



The REFINEMENT Project

Research on Financing  
Systems' Effect on the Quality  
of Mental Health Care

**REQUALIT**

**REfinement QUALity of care Tool**

**A Tool for collecting information  
on Quality of care and Met/Unmet  
Needs in Mental Health Systems  
in European Countries**

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Quality of mental health care and met/unmet needs



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The REFINEMENT project is conducted by an experienced team of health economists, mental health service researchers, public health specialists and social care experts from eight European countries.



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# 1 Background

**Defining quality** According to the Health Care Quality Indicator (HCQI) Project of the Organization for Economic Cooperation and Development (OECD), quality of care can be defined as *“the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge”* (IOM, 1990; OECD, 2004; Kelley and Hurst, 2006). Several countries have implemented projects and initiatives to define and evaluate quality of care in health and mental health systems (OECD, 2012) to tackle growing cost containment pressure, concerns about patients’ treatment choice and rights, and demands of transparency. Interest in this field is raising also due to advances in information technology systems monitoring the performance and utilization of services.

A number of authors have defined quality of health care by describing the concept according to a set of dimensions and using different indicators. Despite the growing interest around these issues, there is a lack of agreement on the dimensions and measures which should be used as indicators of quality of care in mental health (Hermann et al., 2006). This is also due to the differences in organization of health care systems, in policy priorities and in data sources available among countries. To summarize the main literature in this field, it is commonly recognised that:

- quality of care can be considered as a multidimensional construction;
- indicators can be considered as proxy measures for dimensions of quality of care; the same indicators can be considered as measures for different dimensions of quality because they are neither comprehensive nor mutually exclusive;
- a whole, balanced and tailored set of indicators is required as it will influence the health care policies to be adopted.

Finally, looking at the existing projects, OECD (2012) indicated gaps in some areas of mental health care quality such as psychotherapeutic treatments, equity, accessibility and safety issue, and social services.

**Inputs, processes, outcomes** According to Donabedian’s framework (1980), quality of care for medical care is described as the structural characteristics of healthcare organization (input); process of care – such as the consumer’s interaction with the healthcare system which includes technical and interpersonal components of care – and outcome of care, which reflect the results of treatment. Quality should be assured in all these three phases and a balance across input-process-outcome is indicated to improve quality of care (NIMH Information Strategy Committee Performance Indicator Drafting Group, 2005).

In mental health, according to Thornicroft and Tansella (2008), inputs consist of visible (mainly staff, facilities and budget) and invisible

(experience, qualification and skills of staff, working relationship, legal and policy framework) resources. For example, as suggested by the World Health Organization (2005), an appropriate human resources policy for mental health should be developed; continuing education, training and supervision should be developed for the provision of the best quality of care that meets users' needs and a motivated workforce will be more cost-effective. Other important input issues are the balance of expenditure between hospital and community services and the dissemination of clinical guidelines and protocols and higher level policy inputs.

Processes represent range of actions which take place in the delivery of mental health care. The measurement of processes helps to identify areas of relative over and under provision or whether people receive care that is evidence-based or conform to consensus expectations about quality (NHWG Information Strategy Committee Performance Indicator Drafting Group, 2005). Moreover, process measures at national/regional level (e.g. admission rates) allow international comparisons. An important process issue is individuals' pathways to and through mental health services; the term is connected to accessibility and continuity domains of quality of care (see below).

Outcomes are considered to be changes in functioning, in morbidity or in mortality (Thornicroft and Tansella, 2009) and, in a narrowed definition, they refer to changes in health status. They can regard different aspects: employment status, physical morbidity, suicide and self-harm, homelessness, mortality, symptoms severity, impact on care givers, satisfaction with services, quality of life, disability, met and unmet needs for care (Thornicroft and Tansella, 1999). Suicide rate is a commonly used outcome at national/regional level. The majority of these outcomes can be assessed at individual level using several scales. According to Slade et al. (2005) interventions to reduce symptoms have an important role, but an evidence-based service is characterised by a focus on the service user's perspective in assessment, the systematic identification of the full range of health and social care needs of the user; the development of innovative services to address these needs, and the evaluation of service impact on quality of life. The assessment of needs, broadly considering met and unmet needs, is an essential outcome indicator; both in service planning and in routine clinical practice to understand if the care provided is adequate and sufficient. Finally, service users' satisfaction with health services must be used for quality assurance purposes and it is generally considered a key dimension of quality of care (see below).

As reported in the examples and as described by Thornicroft and Tansella (1999), in mental health the distinction and balance among input, process and outcome within mental health systems are not clear-cut, because of the lack of consensus on the terms and the presence of interconnections among these three categories; moreover, a lot of mental health disorders are chronic, relapsing and with remitting conditions and do not fit the input-process-outcome sequence.



**Care quality dimensions** Concerning the second approach, the vast literature in these sectors points out a number of potential dimensions for quality of care. Arah et al. (2005), in the context of The Health Care Quality Indicator (HCQI) Project, summarized the performance dimensions commonly used in health. The dimensions of quality of care can be combined into a matrix with the input, process and outcome levels as suggested in Thornicroft and Tansella model (1999; 2009).

Common dimensions seen in all performance frameworks are **Effectiveness**: “the degree of achieving desirable outcomes, given the correct provision of evidence-based health care services to all who could benefit but not to those who would not benefit” and **Efficiency**: “the system’s optimal use of available resources to yield maximum benefits or results” (WHO, 2000; Kelley and Hurst, 2006). Other main dimensions are: **Appropriateness**: “the degree to which provided health care is relevant to the clinical needs, given the current best evidence” which overlaps with the domains of **Responsiveness**: “how a system facilitates people to meet their legitimate non-health expectations”, **Continuity**: “the extent to which health care for specified users, over time, is smoothly organized within providers and institutions because these are also intrinsically concerned with processes of service delivery” and **Coordination**: “health care being smoothly organized across providers”.

The presence of Best Practices core programs is also connected to appropriateness and effectiveness. Among others, early intervention – both to recognize early signs and symptoms and to take appropriate action – has obtained particular attention; indeed, the early years in the development and the onset of severe mental illness are critical and there is mounting evidence that duration of untreated illness is associated with poorer outcomes (Canadian Federal/Provincial/Territorial Advisory Network on Mental Health, 2001). The presence of early intervention is also an indicator of **accessibility** – “the ability of users to obtain care/service at the right place and right time based on needs” (Canadian Federal/Provincial/Territorial Advisory Network on Mental Health, 2001). **Accessibility** is an obvious multidimensional domain and encompasses the objective of **Equity** “the extent to which a system deals fairly with all concerned” (Arah et al., 2005). The idea that health systems should pursue accessibility and equity goals is widely supported. However, although little empirical evidence emerged specifically addressing the association between cultural competence and clinical outcomes, some research recognized that users from minority racial/ethnic groups have lower utilisation and less satisfaction with health care and that culture, ethnicity, language and age may impose barriers to mental health services (Hermann et al., 2004). This topic is strictly connected to **responsiveness** and patient-centeredness – “captures the degree to which a system actually functions by placing the patient/user at the centre of its delivery of health care”.

Finally, **patient safety** – “dimension where the system has the right structures, renders services, and attains results in ways that prevent harm to the user, provider, or environment” – has traditionally been considered (Arah et al., 2005).

**Requalit** Requalit tool contains a set of indicators which represented, as broadly as possible, a combination of phase levels and quality dimensions, which take into account different integrated and connected features of the mental health system.

To conclude, in order to respond to diverse mental health needs, mental health care takes place in a variety of settings throughout the health and social care system. The main services involved in the system are: primary care, general hospitals, psychiatric hospitals for inpatient, community services for outpatient, social services and public service agencies, forensic hospitals, services for vulnerable groups such as old age services, drug and alcohol services or child and adolescent services. Requalit considers indicators of quality of care across the range of mental health services, but, in order to maximize the comparability of results among the heterogeneity of the nine countries, only the categories of services included in the mapping procedure of Remast (WP6 Tool) have been considered in Requalit: primary care, outpatient services, community care and inpatient services. Specific indicators for general hospitals, forensic hospitals and services for vulnerable groups were not included. As it results from Remast mapping, in many countries social care is not provided in separate facilities, but in integrated health and social services. For this reason, in identifying the indicators, Requalit integrates data from health and social care.

**Quality Indicators** The selection of the indicators reported in the Requalit tool was initially based on two strategies:

- a hand search for indicators in portals and organizational websites, representing relevant international organisations on health and mental health quality evaluation;
- a search for indicators in published papers on electronic databases (Medline, Cinhal, Psycarticles, Psycinfo).

A large number of possible indicators and measures resulted from these two strategies. There were both statistical indicators (e.g. readmission rate) and survey based measures of quality (e.g. quality of life). The first ones can be calculated by using administrative data systems, often hospital administrative databases or national/regional health/mental health registries. Instead, the second ones required an ad hoc survey collection, as is the case of many outcome measurements or measures which consider patients prospective.

The main WP8 researchers selected a first list of indicators and then each work package leader rated the list on numerical scales according to three criteria: relevance, scientific soundness and feasibility (OECD, 2004). As the aim of the REQUALIT is to be used in a comparable international way, the indicators should be based as far as possible on data routinely collected or easily available, and for this reason the feasibility of data represents the first criterion of selection. Starting from this criterion the indicators were then grouped on the bases of the domain and inside each of them the set of selected indicators represent the most relevant and scientific soundness.



Finally for particular domains such as accessibility, equity and appropriateness, various overlaps with the variables collected in Remast (the Refinement WP6 tool) emerged. For this reason, in Section C various indicators were built combining data collected in this tool.



