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Report of the UEMS Section for Psychiatry

RECOMMENDATIONS ON SOCIAL AND COMMUNITY PSYCHIATRY

Questionnaire

In order to address the issue of Social and Community Psychiatry and how it is understood in the European countries, a questionnaire was circulated in 1996 to representatives of the Section to be completed by the National Psychiatric Associations.

Answers were received from 14 countries:
Austria, Belgium, Denmark, Finland, France, Greece, Ireland, Malta, Netherlands, Norway, Poland, Spain, Sweden, United Kingdom.

Key Results

- There is a general move towards community psychiatry and it is practised everywhere through national policy in all the countries responded, except Belgium.

- Sectorization has occurred:

  fully: Denmark, Finland, France, Ireland, Netherlands, Norway, Spain, Sweden, United Kingdom
  in part: Austria, Greece, Malta
  not at all: Poland, Belgium

- Mostly all psychiatrists are designated community psychiatrists.

- There are special community services for older people in Denmark, Greece, Ireland, Netherlands, Sweden, United Kingdom. None for children in any country. Nothing is provided for the patients who refuse community care.

- A patient can refer him/herself to a psychiatrist as a common rule. Spain, Norway and Netherlands have restrictions. Primary care doctors can refer any patient they wish.

- The psychiatrists carry out consultations in primary care settings in Finland, France, Spain, Sweden, United Kingdom.

- In Belgium and Norway general practitioners are regarded as part of a community psychiatry team.

- The psychiatrists refer patients back to general practitioners for long-term supervision and administration of medication as a rule/ mostly in all countries except Spain and Poland.

- Most countries have difficulties in co-operation with social services.

- The community team is mostly structured with the psychiatrist as a consultant with the responsibility for directing treatment of patients, but with management of the team lying elsewhere.

- Psychiatrists usually see all patients referred to the service but other team-members can carry out primary assessments. Meetings are held weekly.

- There are a lot of facilities and personnel that might be expected to be available for use by community psychiatric teams:

Day Care Unit (for psychiatric treatment)	Community nurses
Day Centre (for social care)	Psychiatrists
Hostels staffed by nurses	Psychologists
Hostels staffed by non-health workers	Occupational Therapists
Rehabilitation Centre (for occupational therapy)	Social Workers
Sheltered Workshops Teachers	Physiotherapists
Consumer based facilities	Volunteers

- The training of psychiatrists in community psychiatry is mandatory in Denmark, Finland, Greece, Malta, Netherlands, Norway, Spain, Sweden.

- There are no quality assurance programmes for community based psychiatry in any of the responders.

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Based on the information gathered from the responses to the questionnaire on social and community psychiatry, the UEMS Section of Psychiatry is proposing the following recommendations:

Social psychiatry is defined as the field of knowledge that focuses on the role of social factors in the aetiology, symptoms and course of mental disorders whether in hospital or outside hospital. Social factors vary from the broad: cultural variations and levels of employment, to the most intimate: relationships with spouse and family members.

Community Psychiatry is a form of practice for all aspects of psychiatry and can be organised from all or any of the following: day hospitals, day centres, community mental health clinics, polyclinics, hostels, hospital settings. It consists of a network of services which offer continuing treatment, accommodation, occupation and social support which together helps those with mental illness keep or achieve an acceptable and suitable social role. Community Psychiatry is informed by Social Psychiatry research, so that factors likely to cause relapse or disability are minimised, rehabilitation encouraged and quality of life improved.

Principles of good practice
The tenets of Community Psychiatry are considered to be a multidisciplinary service, responsibility for those with mental illness living in a defined area and an emphasis on extramural patient contacts. Good practice must consider continuity or co-ordination of care between community teams and inpatient care (if the patient needs admission) in co-operation with other relevant agencies, particularly social services and primary care.

Training in Community Psychiatry
Recommendations for training is clinical training in community psychiatry at least 6 moth under supervision of a psychiatrist and as a member of a multidisciplinary team. There must be co-working with agencies caring for mentally ill people (including primary care and social service) and consultations with patients outside hospital wards for examples home assessments, day care. It is necessary to gain experience in evaluation of treatment programs, community services etc.