

Index

Page numbers in *italic* type refer to illustrations and tables.

- acceptance of patients and services in the community 32–3
- accessibility of services 23–4
 - see also* mental health services, accessibility
- Activities of Daily Living (ADL) 123
- administrative barriers to change 60
- admission to hospital
 - alternatives to residential care in hospital 43–4
 - avoiding 44
 - general population 325
 - see also* hospital-based to outpatient-based CMHS; psychiatric admission rates
- adolescent psychiatry, Mannheim Project 87–8
- advocacy and the political process 61–3
- advocacy groups with the mental health community 62–3
 - consumers as voices 62
 - family members and inadequacies of the system 62–3
- alcohol use by patients 10, 12
- alternatives to residential care in hospital 43–4
- Americans with Disabilities Act (1990) 55
- analyses, statistical, for evaluation 131–3
 - types 132–3
 - discrete, continuous and mixed 132–3
- analysis of caregiving studies 307–8
- anomic syndrome 101–4
- ‘as treated’ group, management trial 272–4
- blinding in RCTs 270–1
- block grants for mental health and substance abuse treatment 55
- penalties 56
- Camberwell Assessment of Need (CAN) 230, 321–2
- Cardinal Needs Schedule 323–4
- care, patterns, dynamic analysis 213–27
 - see also* patterns of care, dynamic analysis
- caregiver burden
 - nature 301–3
 - caring and coping 302
 - children 303
 - finances 303
 - health 303
 - process of adaptation 302
 - relationships 301
 - stages 302
 - previous research 298–301
 - 1940–1960 298–9
 - 1960–1975 299–300
 - 1975 300–1
 - attitudes of family members 298, 299–300
- caregiving
 - changing policies towards persons with mental illness 297–8
 - concept 297
 - caregiving in severe mental illness 296–316
 - directions for future research 309–11
 - improving family outcomes 308–9
 - methodological issues 304–8
 - measurement issues 305–7
 - method of data collection 305–6

- models of analysis 307–8
- sampling and design 304–5
- subjective/objective burden
 - measurement 306
 - variables 308
- Carter Commission recommendations 54
 - many later implemented 55
 - repealed 54
- case management, need for 357
- case registers 43, 331
 - for data for service utilisation 213–14
 - Mannheim 87
 - as measurement strategy 130–1
 - Nacka Project 97–100
 - for research design 40
- causal hypothesis, testing 143–4
- causal model 164
- cause and effect in evaluation research 143–4
- Center for Epidemiologic Studies Depression (CESD) Scale 122
- Central Institute of Mental Health, Mannheim, 1975 84–6
 - see also* Mannheim Project
- child psychiatry
 - Mannheim Project 87–8
 - services research, Mannheim Project 92–3
- children with mental illness, caregiver burden 303
- CIDI 123
- Classification, International, of Mental Health Care (ICMHC) 31, 32
- client satisfaction as measure of service outcome 124
- Client Service Receipt Interview (CSRI) 348
- clinical audit for evaluation of services 39, 45
- clinical modality of measurement 125
- clozapine for schizophrenia treatment, study 353, 356
- Cochrane Centre 184
- Cochrane Collaboration 184–5
- Cochrane Pregnancy and Childbirth Database, 1995 184
- Cohort Year–Work relationship 171–2
- communication links 8
- community-based service programmes 12–13
- community care
 - more therapeutic 5
 - need of special groups, alcoholics, drug abusers etc., served elsewhere 22, 23
 - type of accommodation and effects 90
- community drug team, provision 236–7
- community mental health centres, Copenhagen 67–74
 - administrative control 69–70
 - bed system 70
 - definition of sample in longitudinal study 72–3
 - assessment 73
 - definition of samples in cross-sectional studies 71–2
 - post-intervention sample 72
 - pre-intervention sample 71–2
 - results 73–4
 - description 69–70
 - discussion 77–9
 - advantages of the design 78–9
 - disadvantages of the study 77–8
 - summary of results 77
 - first two opened 68
 - intervention and control districts 69
 - socio-demographic characteristics 70
 - longitudinal study 76–7
 - long-term mentally ill patients 76–7
 - other services caring for mentally ill 75–6
 - general practitioners 75–6
 - privately practising psychiatrists 75
 - social welfare system 76
 - overview of research plan 71–3
 - pre- and post-intervention assessments 73
 - research design 69
 - research evaluative procedures 68–9
 - research methods 69–70
 - results 73–7
 - cross-sectional studies 73–4
 - psychiatric hospital-based services 73–4
 - specific goals 68
 - staff 70
- community mental health services
 - acceptance of patients and services in the community 32–3
 - deficits in care facilities 28
 - ethics 24
 - finding out needs 27
 - general effect of changing to sub-specialised psychiatric care 109–11
 - integration and coordination 24–5
 - levels of mental health care 24
 - needs, five levels 29–30