## 2 Preliminary remarks

The REQUALIT focuses on the most frequent domains of quality of care in mental health care and tries to cover the phase levels and type of services of the mental health system. Table 1 summarizes the topics on which indicators/questions focus on.

Table 1. Summary of the topics on which indicators/questions focus on

Section A Statistical indicators, mainly based on administrative data	Section B Interviews and data collection	Section C Variables based on REMAST data
Suicide	Outcome assessment	Balance
Length of stay	Physical health	Integration
Involuntary committal	Employment	Policies
Seclusion	Housing	Accessibility
Benefit	Stigma and discrimination	
Employment	Early intervention	
Housing	Equity and cultural sensitivity	
Continuity	Staff morale and training	
Readmission	Best practice	
Community tenure	Assessment and monitoring mechanism	

## 3 Technical Remarks

### 3.1 Definition

When answering to Requalit please consider the definition included in the [ANNEX I](#).

### 3.2 Section A

When answering [section A](#), please focus on the study area that you have selected (see Remast tool). Please indicate if the answer instead is applied to macro area or country. If data are only available for specific services or they resulted different for specific services, specific sample or sub area. Please specify and indicate if, and to what extent, the sample is representative for your study area and/or your country.

When answering [section A](#) remember that a lot of indicators can be compiled using administrative data sources. However, three approaches are possible; in an ideal situation you should apply all of them and use all possible sources:



Data analysis (e.g. by analyzing case register data): this is the preferred method and should be performed wherever possible.



Collection and review of available empirical findings. If the required data are not available, collect and review findings from all studies, internal reports, websites, etc., which may contribute to the assessment of the specific situation in your country/region/study area.



Interviews with relevant stakeholders and experts. Interviews can function as a substitute for unavailable "objective" empirical data (e.g. to obtain an estimate of the data or any information relevant).

### 3.3 Section B

When answering [section B](#), there are two approaches to provide the required information depending on the type of questions.

Some questions required:



[Interviews with relevant stakeholders and experts](#). The range of stakeholders includes: professionals (mental health and primary care), other service provider groups (e.g. non-governmental organisations), policy makers, advocacy groups, planners, associations of services users and carers.

Some questions required:



First, a [collection and review of available empirical findings](#): collect and review findings from empirical data, studies, evaluation reports, websites, etc., which may contribute to the assessment of the specific situation in your study area or country/region.



Second, if empirical findings are not available, [interviews](#) can be used to obtain an estimate of the data or any information relevant.

### 3.4 Sources

For each measure please indicate the source/s of information which you used (e.g. which data base, which study, which stakeholders, etc.).

### 3.5 Section C

Concerning [section C](#), for the countries of the Refinement no responses are necessary because data are collected in Remast tool. If you have not previously collected that data, you can collect the information according to Remast tool for the variables selected.

# Requalit – Section A

## 4.1 Suicide

Deaths caused directly by intentional self-harm, including purposely self-inflicted poisoning or injury, completed suicide

Crude death* rate per 100,000 inhabitants, total population (CDR)						
* Cause of death: ICD-10 codes X60-X84						_____
N TOTAL / TOTAL inhabitants x 100,000						fill in number
Please report, where possible, data disaggregated by age groups and gender (male, female, total)						
MALE	FEMALE	Specify the AGE group	Specify the AGE group	Specify the AGE group	Specify the AGE group	Specify the AGE group
_____	_____	_____	_____	_____	_____	_____
fill in number	fill in number	fill in number	fill in number	fill in number	fill in number	fill in number
N Total number of deaths* caused directly by intentional self-harm, including purposely self-inflicted poisoning or injury, completed suicide.			_____	Remarks (Please specify the ages range e.g. only >18 years old, all population)		
D Number of inhabitants			_____	Remarks (Please specify the ages range e.g. only >18 years old, all population)		
Period of data collection	_____	Any remarks on reason that could explain the peculiarity of your data or affect the comparability of data (e.g. population selection, different cause of death considered, specific preventive intervention or specific economic, historical or natural events, etc.)				
Area	<input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other			Please describe and specify		
Data source	<input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source			Please describe and specify		
Population	<input type="checkbox"/> all <input type="checkbox"/> sample of inhabitants In case of samples: Which proportion of inhabitants is represented? _____ % (inhabitants in sample / all inhabitants X100)			Please describe and specify		
Report any other remarks or specifications						

## Deaths from events of undetermined intent

Crude death* rate per 100,000 inhabitants, total population (CDR)						
* Cause of death: ICD-10 codes G#0-G#4						_____
N TOTAL / TOTAL inhabitants x 100,000						fill in number
Please report, where possible, data disaggregated by age groups and gender (male, female, total)						
MALE	FEMALE	Specify the AGE group	Specify the AGE group	Specify the AGE group	Specify the AGE group	Specify the AGE group
_____	_____	_____	_____	_____	_____	_____
fill in number	fill in number	fill in number	fill in number	fill in number	fill in number	fill in number
<b>N</b> Total number of deaths*			_____	Remarks (Please specify the ages range e.g. only >18 years old, all population)		
			fill in number			
<b>D</b> Number of inhabitants			_____	Remarks (Please specify the ages range e.g. only >18 years old, all population)		
			fill in number			
<b>Period of data collection</b>	_____	Any remarks on reason that could explain the peculiarity of your data or affect the comparability of data (e.g. population selection, different cause of death considered, specific preventive intervention or specific economic, historical or natural events, etc.)				
	fill in period					
<b>Area</b>	<input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other			Please describe and specify		
<b>Data source</b>	<input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source			Please describe and specify		
<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of inhabitants In case of samples: Which proportion of inhabitants is represented? _____ % (inhabitants in sample / all inhabitants X100)			Please describe and specify		
Report any other remarks or specifications						
<b>If data are not available, report information/data from reviews, reports or published sources</b>						
<b>If information from reviews, reports or published sources is not available, can you give an estimate?</b>						



## 4.2 Length of stay

- (1) Percentage of inpatients in acute psychiatric units with a length of stay greater than 30 days.
- (2) Average length of stay in acute psychiatric inpatient units.
- (3) Percentage of inpatients in NON acute HOSPITAL psychiatric units with a length of stay greater than 30 days.
- (4) Average length of stay in NON acute HOSPITAL psychiatric inpatient units.
- (5) Percentage of inpatients in NON acute NON HOSPITAL psychiatric units with a length of stay greater than 30 days.
- (6) Average length of stay in NON acute NON HOSPITAL psychiatric units.
- (7) Percentage of inpatients in acute PLUS non acute (all: hospital and non hospital) psychiatric units with a length of stay greater than 30 days.
- (8) Average length of stay in acute PLUS non acute (all: hospital and non hospital) psychiatric units.

(1)	(2)	(3)	(4)
N1 = _____ D1 = _____ $\frac{N1}{D1} \times 100$ _____ fill in number	N2 = _____ D1 = _____ $N2 / D1$ _____ fill in number	N3 = _____ D2 = _____ $N3 / D2 \times 100$ _____ fill in number	N4 = _____ D2 = _____ $N4 / D2$ _____ fill in number
(5)	(6)	(7)	(8)
N5 = _____ D3 = _____ $N5 / D3 \times 100$ _____ fill in number	N6 = _____ D3 = _____ $N6 / D3$ _____ fill in number	N7 = _____ D4 = _____ $N7 / D4 \times 100$ _____ fill in number	N8 = _____ D4 = _____ $N8 / D4$ _____ fill in number

Notes:

ACUTE: Remast codes R1, R2, R3 (3.0,3.1)

NON ACUTE hospital: Remast codes R4 + R6

NON ACUTE non hospital: Remast codes R5 + R7 + R8 + ... + R13

N1	Total number of inpatients in acute psychiatric units with a length of stay greater than 30 days (per year)	_____	Remarks
		fill in number	
N2	Number of annual patient days on acute psychiatric units	_____	
		fill in number	
N3	Total number of inpatients in non-acute hospital psychiatric units with a length of stay greater than 30 days (per year).	_____	
		fill in number	
N4	Number of annual patient days in non-acute hospital psychiatric units	_____	
		fill in number	
N5	Total number of inpatients in non acute non-hospital psychiatric units with a length of stay greater than 30 days (per year)	_____	Remarks
		fill in number	
N6	Number of annual patient days in non acute non-hospital psychiatric units	_____	
		fill in number	
N5	Total number of inpatients in acute plus non-acute psychiatric units with a length of stay greater than 30 days (per year)	_____	
		fill in number	
N6	Number of annual patient days in acute plus non-acute psychiatric units	_____	
		fill in number	
D1	Total number of discharges in acute psychiatric units (per year)	_____	Remarks
		fill in number	
D2	Total number of discharges in non-acute hospital psychiatric units (per year)	_____	
		fill in number	
D3	Total number of discharges in non-acute non hospital psychiatric units (per year)	_____	
		fill in number	
D4	Total number of discharges in acute plus non-acute (all: hospital and non hospital) psychiatric units (per year)	_____	Remarks
		fill in number	
Note that each stay should be considered separately, the measurement unit is discharge not patient.			
Report a description of any rules or regulations on length of stay which could influence LoS (for example a threshold LoS defined for every diagnosis-related case group (DRG))			

<b>Period of data collection</b>	_____ fill in period	Remarks
<b>Area</b>	<input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other	Please describe and specify
<b>Data source</b>	<input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source	Please describe and specify
<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of psychiatric inpatient units  In case of samples: Which proportion of psychiatric inpatient units is represented?  _____ % (units in sample / all units x 100)	Please describe and specify
Report any other remarks or specifications		

<b>If data are not available, report information/data from reviews, reports or published sources</b>	
<b>If information from reviews, reports or published sources is not available, can you give an estimate?</b>	

