S11 *Informed consent in psychiatry*

Education, teaching, training of informed consent in psychiatry

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This paper examines the implications of a particular approach to ethics education to the training of psychiatrists in issues of informed consent. The approach - called "Practice Skills" - recognises the integral importance of communication skills in practical medical ethics. It has been developed in detail for medical student education in Oxford by the author and Dr. Tony HOPE.

In this paper the main features of the Oxford Practice Skills Programme are summarised and their application in a new postgraduate programme aimed mainly at mental health professionals, is described.

In relation to informed consent in psychiatry, the Practice Skills approach recognises the importance in particular of 1) valves, in particular those of the patient, and 2) different models of disorder held by different professional groups and by patients.

Some of the practical implications of this will be indicated (e.g., for abuse, for psychopathology); and its philosophical underpinnings will be outlined.

S12 *Cost effectiveness in psychiatry care*

Estimating costs of schizophrenia

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Schizophrenia, an illness characterized by an early age of onset, persistent symptoms, and very often, a prolonged functional impairment, demands a very diverse and specialized network of medical and community services. This has originated, depending on local variations in political and administrative policy, a very differentiated psychiatric service structure in the different communities These local variations in the service development, apart from resulting in a different level of efficiency in meeting the needs of these patients, are often linked to variations in the cost of the illness

A sample of 82 chronic schizophrenic patients was used to calculate the direct and indirect cost of the disease, in two Autonomous Communities of Spain (Cantabria and Navarra) with a different range of community services, according to incidence data for a 3-year period The average total cost per patient was 1,144,928 Ptas., decreasing a 39% the second year (594,971 Ptas) and a 60% the third (463,390 Ptas.) Hospital in-patient admissions are the 52% of direct costs during the first year, and the 27% and 25% during the second and third, since inpatient care still consumes the majority of resources allocated to the treatment of schizophrenia Informal care constitutes the 23% (267,492 Ptas), 31% (214,942 Ptas.) and 38% (147,741 Ptas.) respectively. The indirect costs, due mainly to production losses, are 14, 18 and 11% of the total cost

These results show that efforts to decrease the cost of schizophrenia must concentrate on reducing the need for prolonged and intensive in-patient care and alleviating social burden The introduction of new treatments that reduce the length and frequency of hospital treatment, reduce relapses rate, and facilitate a return to productive activity will play a fundamental role to reduce the costs of schizophrenia

S12 *Cost effectiveness in psychiatry care*

THE COST OF MAJOR DEPRESSIVE DISORDERS IN GENEVA: A RANDOMIZED STUDY TO COMPARE INTENSIVE OUT-PATIENT TREATMENTS

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Major depressive disorders frequently occur with acute symptoms requiring intensive treatment and inpatient care. Further research should determine whether assignment to specialised outpatient crisis intervention is associated with increased efficacy and decreased treatment costs for these subjects. The study involved 79 consecutive major depressive patients referred with an HDRS score (17 items 20) who were randomly assigned to combined clomioramine protocol/ intensive crisis intervention (ICI), (n=39), and clomipramine protocol/supportive day treatment (SCI),)n=40). Psychotic disorders, bipolar disorders and severe substance abuse were exclusion criteria. A comparison group (n=15) had standard hospitalisation. The subjects had standardised assessment at intake and discharge. The study compared the cost of these treatments concerning the acute episode. Crisis intervention assignments resulted in reduced hospitalisation days, increased compliance with antidepressant medication, as well as decreased hospitalisation costs and loss of days of work, compared to SCI assignment and standard hospitalisation. The mean length of stay was 5.8 days for ICI, 8.7 for SCI and 21 for standard hospitalisation. Both ICI and SCI had lower treatment costs to standard hospitalisation. The results suggest that the well-structured crisis intervention programme may result in better treatment and reduced treatment costs for psychiatric subjects suffering from severe depression and referred for intensive treatment.

S12 *Cost effectiveness in psychiatry care*

MENTAL HEALTH POLICY AND ECONOMICS

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A number of countries are developing governmental policies for controlling costs and evaluating the health and economic return from expenditures for health research, for prevention, care and rehabilitation. Different specialties inside medicine (including psychiatry) are expected to develop during time an informed policy, each of them based on the specific characteristics of the illnesses they consider and the values and utilities of available interventions. It will enable each specialty to support its requests in comparison with other specialties in medicine and to influence on the basis of available data the global health policy development and the health priority setting for health research and care. The health and economic evaluation of the destructive effects of illnesses and of the outcomes of clinical, social and financial interventions is going to be considered of great importance for the allocation of resources and requires an interdisciplinary collaboration between different professionals (psychiatrists, health economists, health policy researchers, sociologists, etc.) for a reliable integration of the measures and needs also to take into account the different interests, values, preferences and utilities of the different actors in the health care system (e.g patients, relatives, advocate groups, clinicians, administrations, employers, insurance companies, health technology producers, society).

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