- community mental health services (*cont.*)
 - political or administrative identity 24
 - population characteristics 24
 - preconditions for stability and success 26
 - problems concerning studies and implementation 202–6
 - requirements to be fulfilled 30–2
 - setting priorities 28–9
 - workable units 24
- see also* community mental health centres, Copenhagen; Mannheim Project; Nacka Project; sectorised services
- community programmes
 - inter-agency definition of mental illness 30, 31
 - need for standardisation 30–1
- community psychiatry
 - recovery from illness 20–1
 - reduction and containment of morbidity as aim 20
- community psychiatry, evaluative research
 - accessibility of services 23–4
 - background 25–33
 - chances of putting results into effect 27–8
 - difficulties 19
 - goals 20–5
 - integration and coordination of mental health care 24–5
 - levels of needs for care 29–30
 - preconditions for external validity 29–32
 - priorities 28–9
 - quality of life as goal of community mental health services 21–2
 - reduction and containment of morbidity as aim 20
 - standardised programmes 30–1
 - transnational comparative studies 19–20
 - visionary goals 21
- see also* research designs for evaluation of services
- community services evaluation matrix 240–1
- 'community' specified and identified 23–4
- community support programmes, problems concerning studies and implementation 202–6
- community support teams, provision 236, 239
- complete elaboration 162, 169–70
- computer-assisted modality of measurement 125
- computer graphics, use in analyses 133–6
- computer programs for graphical modelling 170–1
- conditional independence 160, 166
- confounders, controlling for in epidemiology 162–3
- confounding, definition 163
- confounding variables
 - adjusting for effects 248–9
 - and psychiatric admission rates 245–6
- consumers and the mental health system
 - inadequacies 63
- see also* new chronic psychiatric patients; patient population
- continuity of care
 - for long-term patients 6–7
 - and system-level analysis 231
- continuity of treatment as measure of service outcome 124
- control concept and non-spuriousness 144–7
 - experimental design 145
 - extraneous variables 144–5
 - pretest–posttest control group design 145–6
- Solomon Four-Group design 146
- Copenhagen Community Psychiatric Project 67–81
 - background 68–9
 - discussion 77–9
 - introduction 67–8
 - overview of research plan 71–3
 - results 73–7
- see also* community mental health centres, Copenhagen
- coping with mental illness by family *see* caregiver burden
- cost effectiveness, misunderstandings 5
- cost(s)
 - of community care, Mannheim Project 90
 - and cost-effectiveness studies of sectorised services 206
 - and health economics 341–3
 - classification of costs and outcomes 344–7
 - compare costs and outcomes 350–1
 - cost-effectiveness, cost-benefit and cost-utility analyses 348–9
 - cost-of-illness studies 349
 - likely costs need to be listed 343–7
 - quantify and value costs and outcomes 347–9
- indirect 44
- of measurement strategies 127