### 4.3 Involuntary Committal

Percentage of acute psychiatric hospitalizations with at least one period of involuntary status per year (per hospitalization and per inhabitants)

Per hospitalization	Per 100,000 inhabitants
N = _____	N = _____
D1 = _____	D2 = _____
$N / D1 \times 100$	$N / D2$
_____	_____
fill in number	fill in number

<p><b>N</b> Number of acute psychiatric hospitalizations with at least one period of involuntary status per year.</p> <p>Specification:</p> <ul style="list-style-type: none"> <li>– Involuntary status is defined as involuntary admission (placement and/or treatment), not as coercive measures (restrictions or seclusion);</li> <li>– Re-approval of involuntary status during the same admission has to be counted once;</li> <li>– Consider all admissions with at least one period of involuntary status: e.g. an involuntary admission transformed into a voluntary one has to be counted once;</li> <li>– consider only hospitalizations of patients &gt;18 years old;</li> <li>– note that as hospitalization is the data unit, if a patient presents two hospitalizations with involuntary status you have to count him twice;</li> <li>– Consider acute psychiatric hospitalizations (Remast codes R1, R2, R3).</li> </ul>	<p>_____</p> <p>fill in number</p>	Remarks
<p><b>D1</b> All acute psychiatric hospitalizations per year</p>	<p>_____</p> <p>fill in number</p>	Remarks
<p><b>D2</b> Number of inhabitants (consider only &gt;18 years old)</p>	<p>_____</p> <p>fill in number</p>	
<p><b>Period of data collection</b></p>	<p>_____</p> <p>fill in period</p>	Remarks
<p><b>Area</b></p> <p><input type="checkbox"/> whole country</p> <p><input type="checkbox"/> macro area</p> <p><input type="checkbox"/> study area</p> <p><input type="checkbox"/> other</p>		Please describe and specify
<p><b>Data source</b></p> <p><input type="checkbox"/> administrative data</p> <p><input type="checkbox"/> survey data</p> <p><input type="checkbox"/> other data source</p>		Please describe and specify

<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of psychiatric inpatient admissions  In case of samples: sample of psychiatric inpatient admissions  _____ % (psychiatric admissions / all psychiatric admissions) X100)	Please describe and specify
-------------------	---	-----------------------------

**Report a description of rules or regulations on involuntary admission**

At least report a comprehensive description of the following issues:

Describe criteria or conditions for persons to be detained as specified by statutes, laws or acts (e.g. mental illness, danger-criterion, need for treatment criterion)	
Describe procedural regulations for involuntary admission (diagnoses legally defined, person's expertise for assessing the medical criteria, deciding authority, decision-making authorities for short term detention)	
Describe time periods: maximum between psychiatric assessment and compulsory admission, maximum of short-term detention, decision-making authorities for short term detention, maximum length of initial placement, time of re-approval	
Are Involuntary placement and treatment legally defined as different modalities? How have you considered this aspect in your answer?	
Is involuntary admission allowed in residential non-hospital facilities?	
Is involuntary outpatient treatment allowed by law?	
Describe the relationship with patients and relatives.	
Is the notification or inclusion of relatives or a legal representative of the patients mandatory?	



Describe the presences of crisis resolution teams or forensic services, reporting number of beds and/or number of teams	
Report any other remarks or specifications	

If data are not available, report information/data from reviews, reports or published sources	
If information from reviews, reports or published sources is not available, can you give an estimate?	



## 4.4 Seclusion

Seclusion refers to the practice of placing a user in a confined space alone (e.g. the placement and retention of an inpatient in a bare room for containing a clinical situation that may result in a state of emergency).

Percentage of users admitted for acute inpatient psychiatric care who experience seclusion per facility per year				
Inpatient facility 1 _____ (specify*)	Inpatient facility 2 _____ (specify*)	Inpatient facility 3 _____ (specify*)	Inpatient facility 4 _____ (specify*)	Inpatient facility 5** _____ (specify*)
N = _____	N = _____	N = _____	N = _____	N = _____
D = _____	D = _____	D = _____	D = _____	D = _____
$N / D \times 100$	$N / D \times 100$	$N / D \times 100$	$N / D \times 100$	$N / D \times 100$
_____ fill in number	_____ fill in number	_____ fill in number	_____ fill in number	_____ fill in number

\* Report Remast codes if the facilities were mapped in Remast.

\*\* Add other here if necessary.

<b>N</b> Users admitted for inpatient psychiatric care who experience seclusion per facility per year	Remarks (report the definition of seclusion used)
<b>D</b> Total number of users admitted for inpatient psychiatric care per facility per year	Remarks

Report a description of any rules or regulations on seclusion	
Please describe any other coercive treatment used, describe any rules or regulations on coercive measures	

<b>Period of data collection</b>	_____ fill in period	Remarks
<b>Area</b>	<input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other	Please describe and specify
<b>Data source</b>	<input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source	Please describe and specify
<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of psychiatric inpatient acute facilities  In case of samples: Which proportion of psychiatric inpatient units is represented?  _____ % (psychiatric inpatient acute facilities / all psychiatric inpatient acute facilities × 100)	Please describe and specify
Report any other remarks or specifications		

<b>If data are not available, report information/data from reviews, reports or published sources</b>	
<b>If information from reviews, reports or published sources is not available, can you give an estimate?</b>	



## 4.5 Employment

### Supported Employment

Percentage of persons with SMI served in the community, age 18 years or older, who receive supported employment* programs in one year
$N / D \times 100$
<hr style="width: 10%; margin: auto;"/> fill in number

\* Refers to both the development of employment opportunities and on-going support for those individuals to maintain employment on the open labour market. It can provide assistance such as job coaches, assistive technology, specialist job training and individually tailored supervision.

<b>N</b> The number of persons in the denominator who receive supported employment programs during that period (1 year)	<hr style="width: 10%; margin: auto;"/> fill in number	Remarks
<b>D</b> Total unduplicated number of persons served in the community*, age 18 years or older, with a SMI during a specified period (1 year) <small>* please see the definition of community services</small>	<hr style="width: 10%; margin: auto;"/> fill in number	Remarks
<b>Period of data collection</b>	<hr style="width: 10%; margin: auto;"/> fill in period	Remarks
<b>Area</b>	<input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other	Please describe and specify
<b>Data source</b>	<input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source	Please describe and specify
<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of inhabitants  In case of samples: Which proportion of people is represented?  <hr style="width: 10%; margin: auto;"/> % (people in sample / all people in the study area x 100)	Please describe and specify
Report any other remarks or specifications		



If data are not available, report information/data from reviews, reports or published sources	
If information from reviews, reports or published sources is not available, can you give an estimate?	



## 4.6 Housing

### Supported Housing

Percentage of persons with SMI served in the community, age 18 or older, who receive supported housing* programs in one year
$N / D1 \times 100$
<hr style="width: 10%; margin: auto;"/> fill in number

\* Support to help vulnerable individuals and families access housing-related services to enable them to live independently in the community. The services included are: filling in applications for benefit, budget managing, planning meals, cleaning, laundry and shopping, advice and advocacy.

<b>N</b> The number of persons in the denominator who receive supported housing programs during that period (1 year)	<hr style="width: 10%; margin: auto;"/> fill in number	Remarks
<b>D</b> Total unduplicated number of persons served in the community*, age 18 years or older, with a SMI during a specified period (1 year) <small>* please see the definition of community services</small>	<hr style="width: 10%; margin: auto;"/> fill in number	Remarks
<b>Period of data collection</b>	<hr style="width: 10%; margin: auto;"/> fill in period	Remarks
<b>Area</b>	<input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other	Please describe and specify
<b>Data source</b>	<input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source	Please describe and specify
<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of people  In case of samples: Which proportion of people is represented?  <hr style="width: 10%; margin: auto;"/> % (people in sample / all people in the study area x 100)	Please describe and specify
Report any other remarks or specifications		



If data are not available, report information/data from reviews, reports or published sources	
If information from reviews, reports or published sources is not available, can you give an estimate?	



## 4.7 Continuity

### Days to first outpatient aftercare visit

Please consider that these indicators are reported also in WP7 Refinement Pathways Tool.

Average number of days between discharge from an acute psychiatric inpatient unit and first attended outpatient mental health visit in the subsequent 180 days*	
N / D <hr style="width: 50px; margin: auto;"/> fill in number	N-SMI / D-SMI <hr style="width: 50px; margin: auto;"/> fill in number

\* Period of data analysis: one index year (plus up to 180 days for outpatient contacts).

<b>N</b> Total number of days between discharge from acute psychiatric inpatient unit and first attended outpatient mental health visit in the subsequent 180 days (count 180 days for each acute psychiatric hospitalization with no outpatient mental health visit in the subsequent 180 days!)	<hr style="width: 50px; margin: auto;"/> fill in number	Remarks
<b>N-SMI</b> Total number of days between discharge from acute psychiatric hospitalization with SMI and first outpatient mental health visit in the subsequent 180 days (count 180 days for each acute psychiatric hospitalization with SMI and with no outpatient mental health visit in the subsequent 180 days!)	<hr style="width: 50px; margin: auto;"/> fill in number	
<b>D</b> Number of acute psychiatric hospitalizations	<hr style="width: 50px; margin: auto;"/> fill in number	Remarks
<b>D-SMI</b> Number of acute psychiatric hospitalizations with SMI	<hr style="width: 50px; margin: auto;"/> fill in number	
Period of data collection	<hr style="width: 50px; margin: auto;"/> fill in period	Remarks
Area	<input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other	Please describe and specify
Data source	<input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source	Please describe and specify

<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of acute psychiatric hospitalizations  <input type="checkbox"/> all <input type="checkbox"/> sample of outpatient mental health service contacts  In case of samples:  Which proportion of all acute psychiatric hospitalizations is represented?  _____ % (hospitalizations in sample / all hospitalizations) × 100  Which proportion of all outpatient mental health service contacts is represented?  _____ % (contacts in sample / all contacts) × 100	Please describe and specify
Report any other remarks or specifications		

If data are not available, report information/data from reviews, reports or published sources	
If information from reviews, reports or published sources is not available, can you give an estimate?	



