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# Empowerment of Mental Illness Service Users through Lifelong Learning Integration and Action

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## Quantitative research measures



- Service users have been assessed at baseline (before commencing the training modules) and are being followed up at ten months and twenty months.
- Client Socio-demographic and Service Receipt Inventory (CSSRI-EU)<sup>6</sup>
- SF-36(v2) Health Survey<sup>7</sup>

# Client Socio-demographic and Service Receipt Inventory



- The Client Socio-demographic and Service Receipt Inventory (CSSRI - EU) was originally developed to measure the cost of severe mental illness in different European countries.
- The CSSRI-EU has been specifically adapted for the EMILIA project to additionally measure the increase in amount of time spent in employment, training or education post lifelong learning intervention.

# SF-36(v2) Health Survey



- The SF-36(v2) Health Survey is a self-report multi-dimensional survey measure of health-related quality of life and well-being
- The scales of the SF-36 address eight health domains:
  - Physical Functioning
  - Role limitations (physical)
  - Bodily pain
  - General health
  - Vitality
  - Social functioning
  - Role limitations (emotional)
  - Mental Health

## Completion of recruitment



- The recruitment of participants into the study across 8 demonstration sites (Bosnia, Denmark, France, Greece, Norway, Poland, Spain, UK) began in March 2007 and was completed by February 2008.
- Aim was to recruit 30 service user participants per site ( $N=8 \times 30=240$ ).
- Not been achieved on some sites – so total sample lower than anticipated.
- Quantitative baseline data has been collected from a total sample ( $N=206$ ).

## **Demonstration site – number of participants**



- Bosnia - 33
- Denmark -25
- France - 30
- Greece - 11
- Norway - 13
- Poland - 45
- Spain - 27
- UK – 22

# Some general findings



- Female= 101 (49%); Male=105 (51%)
- Mean age=40.24; min=19; max=67; SD=10.44
- White European=96.6%; other=3.4%
- Single=66.5; married/co-habiting=16.5%;  
separated/divorced=13.6%
- Living alone(+/- children)=39.3% ; living with  
parents=35%; living with spouse/partner=16.5%
- Owner occupied accommodation=46.8%;  
rented=30.3%; hospital wards=7.8%;  
homeless=0.5%

## More findings



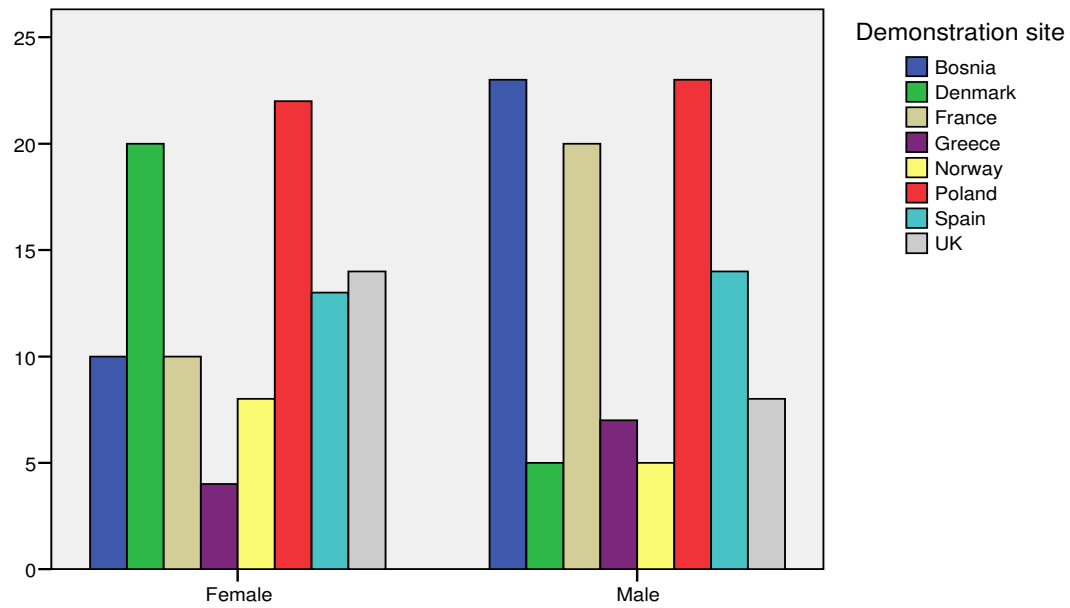
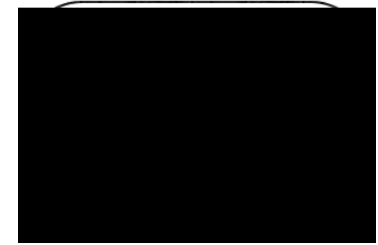
- Unemployed=56.1%; employed (paid/voluntary)=16.1%; 'retired'/not able to work=17.1%
- State benefits: yes=86.6%; no=13.4%
- Secondary education=49.8%; further education=35.6%; primary=13.7%

## Gender balance within sites



- In Denmark, Norway and the UK there was a higher proportion of females whereas in Bosnia, France, and Greece there was a higher proportion of males. This perhaps reflects certain cultural differences in the countries.