Index

371

- and policy making 52–3
- of record linkage systems 138–9
- counselling in general practice 181
 - effectiveness 182
- covariation in evaluation research 144
- Cox's proportional hazards regression model 214
- example 218–23
- multi-state multi-episode analysis 218–23
 - calculation of survival and hazard function 219
 - hazard ratio 221
 - schizophrenia patients 218
 - stratification 221–2
 - survival curves 219, 220
 - testing the hazard ratio 222–3
- and patterns of care 217–18
- crime
 - accusations in different patient samples 237
 - victims in different patient samples 237
- crisis intervention, Mannheim Project 90–2
- data linkage to measure continuity of treatment 128–9
- data sets, clinical, minimum, for research design 42
- day treatment versus inpatient psychiatric care 272–4
- deinstitutionalisation 3–18
 - care for long-term patients 7
 - community attitudes 14
 - definition and background 4–5
 - fragmentation of patient population 6
 - information and communication links 8–9
 - as international problem 3
 - issues 5–9
 - mixed messages and social realities 11–12
 - new chronic patient population 9–11
 - patient-focused orientation needed 13
 - positive legacy 12–15
 - professionals and their responses to patients as people 14
 - programme evaluation 8–9
 - selection and gatekeeping 7–8
 - social disabilities of psychiatric patients 13–14
 - statistics, patient, USA, 1955 and 1990s 4–5
- depression, computer graphics for treatment history 133–6
- deprivation indices and psychiatric admission rates 247–8
- Diagnostic Interview Schedule (DIS) 122–3
- discharge planning, empirically based 136–8
- discrimination of psychiatric patients 13
- distress, definition and measure 122, 123
- drugs, clinical trials, publication and citation bias 180, 181
- dwelling and work, distribution among 70-year-olds in 1967 and 1984 160
- dynamic analysis of patterns of care 213–27
 - see also* patterns of care, dynamic analysis
- economics, health, programme-level and system-level 341–64
 - costs and health economics 341–3
 - questions addressed by economic evaluations 352–60
 - how should treatment be provided? 357–8
 - is economic evaluation suitable for mental health care? 359–60
 - to whom should care or treatment be provided? 356
 - what care service or treatment mode is more or most appropriate in given circumstances? 353
 - when should care or treatment be provided? 353–4
 - where should care or treatment be provided? 354–6
 - six stages of economic evaluation 343
 - compare the costs and outcomes 350–1
 - examine the distributional implications 351–2
 - identify the alternatives 343
 - list the costs and outcomes 343–7
 - quantify and value the costs and outcomes 347–9
 - take account of risk, uncertainty and sensitivity 351
- education among 70-year-olds in 1967 and 1984 by gender 167
- effect modifier 161
- efficiency evaluation, definition 143
- effort evaluation, definition 143
- elaboration
 - complete, and association, in graphical models 162, 169–70
 - in graphical modelling 159–62
- EMBASE 185
- emergency care, Mannheim Project 90–2

- epidemiology
 - confounders, controlling for 162–3
 - modifiers, controlling for 162–3
 - in search of vanished patients 111–13
- epilepsy, surgery for, economics 356
- evaluation and public policy 50–64
 - see also* public policy and evaluation
- evaluation of services, research designs 37–49
 - see also* research designs for evaluation of services
- evaluative research
 - different approaches 143
 - Mannheim Project 89
 - use designs systematically 46–7
 - see also* community psychiatry, evaluative research; Copenhagen Community Psychiatric Project
- event history data 215
 - see also* Cox's proportional hazards regression model; patterns of care
- experimental design in evaluative research 143–55
 - concluding remarks 151–3
 - observational study on effectiveness of extramural psychiatric care 148–51
 - model-based analysis of utilisation data 148–51
- family burden in severe mental illness, improving 308–9
- family in caregiving
 - new obligations 297–8
 - previous research 298–301
 - see also* caregiving
- family members and inadequacies of the system 62–3
- finances of services 23
- financial constraints 29
- fluoxetine, prescribing in primary care 187
 - see also* selective serotonin reuptake inhibitors
- fragmentation of patient population 6
- functioning, measurement 123
- general practice, counselling services 181
 - effectiveness 182
- geographical aspects of services 23
- geographical comprehensiveness used to measure continuity of treatment 128
- German psychiatry after World War II 82
 - recommendations of the Expert Commission on Psychiatry, 1972–1975 83–4
 - see also* Mannheim Project
- Global Assessment Scale (GAS) 123
- graphical modelling 156–75
 - advantages 158–9, 173–4
 - case study 171–2
 - Cohort Year–Work relationship 171–2
- causal and recursive models 164
- computer programs 170–1
- control variables 159–60
- controlling for confounders and modifiers in epidemiology 162–3
- development 157–8
- discussion 173–4
- independence graphs 156–7, 163
 - use in theoretical analysis 158–9
- methodological prerequisites 159–64
 - elaboration and explanation in social sciences 159–62
- graphical models 164–71
 - chain-graph 167–8
 - complete elaboration and association 162, 169–70
 - definition 164–8
 - regression 167
 - Simon–Blalock techniques, separation theorem 169
- Griffiths Report 357
- Hamilton Depression Rating Scale in RCTs 188–90
- hazard models 214
- hazard rates 216–17
 - see also* Cox's proportional hazards regression model
- health, correct evaluation 281–3
- health economics *see* economics, health
- Health of the Nation Outcome Scales for routine use 41, 45
- Health Related Groups, for information for mentally ill patients 41–2
- home environment and psychiatric care 104–7
 - high-status areas 104–6
 - low-status areas 104–6
 - low-status housing areas, meeting the needs 107–8
 - patient register linked to database 104–5
 - suicide attempts 105
- homelessness, needs assessment 6, 328