## Outpatient follow-up care after acute psychiatric hospital discharge

Please consider that these indicators are reported also in WP7 Refinement Pathways Tool.

Number of acute psychiatric hospitalizations followed by a mental health outpatient service contact within 7 days after discharge; 30 days after discharge; 180 days after discharge						
N7	N30	N180	D	N7 x 100/ D	N30 x 100/ D	N180 x 100/D
_____	_____	_____	_____	_____	_____	_____
fill in number	fill in number	fill in number	fill in number	fill in number	fill in number	fill in number

\* Period of data analysis: one index year (plus up to 180 days for outpatient contacts).

<b>N7</b> Number of acute psychiatric hospitalizations followed by a mental health outpatient service contact within 7 days after discharge  <b>N30</b> Number of acute psychiatric hospitalizations followed by a mental health outpatient service contact within 30 days after discharge  <b>N180</b> Number of acute psychiatric hospitalizations followed by a mental health outpatient service contact within 180 days after discharge		Remarks
<b>B</b> Number of acute psychiatric hospitalizations		Remarks
<b>Period of data collection</b>  _____ fill in period	Remarks	
<b>Area</b> <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other	Please describe and specify	
<b>Data source</b> <input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source	Please describe and specify	



<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of acute psychiatric hospitalizations  <input type="checkbox"/> all <input type="checkbox"/> sample of outpatient mental health service contacts  In case of samples:  Which proportion of acute psychiatric hospitalizations is represented?  _____ % (hospitalizations in sample / all hospitalizations) × 100  Which proportion of all outpatient mental health service contacts is represented?  _____ % (contacts in sample / all contacts) × 100	Please describe and specify
Report any other remarks or specifications		

If data are not available, report information/data from reviews, reports or published sources	
If information from reviews, reports or published sources is not available, can you give an estimate?	



## Outpatient follow-up care after acute psychiatric hospital discharge for individuals with severe mental illness (SMI)

Please consider that these indicators are reported also in WP7 Refinement Pathways Tool.

Number of acute psychiatric hospitalizations with SMI (schizophrenia or bipolar disorder) followed by a mental health outpatient service contact within 7 days after discharge; 30 days after discharge; 180 days after discharge*						
N7	N30	N180	D	$N7 \times 100 / D$	$N30 \times 100 / D$	$N180 \times 100 / D$
_____	_____	_____	_____	_____	_____	_____
fill in number	fill in number	fill in number	fill in number	fill in number	fill in number	fill in number

\* Period of data analysis: one index year (plus up to 180 days for outpatient contacts).

<b>N7</b> Number of acute psychiatric hospitalizations with SMI (schizophrenia or bipolar disorder) followed by a mental health outpatient service contact within 7 days after discharge  <b>N30</b> Number of acute psychiatric hospitalizations with SMI (schizophrenia or bipolar disorder) followed by a mental health outpatient service contact within 30 days after discharge  <b>N180</b> Number of acute psychiatric hospitalizations with SMI (schizophrenia or bipolar disorder) followed by a mental health outpatient service contact within 180 days after discharge		Remarks
<b>B</b> Number of acute psychiatric hospitalizations		Remarks
<b>Period of data collection</b>  _____ fill in period	Remarks	
<b>Area</b>  <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other	Please describe and specify	
<b>Data source</b>  <input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source	Please describe and specify	

<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of acute psychiatric hospitalizations  <input type="checkbox"/> all <input type="checkbox"/> sample of outpatient mental health service contacts  In case of samples: Which proportion of acute psychiatric hospitalizations with SMI (schizophrenia or bipolar disorder) is represented?  _____ % (hospitalizations in sample x 100 / all hospitalizations)  Which proportion of all mental health outpatient with SMI (schizophrenia or bipolar disorder) service contacts is represented?  _____ % (contacts in sample x 100 /all contacts)	Please describe and specify
Report any other remarks or specifications		

If data are not available, report information/data from reviews, reports or published sources.	
If information from reviews, reports or published sources is not available, can you give an estimate?	

## 4.8 Readmission

### Hospital Readmission rates

Please consider that these indicators are reported also in WP7 Refinement Pathways Tool.

Proportions of readmissions after acute psychiatric hospitalizations within 7, 30, 90 respectively 180 days after discharge*				
N7  _____ fill in number	N30  _____ fill in number	N90  _____ fill in number	N180  _____ fill in number	D  _____ fill in number
$N7 \times 100 / D$  _____ fill in number	$N30 \times 100 / D$  _____ fill in number	$N90 \times 100 / D$  _____ fill in number	$N180 \times 100 / D$  _____ fill in number	

\* Period of data analysis: one index year (plus up to 180 days for readmissions).

<b>A</b> Number of acute psychiatric hospitalizations with interval of $\leq 7$ days (N7); $\leq 30$ days (N30); $\leq 90$ days (N90); $\leq 180$ days (N180) from previous acute psychiatric hospital discharge	Remarks	
<b>B</b> Number of acute psychiatric hospitalizations (D)	Remarks	
Period of data collection	_____ fill in period	Remarks
Data reference	Data refer to <input type="checkbox"/> readmissions to the same acute psychiatric inpatient facility <input type="checkbox"/> readmissions to any acute psychiatric inpatient facility	
Area	<input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other	Please describe and specify

<b>Data source</b>	<input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source	Please describe and specify
<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of psychiatric inpatient admissions  In case of samples: Which proportion of acute psychiatric hospitalizations is represented?  _____ % (hospitalizations in sample x 100 / all hospitalizations)	Please describe and specify
Report any other remarks or specifications		

<b>If data are not available, report information/data from reviews, reports or published sources</b>	
<b>If information from reviews, reports or published sources is not available, can you give an estimate?</b>	

## Hospital Readmission rates for individuals with SMI

Please consider that these indicators are reported also in WP7 Refinement Pathways Tool.

Proportions of readmissions after acute psychiatric hospitalizations of individuals with SMI (schizophrenia or bipolar disorder) within 7, 30, 90 respectively 180 days after discharge*				
N7  _____	N30  _____	N90  _____	N180  _____	D  _____
fill in number	fill in number	fill in number	fill in number	fill in number
$N7 \times 100 / D$  _____	$N30 \times 100 / D$  _____	$N90 \times 100 / D$  _____	$N180 \times 100 / D$  _____	
fill in number	fill in number	fill in number	fill in number	

\* Period of data analysis: one index year (plus up to 180 days for readmissions).

<b>A</b> Number of acute psychiatric hospitalizations of individuals with SMI (schizophrenia or bipolar disorder) with interval of $\leq 7$ days (N7); $\leq 30$ days (N30); $\leq 90$ days (N90); $\leq 180$ days (N180) from previous acute psychiatric hospital discharge	Remarks
<b>B</b> Number of acute psychiatric hospitalizations (D)	Remarks
<b>Period of data collection</b>  _____	Remarks fill in period
<b>Data reference</b>	Data refer to <input type="checkbox"/> readmissions to the same acute psychiatric inpatient facility <input type="checkbox"/> readmissions to any acute psychiatric inpatient facility
<b>Area</b> <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other	Please describe and specify

<b>Data source</b>	<input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source	Please describe and specify
<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of psychiatric inpatient admissions  In case of samples: Which proportion of all acute psychiatric hospitalizations of individuals with SMI (schizophrenia or bipolar disorder) is represented?  _____ % (hospitalizations in sample × 100 / all hospitalizations)	Please describe and specify
Report any other remarks or specifications		

<b>If data are not available, report information/data from reviews, reports or published sources</b>	
<b>If information from reviews, reports or published sources is not available, can you give an estimate?</b>	

## 4.9 Community tenure

### Community Tenure: 1-year Post-discharge

Please consider that these indicators are reported also in Repato.

Average number of days between discharge from index acute psychiatric hospitalization and first readmission*	
N / D  _____ fill in number	N-SMI / D-SMI  _____ fill in number

\* Period of data analysis: one index year (plus up to 365 days for readmissions).

<b>N</b> Total number of days between each discharge from an acute psychiatric inpatient unit and first acute psychiatric readmission within a 12-month period post discharge date (count 365 days for each service user with no readmission!)	_____ fill in number	Remarks
<b>N-SMI</b> Total number of days between discharge from an acute psychiatric inpatient unit and first acute psychiatric readmission within a 12-month period post discharge date (count 365 days for each service user with SMI and no readmission!) of inpatient service users with SMI	_____ fill in number	
<b>D</b> Number of acute psychiatric inpatient service users	_____ fill in number	Remarks
<b>D-SMI</b> Number of acute psychiatric inpatient service users with SMI	_____ fill in number	
<b>Period of data collection</b>	_____ fill in period	Remarks
<b>Data reference</b>	Data refer to <input type="checkbox"/> readmissions to the same acute psychiatric inpatient facility <input type="checkbox"/> readmissions to any acute psychiatric inpatient facility	
<b>Area</b>	<input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> other	Please describe and specify

<b>Data source</b>	<input type="checkbox"/> administrative data <input type="checkbox"/> survey data <input type="checkbox"/> other data source	Please describe and specify
<b>Population</b>	<input type="checkbox"/> all <input type="checkbox"/> sample of acute psychiatric hospitalizations  In case of samples: Which proportion of acute psychiatric hospitalizations is represented?  _____ % (psychiatric inpatient sample / all psychiatric inpatient) × 100	Please describe and specify
Report any other remarks or specifications		

<b>If data are not available, report information/data from reviews, reports or published sources</b>	
<b>If information from reviews, reports or published sources is not available, can you give an estimate?</b>	



# 5 Requalit – Section B

## 5.1 Outcome assessment

### Do service users receive a routine assessment of their needs?\*

\* Need is based on the population's ability to benefit from care (NHS Management Executive, 1991). Mental health needs include broad domains of health and social functioning, which are necessary to survive and prosper in the community (Phelan et al, 1995). Camberwell Assessment of need (CAN) is used worldwide to help health and social care professionals fully understand patients' needs. It covers all aspects of an individual's life and mental wellbeing – e.g. accommodation, daytime activities, psychotic symptoms, childcare, money, psychosocial distress, physical health and relationships (Slade et al., 1999).

