

S01.05**THE FUTURE FOCUS AND CLINICAL IMPACT OF RESEARCH**

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S01.06**THE IMPACT AND MANAGEMENT OF FINANCIAL RESTRICTION**F.L. Mak. *Department of Psychiatry, The University of Hong Kong, Hong Kong SAR, China*

The healthcare service is experiencing constraints in the resources available while the pressure on health care expenditure increases.

In an ideal situation the practice of psychiatry is defined by the science of psychiatry and empirical data on effective treatment. Unfortunately this is increasingly less relevant. Often it is driven by budget constraints and funding policies formulated by politician and healthcare managers.

Economic features have reduced the level of staffing, restricted treatment options, regulated the use of new technology, substituted hospitalization with ambulatory care, specialist care with primary healthcare. At the same time needs of patients are often ignored and quality is sacrificed.

Healthcare financing has become a zero sum game where psychiatry loses out.

The choice is whether to allow the budget to define psychiatry or define psychiatry and fight for a hotter budget.

S02. Epsilon study of schizophrenia*Chairs:* G. Thornicroft (UK), T. Becker (D)**S02.01****EPSILON STUDY OF SCHIZOPHRENIA: CROSS-CULTURAL ADAPTATION OF OUTCOME MEASURES**H.C. Knudsen*, J.L. Vázquez-Barquero, B. Welcher. *Institute of Preventive Medicine, Copenhagen University Hospital, Copenhagen, Denmark*

International research on the comparison of mental health services has identified the need for internationally standardised and reliable measurements. Strategies adopted in the EPSILON study for the translation and cross-cultural adaptation to produce the European versions of the five instruments are described. A protocol was developed for translation of outcome scales describing each step in the translation procedure. Disputed items were discussed in focus groups (FG). FGs involved seven tasks: a list of topics to be discussed: selection of venue, and of participants conducting the FG, data collection, post-FG data completion, and reporting results. Modifications to instruments included: changes in instrument structure, contents and concepts; adjustments in the instrument structure; and modifications to the instrument manual. FG is an adequate method to apply if concepts, constructs and translation issues are to be addressed, otherwise less time-consuming methods should be considered.

S02.02**EPSILON STUDY OF SCHIZOPHRENIA: OUTCOME MEASURES, CARE AND SERVICE COSTS**D. Chisholm*, G. Thornicroft, M. Knapp, T. Becker. *Section of Community Psychiatry and CEMH, Inst. of Psychiatry, King's College London, London, UK*

There is a lack of cross-national research on the care for people with schizophrenia. The aims of this study which involved centres in five European countries were: to produce standardised European versions of instruments in key areas of mental health service research in five languages, and to compare data from five European countries regarding patients with schizophrenia, mental health care provision and costs. Five centres in Amsterdam, Copenhagen, London, Santander and Verona participated. Instruments assessing needs, service use, informal carer involvement, quality of life, and service satisfaction were subjected to a conversion procedure including translation, backtranslation, focus group discussion, and reliability assessment. Patients of local mental health services with a SCAN diagnosis of schizophrenia were interviewed. Service provision varied across site, and 404 patients were studied. Instrument reliability was found to be good. The total annual cost per patient for the combined sample of 404 subjects is an estimated £5,038 (95% CI £3,888–6,237). Cost comparisons of adjusted means between sites reveal significant differences, ranging between £1,444–7,460 ($p = 0.005$). There were widespread and considerable differences between the participating sites both in the proportions of patients in contact with services and in the absolute level of service utilisation.

S02.03**EPSILON STUDY OF SCHIZOPHRENIA: SATISFACTION WITH PSYCHIATRIC SERVICES**M. Ruggeri*, A. Lasalvia, R. Dall'Agnola, G. Bisoffi, M. Tansella. *Dipartimento di Medicina e Sanità Pubblica, Sezione di Psichiatria, Università di Verona, Verona, Italia*

Satisfaction with mental health services is an important quality and outcome variable. The Verona Service Satisfaction Scale (VSSS) is a well-established method for measuring service satisfaction in psychiatric patients. The European version (VSSS-EU) has been developed through a careful process of translation and focus group sessions in five European sites (Amsterdam, Copenhagen, London, Santander and Verona) participating in the EPSILON study. The EU version consists of 63 items which cover seven domains: Overall Satisfaction (3 items), Professionals' Skills and Behaviour (24 items), Information (3 items), Access (2 items), Efficacy (8 items), Types of Intervention (17 items) and Relatives' Involvement (6 items). Satisfaction is rated on a 5-point Likert scale (1 = terrible; 5 = excellent). The reliability study was conducted on a sample of schizophrenic patients on caseloads of mental health services in the five centres. The VSSS-EU had good internal consistency and test-retest reliability in the pooled sample and in individual study sites. Wide differences in satisfaction with services were found across sites, both in total satisfaction and satisfaction in the 7 VSSS domains. Underprovision of care, according to the patients' perspective, was reported for many types of interventions, again with remarkable differences among the sites.