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Honos 3-a longitudinal study in Italy - standing between care and costs

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Background: In 1978 Mental Health care in Italy change consistently. After Asylums dismantling (law 180) and the creation of the National Health Service, many laws have been established to norm mental health services. In '90 different laws established that costs of services must be contained and controlled. In 1998 an important plan for mental health claims to the evaluation of mental health services. In this context this research aims to respond to these requests. Aim: The research aims to evaluate patient improvement, to identify standardized care pathways and to specify their costs. We observe the improvement of patients, depending on class of gravity, care pathway, costs. Method: The sample is composed by 2500 patients; data have been recollected in different Italian regions. We used HoNOS and collect demographic data and treatment interventions (in Hospital, Residential care, out-patients' department, mid-residential care). RESULTS: We find a different improvement for different class of gravity. Subjects do not improve differently depending on care pathway, they start anyway from a different level of gravity. We can observe a different improvement for different class of costs: patients with lower costs improve more than patient with higher costs. Conclusion: HoNOS is useful to evaluate care pathways and patient outcome; with other data it could be a useful instrument for routine outcome assessment in mental health services. Observing the results we can say that resources seem to be well distributed assigning patients to the correct pathway and spending more for seriously ill patients.