#### Information source:

Applies to:

whole country

macro area

study area

sub area \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)

If different answers can be given for Remast codes please give a specific answer for each (if more than three add other).

specific services (specified as below):

Services (report REMAST CODE)

\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)

Services (report REMAST CODE)

\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)

Services (report REMAST CODE)

\_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)

Describe and specify. Include details on the frequency (e.g. every 6 months, 1 year) and on the modalities of assessment (which users, which evaluators, which phase of treatment); specify the main instruments/scales used for the evaluation and the evaluated area of needs)



Are there any recommendations/regulations/protocols or public initiatives/campaigns which set out a mandatory requirement of needs assessment?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source:
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Describe and specify. Include a description of the recommendations/regulations/protocols or public initiatives/campaigns			

Is the assessment of needs being utilized as a basis for improvement strategies to address these needs?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source:
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Describe and specify. Include how the outcome assessment is used as a basis for improvement strategies or to develop innovative services)			

Is needs assessment connected to the payment system?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source:
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Describe and specify your answer			



Are data (including already published data or data in internal reports) on the percentage/rate of users with met and/or unmet needs available?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source:
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
If yes, report data			
If not, can you give an estimate?			

Are users assessed for the following outcomes by a specialist using an instrument/scale?				
A. PSYCHOPATHOLOGY				
Information source				
Applies to:				
<input type="checkbox"/> whole country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> macro area	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<input type="checkbox"/> study area				
<input type="checkbox"/> sub area _____				
If different answers can be given for Remast codes please give a specific answer for each (if more than three add other).				
<input type="checkbox"/> specific services (specified as below):				
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)



Remarks and specifications. Include details on the frequency (e.g. every 6 months, 1 year) and on the modalities of assessment (which users, which evaluators, which phase of treatment)				
<b>B. SOCIAL FUNCTIONING/LIVING SKILLS</b>				
<b>Information source</b>				
Applies to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> whole country	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<input type="checkbox"/> macro area				
<input type="checkbox"/> study area				
<input type="checkbox"/> sub area _____				
If different answers can be given for Remast codes please give a specific answer for each (if more than three add other).				
<input type="checkbox"/> specific services (specified as below):				
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Remarks and specifications. Include details on the frequency (e.g. every 6 months, 1 year) and on the modalities of assessment (which users, which evaluators, which phase of treatment)				



C. QUALITY OF LIFE

**Information source**

Applies to:

- whole country
- macro area
- study area
- sub area \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)

If different answers can be given for Remast codes please give a specific answer for each (if more than three add other).

specific services (specified as below):

Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)

Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)

Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)

**Remarks and specifications. Include details on the frequency (e.g. every 6 months, 1 year) and on the modalities of assessment (which users, which evaluators, which phase of treatment)**



Are there any recommendations/regulations or public initiatives/campaigns which set out a mandatory requirement of one or more of the previous outcome assessments (psychopathology, social functioning and quality of life)?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Describe and specify (describe which are the recommendations/regulations or public initiatives/campaigns and at which level they are mandatory)			

Is one or more of the previous outcome assessments utilized as a basis for the improvement strategies?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Describe and specify. Include how the outcome assessment is used as a basis for the improvement strategies or to develop innovative services			

Is one or more of the previous outcome assessments connected to the payment system?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Describe and specify your answer			



## 5.2 Service-user satisfaction

Is service user satisfaction evaluated?				
Satisfaction reflects both the user's subjective assessment of quality of care and expectations for it.				
<b>Information source:</b>				
Applies to:				
<input type="checkbox"/> whole country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> macro area	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<input type="checkbox"/> study area				
<input type="checkbox"/> sub area _____				
If different answers can be given for Remast codes please give a specific answer for each (if more than three add other).				
<input type="checkbox"/> specific services (specified as below):				
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<p><b>Describe and specify. Include details on the frequency (e.g. every 6 months, 1 year) and on the modalities of assessment (which service users, which evaluators, which instruments are used for the evaluation)</b></p>				

Is satisfaction with services of families/carers evaluated?				
<b>Information source</b>				
Applies to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> whole country	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<input type="checkbox"/> macro area				
<input type="checkbox"/> study area				
<input type="checkbox"/> sub area _____				
If different answers can be given for Remast codes please give a specific answer for each (if more than three add other).				
<input type="checkbox"/> specific services (specified as below):				
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<p><b>Describe and specify. Include details on the frequency (e.g. every 6 months, 1 year) and on the modalities of assessment (which service users, which evaluators, which instruments are used for the evaluation, which services)</b></p>				





Is the evaluation of satisfaction utilized as a basis for the improvement strategies to address dissatisfaction and/or is it part of the quality management?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
If yes, describe how satisfaction assessment is performed and used to improve strategies and/or is part of the quality management			

Are any recommendations/regulations or public initiatives/campaigns available which set out a mandatory use of satisfaction assessment?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Describe which are the recommendations/regulations or public initiatives/campaigns and at which level they are mandatory			

Are data (including already published data or data in internal reports) available on the percentage/rate of service users/carers satisfied/dissatisfied with services?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
If yes, report data			
If not, can you give an estimate?			



## 5.3 Physical health

Do service users with SMI receive a routine examination/review of their physical health?				
Excluding physical health examinations which are mandatory according to clinical guidelines when patients take particular medications (e.g. the assessment of physical parameters, i.e. lithium blood level, blood cell count for patients treated with Clozapine).				
<b>Information source:</b>				
Applies to:				
<input type="checkbox"/> whole country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> macro area	No assessment	Assessment but not routine (infrequently)	Regular assessment at the entrance	Regular assessment every one year
<input type="checkbox"/> study area				
<input type="checkbox"/> sub area _____				
If different answers can be given for Remast codes please give a specific answer for each (if more than three add other)				
<input type="checkbox"/> specific services (specified as below):				
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Assessment but not routine (infrequently)	Regular assessment at the entrance	Regular assessment every one year
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Assessment but not routine (infrequently)	Regular assessment at the entrance	Regular assessment every one year
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Assessment but not routine (infrequently)	Regular assessment at the entrance	Regular assessment every one year
Describe and specify. Include details on the frequency (e.g. every 6 months, 1 year) and on the modalities of assessment (which service users, which evaluators, which phase of treatment, which instruments/exams, which physical problems/aspects are examined)				

Is there any legislation/policy/protocol that sets out a mandatory examination/review of physical health of service users with SMI?			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Information source
Yes	Not but under consideration	No	Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Remarks and specifications (describe which is the legislation/policy/protocol or public initiative/campaign and at which level it is mandatory)			

Are service users with SMI made aware of increased physical health risks and fully informed about the importance of health promotion and prevention?				
Information source:				
Applies to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> whole country	No assessment	Promotion and prevention initiatives exist but not routine	Regular initiatives/ programs/projects	Regular initiatives/ programs/projects differentiated for age, gender and health status
<input type="checkbox"/> macro area				
<input type="checkbox"/> study area				
<input type="checkbox"/> sub area _____				
If different answers can be given for Remast codes please give a specific answer for each (if more than three add other)				
<input type="checkbox"/> specific services (specified as below):				
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Promotion and prevention initiatives exist but not routine	Regular initiatives/ programs/projects	Regular initiatives/ programs/projects differentiated for age, gender and health status
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Promotion and prevention initiatives exist but not routine	Regular initiatives/ programs/projects	Regular initiatives/ programs/projects differentiated for age, gender and health status

Services (report REMAST CODE) _____	<input type="checkbox"/> No assessment	<input type="checkbox"/> Promotion and prevention initiatives exist but not routine	<input type="checkbox"/> Regular initiatives/ programs/projects	<input type="checkbox"/> Regular initiatives/ programs/projects differentiated for age, gender and health status
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Are data (including already published data or data in internal reports) available on the proportion/rate/percentage of users with SMI who are reviewed/examined for physical health or medical co-morbidities?			
<input type="checkbox"/> Yes	<input type="checkbox"/> Not but under consideration	<input type="checkbox"/> No	Information source <hr/> Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
If yes, report data or references or links			
If not, can you report an estimate?			

Are data (including already published data or data in internal reports) available on the mortality of users with severe mental health disorders*?			
<input type="checkbox"/> Yes	<input type="checkbox"/> Not but under consideration	<input type="checkbox"/> No	Information source <hr/> Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
If yes, report data or references or links			
If not, can you report an estimate?			

\*including standardized mortality rate for persons with SMI.

## 5.4 Employment services

**Do legislative provisions exist concerning a legal obligation for employers to hire a certain percentage of employees that are disabled**

Only include if the legislation includes those with mental health problems (i.e. either there is specific legislation pertaining to mental health problems, or the legislation on disabilities includes those with mental health problems).

