

*The bio-psycho-social model:
The future of Psychiatry*

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29 June - 3 July 2013
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Posters Session

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29 June - 3 July 2013
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Topic

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Bio-psycho-social confluence of psychiatric sciences

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THE STUDY OF CAUSES OF THE PSYCHOLOGICAL AND PHARMACOLOGICAL ANORGASMIA IN AFFECTED WOMEN IN ARDABIL

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Introduction: many factors affect orgasmic function, age, education, job, folklore (taboos) religious beliefs, drugs, psychological disorders and gynecological surgery. Our main goal was the study of causes of the psychological and pharmacological of anorgasmia in affected women in Ardabil

Methods: The present study is a descriptive-cross sectional one. a total of 500 married women were selected and they completed the demographic and female sexual function index (FSFI) questionnaire. orgasm was assessed according to the relevant questions in the FSFI questionnaire. 122 women were anorgasmic and they completed the SCL-90 questionnaire. the data were analyzed using the statistical software SPSS and the descriptive statistics (frequency-percent) and the deductive statistics (Correlation-t test). P value < 0.05 was assumed meaningful.

Results: the prevalence of anorgasmia among women in Ardabil was 24.4% and the average age of th anorgasmic women was 31.1%. The relation between the obsession -compulsion disorder and the anorgasmia with P=0.000 was meaningful. The relation of depression with P=0.91 and using the SSRI drugs with P=0.28 and using the three cyclic anti-depression drugs with P=0.09 and using the ACE-I drugs with P=0.63 with the anorgasmia wasn't meaningful.

Conclusion: The prevalence of anorgasmia in Ardabil women is at its high level and psychological factors influence this disorder so the diagnosis of this disorder and control of effective factors will help reducing of family fade and its impacts on society.

Keywords: anorgasmia, depression, anxiety, OCD, SSRI, ACE-I, TCA

THE STUDY OF PERSONALITY COMPONENTS STYLE IN ORDINARY WOMEN AND WOMEN SACRIFICED BY TH HOME INDELICACY

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Introduction: The aim of this study is the comparison of attachment styles and personality sides between women who are victims of domestic violence and ordinary women.

Methods: this research included all of them who had complained to family court at first 150 people were randomly studied amid mentioned community by domestic violence questionnaire that 50 people were selected as main annoyed ones were examined in terms of population variable for analysis of data descriptive statistics and k2 and multi-variable variance analysis were used

Results: Achievements expresses that there is a difference between annoyed and ordinary women in terms of attachments styles also it was unfolded that annoyed women vary with those who are ordinary in terms of characteristic sides and it means that annoyed women got higher marks than ordinary ones at aggression point of view and it is mentionable that the difference between 2 groups is significant.

Conclusion: accounts of unsafe attachments styles at annoyed women is one of the reasons which cause reluctant interaction in sexual affairs , then lessens loyalty and kindness levels in joint life and finally leads to disruptive behaviors as violence annoyed women with high aggression low desired level , lack of flexibility and low extrovert personality decrease enjoyment of joint life and satisfaction level in sexual life and with a continues contradictions justify the account of domestic violence

A TWO-LAYERS BIO-PSYCHO-SOCIAL MODEL OF MEDICINE AND PSYCHOTHERAPY

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The bio-psycho-social model relates to a person as one system, with biological, psychological and social components in constant interaction. The model so far tends to objectivize the human experience of life and ignores a central component, existing exclusively in humankind, the subjective component of meanings, narratives, images, and dreams that are central in psychotherapy. This presentation proposes a two-layer bio-psycho-social model: an objective-rational layer and a metaphorical-spiritual layer. This model explains how physical state of the body corresponds with subjective-metaphoric state represented in imaginations, metaphors, and dreams, and how, on the other direction, metaphor therapy corresponds to physical health of people. The model is based on the assumption that people process and experience their stresses in two ways: an objective-rational way, typical of the left hemisphere of the brain, and a metaphorical-spiritual way, typical of the right hemisphere. Every medical, psychological, or social intervention, whether tending to use objective or metaphorical devices, will eventually activate both layers of the system. Some illustrative cases with physical or psychological symptoms will be presented.

Keywords: *Bio-psycho-social, system, psychosomatic, dream, psychotherapy, metaphor, narrative, hemisphere.*

RELATIONSHIP BETWEEN RESILIENCE AND SOCIAL SUPPORT, COPING STYLE OF CHILDREN IN MIDDLE SCHOOL

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Abstract: Objective To explore the relationship between resilience and social support, coping style of children in two middle schools for providing an evidence for improving childrens' resilience.

Methods Six hundred childrens were surveyed with the Connor-Davidson resilience questionnaire(CD-RISC), perceived social support scale(PSSS)and coping style questionnaire (CSQ).

Results ①Resilience had significant difference between male and female children. ②The resilience was positively correlated with social support and two factors of coping style:seeking help and solving problem, but negatively correlated with the other factors in coping style questionnaire.

Conclusion ①Children with high score in Connor-Davidson resilience questionnaire are more tend to the positive coping style. ②Social support is an important factor of resilience in children.

Key words: children;resilience;social support;coping style

TIME TO READMISSION AND IT'S PREDICTORS IN FIRST-ADMITTED PATIENTS WITH A DEPRESSIVE DISORDER

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Educational Objectives: Depressive disorders belong to the most common mental health problems. Worldwide about 350 million people are affected. To prevent chronicity, depression necessitates adequate treatment. Psychiatric readmission indicates a relapse and an insufficient response to outpatient treatment after discharge. It might be preventable in some cases by knowing the risk factors.