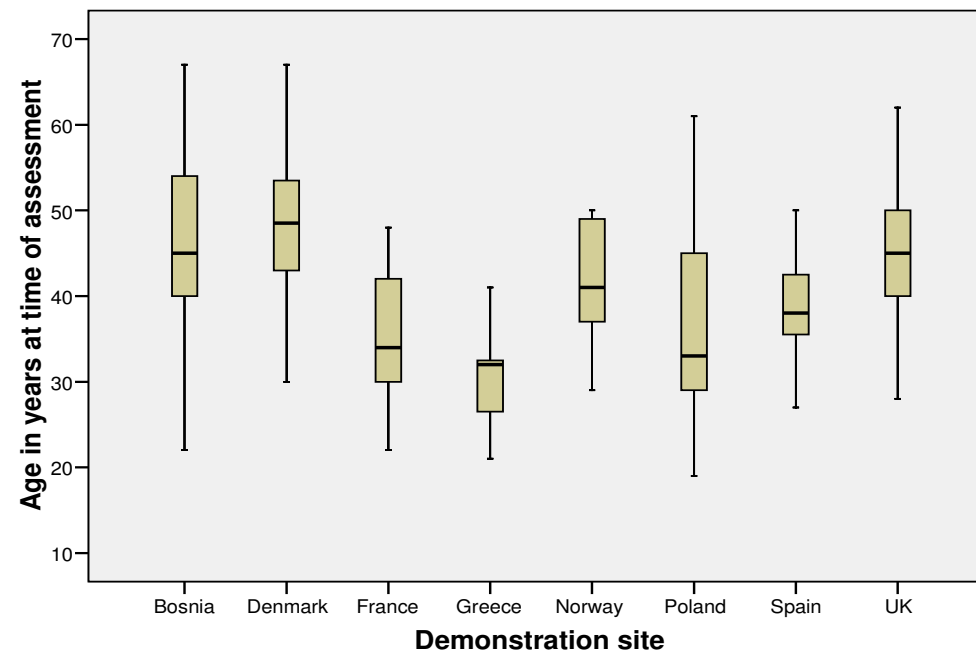
# Gender balance by demonstration site



# Age distribution in EMILIA



# Boxplots of age by demonstration site

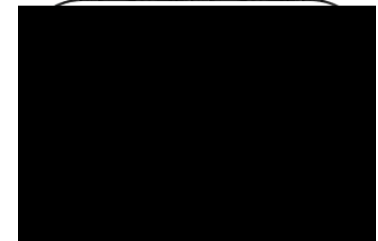


# SF-36(v2) Health Survey



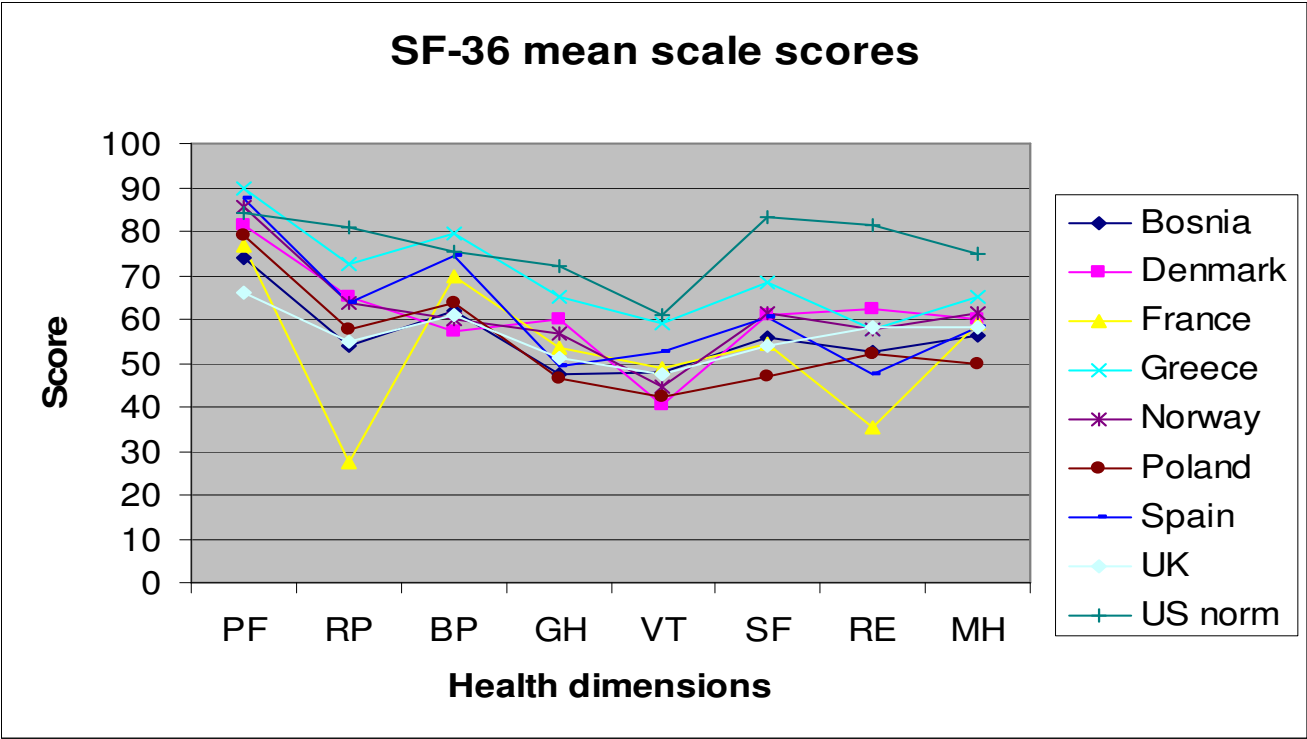
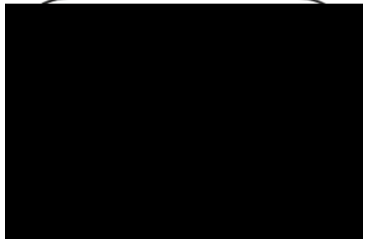
- The scales of the SF-36 address eight health domains:
  - Physical functioning (PF)
  - Role limitations - physical (RP)
  - Bodily pain (BP)
  - General health (GH)
  - Vitality (VT)
  - Social functioning (SF)
  - Role limitations - emotional (RE)
  - Mental health (MH)

# SF-36 mean health scores by demonstration site



Site	PF	RP	BP	GH	VT	SF	RE	MH
Bosnia	73.8	54.17	61.94	47.45	47.73	55.68	52.53	56.21
Denmark	81.2	65.25	57.4	60	40.5	61	62.33	59.8
France	76.67	27.50	69.77	53.60	48.67	54.58	35.56	58.93
Greece	90	72.73	79.64	64.91	59.09	68.18	57.58	65.09
Norway	85.77	63.54	59.92	56.92	44.71	61.54	57.64	61.44
Poland	79.26	57.48	63.78	46.73	42.18	46.94	51.89	49.72
Spain	87.59	63.89	74.33	49.32	52.55	60.65	47.44	58.15
UK	66.06	54.83	60.73	51.36	47.44	53.98	57.95	58.18
US norm	84.15	80.96	75.15	71.95	60.86	83.28	81.26	74.74

# SF-36 mean scale scores by demonstration site



# Economic Analysis



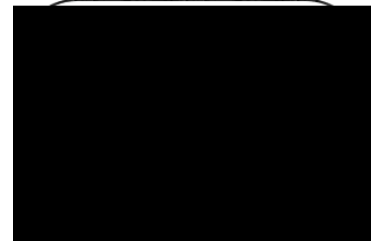
- The CSSRI has also provided data on the types of services used in the previous 12 months (before baseline) as well as the frequency and duration of contacts.
- Unit costs of the training package delivery will be estimated from locally specific information from service providers in the various demonstration site countries.
- To explore the relationship between costs and outcomes, the outcome measures (employment status, days in work and quality of life) will be linked with cost data in the form of cost-outcome ratios.

# Health economic findings from the CSSRI (1)



- There are wide variations in the use of all types of inpatient care across sites. In France, all participants had been inpatients during the previous 12 months.
- There was also much variation in the number having psychiatric outpatient consultations (15% in Bosnia, 93% in France) and other contacts with psychiatrists (15% in Norway, 100% in France).
- In most sites a high proportion of participants had contacts with general practitioners, with the exception of Greece.
- Most participants in all sites were taking medication for health problems (not just mental health).

# Health economic findings from the CSSRI (2)



- The contacts for inpatient care are the number of bed days.
- The number of acute psychiatric bed days were greatest in Poland and the UK and lowest in Denmark.
- There was a wide range in the number of contacts with all services.
- Service costs also vary substantially across sites.
- Inpatient care makes a major contribution to total costs in most sites.
- Total costs ranged from €4680 in Greece to €24894 in France.
- These differences are mainly due to the fact that all French participants had been inpatients whilst none in Greece had been admitted.

# References

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