

patient had been committed, and in 7 cases the register was correct, i.e. the patient had been admitted voluntarily. This difference in correct registration was statistically significant ($p < 0.02$).

The study concludes that police statistics seem more correct than the Psychiatric Case Register data. This is mainly due to insufficient reporting by the psychiatric departments to the register. For register data to be used in administration, planning and research, this must be improved.

FC21-6

A COMPARISON OF NEED FOR CARE BETWEEN A GROUP OF "HEAVY USERS" OF THE PSYCHIATRIC HOSPITAL AND A GROUP OF "DIFFICULT-TO-PLACE" PSYCHIATRIC PATIENTS IN A DANISH COUNTY

L.F. Nielsen*, L. Petersen, G. Werdelin. *Roskilde County Hospital Fjorden, 4000 Roskilde, Denmark*

Methods: 63 patients defined as "heavy users" of the psychiatric hospital (group 1) and a group of "difficult-to-place" psychiatric patients (group 2) were selected for the study. In both groups diagnostic and demographic data were obtained and the patients and the staff-members completed the Camberwell Assessment of Need - CAN.

Results: Group 1: 48 patients (76%) participated. 62.5% were males. Mean age (SD) was 37 (13) years. 60% were diagnosed as schizophrenics. 52% had drug and/or alcohol abuse. None of the patients had own income. 17% had no accommodation. According to the 26 topics in the Danish version of CAN the mean number of needs identified by the patients was 10.2 +/- 3.9 with a range from 1 to 18. The mean number identified by the staff-members was 12.0 +/- 3.8 with a range from 3 to 22. Group 2: 14 patients (70%) participated. Only 1 patient was woman. Mean age (SD) was 41 (12) years. 86% was diagnosed as schizophrenics. 64% had drug and/or alcohol abuse. They all received pension. 36% had no accommodation. The mean number of needs identified by the patients was 11.0 +/- 4.4 with a range from 5 to 18. The mean number identified by the staff-members was 15.4 +/- 3.6 with a range from 10 to 22. In both groups the patients seldom received help from friends and relatives. Unmet needs assessed by rating of the adequacy of help were found to be low in both groups except from the area accommodation in group 2. The p-value when comparing the number of needs identified in the two groups is 0.013. When comparing the amount of help needed among patients with an identified need for care there is only a significant difference in 2 of the 26 areas. A comparison of the difference in patient and staff-ratings in the two groups shows a p-value of 0.013, which properly reflects the lack of insight in illness and violent behaviour found in group 2 in the diagnostic interview.

Conclusions: The difference between the two groups seems mainly to be the amount of need for care overall and not the amount of need for help in each area. Secondly it seems as if the "difficult-to-place" patients lack insight in their need for care opposite the "heavy users".

FC21-7

TRANSLATION OF THE SCALE "THE PSYCHOLOGICAL WELL-BEING SCHEDULE" (PGWB)

Niels-Anton Rasmussen¹*, Vibeke Nørholm². ¹*Mood disorders Research Unit, Psychiatric Hospital in Aarhus, University of*

Aarhus; ²Psychiatric Research Unit, Frederiksberg General Hospital, Denmark

PGWB was elaborated by Dupuy in 1969 and has been applied in several major American studies, among these "The National Health and Nutrition Examination Survey" (Monk K 1980), The Rand Health Insurance Study (Ware J E, et al. 1979) and in the hypertension study by Croog S H et al. from 1986.

PGWB consists of 22 items and that covers both the positive and the negative well-being. The internal consistency is high with an alpha coefficient of 0.96 and a Loewinger coefficient of 0.50 (Guelfi J D 1997). The mean score of the American population is 82.8 point.

PGWB was translated and adapted from American into Danish. The translation procedure is described in "Cross Cultural Adaption of Health Related Quality of Life Measure" (Guillemin et al 1993). This method is based on 1) translation, 2) backtranslation and 3) committee review.

All of the translations were made by professional American/Danish translators. The committee consisted of specialists with psychiatric expertise.

The translations, backtranslations and committee reviews were described in a final report which was sent to the primary author to obtain an approval of the translation.

The Danish edition of PGWB was sent to 1.620 Danes representing a section of the Danish population. A few results from this material will be compared with the American population.

FC21-8

FROM NATIONALLY DEVELOPED TO INTERNATIONALLY APPLICABLE MEASUREMENTS; THE FOCUS GROUP PROCESS

H.C. Knudsen¹*, B. Welcher¹, J.L. Vázquez-Barquero², L. Gaité².
¹*Copenhagen University Hospital, Copenhagen, Denmark*
²*University Hospital "Marqués de Valdecilla", Santander, Spain*

During recent decades of international research on comparison of mental health services the need for internationally standardised and reliable measurements has emerged. Often instruments are translated without taking into account their cultural and conceptual acceptability. The Focus Group is a formal group interview which in its structure and methodology takes advantage of the methodology of group psychotherapy. It is a qualitative research method which among other purposes is used in health service research to obtain information about a given problem, service or other phenomenon, or to evaluate cross-cultural adaptation of concepts, constructs and instrumentation.

The Aims of this Paper Are: 1) to present a method of translation to improve instruments; 2) to present the Focus Group as a method to develop instruments for international comparison; 3) to present results applying this method on five instruments in five European countries.

Method: A protocol was developed describing the Focus Group process of each instrument: the designation of professionals and non-professionals (including patients and relatives) participating in the Focus Group, the issues to be raised, and the sequence and the information to report on from the Focus Group. The Focus Group reports were summarised for each instrument to make cross-cultural comparison and to recommend changes of instruments.

Results: Changes of measurements were within three areas: 1) We made profound changes of the instrument (2 measurements); 2) we adjusted concepts/structure (1 measurement); 3) we developed extended manuals (3 measurements).