Purpose: Due to limited evidence concerning depression and psychiatric readmission, this study aims to analyse probable predictors (e.g. types of antidepressants) of the time to readmission in this patient-group.

Methods: We used routine health data of a German health insurance covering the years 2007-2010 and N=1918 with a depressive episode or recurrent depressive disorder. Patients were aged between 18 and 65 years. We applied multivariate time-hazards models (survival analysis) by SAS to examine the predictors of the time to readmission within 24 months. Probable predictors included patient-, admission-specific and clinical characteristics.

Results: More than 40% of the patients experienced readmission within the observation period, many of them in the first few weeks. Preliminary findings showed that the risk of readmission increased with a co morbid substance disorder or more severe depression. Employment and different types of antidepressants reduced the risk of readmission. The risk of readmission was about 50% less likely in patients taking medication.

Conclusions: Our results indicate that adequate use of medication might prevent from readmission in depressive patients. This does not correspond to all previous findings. More research is needed in this area.

Literature Reference

Lin C-H, Chen Y-S, Lin C-H, Lin K-S (2007). Factors affecting time to rehospitalisation for patients with major depressive disorder. *Psychiatry and Clinical Neuroscience*, 61, 249-254.

MENTAL HEALTH AND POLYGAMY: THE SYRIAN CASE

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In the Middle East, one risk factor for poor mental health among millions of women may be found in the practice of polygamy. Although accurate data regarding its precise prevalence are not readily available, polygamous marriage is known to be a common family structure in the Middle East. Previous studies found that women in polygamous marriages report low self-esteem and less life satisfaction than women in monogamous marriages. To the best of my knowledge the present study is the first to examine the psychological, self-esteem, family function, marital satisfaction, life satisfaction and degree of agreement with the practice of polygamy among polygamous women with a control group from monogamous women in Syria. At the conclusion of this presentation, the participants should be able to recognize the psychological, familial and economic effects of polygamy in Syria. A convenience sample of 136 women, 64 of whom were wives in polygamous marriages and 72 were wives in monogamous marriages participated in this study. A snowball method of sampling was used, conducted by undergraduate local female students trained to collect data according to culturally competent methods. The following research instruments were deployed: the Symptoms Checklist (SCL-90), the Rosenberg self-esteem (SE), the Life Satisfaction (SWLS), family function (FAD) and marital satisfaction (ENRICH). Findings revealed that women in polygamous marriages experienced lower self-esteem, less life satisfaction, less marital satisfaction and more mental health symptomatology than women in monogamous marriages. Many of the mental health symptoms were different; noteworthy were elevated somatization, depression, hostility and psychoticism and their general severity index (GSI) was higher. Furthermore, "first wife syndrome" was examined in polygamous families, comparing first with second and third wives in polygamous marriages. Findings indicated that first wives reported on more family problems, less self-esteem, more anxiety, more paranoid ideation, and more psychoticism than second and third wives. These results are best understood through consideration of the socio-cultural and economic realities facing these women. Practitioners and policy makers need to be aware of the psychological, familial and economic effects of polygamy on women and their children. As the results point out higher marital distress in a polygamous family may in turn exacerbate the negative role modelling and impede children's growth and achievements. Further research is required to compare women in polygamous marriages based on their order (first, second and third etc.).

PERSONALITY RISK FACTORS AND READINESS TO CHANGE IN MANDATED AND VOLUNTARY COLLEGE STUDENTS ENROLLED IN AN ALCOHOL PROGRAM

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Educational Objectives: This study demonstrates the value of utilizing theoretical models in research design and provides salient information for designing alcohol intervention programs. Students who violate the college/university alcohol policy are required by the dean of students or are *mandated* to attend an alcohol intervention programs The Transtheoretical Model (TTM) has been effective in studies of high risk behaviors including alcohol abuse. In the present study, an adaptation of the TTM, the Brief Readiness to Change Questionnaire was used to assess Precontemplation, Contemplation and Action stages of the TTM. Recent studies have suggested personality factors may predispose college students to excessive alcohol drinking. In the present study the following personality risk factors were assessed: Introversion/Hopelessness, Anxiety, Sensation Seeking, and Impulsivity

Purpose: The purpose of this study was to examine personality risk factors and readiness to change drinking behavior between mandated and volunteer groups of college students.

Methods: Participants were 583 freshman students (148 mandated group) and (436 voluntary group) enrolled in the campus MI program. Participants completed at baseline, 3 and 6 months three measures: the Daily Drinking Questionnaire, the Brief Readiness to Change and the Substance Use Risk Profile Scale, a personality measure. Substance Use Risk Profile Scale values at baseline were compared using MANOVA. Linear mixed models were used to determine an association of continuous outcome variables (Substance Use Risk Profile Scale subscales) with covariates overtime.

Results: Descriptive statistics, frequency tables, and summary graphs were used to summarize the study variables. (Table1). Participants in the Action stage had lower impulsivity scores. The number of volunteer participants in the Precontemplation stage decreased between baseline and 6 months and increased in the Action stage. The mandated group had a greater probability than the volunteer group of being in the Action stage over time. In the analysis of the scales, all personality dimensions were fairly similar both groups. Gender was significant, with females showing the highest anxiety and lowest sensation seeking. (Tables 2, 3).

Conclusions: The results provided solid data that alcohol intervention programs need to address the dimensions of readiness to change behavior and personality risk factors. In addition, gender factors should be considered in intervention programs. Further studies of personality factors and readiness to change are recommended.

