trial procedures against mentally ill offenders as well as their placements or treatments differ widely, even across the European Union Member States. International overviews or comparisons are scarce. Scientific research on adequate legal frameworks or models of best practice are hindered by a shortage of standardized information and data.

Method: This study (funded by the European Commission) gathers standardized information on basic concepts, legal procedures, provision of facilities, prevalence and incidence of mentally ill offenders and forensic care in the European Union by means of a standardized questionnaire filled in by forensic experts from all 15 EU Member States.

Results: Preliminary results confirm the heterogeneity of legal frameworks regulating pretrial, assessment, trial and forensic treatment procedures in the various Member States. The total frequency as well as rates of forensic patients (percentage per 100 000 population) seem to have increased constantly during the last decade in almost all included countries. The most recently available rates range from two up to 21 forensic patients per 100 000 population across the European Union.

Conclusion: Further research in this field must attempt to analyse any impact of overall legal philosophies or frameworks, procedural regulations, standards and quantity of service provision and quality of treatments on prevalence or incidence, as well as on the outcome of forensic care for mentally ill offenders in Europe.

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Towards More Effective European Community Care for patients with severe psychosis (MECCA): methods and tasks of a multicentre European study

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Objective: Several studies have already demonstrated that the quality of life for individual clients is an important outcome measure in the treatment of the mentally ill. However, efforts to transfer these findings into routine care have not been reported yet. MECCA (Towards More Effective Community Care for Patients with Severe Psychosis) is a multicentre study funded by the European Commission under the fifth Framework Programme which is intended to address this deficiency.

Method: Mental health services from six European countries (Germany, Spain, Sweden, Switzerland, The Netherlands, UK) are using a computer-based 11-item questionnaire to routinely assess the outcome for the quality of life of schizophrenic patients. Clients from a variety of outpatient facilities are compared with a control group from the same services who are receiving care as usual. The

intervention will be performed bimonthly for a period of 1 year between the baseline assessment and the follow-up interview. The main outcome variables are quality of life, costs of care, and the therapeutic relationship between key workers and elients.

Results: MECCA started in May 2002, and recruitment ended during Spring 2004. Thus far, more than 400 patients have been recruited.

Conclusion: Although the recruitment of key workers and patients proved to be difficult, a sufficient number of clients was entered into the study from all participating centres. The application of the intervention did not raise any specific problems, early experiences are generally positive. More detailed results for the main outcome variables are expected to be available next year.

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Aims and methods of CONNECT ('Components, organization, costs and outcomes of health care and community based interventions for people with posttraumatic stress following war and conflict in the Balkans')

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Objective: To describe the aims and methods of the components, organization, costs and outcomes of medical care and community based interventions for people with posttraumatic stress following war and conflict in the Balkans (CONNECT) study, an EC-funded multisite study.

Method: Description of the study protocol as developed in collaboration with nine centres in the UK, Germany, Italy, Croatia, Bosnia-Herzegovina, Serbia and Montenegro, and the Former Yugoslav Republic of Macedonia.

Results: We developed a design aimed at the investigation of the components, organization, utilization, costs, and outcomes of health care and community-based interventions for people who were exposed to potentially traumatic events because of war and conflicts in former Yugoslavia. The research consists of three interrelated parts: (1) in each of the seven participating countries, a new instrument to register health care and community based interventions for people with post-traumatic stress will be developed and tested; (2) in each country, a survey of people who experienced potentially traumatic events in the Balkans will be conducted; (3) in this survey, people with persistent post-traumatic stress will be identified, interviewed in more detail, and followed up after 1 year.

Conclusion: The CONNECT study will identify in different groups and contexts the relative contribution of medical care and community-based interventions to recovery from post-traumatic stress. It will provide empirical evidence to design effective health and social care policies for people with post-traumatic stress, including the particularly challenging group with persistent symptoms. The first results of this study will be available in 2006.