- hospital-based to outpatient-based CMHS
 - costs (Mannheim) 90
 - effects of changing 100–1
 - feedback 101–4
 - patient numbers 101
 - staff 100
- hospital services
 - non-psychiatry 254
 - psychiatry 1985/6 254
- humanitarian aspect 29
- immigrant workers, mental health,
 - Mannheim Project 93–4
- imprisonment of mentally ill patients 6, 62–3
- income, weekly, in different patient samples 237, 238
- independence graph 166, 168, 171–2
 - for graphical modelling 156–7, 163
 - use in theoretical analysis 158–9
- Index Medicus 187–8
- information links 8
- Information Management Group of NHS,
 - strategy for mental health services 41–2
- information for policy-makers 51–2
- information systems, mental health 40–2, 43
- Information Systems Strategy 184
- intention to treat, management trial 272
- interventions, psychiatric, efficacy 282, 283
- legislation and policy making 56–60
 - Carter commission 55, 56
- legislative analysis of MHSs 232–4
- living situation in patient samples 238–9
- long-term hospitalisation, avoidance 28
- long-term patients
 - move away from inpatient hospital care 354–6
 - need for care 7
 - new 6
- long-term psychosis
 - meeting needs of patients 108–9
 - patient admission 103
- Mannheim Project 82–95
 - Department for Community Psychiatry, CIMH 88–9
 - emergency care and crisis intervention 90–2
 - evaluative research 89
 - implementation of comprehensive CMHS, Mannheim 86
 - Mannheim psychiatric case register 87
 - mental health of immigrant workers 93–4
 - network of complementary services 87–9
 - opening of Central Institute of Mental Health in Mannheim, 1975 84–6
 - description of departments, beds and staff 85–6
 - preparations for establishment of community mental health services in Mannheim 84
 - psychogeriatrics 94
 - recommendations of the Expert Commission on Psychiatry, 1972–1975 83–4
 - services research in child psychiatry 92–3
 - 'Starthilfe' (help for starting) 88
 - transition from long-term hospital to complementary care 89–90
 - what is effective in comprehensive community care? 90
- Maudsley Hospital Daily Living Programme 355
- measurement
 - caregiving in severe mental illness 305–7
 - needs assessment 320–4
- measurement strategies 121–42
 - assessment 126–9
 - cost of measurement 127
 - data linkage 128–9
 - reliability 126
 - response burden 127–8
 - validity 127
 - choices 129–38
 - empirically based discharge planning 136–8
- in evaluation of mental health services 122–4
 - distress, psychopathology and diagnosis 122–3
 - functioning and quality of life 123
 - service outcomes 123–4
- geographical comprehensiveness 128
- modalities 124–6
- priorities and costs 138–9
- psychiatric case registers 130–1
 - see also case registers
- record-based visual aids for treatment history 133–6
- service comprehensiveness 129