HOMOSEXUALITIES AND ADOLESCENCE IN A BRAZILIAN SOCIO-CULTURAL CONTEXT: MENTAL HEALTH AND PSYCHOSOCIAL IDENTITY

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Educational Objectives and Background: This research is a cross sectional study that was carried out between 2009 and 2012. It was based on adolescence, homosexuality and mental health in the Brazilian social-cultural context. Empirical data about this area are still rare in Latin America. The first aim of the study was the investigation and comparison of prevalence of mental disorder, and of search for mental health services between a group of homosexual adolescents and its heterosexual control group. The second one was to investigate the impact of discrimination and prejudice on homosexual adolescents' mental health, and on the development of their psychosocial identity.

Purpose: The main purpose of this research was the production of empirical data about a population in Brazil that has not been investigated in terms of mental health and psychosocial identity yet.

Methods: "Snowball sampling" was used in order to form the two groups, matched according to gender, age and educational degree. Each adolescent was interviewed individually. Data were obtained by using the Brazilian version of MINI Plus and two specific questionnaires on the search for mental health services and on psychosocial identity. Statistical analysis identified frequencies, associations, and made comparisons concerning the dimensions that were investigated.

Results and Conclusion: When compared to the control group, the homosexual adolescents presented a higher prevalence of mental disturbance and attendance at mental health services. These results suggest that prejudice and discrimination in the Brazilian socio-cultural context may have an impact on the mental health of the individuals studied, affecting the development of their psychosocial identity.

BAYESIAN EXPLORATION OF DELUSION IN PATIENTS WITH SCHIZOPHRENIA

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Objective:

The aim of the present investigation was to investigate whether the delusion in the schizophrenic patients was influenced by “jumping to conclusion” according to a Bayesian lack of posterior probability inclusion in deduction.

Methods:

40 patients who had received the diagnosis of schizophrenia were randomly selected from two hospitals in Isfahan city. They were matched with a sample of normal people mainly according to sex and age. Both of the groups were presented with a task including two bottles, each of them consisted of black and white marbles in different proportions. The proportion of black and white marbles in the first bottle was 80 to 20, and in the second bottle was 60 to 40. Both of the groups were not aware of the proportion of marbles in different bottles. They were then asked to decide about the color of the next marble, after some trials.

Results:

There was a significant difference between schizophrenic patients and normal people ($p < 0.05$). The patients have been more eager to draw conclusion rapidly after two or three trials, and hence they have shown a tendency to jump to conclusion, in comparison to normal subjects.

Conclusion:

The findings confirmed the hypothesis that delusion can lead the patients to “jump to the conclusions”, after only a few trials. The findings are also concordant with the previous studies suggesting jumping to conclusion may occur in delusions, and that reasoning in delusional patients can be modeled according to Bayesian probability theory.

Keywords: schizophrenia, information processing, delusion, Bayesian theory.

A RANDOMIZED CONTROLLED PILOT STUDY OF COGNITIVE BEHAVIORAL SOCIAL SKILLS TRAINING (Korean ver.) FOR MIDDLE- OR- OLDER-AGED PATIENTS WITH SCHIZOPHRENIA: A PILOT STUDY

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Objectives: Cognitive behavioral therapy and social skill training has been proposed as a promising treatment modality in schizophrenia patients. The objective of this study was to evaluate the effectiveness of CBSST (Cognitive Behavioral Social Skill Training) in patients with chronic schizophrenia. **Methods:** 26 middle- or older-aged hospitalized patients with schizophrenia were selected in a mental hospital. 11 participants were randomly assigned to CBSST treatment and 15 participants were assigned to usual treatment. CBSST was administered over 12 sessions for 6 weeks in single group and the participants were assessed by blinded raters for baseline, 6 and end of treatment. **Results:** Compared to patients with usual treatment, those with CBSST treatment showed a significant reduction of HAMD score, although scores for other psychiatric symptoms did not differ significantly. In terms of QoL (Quality of life) analysis, scores of overall quality of life was more significantly increased in CBSST group than usual treatment group. According to ILSS (Independent Living Skill Survey), patients receiving CBSST performed social activities significantly more than the patients in usual treatment group. **Conclusion:** Psychosocial intervention for chronic schizophrenic patients is very important not only for the management of primary psychiatric symptoms, but also for QoL and social rehabilitation. The results of this study suggest that CBSST could be an effective way for them, such as improvement of depressive mood, overall life quality and social activities. This study is a pilot study performed in inpatient treatment setting. The further studies are required to clarify the advantage of CBSST on chronic schizophrenic patients, esp. under outpatients setting.

Key Words: *Schizophrenia, Social Rehabilitation, CBSST, Cognitive Behavioral Social Skills Training*

EXPLORING THE PATHOGENETIC ASSOCIATION BETWEEN SCHIZOPHRENIA AND TYPE 2 DIABETES MELLITUS DISEASES BASED ON PATHWAY ANALYSIS