**Information source:**

Applies to:

whole country

macro area

study area

sub area \_\_\_\_\_

No such legislative provisions exist

Legislative provisions exist but are not enforced

Legislative provisions exist and are enforced

Describe and specify. (It would be useful to know here what are the penalties if a quota is not met, as well as whether there are any requirements regarding type of disability or mental health problem. For instance, could an employer comply with the law by only employing people with physical disabilities?)

**Are data (either published data or data in internal reports) available on rates of people with mental health problems attaining competitive (paid) employment?**

Yes

No

Information source

Applies to

study area  whole country  macro area  other \_\_\_\_\_

**If yes, report data or references or links**

**If not, can you report an estimate?\***

\* For example, this can be measured as the proportion of adults in contact with secondary mental health services in paid employment:

**Numerator** – number of adults who are receiving secondary mental health services known to be in employment at the time of their most recent assessment, formal review or multi-disciplinary care planning meeting. Aged 18–64;

**Denominator** – number of adults aged 18 to 64 years who are receiving secondary mental health services (The 2011/12 Adult Social Care Outcomes Framework, 2011).

Do legislative provisions exist concerning protection from discrimination (dismissal, lower wages, lack of success in obtaining a job) solely on account of mental disorder?			
Only include if the legislation includes those with mental health problems (i.e. either there is specific legislation pertaining to mental health problems, or the legislation on disabilities includes those with mental health problems).			
<b>Information source:</b>			
Applies to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> whole country	No such legislative provisions exist	Legislative provisions exist but are not enforced	Legislative provisions exist and are enforced
<input type="checkbox"/> macro area			
<input type="checkbox"/> study area			
<input type="checkbox"/> sub area _____			
<b>Describe and specify</b>			

Do services/programs/projects of supported employment exist (for example informed by the Individual Placement and Support model)?	
Traditional rehabilitation, based on the train-and-place model, is the most widespread approach to support people with mental health problems to return to employment. This model is based on the concept that people with mental health problems first need to be carefully trained on a range of skills so they can handle real-world situations and afterwards they can be placed in work. As pointed out by Burns et al. (2007), "this approach has had very little success, and many users obtain employment only in sheltered workshops". On the other hand, the supported employment model (the so called place-and-train model) emphasizes direct job placements as opportunities for people with mental health problems to experience both the benefits and the challenges of real-world occupations. The most well-established and studied place-and-train intervention is individual placement and support (IPS), which emphasizes "rapid job search on the basis of user preference and continuing support to user and employer from an employment specialist working as an integral member of the mental-health service contributing to treatment" (Burns et al., 2007). Results from several randomized trials in the USA and Europe have shown this programme to be much more effective than traditional approaches in successfully getting and maintain people into work (Burns et al., 2007).	
<b>Information source</b>	
Applies to:	<input type="checkbox"/>
<input type="checkbox"/> whole country	No such services/projects
<input type="checkbox"/> macro area	Yes
<input type="checkbox"/> study area	
<input type="checkbox"/> sub area _____	

Services (report REMAST CODE) _____	<input type="checkbox"/> No such services/projects	<input type="checkbox"/> Yes
Services (report REMAST CODE) _____	<input type="checkbox"/> No such services/projects	<input type="checkbox"/> Yes
Services (report REMAST CODE) _____	<input type="checkbox"/> No such services/projects	<input type="checkbox"/> Yes
<b>Describe existing programs/projects/services</b>		

<b>Do services/programs/projects of sheltered employment and vocational rehabilitation exist?</b>		
<b>Information source</b>		
Applies to:	<input type="checkbox"/> No such services/projects	<input type="checkbox"/> Yes
<input type="checkbox"/> whole country		
<input type="checkbox"/> macro area		
<input type="checkbox"/> study area		
<input type="checkbox"/> sub area _____		
Services (report REMAST CODE) _____	<input type="checkbox"/> No such services/projects	<input type="checkbox"/> Yes
Services (report REMAST CODE) _____	<input type="checkbox"/> No such services/projects	<input type="checkbox"/> Yes
Services (report REMAST CODE) _____	<input type="checkbox"/> No such services/projects	<input type="checkbox"/> Yes
<b>Describe existing programs/projects/services</b>		

Do facilities/services directly managed or led by service users with mental health problems exist?			
Do not include here business where individuals are self-employed running their own business.			
<b>Information source</b>			
Applies to: <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> study area <input type="checkbox"/> sub area _____	<input type="checkbox"/> No such facilities/services	<input type="checkbox"/> Yes, but all users are unpaid	<input type="checkbox"/> Yes, and at least some service users are employed with a salary
Services (report REMAST CODE) _____	<input type="checkbox"/> No such facilities/services	<input type="checkbox"/> Yes, but all users are unpaid	<input type="checkbox"/> Yes, and at least some service users are employed with a salary
Services (report REMAST CODE) _____	<input type="checkbox"/> No such facilities/services	<input type="checkbox"/> Yes, but all users are unpaid	<input type="checkbox"/> Yes, and at least some service users are employed with a salary
Services (report REMAST CODE) _____	<input type="checkbox"/> No such facilities/services	<input type="checkbox"/> Yes, but all users are unpaid	<input type="checkbox"/> Yes, and at least some service users are employed with a salary
<b>Describe existing programs/projects/services</b>			



## 5.5 Housing services

<b>Do legislations/policies/regulations exist to help individuals with mental health problems exercise their rights to live at home?</b>		
For example help with costs, safeguards in tenancy agreements, protection against discrimination when seeking accommodation, protection of accommodation rights while having an inpatient stay.		
<b>Information source:</b>		
Applies to:	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> whole country	no such legislations/policies/regulations exist	Legislations/policies/regulations exist but are not enforced
<input type="checkbox"/> macro area		Legislations/policies/regulations exist and are enforced
<input type="checkbox"/> study area		
<input type="checkbox"/> sub area _____		
<b>Describe and specify</b>		

<b>Are data (including published data or data in internal reports) available on percentages of people with mental health problems living independently (with or without support)?</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Information source
Yes	No	Applies to
		<input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
<b>If yes, report data or references or links</b>		
<b>If not, can you give an estimate on the number of people with mental health problems living independently (with or without support)?*</b>		

\* For example, this can be measured as the proportion of adults in contact with secondary mental health services living independently (with or without support):

**Numerator** – number of adults who are receiving secondary mental health services and known to be living independently (with or without support), at the time of their most recent assessment, formal review or multi-disciplinary care planning meeting. Aged 18–64;

**Denominator** – number of adults aged 18 to 64 who are receiving secondary mental health services (The 2011/12 Adult Social Care Outcomes Framework, 2011).

**Do service users have the housing situation routinely assessed by a trained professional (e.g., social worker, visiting nurse, health visitor, etc.)**

In order to answer to this question please consider:

- the assessment of housing quality: housing location (accessibility to services and facilities, neighborhood-built environment); housing deterioration (i.e., whether the home unit contained broken windows or cracked windowpanes, open cracks or holes in walls or ceiling, holes in floor; broken plaster or peeling paint, frayed electrical wires, presence of mice or rats, broken glass, falling plaster; broken stairs, peeling paint, and other hazards); housing disarray (i.e., is the inside of the house dark or crowded, cluttered or dirty/not reasonably cleaned? , is house overly noisy—from noise in the house or from noise coming from outside the house?); housing instability (i.e., homelessness, frequent moves). (Suglia et al., 2011)
- the assessment of housing problems or needs;
- the assessment of housing costs needs and the economic management of housing;
- other housing support.

**Information source:**

Applies to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> whole country	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<input type="checkbox"/> macro area				
<input type="checkbox"/> study area				
<input type="checkbox"/> sub area _____				

Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)

<b>Describe and specify</b>				
-----------------------------	--	--	--	--

Are data (including published data or data in internal reports) available on percentages of people with mental health problems experiencing homelessness?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information source
		Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
If yes, report data		
If not, can you give an estimate on the number of people with mental health problems experiencing homelessness?		

## 5.6 Stigma and discrimination

Do campaigns,/programs against discrimination and stigma because of mental health problems exist?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information source
		Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Report details about these campaigns, projects, programs (e.g. Which are the main aims and activities? Are they only research projects? Are they only sporadic or long-lasting programs? Who is involved?)		



Do service recipients receive a routine assessment of their experiences of discrimination and stigma because of their mental health problems?				
<b>Information source</b>				
Applies to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> whole country	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<input type="checkbox"/> macro area				
<input type="checkbox"/> study area				
<input type="checkbox"/> sub area _____				
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<b>Describe and specify</b>				



## 5.7 Early intervention

Do early interventions or early detection services (to recognize early signs and symptoms or/and to take appropriate actions) for SMI exist?					
<b>Information source</b>					
Applies to:					
<input type="checkbox"/> whole country	<table border="1"><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>No</td><td>Yes</td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>	No	Yes
<input type="checkbox"/>		<input type="checkbox"/>			
No		Yes			
<input type="checkbox"/> macro area					
<input type="checkbox"/> study area					
<input type="checkbox"/> sub area _____					
<b>Describe (including the characteristics of the interventions or programs, the target population (diagnosis, age), the objectives of the intervention, the connection with other services)</b>					

## 5.8 Ethnic/cultural disparities

As reported in the OECD proposal (Hermann et al., 2004), the definition of minority and/or disadvantaged populations may vary across countries; for this reason it is possible to apply this indicator to different subgroups, which reflect national policy priorities in each country, and compare internationally how countries provide care for their problem populations.

