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INTERNATIONAL DIFFERENCES IN THE VALUE FOR MONEY PROVIDED BY INSTITUTIONS IN EUROPEAN COUNTRIES AT DIFFERENT STAGES OF DEINSTITUTIONALISATION AND WITH DIFFERENT ECONOMIES

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Background: Individuals with a diagnosis of schizophrenia or schizoaffective disorder may require longer term care. Due to the complexities of caring for this population and the high resource cost of care, it is important to ensure that mental health services are efficient and effective.

Aims: This investigation aims to examine international differences in quality of care and service user experience when compared to national health expenditure and the degree of deinstitutionalisation in 10 countries.

Methods: The quality of care provided in 213 units was measured using the Quality Indicator for Rehabilitative Care (QuIRC). Service users living in these units (N=1750) were asked to assess the care they received. Multilevel models were used to examine the relationships between quality (QuIRC domain ratings), level of deinstitutionalisation and national health care expenditure. As no formalised assessment of deinstitutionalisation has been published, a quantitative tool was developed and validated. Percentage of gross domestic product spent on health care and per capita total health care spend was taken from World Health Organisation data to assess national health care expenditure.

Results: Multilevel models examining the relationships between deinstitutionalisation levels, health care expenditure, quality and service user experience will be presented. Results were adjusted for unit (type and size) and service user (age, gender and level of functioning) characteristics.

Conclusions: Recommendations on the best use of resources within a facility providing longer term care and how best to increase the quality of care provided without additional financial expenditure will be discussed in relation to the results.