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Abstract Background: Schizophrenia (SCZ) and type 2 diabetes mellitus (T2D) are both complex diseases. Accumulated studies indicate that schizophrenia patients are prone to present the type 2 diabetes symptoms, but the potential mechanisms behind their association remain unknown. Here we explored the pathogenetic association between SCZ and T2D based on pathway analysis and protein-protein interaction. **Results:** With sets of prioritized susceptibility genes for SCZ and T2D, We identified significant pathways (with adjusted p -value <0.05) specific for SCZ or T2D and for both diseases based on pathway enrichment analysis. To explore the pathway crosstalk, we constructed a pathway-based network including all of those significant pathways. Our results revealed that some pathways are shared by both SCZ and T2D diseases through a number of susceptibility genes. With 382 unique susceptibility proteins for SCZ and T2D, we further built a protein-protein interaction network by extracting their nearest interacting neighbours. Among 2,104 retrieved proteins, 364 of them were found simultaneously interacted with susceptibility proteins of both SCZ and T2D, and proposed as new candidate risk factors for both diseases. Literature mining supported the potential association of partial new candidate proteins with both SCZ and T2D. Moreover, some proteins were hub proteins with high connectivity and interacted with multiple proteins involved in both diseases, implying their pleiotropic effects for the pathogenic association. Some of these hub proteins are the components of our identified enriched pathways, including calcium signaling, g-secretase mediated ErbB4 signaling, adipocytokine signaling, insulin signaling, AKT signaling and type II diabetes mellitus pathways. Through the integration of multiple lines of information, we proposed that those signaling pathways, such as AKT signaling, that contain susceptibility genes for both diseases, could be the key pathways to bridge SCZ and T2D. AKT could be one of the important shared components and may play a pivotal role to link both of the pathogenetic processes. **Conclusions :** Our study is the first network and pathway-based systematic analysis for SCZ and T2D, and provides the general pathway-based view of pathogenetic association between two diseases. Moreover, we identified a set of candidate genes potentially contributing to the linkage between these two diseases. This research offers new insights into the potential mechanisms underlying the co-occurrence of SCZ and T2D, and thus, could facilitate the inference

of novel hypotheses for the co-morbidity of the two diseases. Some etiological factors that exert pleiotropic effects shared by the significant pathways of two diseases may have important implications for the diseases and could be therapeutic intervention targets.

Keywords

pathogenetic association, schizophrenia, type 2 diabetes mellitus, pathway crosstalk, protein-protein interaction

ANXIETY PREVALENCE AND SLEEPING HOURS-----RESULT FROM MACAO HEALTH SURVEY

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Objective: Anxiety is a common mental disorder in the modern society. It could cause sleeping problems but also can be affected by sleeping disorder. This report will explore the relationship between anxiety and sleeping hours based on the regional household random sampling data in Macao.

Methods: A household randomly sampling health survey was conducted in Macao 2006. The questionnaire, physical exam and lab tests were used for data collection. A total 2930 adults were included for the analysis. Anxiety was defined by answering “yes” for the question that “if a doctor told you that you had anxiety”. The sleeping hours also based on a questionnaire. In some analyses the sleeping hours were divided into two groups by 6. SPSS (17.0) was used for data analysis.

Results: Anxiety prevalence was 2.5%. After adjusting the effect of age and sex, the adjusted rate was 2.3%, more female than males had anxiety (3.2% vs. 1.4%). Compared with those without anxiety, people with anxiety were more in divorced or widowed (11.1% vs. 3.7%), lower individual income (50.7% vs. 34% below the median), unemployed (43.1% vs. 28.5%), sleep less than 6 hours (26.4% vs. 10.8%). However, no age and education difference between two groups. In a logistic regression model with all significant independent variables listed above by a forward method, only sex, employment status and sleeping hours were significantly related to anxiety.

Conclusion: Anxiety prevalence was 2.3% after adjusted other effects, the risk of anxiety is 2.15 between females and males, 1.64 between unemployed and employed and 2.67 between sleep less than 6 hours and those sleep 6 hours or more.

BRINGING THE FAMILY INTO FOCUS: NEW WORK AT A THERAPEUTIC COMMUNITY FOR PRIMARY SCHOOL AGED CHILDREN

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Objectives

When children are sent away from home or taken into care, the burden of responsibility for change can sometimes lie too heavily and somewhat unfairly on their shoulders. This paper will use two case studies to describe the work of the new Therapies and Networks Team at the Mulberry Bush School in Oxfordshire and how this work is integrated into the therapeutic milieu of the school.

Method

Qualitative: case studies

Results

The work of the team aims to bring the focus for change more firmly onto the family as a whole in order to share with the child the responsibility for change and emotional development. The case studies will look at how we assess children and their families, whether birth, adoptive, or fostered, and how these assessments inform the range of interventions we offer alongside the milieu therapy in which the children are immersed.

Conclusions

Through these case studies, the paper will briefly describe these interventions which include a range of individual therapies, family work or therapy, foster care support, and Family Weekends, in which the whole family is given an experience of the therapeutic milieu.

SALIVARY ALPHA-AMYLASE REACTIVITY TO PSYCHOLOGICAL LAB STRESSORS: A META-ANALYTIC REVIEW

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Educational Objectives: Participants will understand the state of the current literature with regard to salivary alpha-amylase (sAA), a proposed correlate of sympathetic nervous system (SNS) activity, as it relates to the human stress response. Importantly, participants will learn about the methodology and results of this meta-analysis, which have implications for biopsychosocial stress research.

Purpose: This meta-analysis reviews 53 laboratory studies and tests whether psychological laboratory stress protocols elicit sAA response in adults.

Methods: As a comprehensive literature search, I reviewed sAA articles from PsychInfo and PubMed, as well as conference abstracts. The selection of studies was restricted to those that utilized acute laboratory stressors and an assessment of sAA before the stressor and at least one assessment after the stressor. Each study was coded for moderators, including stressor type, study methodology, and method of saliva collection.