- measurement strategies (*cont.*)
 statistical analysis for evaluation 131–3
 temporal comprehensiveness 128
- Medicaid* 55
- Medicaid programme 55, 59
 New York State legislation process 59–60
- Medicare* 55
- MEDLINE
 search for depression treatment and
 SSRIs 187–8
 for systematic searching for RCTs 184–5
- Mental Health Act 1983
 use, differences, local authorities 232
 uses of sections 233
- Mental Health Care, International
 Classification (ICMHC) 31, 32
- mental health care, principles 213–14
see also patterns of care
- mental health information systems 40–2, 43
- mental health service systems
 analyses 229–41
 definition 229
 social indicators of outcome 229–41
 and other social systems 235–40
 within the system 229–35
see also community mental health services;
 system-level
- mental health services
 accessibility
 capacity, qualitative and quantitative
 23
 ‘community’ specified and identified
 23–4
 easy reach 23
 epidemiology 23
 finances 23
 geographical aspects 23
 monitoring 23
 priorities 23
 special group needs 23
 comprehensiveness, in measures of
 continuity of treatment 129
 delivery problems 5–6
 higher rates of admission in different
 authorities *see* psychiatric admission
 rates
 local authorities, variation in use 232
 needs *see* needs assessment
 outcomes, measurements 123–4
 use, psychiatric, estimates by type of
 service 326–7
 utilisation *see* economics, health
see also community mental health services;
 sectorised services
- mental hospital, Copenhagen 68
- mental illness, inter-agency definition 30, 31
- mental illness, severe, caregiving 296–316
see also caregiving
- meta-analysis 176–94
 avoiding biases 178
 citation and publication bias 179–80
 Cochrane Collaboration 184–5
 definition 176
 differences in intervention 181–2
 differences in outcomes 182
 differences in patients 180–1
 example, treatment of depression in
 primary care and SSRIs 186–90
 need for systematic searching and
 widespread collaboration 184–6
 random variation from small samples
 178–9
 of RCTs in mental health 183
 statistical power and role of chance
 178–9
- modalities of measurement 124–6
 clinical 125
 computer-assisted 125
 paper and pencil 125
 record-based 125–6
 survey 125
- modifiers, controlling for in
 epidemiology 162–3
- monitoring
 research designs 39–40
 of services 23
- MRC Needs for Care Assessment 323
- multiple services, use by patients 230
- Nacka Project (Sweden) revisited 96–117
 adaptation of organisation to meet needs of
 low-status housing areas 107–8
 comparison with new organisation 110–11
 conclusions 114–16
 content of case register 97–100
 effects of changing from general CMHS to
 sub-specialised psychiatric care
 109–11
 effects of changing from hospital-based to
 outpatient-based CMHS 100–1
 feedback of evaluation’s outcome 101–4
 home environment and psychiatric care
 104–7
 organisational adaptation to meet needs of

