EVALUATING THE IMPLEMENTATION OF COMMUNITY MENTAL HEALTH CARE

W. an der Heiden, H. Häfner and J. Klug

Central Institute of Mental Health
POB 5970
D-6800 Mannheim, FRG

With respect to the increasing number of beds and the overcrowding of mental hospitals in many countries in the middle of the century, attempts to avoid long stays in hospital became a major goal among reformers of the mental health care system. The attempt of reducing patient populations was based on a profound dissatisfaction with the conditions and effects of mental hospitals. As a result, several countries with very high bed rates showed a significant decline (HÄFNER and KLUG, 1982), whereas at the same time the number of admissions has continued to rise. In the beginning, the developments of community alternatives to inpatient treatment were prompted more by political and economic considerations than by any planned treatment strategies. Comprehensive services to the mentally ill in the community have been justified for a variety of reasons, ranging from the clinical-humanitarian to the fiscal-political. Although this broad array of rationales was useful initially, continuation must be justified in terms of benefits that they produce. Fiscal appropriations may be ultimately determined by political or other criteria, data about effectiveness of services are vital for continued funding.

What is the career of a long-term disabled psychiatric patient in an era of community treatment?

In connection with the stepwise implementation of a comprehensive community mental health service in Mannheim since 1969 (HÄFNER and KLUG, 1980, 1982) we investigated the impact on the care provided for chronic schizophrenics with respect to beds in psychiatric hospitals, places in complementary services and utilization of services for outpatient care. Especially we wanted to know how much care has to be provided in the community for discharged schizophrenics who are no longer hospitalized for extended periods of time.

Our investigation was based on an analysis of utilization data of the cumulative psychiatric case register at the Central Institute.
of mental health in Mannheim for the period 1973-1980 and on a cohort study among all inhabitants of Mannheim with the diagnosis of schizophrenia who had been admitted to mental hospitals during one year (1.10.77 - 30.9.78).

Results

When the number of beds for schizophrenic patients in Mannheim provided in hospitals and homes are combined, a slight increase of about 10% can be noted (see Fig.1.). It results from a distinct increase of more than two-thirds in the number of patients institutionalized in complementary services and from a reduction of at least 30% in patients admitted to mental hospitals. This trend appears to be continuing.

The proportion of long-stay patients (over one year) among the total number of schizophrenics treated in psychiatric hospitals or homes has changed from 192 (84%) on 30th May 1973, to 170 (74%) on 15th December 1980.

Even under the conditions of an extensive community mental health service, a group of "new" long-stay patients (census day 30.May 1973), was found to accumulate.

![Fig.1. One-day Prevalence for Care in Psychiatric Hospitals and Homes Provided for Patients with Schizophrenia (ICD No.295) 1973 - 1980.](image-url)