Results: Psychological stressors significantly increased sAA within 5 minutes ($d = 0.51$, $p < 0.001$) and at 10 minutes ($d = 0.16$, $p < 0.001$), post-stressor, with recovery occurring 15-20 minutes post-stressor. The effect sizes varied, however, depending on the nature of the stressor. Specifically, there was a significant rise in sAA if the stressor had elements of social-evaluative threat (SET; e.g., risk of negative social evaluation) and uncontrollability (UC; e.g., obstacles to attaining a goal). Meta-regressions indicated that, the higher the SET-score, the greater the difference in sAA concentrations from pre- to post-stressor (beta = 0.28, $p < 0.001$). This was also the case for the UC-score (beta = 0.52, $p < 0.001$). Furthermore, stressors characterized by SET resulted in longest recovery times, which occurred at 25-35 minutes post-stressor. With regard to saliva collection, salivette collection ($d = .61$, $p < 0.001$) resulted in a significantly larger increase in sAA than passive drool ($d = .24$, $p = 0.08$).

Conclusions: Results indicate that sAA increases in response to acute laboratory stressors. Recovery time is longest for SET-characterized stressors, indicating that researchers may want to measure sAA within 5 minutes post-stressor through to 35 minutes post-stressor to capture response and recovery. In addition, salivette extraction produced larger effect sizes. It is possible that passive drool is not capturing an accurate read of sAA. Findings support the *social-preservation system* theory in relation to the SNS. Specifically, threat to important goals, such as social approval, elicits sAA response as a means to mobilize energy and reduce threat. Sympathetic arousal during times of uncontrollable social-evaluative threat can be adaptive in order to perform optimally, thereby preserving social status.

PSYCHOECONOMIC NOSOLOGY

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University of Buenos Aires

In our exchange society, appropriative behavior is not only restricted to the appropriation of production but also to psychic appropriation, on which tendencies and possible hierarchical orders of domain and appropriation of manifest economy will be based. Our ultimate goal is to inaugurate a new approach in an attempt to create a new Psychoeconomic Nosology.

We intend to assemble medical, psychological, sociological and macroeconomic knowledge in order to initiate and channel psychosociological procedures from a medical and social perspective.

Community life involves supply and demand, appropriation and disappropriation. Human behavior, its dysfunctions, and the physiopathological disorders resulting from such appropriation have been theorized, classified and legislated, but the driving nature of the social psyche-soma has not been understood or subject to an interdisciplinary classification from the point of view of a psychoeconomic pathology.

In this sense, physiological functions are somatic-social, while psychoeconomic functions are psychosocial functions.

From now on, our intention is to derive psychoeconomic variables from a psychobiosocial approach, and to develop devices through health-disease variables for an understanding and therapy.

Key words:

Greedysis (*afanosis*) – Psychophagic – Exophagic – Social Crepuscular State – Sociomatic Medicine – Somatic-Social Illness – Social Vegetate Structure –

Possessive Obsession Disorder – Possessive Expectation Disorder – Paterfiliation – Filialpathy – Hyperegomia, Anegomia, Psychomatic Introjection, Possessive Neurosis, Somatosis, Sociosis, Encophoria, Anegomic Depression,

MENTAL HEALTH, EMPLOYMENT STATUS AND PARENTHOOD: THE IMPACT OF THE ECONOMIC DOWNTURN ON PORTUGUESE YOUTH MENTAL HEALTH

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Educational Objectives: To recognize the impact of the actual Portuguese economic downturn and unemployment on the health behaviour and mental health of parents and children.

Purpose: To identify links between unemployment, distress and its impacts on family interactions and adolescents' psychological well-being, school expectations and risk behaviours.

Methods:

Study 1 Collected data from the Portuguese Health Behaviour in School-aged Children Survey/WHO was analysed to explore the links between parental employment status and adolescents' low mood, irritability/bad temper and educational aspirations. The subjects were 4541 Portuguese adolescents with a mean age of 14 years old (DP=1.85).

Study 2 A cross-sectional paper-based survey of at least 300 unemployed adult participants (Lisbon/Portugal). The variables measured include demographic factors, mental health (GHQ-12), perceived deprivations of latent and manifest benefits due to unemployment (LAMB scale) and perceived family conflicts and adolescents' health and behaviours.

Results:

Study 1 Parental employment status influences adolescents' low mood and irritability/bad temper. Girls with non-employed fathers showed higher frequencies of low mood and irritability, whereas boys only irritability/bad temper. The mother's employment status had no effect. Parental employment status moderates leaving school aspirations. This is true for boys and girls, but determined by the gender of the parent. Age was found to be an important moderator. Younger adolescents showed higher frequencies of feeling low and irritability/bad temper.

Study 2 Work in progress hypothesis: Higher deprivation in both manifest and latent benefits will account for higher levels of distress among the sample; higher distress is expected among the long-term unemployed people, males, older people, and people with children; adolescents from unemployed parents are perceived to have higher emotional distress and behaviour problems and parents of such adolescents perceive higher rates of interpersonal conflicts within the family. Partial results should be available.

Conclusions:

This study provides evidence for the influence of employment status in adults and adolescents' psychological well-being and health behavior.

The evidence is relevant given the current economic recession and the high rates (16%) of unemployment in Portugal and can be useful to acknowledge the need to support non-employed parents to better cope with the situation and prevent distress among their children.

Taking action may improve the attainment of sustained benefits in health, economic growth and the reduction of prospective health demands by future ill-adults.

Investing in the populations' health and education may allow countries with financial strains to obtain the human capital boost necessary to increase nations' economic growth.

COMMUNICATION ATTITUDE AND EMPATHY LEVELS OF PRECLINICAL MEDICAL STUDENTS IN RELATION WITH THEIR LONELINESS, ANXIETY AND DEPRESSION LEVELS

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Educational Objectives: Although most of medical students enter medical school with a desire to care for people while they are becoming lonelier, anxious and depressive during education their humanistic values like communication and empathy decrease. At the end of this presentation the audience should be able to recognize the correlation between loneliness, anxiety, depression and communication attitude and empathy.