- patients with long-term psychosis 108–9
- psychotic problems are psychiatry's main area of responsibility 108
- study area and method 97
- National Health Service Research & Development Programme 184
- needs assessment 317–38
 - conclusion 333–4
 - defining needs 317–20
 - distinction from demand and supply 318–19
 - philosophical terms 318
 - professionally defined/patient acceptance 319–20
 - psychological terms 318
 - five levels 29–30
 - measuring individual 320–4
 - Camberwell Assessment of Need 321–2
 - Cardinal Needs Schedule 323–4
 - MRC Needs for Care Assessment 323
 - population-based 324–33
 - deprivation-weighted population approach 327
 - estimated levels of psychiatric morbidity in general population 325
 - estimates of service need based on national patterns of service utilisation 325–7
 - guidelines to distinguish high, medium and low support groups 332–3
 - homelessness 328
 - 'ideal' number of places for residential services 328–9
 - registers of vulnerable individuals 331
 - requirements for services 328–9
 - service needs from local perspective 329–31
 - service utilisation as proxy for need 331–3
 - principles to guide services to meet unmet needs 333
 - priorities 28–9
 - requirements to be fulfilled 30–2
- new chronic psychiatric patients 9–11, 111
 - alcohol use 10, 12
 - difficulties for clinicians 10–11
 - geographic mobility 10–11
 - high suicide risk 10
 - homelessness 11
 - 'new long-stay' patients 6
 - personality disorders included 9
 - place in society 12
 - range of illnesses 9
 - 'revolving door' use of facilities 10
 - sociology of patient care 11
 - substance use 10, 12
 - vulnerability 10
- New South Wales Public Inquiry into Services for the Psychiatrically Ill and Developmentally Disabled 61
- New York State long-range comprehensive programme 59–60
- non-spuriousness in evaluation research 144, 145
 - control of extraneous variables 144–7
 - threats to validity 144–5
- Ohio Mental Health Act (1988) 57
- Ohio Study Committee, assessment 57–9
- outcome(s) 281–95
 - conclusions 289–90
 - controlled experimental studies 281–3, 290
 - differences, and meta-analysis 182
 - evaluation
 - definition 143
 - for model-based study 150
 - in psychiatry 282–3
 - indicators 283–7
 - change in psychiatric symptoms 284
 - effect of prejudice 286–7
 - psychopathology and social functioning 284
 - satisfaction/dissatisfaction 285–7
 - service utilisation 283–4
 - social functioning 284–5
 - structure 283
 - subjectivity 287–8
 - measures, developing 52–3
 - predictors 288–9
 - relationship between diagnosis and outcome 288
 - research of sectorised services 200–9
 - see also* sectorised services
 - social indicators *see* social indicators of outcome
 - subjective perspective 2878–8
 - variables in RCTs 262
- Oxford Database of Perinatal Trials, 1992 184
- paper and pencil modality of measurement 125

- path analysis 164–5, 166
 - Simon–Blalock diagram 165
- patient population
 - fragmentation 6
 - new chronic 9–11
 - see also* consumers; new chronic psychiatric patients
- patterns of care
 - dynamic analysis 213–27
 - Cox's proportional hazards regression model 217–18
 - example 218–23
 - key concepts in models 215–17; event history data 215–16; hazard rates 216–17; single-state single-episode case 215–17; state-space 215
 - see also* Cox's proportional hazards regression model
 - example 224–6
 - from classification to dynamic model 214–15
 - episodes 214
 - which contacts 214
 - performance of health services, information required 231–2
 - perinatal register of RCTs 184
 - pharmaceuticals, clinical trials, and meta-analysis 179–80, 181
 - policy-makers
 - administrative barriers to change 60–1
 - advocacy and the political process 61–3
 - constant lobbying 61
 - information 51–2
 - complexity of organising systems of care 54–5
 - developing outcome data 52–3; cost 52–3
 - inclusion of substance abuse and mental health benefits 51–2
 - intergovernmental dynamics 56–60
 - block grant system 55, 56
 - finding resources 57
 - New York State plan 59–60
 - Ohio Study Committee assessment and progress 57–9; recommendations 58–9
 - persistence in face of frustration, delay and opposition 61
 - researchers and the policy process 60–1
 - political influence on organising systems of care 54–5
 - population-based needs assessment 324–33
 - see also* needs assessment
 - Posttest-Only Design with Nonequivalent Groups 147
 - poverty of psychiatric patients 13
 - prejudice 286–7
 - Present State Examination (PSE) 148
 - Pretest–Posttest Control Group Design 145–6
 - prevalence of psychiatric disorders, England 325
 - primary care services, care of psychiatric patients 111–13
 - priorities
 - for mental health services, setting 28–9
 - of record linkage systems 138–9
 - when resources are limited 23
 - prisons
 - increase of mentally ill patients 6
 - see also* imprisonment
 - process evaluation, definition 143
 - programme evaluation 8–9
 - programme-level health economics *see* economics, health, programme-level and system-level
 - programme-level research *see* randomised controlled trials
 - psychiatric admission rates 245–56
 - adjusting for effect of confounding 248–9
 - community health services 255
 - conclusions 253–4
 - confounding 245–6
 - correlations with 251–3
 - data and initial analysis 249–51
 - general practice 255
 - higher/lower rates in different authorities 232
 - hospital services
 - non-psychiatry 254
 - psychiatry 1985/6 254
 - nursing homes 255
 - supply variables 254
 - underprivileged area score and other deprivation indices 247–8
 - psychiatric case registers *see* case registers
 - psychiatric disorders, prevalence, England 325
 - psychiatric epidemiology, outcome of interventions 282–7
 - see also* outcome(s)
 - psychiatric evaluation as process of quality assurance 96–117
 - see also* Nacka Project (Sweden) revisited