**Do specific programs or interventions exist for promoting "cultural competence"\* in staff (including front line staff and staff at direct contacts with users)?**

Cultural competence could be promote through conferences, workshop or training courses or through the presence of cross-cultural teams. Cultural competence is a generic term which could include language competence, cultural awareness, cultural knowledge, cultural sensitivity. Language, race, religion and other cultural sensitivities could be taken into consideration.

**Information source:**

Applies to:

whole country

macro area

study area

sub area \_\_\_\_\_

No

Yes

If different answers can be given for Remast codes, please give a specific answer for each (if more than three add other).

specific services (specified as below)

Services (report REMAST CODE) \_\_\_\_\_

No

Yes

Services (report REMAST CODE) \_\_\_\_\_

No

Yes

Services (report REMAST CODE) \_\_\_\_\_

No

Yes

**Describe the programs (including which cultural competence is taken into account, through which modalities, for which members of staff)**

**Are there any cultural mediators who facilitate access to care (e.g. through a legal obligation to provide translation services) and continuity of care for users with different cultural/language/ethnic backgrounds?**

Consider translator services but also race, religion and other cultural aspects that could be taken into account.

**Information source:**

Applies to:

<input type="checkbox"/> whole country	<input type="checkbox"/> No	<input type="checkbox"/> Yes, only interpreter for patients not fluent in the language	<input type="checkbox"/> Yes, only interpreter for patients not fluent in the language
<input type="checkbox"/> macro area			
<input type="checkbox"/> study area			
<input type="checkbox"/> sub area _____			

If different answers can be given for Remast codes, please give a specific answer for each (if more than three add other).

specific services (specified as below):

Services (report REMAST CODE) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes, only interpreter for patients not fluent in the language	<input type="checkbox"/> Yes, only interpreter for patients not fluent in the language
Services (report REMAST CODE) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes, only interpreter for patients not fluent in the language	<input type="checkbox"/> Yes, only interpreter for patients not fluent in the language
Services (report REMAST CODE) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes, only interpreter for patients not fluent in the language	<input type="checkbox"/> Yes, only interpreter for patients not fluent in the language

**Describe and specify**



Are racial and ethnic disparities in care or barriers to access care mentioned and addressed to in mental health plans?	
<b>Information source</b>	
Applies to:	
<input type="checkbox"/> whole country	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> macro area	
<input type="checkbox"/> study area	
<input type="checkbox"/> sub area _____	
If different answers can be given for Remast codes, please give a specific answer for each (if more than three add other).	
<input type="checkbox"/> specific services (specified as below):	
Services (report REMAST CODE) _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Services (report REMAST CODE) _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Services (report REMAST CODE) _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Describe the programs (including which cultural competence is taken into account, through which modalities, for which members of staff)</b>	

Are data (including already published data and data in internal reports) available on the proportion/rate of users stratified by race/ethnicity?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information source	
Applies to	
<input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____	
<b>If yes, report data or references or links</b>	
<b>If not, can you give an estimate of the proportion/rate of users stratified by race/ethnicity?</b>	





## 5.9 Mental health staff needs, morale and training

Is staff morale routinely evaluated?				
Morale is a general term encompassing the main aspects of work-related well-being and satisfaction and engagement with work (Johnson et al., 2012).				
<b>Information source</b>				
Applies to:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> whole country	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<input type="checkbox"/> macro area				
<input type="checkbox"/> study area				
<input type="checkbox"/> sub area _____				
If different answers can be given for Remast codes, please give a specific answer for each (if more than three add other).				
<input type="checkbox"/> specific services (specified as below)				
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
Services (report REMAST CODE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	No assessment	Assessment but not routine (infrequently)	Regular assessment but not longitudinal (one evaluation)	Longitudinal and regular (with more than one or two administrations)
<b>Describe (including which instruments are used, which issues are evaluated, how often morale is evaluated)</b>				
<b>Do organizations react to any negative findings on morale or improve working conditions on the basis of this evaluation? Please describe.</b>				

**Are staff continuing education, training or supervision activities\* established and supported in the local mental health plan?**

Training of mental health staff should be reviewed and improved, in keeping with evidence-based practices and the mental health needs of the population; once staff are qualified, continuing education, training and supervision should be developed for the provision of the best quality care that meets users' needs. Supervision has been defined as "the overall range of measures to ensure that personnel carry out their activities effectively and become more competent at their work." (Flahault et al., 1988).

**Information source:**

Applies to:

<input type="checkbox"/> whole country	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> macro area		
<input type="checkbox"/> study area		
<input type="checkbox"/> sub area _____		

If different answers can be given for Remast codes, please give a specific answer for each (if more than three add other).

specific services (specified as below)

Services (report REMAST CODE) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Services (report REMAST CODE) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Services (report REMAST CODE) _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

**Describe (including details on which education program, training or supervision and how often; specify also if legislative requirements exist for revalidation of the practitioner)**

## 5.10 Best practice core programs

Are there any recommendations/regulations which set out mandatory implementation of care on the basis of the best available evidence?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information source
		Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Specify and describe the recommendations/regulations/policies and at which level they are mandatory:		

Is there a process for establishing, adopting, and maintaining best practice programs and system strategies?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information source
		Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Specify and describe the process		
Provide examples of best practice treatment or programs adopted		

Are information/data (including published and data in internal reports) available on the results of the implementation of best practice programs and strategies?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information source
		Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Report information/data		



## 5.11 Assessment of quality and monitoring mechanisms

Do evaluation programs/accreditation systems/monitoring mechanisms/performance assessment or similar procedures on quality of mental health care exist?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information source
		Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Report and specify		

Are any indicators of quality of care or met/unmet needs used at local, regional or national level?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information source
		Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Report and describe the indicators and the level at which they are used (or references or links)		
Specify the quality improvement program and report the most recent results on the use of these procedure (or references or links)		

Are these evaluations programs/indicators used for decision making processes?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information source:
		Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Describe the process of using these programs/indicators (e.g. describe which decisions they modified and in which way they influence decisions)		





Are these evaluations programs/indicators used for financial and budget decisions?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information source
		Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Describe the process of using these programs/indicators (e.g. describe which budget decisions they modified and in which way they influence budget)		

Do any quality improvement programs/systems exist based on the results of quality of care evaluation?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Information source
		Applies to <input type="checkbox"/> study area <input type="checkbox"/> whole country <input type="checkbox"/> macro area <input type="checkbox"/> other _____
Specify quality improvement programs and report the most recent results on the use of these procedure (or references or links)		



# Requalit – Section C

## 6.1 Balance

This section of Requalit includes a number of indicators built from the data collected in the Remast (Wp6 tool). They encompass the input phase of healthcare quality (balance, integration and policy) and the process indicators on accessibility and equity.

Name	Residential hospital-based services vs. residential community-based services
Definition	Ratio between the rate of beds (per 100,000 population) in residential hospital-based MD services and the rate in residential community-based MD services.
Explanations	R Hospital-based MD services and R Community-based MD services are defined according to the grouping of REMAST codes. (see ANNEX 1)  DESDE-LTC codes of R Hospital-based services: R1, R2, R3.0, R3.1.1i, R4 and R6  DESDE-LTC codes of R Community-based services: R non ACUTE non-HOSPITAL: R5,R7; other R non i
Formula	$\frac{\text{Number of beds in R hospital-based}}{\text{Number of beds in R community-based}} \times 100,000 = \underline{\hspace{2cm}}$

## 6.2 Integration

Name	Social professionals in MD services
Definition	The rate of social workers and occupational therapists* calculated per 100,000 inhabitants in MD** services of the Study area.
Explanations	* See the definition of social workers and occupational therapists in Remast. Note that data on Staff were collected using Full Time Equivalent.  ** MD are Mental health oriented codes of Remast. In general terms, Health Care refers to services which main aim is clearly prevention and treatment of diseases (in this case mental disorders). These services are usually provided mainly by health staff typically with four years training in health sciences (physicians, nurses, psychologists, physiotherapists). See ANNEX 1 to have a list of codes considered in the MD.  Study area is defined according to Remast
Formula	$\frac{\text{Number of social workers and occupational therapists in MD services}}{\text{Total population (>18 years) of the study area}} \times 100,000 = \underline{\hspace{2cm}}$

Name	Proportion of mental hospitals organizationally integrated with mental health outpatient services
Definition	What is the proportion of mental hospitals organizationally integrated with mental health community services?
Explanations	Hospital-based services and community-based services are defined according to grouping of Remast codes. (see ANNEX 1)
Formula	$\frac{\text{Number of mental hospitals organizationally integrated with mental health outpatient services}}{\text{Total number of mental hospitals of the Study Area}} = \underline{\hspace{2cm}}$

## 6.3 Policies

### Are the following components included in the mental health policy?

Organization of services: developing community mental health services	Y	N	UN	NA
Organization of services: downsizing large mental hospitals	Y	N	UN	NA
Organization of services: developing a mental health component in primary health care	Y	N	UN	NA
Human resources	Y	N	UN	NA
Involvement of users and families	Y	N	UN	NA
Advocacy and promotion	Y	N	UN	NA
Human rights protection of users	Y	N	UN	NA
Equity of access to mental health services across different groups	Y	N	UN	NA
Financing	Y	N	UN	NA
Quality improvement	Y	N	UN	NA
Monitoring system	Y	N	UN	NA

### Are the following components included in the mental health plan?

Organization of services: developing community mental health services	Y	N	UN	NA
Organization of services: downsizing large mental hospitals	Y	N	UN	NA
Organization of services: developing a mental health component in primary health care	Y	N	UN	NA
Human resources	Y	N	UN	NA
Involvement of users and families	Y	N	UN	NA
Advocacy and promotion	Y	N	UN	NA
Human rights protection of users	Y	N	UN	NA
Equity of access to mental health services across different groups	Y	N	UN	NA
Financing	Y	N	UN	NA
Quality improvement	Y	N	UN	NA
Monitoring system	Y	N	UN	NA