Purpose: The aim of this study was to analyze social features of preclinical medical students in respect to their mental well-being.

Methods: In this cross sectional study socio demographic questions, University of California Los Angeles Loneliness Scale (UCLA), Hospital Anxiety and Depression Scale (HADS), The Communication Skills Attitude Scale (CSAS), Empathic Tendency Scale (ETS) were applied randomly to the first and third year students voluntarily in an anonymous questionnaire with ethics approval. UCLA has 20-items with ten reverse items and the total score ranges from 20 to 80 points. HADS consists of 14 items, seven for anxiety and seven for depression. Each item was rated on a scale from 0 to 3. CSAS consists of 26 items with two subscales: positive attitudes (PAS), negative attitudes (NAS). The total score ranges from 13 to 65 for each subscale. ETS consists of 20 items with eight reverse items. Scores of the scale range from 20 to 100. Student's t-test, one-way ANOVA and correlation tests were applied. Statistical significance was set at p values less than 0.05.

Results: The mean age of the 252 students was 19.57 ± 3.01 and 64.3% of them were first year students. Above the half were female ($n=131$, 52.2%), 8% ($n=20$) were smoking, 10.4% had suicidal ideation in the past six months and 11.2% were always feeling lonely. The UCLA, Anxiety, Depression, PAS, NAS and ETS scores of the study group were 37.20 ± 12.31 , 8.25 ± 3.91 , 6.21 ± 3.80 , 49.84 ± 8.34 , 33.03 ± 5.84 and 68.01 ± 10.26 , respectively. There were no difference between academic years ($p > 0.05$), female students had higher PAS, ETS scores and lower NAS scores ($p < 0.05$). There were negative correlation between UCLA, Anxiety, Depression scores and PAS and ETS scores.

Conclusions: Loneliness, anxiety and depression levels of medical students were in negative correlation with PAS and ETS pointing out the importance of well being for medical practice. Female students had more empathic tendency and PAS.

POSSIBLE THERAPEUTIC ROLE OF INSULIN- LIKE GROWTH FACTOR-1 IN DEPRESSION.

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Objectives: Etiology of mood disorders (i.e. depression) still remains uncovered, and many theories attempting to explain the mechanisms of the onset of such psychiatric conditions have emerged. Up to date researchers have succeeded in drawing distinctions between the levels of numerous factors in depressed patients and healthy volunteers. Among them Insulin-like Growth Factor-1 (IGF-1) has been shown to be decreased in brains of animals with experimentally introduced depression, and antidepressant treatment restores its the physiological level. Moreover, it has been suggested that IGF-1 may have a putative antidepressant and anxiolytic activity.

Purpose: The aim of present work was to determine, if IGF-1 brain administration may reverse behavioral changes evoked by prenatal stress (widely used as an animal model of depression) and whether the IGF-1R antagonist JB1 can block this effect.

Methods: Pregnant Sprague- Dawley rats were subjected to stress sessions from 14th day of pregnancy. After weaning, male rats were housed for 3 months and afterwards were tested for behavioral changes. Some animals were killed two days after the behavioral test and the brain structures were rapidly dissected. The level of IGF-1 and expression of total and phospho-IGF-1 receptor were determined. The remaining animals were administered *icv* IGF-1(1µg) alone or after the IGF-1R antagonist (JB1- 20 µg) . Three days later animals were tested again in a behavioral study.

Results: It has been demonstrated that prenatally stressed rats showed depression-like behavior: an increase in immobility time in the Porsolt test and a decrease in the time spent in the open arm of the maze. In biochemical study, the level of IGF-1 and expression of total and phospho-IGF-1 receptor in the hippocampus and frontal cortex were decreased. In prenatally stressed animals, *icv* administration of IGF-1 produced an antidepressant and anxiolytic effects. Moreover, IGF-1R antagonist completely blocked those effects.

Conclusion: We report that behavioral changes in rats evoked by prenatal stress can be reversed by intracerebral administration of IGF-1, and this type of action is mediated by IGF-1R. We have demonstrated that when the level of IGF-1 in the CNS is increased both anxiolytic and antidepressant-like effects can be observed, and thus providing data supporting the possible use of IGF-1 for future therapy of affective disorders.

Acknowledgements: This work was supported by the Operating Program of Innovative Economy 2007-2013, grant No. POIG.01.01.02-12-004/09.

MOTIVATION AND RELATED FACTORS IN PATIENTS WITH SCHIZOPHRENIA

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Educational Objectives: This study attempted to elucidate the characteristics of motivation in schizophrenia patients.

Purpose: The purposes were to investigate differences in motivation between patients with schizophrenia and healthy controls using the General Causality of Orientation Scale (GCOS; Deci and Ryan, 1985) and to reveal the relationships between motivation, psychiatric symptoms, and social functioning in the patient group.

Methods: Sixteen outpatients with schizophrenia (13 men, 3 women; mean age 43.2 years) and 24 healthy controls (13 men, 11 women; mean age 33.6 years) were recruited. Following previous studies, 3 items from the Quality of Life Scale (sense of purpose, motivation, and curiosity) were used to assess their state of motivation. The GCOS was used to evaluate the strength of three orientations of motivation (Autonomy: A; Controlled: C; Impersonal: I). Orientations A, C, and I correspond to concepts of intrinsic motivation (IM), extrinsic motivation, and a tendency to lose motivation, respectively. Psychiatric symptoms were measured using the Brief Psychiatric Rating Scale (BPRS). The Japanese version of the Social Functioning Scale (SFS-J) and the Global Assessment of Functioning (GAF) were used to assess the patients' social and global functioning. The institutional review board approved the study protocol.