- psychiatric interventions, efficacy 282, 283
- psychiatric morbidity and service use, general population 325, 326
- psychiatric patients who turn to somatic care 111–13
- psychiatric and social problems combined 101–4, 104–6
- psychiatry, community *see* community psychiatry
- PsychINFO/PsychLIT 185
- psychogeriatrics, Mannheim Project 94
- psychopathology, measures 122–3
- psychotic problems
 - long-term psychosis 108–9
 - main area of concern 108
- public policy and evaluation 50–64
 - information for policy-makers 51–2
 - see also* policy-makers
- public policy, intergovernmental dynamics 56–60
- quality assurance, psychiatric evaluation as process 96–117
 - see also* Nacka Project (Sweden) revisited
- quality of life
 - as goal of community mental health services 21–2
 - measurement 123
 - scales 236
- quasi-experimental design in evaluative research 147–8
- random variation, and small samples 178
- randomised controlled trials (RCTs) of programmes 179–86, 259–80
 - blinding 270–1
 - citation and publication bias 179–80
 - Cochrane Collaboration 184–5
 - conclusion 276–7
 - databases 180
 - differences in intervention 181–2
 - example 265–6
 - generalisability 276
 - hand searching back 40 years 185, 187–9
 - ‘intention-to-treat’ and ‘as treated’ groups 272–4
 - example 272–4
 - special problems in analysing management trials 272–4
 - internal validity 274–6
 - consent 274
 - effect of self-selection 274
 - randomisation 274–5
 - loss to follow-up 266
 - management trials and explanatory trials 271–2
 - need for systematic searching and widespread collaboration 184–6
 - number of patients required 264–8
 - determination of minimum number 265
 - outcome variables 262
 - randomisation schemes 168–70
 - blocked 168–9
 - example 269–70
 - stratified 270
 - should equal or unequal proportions of patients be allocated to the conditions? 267–8
 - terminology 261–3
 - trials aimed at establishing value of therapies 266
 - use in psychiatry 176–90, 276–7
 - checklist of variables 277–9
 - systematic reviewing *see* meta-analysis
 - underutilisation 260–1
 - why randomise? 263–4
- record-based modality of measurement 125
- record systems 125–6
- record-based visual aids for treatment history 133–6
- record linkage system for measurement strategies 138–9
 - priorities and costs 138–9
- recursive model 164, 165
- registers of vulnerable individuals 331
 - see also* case registers
- rehospitalisation, rate as measure of service outcome 124
- relationships and the nature of caregiving 301–2
- reliability in measurement 126
- research designs for evaluation of services 37–49
 - alternatives to residential care in hospital 43–4
 - clinical audit 39
 - controlled and partially controlled (quasi-experimental) designs 42–3
 - interrelationships between three methods of evaluation 45–6
 - minimum clinical data sets 42
 - use evaluative designs systematically 46–7