## 6.4 Services accessibility and availability

Name		Availability of mobile clinics														
Definition	Proportion of mental health outpatient services which have mobile clinics I that provide regular mental health care in the study area.															
Explanations	Consider the availability of mobile clinics in outpatient services as defined by the following DESDE-LTC codes: O1, O2, O5, O6, O7.															
Formula	$\frac{\text{Number of mental health outpatient services MD that have mental health mobile activities (O1, O2, O5, O6, O7)}}{\text{Total number of mental health outpatient services MD (all O – private psychiatrist and psychologist are included)}} = \underline{\hspace{2cm}}$															
If you have not previously collected these data, you can collect the information according to Remast for the selected variables.	<table border="1"> <thead> <tr> <th>Country</th> <th>Number of O</th> <th>Number of O1</th> <th>Number of O2</th> <th>Number of O5</th> <th>Number of O6</th> <th>Number of O7</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Country	Number of O	Number of O1	Number of O2	Number of O5	Number of O6	Number of O7							
Country	Number of O	Number of O1	Number of O2	Number of O5	Number of O6	Number of O7										

Name		Rate of mobile clinics per 100,000 population in the study area														
Explanations	Consider the availability of mobile mental health clinics in outpatient services as defined by the following Remast codes: O1, O2, O5, O6, O7.															
Formula	$\frac{\text{Number of mental health outpatient services MD that have mental health mobile activities (O1, O2, O5, O6, O7)}}{\text{Total population (>18 years) of the study area}} \times 100,000 = \underline{\hspace{2cm}}$															
If you have not previously collected these data, you can collect the information according to Remast for the selected variables.	<table border="1"> <thead> <tr> <th>Country</th> <th>Number of O</th> <th>Number of O1</th> <th>Number of O2</th> <th>Number of O5</th> <th>Number of O6</th> <th>Number of O7</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Country	Number of O	Number of O1	Number of O2	Number of O5	Number of O6	Number of O7							
Country	Number of O	Number of O1	Number of O2	Number of O5	Number of O6	Number of O7										



Name	<b>Availability of outpatient mental health services who offer 24-hours ambulatory (and possibly also mobile) emergency treatment</b>								
Definition	Rate of 24-hour acute MD services (mobile or not mobile) per 100,000 population in the study area.								
Explanations	In answering to the question please consider the number of 24hours acute services as defined by the following DESDE-LTC codes: O1, O3. Note that R branch is excluded.								
Formula	$\frac{\text{Number of 24-hour acute MD services}}{\text{Total number of mental health services MD of the Study Area (all O including private psychiatrist and psychologist, R and D)}} \times 100,000 = \underline{\hspace{2cm}}$								
If you have not previously collected these data, you can collect the information according to Remast for the selected variables.	<table border="1"> <thead> <tr> <th>Country</th> <th>Number of 24-hour acute services</th> <th>Total population (&gt;18) of the study area</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Country	Number of 24-hour acute services	Total population (>18) of the study area			
Country	Number of 24-hour acute services	Total population (>18) of the study area							

Name	<b>Rate of outpatient mental health services who offer 24-hour ambulatory (and possibly also mobile) emergency treatment per 100,000 population in the study area</b>														
Explanations	In answering the question please consider the availability of 24-hour acute services as defined by the following DESDE-LTC codes: O1, O3. Note that R branch is excluded.														
Formula	$\frac{\text{Number of 24 hour acute services MD (O1, O3)}}{\text{Total population (>18 years) of the study area}} \times 100,000 = \underline{\hspace{2cm}}$														
If you have not previously collected these data, you can collect the information according to Remast for the selected variables.	<table border="1"> <thead> <tr> <th>Country</th> <th>Number of O1, O3</th> <th>Number of O</th> <th>Number of R</th> <th>Number of D</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Country	Number of O1, O3	Number of O	Number of R	Number of D					
Country	Number of O1, O3	Number of O	Number of R	Number of D											

Name		Accessibility to acute services
Definition	An indicator of accessibility describes the potential accessibility and ability to travel of the population to high intensity 24-hour physician cover services (R1), medium intensity 24-hour physician cover services (R2), non-24 hour physician cover services (R3), and to 24-hour acute outpatient services (O1) and limited-hours outpatient services(O2).	
Explanations	Acute Hospital Units MD are defined according to the DESDE-LTC codes: R1, R2, R3.0, O1, O2.	
Formula	Percentage of inhabitants who live within: 0–10, 10–20, 20–30, and >30 minutes drive from Acute Hospital Units.	

Name		Accessibility to outpatient care services
Definition	An indicator of accessibility describes the potential accessibility and ability to travel of the population to mental health outpatient care services (including private psychiatrist and psychologist).	
Explanations	Mental Health Outpatient services are defined according to the DESDE-LTC codes: all O codes MD (including private psychiatrist and psychologist).	
Formula	Percentage of inhabitants who live within: 0–10, 10–20, 20–30, and >30 minutes drive from Mental Health Outpatient services.	

Name		Accessibility to Community-based day care services
Definition	An indicator of accessibility describes the potential accessibility and ability to travel of the population to community-based day care MD services.	
Explanations	Community-based day care services are defined according to the DESDE-LTC codes as: all D codes not "h"; not D0 and D1.	
Formula	Percentage of inhabitants who live within: 0–10, 10–20, 20–30, and > 30 minutes drive from community-based day care services.	

# 7 Annex 1 – technical remarks

## Definition of terms and glossary

**SMI** "severe mental illness". SMI is defined using a practical perspective as "schizophrenia or bipolar disorder".

### ACUTE PSYCHIATRIC INPATIENT UNIT

Definitions, examples	Synonyms	DESDE Definition and Code/s
<p>Acute inpatient wards provide care with intensive medical and nursing support for patients in periods of acute psychiatric illness.</p> <p>This excludes the following services: wards for adolescents and wards specifically for older adults, beds allocated for specialist functions, such as eating disorders, learning disabilities, residential psychotherapy for personality disorder; forensic psychiatry, rehabilitation, substance misuse, etc.</p>	<p>Acute psychiatric hospitalization/ hospital stay/ inpatient episode at an acute psychiatric ward/department/ facility (either at a mental or a general hospital);</p> <p>Acute psychiatric inpatient admission.</p>	<p><b>Residential Care (R), acute, in hospital with 24-hour physician cover:</b> hospitals which provide beds overnight for users for a purpose related to the clinical and social management of their health condition, where:</p> <p>(a) users are admitted because of a crisis, a deterioration of their mental state, behavioural or social functioning which is related to their health condition</p> <p>(b) admissions are usually available within 24 hours</p> <p>(c) users usually retain their own accommodation during the admission</p> <p>(d) there is 24-hour cover by a registered physician</p> <p>(e) regular care (medium to high intensity) of surveillance and/or security for in-patient admission is provided</p> <p>(f) the target population is adults with mental disorders</p> <p>A[MD] – (R1, R2)</p>

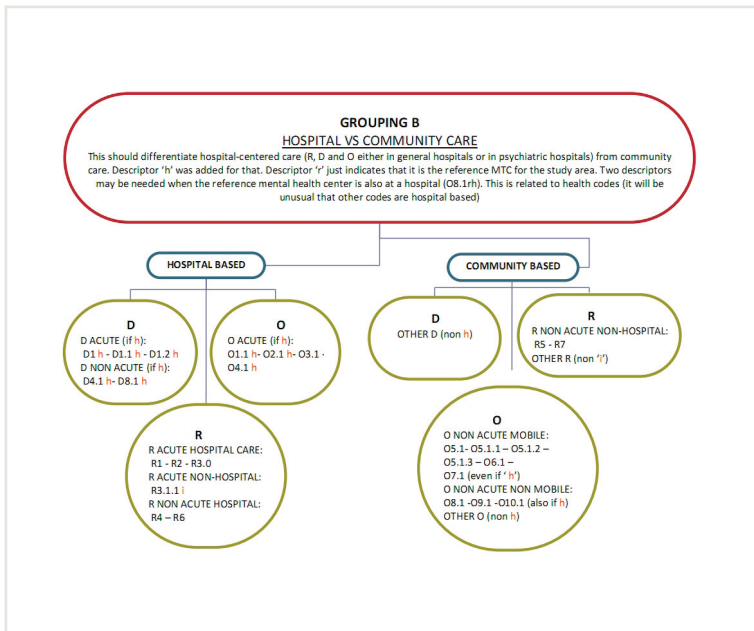
### COMMUNITY SERVICES

are defined according to the following REMAST codes

Definitions, examples	Synonyms	DESDE Definition and Code/s
<p>outpatient, day care and mobile services within a community mental health center which is located in a neighborhood catchment area close to the homes of patients; features include offering a series of comprehensive services by one or more team members, provision of continuity of care, linkages to a variety of health and social services, etc.</p>		<p>O NON-ACUTE MOBILE: O5.1 – O5.1.1 – O5.1.2 – O5.1.3 – O6.1 – O7.1 (even if 'h')</p> <p>NON ACUTE NON-MOBILE: O8.1 – O9.1 – O10.1 (also if h)</p> <p>OTHER O (non-h)</p> <p>D OTHER D (non-h)</p>

## COMMUNITY BASED AND HOSPITAL BASED SERVICES

are defined according to the following grouping of REMAST codes.



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## The REFINEMENT Project

Research on Financing  
Systems' Effect on the Quality  
of Mental Health Care

## REQUALIT

Refinement QUALity of care  
Tool

A Tool for collecting  
information on Quality of  
care and Met/Unmet Needs  
in Mental Health Systems in  
European Countries