Results: The mean scores on the GCOS subscales in the patients and controls, respectively, were as follows: orientation A, 32.8 and 33.3; C, 27.4 and 22.4; and I, 27.4 and 22.7. The scores for C and I were significantly higher in the patients than in the controls ($P < 0.05$). Regarding the correlations between the GCOS and psychiatric symptoms in the patients, the score for A was significantly correlated with depression ($r = -0.489$, $P < 0.05$), while the score for I was significantly correlated with tension ($r = -0.615$, $P < 0.05$) on the BPRS. Regarding the correlations between the GCOS and the SFS-J or GAF, the score for A was significantly correlated with social withdrawal ($r = 0.654$, $P < 0.01$) and interpersonal relations ($r = 0.585$, $P < 0.05$). The score for C was significantly correlated with interpersonal relations ($r = 0.544$, $P < 0.05$), recreation ($r = 0.495$, $P < 0.05$), pro-social activities ($r = 0.510$, $P < 0.05$), and the total score ($r = 0.544$, $P < 0.05$).

Conclusions: Schizophrenia patients were motivated by extrinsic rewards to a greater degree than healthy people. On the other hand, they lost their motivation easily. Their social functioning was correlated with their motivation.

Literature Reference

Deci, E. L., & Ryan, R. M. (1985). The general causality orientations scale: Self-determination in personality. *Journal of Research in Personality*, 19, 109-134.

PSYCHOPATHOLOGY IN POSTMODERNITY

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Objectives

Late Modernity or Postmodernity has been characterized by some specific features from sociology. In rich countries, some examples related with Postmodernity are constituted by: the technological development and extension and generalization of their applications, the outsourcing of the labour market, the abstraction of job, the manufacturing relocation, the privatization of public space, the generalized reflexivity, the change in the way that individuals interact to each other because of the relationship virtualization, the legislation/regulation of more areas of life, among others.

These rapid changes developed in the second half of the 20th century, influence and determine the way in which people suffer a mental disease and its expressions.

Methods

A review of sociology texts (A.Giddens, Z.Bauman, K.Gergen), extraction of some concepts and categories, and their application to the psychopathological field in the light of referenced articles.

Results

The reviewed authors analyse the social processes that have led to a decrease in the external anchorage of the individuals' life. With the technological development, the modern forms of production, the new labour relationship and the new forms of diffuse authority, among other factors, there has been a process of reflexivity and individualization in all areas that carry consequences on the psychopathological field.

Some examples are the identity fluidization (according to the author, diffusion, liquidity, multiphrenia), the identity shift to the body support (with the promotion of diets, exercise, body-art, cosmetic, plastic surgery, as samples of it) and the rise of a kind of 'pure relationship' or normative regulations of the individual conduct based on ideals or examples rather than on the possibility of punishment (regulation by shame against regulation by guilt). The sociological contributions in the borderline personality disorder, anorexia or alteration in the expression of the depressive symptoms according to culture or historical moment are interesting in psychiatry.

Conclusion

Psychopathology, as a tool that tries to make intelligible the experiences and behaviours of the subject, should not be isolated from sociology as a discipline that is responsible for studying the societies and their changes.

Concepts and categories from sociology are useful in the interpretation and understanding of psychopathological phenomena. The social changes of the last century have conditioned the way in which subjects as individuals and as a community think, live and relate. The increase observed in some types of personality disorders or anorexia or depressive disorders may depend on social changes, at least partly.

IS PERSONALITY RELATED TO TRAIT (24-HOUR-AMBULATORY) HRV?

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Background: Heart rate variability (HRV) is protective of coronary heart disease, and is positively related to emotional regulation and well-being. Lower HRV is associated with depression, bipolar disorder, many anxiety disorders, and schizophrenia, as well neurological symptoms and syndromes.

Objectives: The current study aimed to measure trait HRV and relate it to a comprehensive personality profile in healthy older adults, in order to explore the relationship between personality, emotional regulation, and well-being.

Methods: 75 adult community volunteers, 20-80 years of age, completed an online comprehensive personality self-report which included the TCI, the Big Five, the Toronto Alexithymia Scale, the DS14, and the Positivity scale. They then had a 24-hour ambulatory heart recording. The resulting autonomic action reports (AAR's) were sent to the participants for personal use, and the HRV parameters were entered into a data file which included the personality data. The personality measures were then used as independent variables in a multiple regression analysis for the dependent variable HRV; in addition personality traits were dichotomized to above and below the median to produce personality profiles, and thus to identify combinations of traits that conferred an advantage or disadvantage for HRV.

Findings: Personality traits explained a significant portion of the variance of HRV. Combining different personality models allowed for constructing risk and resilience personality profiles for minimizing and maximizing HRV. In addition, personality traits were systematically related to subjectively reported sleep quality, but not to objective measures of sleep quality, including day/night HRV delta.

Conclusion: Trait HRV is systematically related to personality. The personality profiles derived in the current study are extensions of profiles that were identified in previous studies as associated with subjective health, well-being and happiness. They are of particular interest because they derive from different approaches to the measurement of personality and have implications for psychopathology and physical health. The intersection of personality, emotion, and heart activity is central to the psycho-bio-social understanding of well-being.

APATHY IN NURSING HOME RESIDENTS WITH DEMENTIA: WHO CARES?

