

**FC32 Health services and epidemiology****COST EFFECTIVENESS OF PSYCHIATRIC DAY AND IN-PATIENT CARE**

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It has been shown that approximately 40% of acutely ill patients presenting for admission to the mental health service in Central Manchester can be treated in the day hospital as an alternative to in-patient treatment (Creed et al 1990). The aim of this study is to evaluate the cost effectiveness of the two types of treatment. The evaluation is based on a randomised controlled trial conducted at Manchester Royal Infirmary. The effectiveness of treatment, measured in terms of clinical improvement, reduction in severity of symptoms and improvement in social functioning over twelve months was the same for day hospital and in-patient care. The costs of care for patients in the study were estimated for one year following admission, by identifying and valuing the services received by each patient. The total average cost of care is significantly less for patients in the day hospital group (£3,080) than patients in the in-patient group (£6,075) ( $p < 0.001$ ), although there is considerable variation in costs between individual patients in the two treatment groups. The results also suggest that the financial burden on patients and carers is higher for patients in the day hospital group which has implications for the distribution of resources.

**FC33 Health services and epidemiology****PREDICTORS FOR COMPULSORY PSYCHIATRIC HOSPITAL ADMISSIONS**

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The impact of predictors documented in the psychiatric case register of the Swiss Canton Basel-Stadt on compulsory admissions was studied. 2244 inpatients with 2854 hospital admissions were registered in Basel-Stadt in 1994/95. 351 compulsory psychiatric hospital admissions (out of 2400 admissions with complete information) were logistically regressed against gender, age, nationality, communication, main ICD-10 diagnosis, prior hospital admissions, living situation, occupational situation and education. Predictors with  $p$ -values  $< 0.2$  were kept in the model. The standard errors were adjusted for multiple inpatient episodes within subjects. Although a disorder with psychotic symptoms was the strongest predictor for compulsory psychiatric hospital admission (OR=2.65, 95%CI=2.04-3.44), status as a foreign national (OR=1.41, 95%CI=1.03-1.95) and low education (OR=1.32, 95%CI=1.02-1.70) were also significant determinants. Some indication of an association was found for communication problems between patient and health care provider (OR=1.43, 95%CI=0.95-2.12) and female gender (OR=1.22, 95%CI=0.95-1.57). The results support a recent report from Geneva (Eytan 1996) indicating an increased risk for patients with foreign nationalities to be involuntarily admitted. Foreign citizens and persons with low education may have disadvantages such as difficult and late access to the psychiatric services when in need of help. Communication problems may also play a role although the association was not significant in our study. Further research on the determinants of compulsory psychiatric hospital admission is necessary as part of our effort to provide culturally and socially sensitive mental health services.

**FC34 Health services and epidemiology****HEALTH AND SICKNESS BEHAVIOR AMONG HOMELESS MEN**

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In recent years a variety of health care projects for the homeless have been started all over Germany, maintaining that existing health services were not easily accessible or the homeless would feel embarrassed to use them.

In order to find explanations for an assumed underutilization of existing health services by the homeless a study was conducted among a sample of 82 single homeless men in Dortmund/Germany in January 1996. The sample was drawn from the local shelter, a central congregation area, and from the streets. In addition, a subgroup of 37 former homeless people, who had been housed again at least for one year, was included for comparison. Besides a physical and a mental exam participants were submitted to a standardized interview with open and closed questions about their knowledge on health risks, their own perception of their health status, their coping with ailments, their utilization patterns of existing health care services and their past experiences with doctors.

40% of those interviewed reported physical complaints experienced during the four weeks prior to the study. However, about 60% considered their health to be excellent or good and beyond average. In contrast to the rehoused, one third of the homeless thought their health to become even better in the future. 76.5% were able to name a doctor they trust and 62.2% had attended a doctor's office for treatment during the previous year.

Denial of the actual health status, optimism about the future and downscales comparison seem to be fundamental components of coping with health effects of homelessness. Health services need to take this result into account when dealing with the homeless. General practitioners need to be furnished with better knowledge about homelessness and related coping strategies, as well as with financial incentives to serve the homeless appropriately.

**FC35 Health services and epidemiology****PSYCHOSOCIAL CORRELATIONS OF DEPRESSION IN ADOLESCENTS**

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A number of psychosocial variables in relation to adolescent depression were measured cross-culturally with the same methodological approaches. Beck Depression Inventory (BDI) and socio-demographic questionnaire were administered to adolescents of two randomly selected populations - ethnic Koreans living in Uzbekistan (CIS, N=652) and the Republic of Korea (N=838). Cut-off score of BDI has been preliminary counted. Findings indicate that gender differences, academic performance and conflicts with parents did correlate positively with depression in both populations ( $p < 0.05$ ), while other psychosocial correlations (e.g. chronic diseases, conflicts with friends) showed relation with depressive disorders only in adolescents living in the Republic of Korea. To be a girl, to have an excellent school performance and to be in a conflict with parents are common high risk factors for depression in adolescents. The differences in correlation and discrepancy in the meanings between two populations are influenced by social and subcultural specificities.