- research designs for evaluative studies 38–9
 - mental health information systems 40–2
- research designs for monitoring 39–40
- research designs *see also* Copenhagen
 - Community Psychiatric Project
- research, evaluative, background and goals 19–36
 - see also* community psychiatry, evaluative research
- research in mental health service,
 - conclusion 365–7
- residential care in hospital, alternatives 43–4
- residential group, provision 236
- response burden in assessing measurement 127–8
- Richmond Inquiry 61
- risperidone treatment for schizophrenia 356
- Robert Wood Johnson Foundation Program for Chronic Mental Illness 51, 229
- SCAN 123
- schizophrenia
 - clozapine for treatment, study 353, 356
 - computer graphics for treatment history 134
 - diagnosis, Mannheim Project 89, 90
 - emergency care and crisis intervention 90–2
 - main area of concern 108
 - meeting needs of patients 108–9
 - probability of remaining in community after first discharge 137
 - risperidone treatment 356
- sectorisation and needs assessment 329–30
- sectorised services 197–212
 - advantages 198–9
 - characteristics 198
 - concept 197–8
 - cost and cost-effectiveness studies 206
 - evaluating outcome 200–6
 - objectives 199
 - outcome measures 201–2
 - outcome research
 - comprehensive system-level outcome research 208–9
 - further research 206–9
 - should reflect dimensions and perspectives 207–8
 - standardisation of measures and care organisations 208
 - use of health-related measures 206
 - use of homogeneous cohorts of patients 207
 - use of utilisation data 207
- outcome research so far 202–5
 - problems concerning studies and implementation 202–6
- security of patients 7–8
- selection of patients 7–8
- selective serotonin reuptake inhibitors and
 - depression treatment in primary care, meta-analysis 186–90
 - implementing results from systematic overview of RCTs 189–90
 - increasingly prescribed 186
 - reviewing the evidence 187–9
 - tolerance and effectiveness 187
- separation theorem 172
- services *see* mental health service systems; mental health services; system-level
- severe mental illness, caregiving 296–316
 - see also* caregiving
 - ‘short-stay’ hospital residents 6
- Simon–Blalock techniques for graphical models, separation theorem 169
- small samples and random variation 178
- ‘social disablements’ of psychiatric patients 13–14
- social indicators of outcome
 - at the system level 228–44
 - conclusion 241–3
 - framework for evaluation 240–1
- social and psychiatric problems combined 101–4, 104–6
- Social Security Disability Insurance* programme 55
- social services
 - group, provision 236
 - unequal access for psychiatric patients 13
 - use, general population 326–7
- social systems, examples 235–40
- social systems and mental health services
 - system-level analysis between 234–5
 - transition points between 234, 235
- social systems outcomes 236–40
 - criminal justice 237
 - health 239–40
 - living situation 238–9
 - social security 237–8
 - work 236–7
- Solomon Four-Group Design 146

Index

379

- SSRIs *see* selective serotonin reuptake inhibitors
- state-space defined 215
- statistical analysis for evaluation 131–3
- statistical power and role of chance 178–9
- statistics
differences in patients 180–1
patients affected, USA, 1955 and 1990s 4–5
- stigma of psychiatric patients 13
- strategies of measurement and analyses 121–42
see also analyses; measurement strategies
- substance abuse and mental health benefits
decision-making process 52
policy-makers information 51–2
- substance use by patients 10, 12
- suicide
attempts 105
and prescribing of SSRIs 190
- Supplemental Security Income* programme 55
- survey modality of measurement 125
- system-level analysis between mental health and other social systems 234–5
- system-level analysis within the system or between mental health systems 229–35
idiographic analysis 229–32
legislative analysis 232–4
normative analysis 231–2
- system-level health economics *see* economics, health, programme-level and system-level
- system-level outcome studies *see* sectorised services
- system-level research *see* patterns of care; social indicators of outcome
- systematic overview in meta-analysis 176
versus subjective reviews 176–8
- systematic reviews
characteristics 177, 178
versus subjective reviews 176–8
- temporal comprehensiveness in measurement 128
- temporal precedence of the cause in evaluation research 144
- transnational comparative studies in evaluative research 19–20
- underprivileged area score and psychiatric admission rates 247–8
- unemployment of psychiatric patients 13
- unemployment rates of different patient samples 236
- Untreated Control Group Design with Pre- and Posttest 147
- utilisation of mental health services *see* economics, health
- utilisation rates of sectorised services 203–5
- validity in measurement 127
- vanished patients, in search of 111–13
- variation, random, and small samples 178
- visual aids, record-based, for treatment history 133–6