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Objectives: While apathy may be considered less problematic for professional carers than overt behavioural and psychological symptoms of dementia, it merits attention because it is associated with adverse outcomes such as reduced functional level, decreased response to treatment, poor illness outcome, and caregiver distress. Apathy may be misinterpreted by professional carers as resistance to care. A recent review concluded that non-pharmacological interventions are able to reduce apathy in dementia, particularly if the activity is an individual one. Others have taken person-centred prescriptions of non-pharmacological interventions further by assessing pre-morbid personality and tailoring stimulation activities on that basis.

Nevertheless in practice apathy is often neglected in nursing home residents with dementia, both at the assessment and care planning stages of care. Our objective was to describe the prevalence of apathy in a sample of residents living in nursing homes, and examine the association between apathy and lifestyle activities.

Methods: We surveyed apathy among residents with dementia living in seven nursing homes in Melbourne, Australia. Of 710 residents, 310 had a diagnosis of mild to moderate dementia and a random sample of 90 agreed to participate in the study (ethics approval was provided). Apathy was measured using the Apathy Evaluation Scale which can be used to quantify and characterize apathy in dementia patients. In addition we documented participation in lifestyle activities and demographic information.

Results: The mean Apathy score for these residents was 51 (90, SD 13.3, range 18-72), which indicated moderate levels of apathy. Males had higher apathy scores than females. Residents were involved in 6 ± 3 lifestyle activities. Multiple regression analysis indicated that age, cognitive status, ADLs and number of activities were predictors of apathy levels. Depression and length of stay were not statistically significant predictors of apathy scores.

Conclusion: We found significant levels of previously-unassessed apathy in this sample of residents, and residents with high apathy tended not to participate in activities. Residential care staff need advice on how to assess apathy in people with dementia and how to use lifestyle activities to improve outcomes for these residents.

SLEEP DISTURBANCES, AWARENESS AND ATTITUDE TO THE HEALTH IN FEMALE POPULATION AGED 25-64 YEARS IN RUSSIA (EPIDEMIOLOGICAL RESEARCH ON THE BASIS OF PROGRAM WHO "MONICA-PSYCHOSOCIAL")

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Purpose: To explore the prevalence of sleep disturbances (SD) and its relation with awareness and attitude towards the health in female population aged of 25-64 years in Russia (Novosibirsk).

Methods: Under the third screening of the WHO "MONICA-psychosocial" (MOPSY) program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. The response rate was 72.5%. Awareness and attitude towards the health and preventive measures and also estimation of sleep were assessed by the questionnaire "Awareness and attitude towards the health". Chi-square test (χ^2) was used to assess the statistical significance.

Results: The prevalence of SD in the female population aged 25-64 years was 65.3%. Women with SD more likely to have negative self-rated health as "sick» - 36.5% ($\chi^2=82.32$ df=16 p<0.001). More than 90% persons with SD had health complaints but taking care of their health was insufficient (77.3%; $\chi^2=18.28$ df=8 p<0.05). In relation to cardiovascular prevention there were some tendencies: person with high grade of SD more likely to report the possibility of high chance to be ill with serious disease within next 5-10 years; they tend to mistrust the doctor's opinion and therefore check their health more often. With increasing levels of SD women more likely continue to work if caught a cold previously (poor sleep-56.5%, good sleep-37.5%; $\chi^2=15.91$ df=4 p<0.05). There was a lower rate of "never smokers" and higher rates of those who made unsuccessful attempts to quit smoking in women with SD (poor sleep-63.4% and 5.6%, a good sleep-67.1% and 0.7%, respectively; $\chi^2=41.38$ df=20 p<0.001). There was higher share of women with SD who fail in following the diet (poor sleep-34.1%; good sleep-22.6%, respectively; $\chi^2=33.88$ df=16 p<0.01). There was 2-fold decrease in physical activity the last year in women with SD (poor sleep-33.8%, good sleep-15.4%; $\chi^2=20.76$ df=8 p<0.01).

Conclusions: The prevalence of SD in female population 25-64 years is high and it is 65.3%. Women with SD more likely have a negative self-rated health and health complaints but aware that taking care of their health is insufficient. SD is associated with adverse behavioral profile: unsuccessful attempts to have a diet, to quit smoking and low physical activity.

EARLY DETECTION AND INTERVENTION PROJECT FOR YOUNG PEOPLE AT RISK FOR DEVELOPING PSYCHOSIS IN UCHINADA

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize a significance of the early intervention service for at risk mental state.

Purpose: Intervention in the prodromal phase of schizophrenia may prevent or delay onset of psychosis, reduce severity of illness, or improve long-term outcome. Promoting efficacious intervention requires implementation of optimal services, as well as developing better diagnosis and treatments specialized for at risk individuals.

Methods: The Outpatient clinic for Assessment, Support and Intervention Services in Uchinada (OASIS-Uchinada) for at risk mental state (ARMS) is a newly-established specialized clinical setting to study and treat young people (aged 15-30 years) at risk for developing psychosis. The OASIS-Uchinada was launched in October 2012 by the Kanazawa Medical University Hospital in cooperation with the Ishikawa Prefectural Mental Health Centre. We opened a website on the Internet (<http://www.kanazawa-med.ac.jp/~psychiat/oasis/>). Specific aims of the service are: (i) to provide young people suspected at risk with opportunities of being assessed by specialists and receiving specific intervention, (ii) to reduce the delays for persons already psychotic in accessing evidence-based treatment, (iii) to contribute to elucidation of the biological basis for risk of schizophrenia, and (iv) to develop innovative and optimized approaches for diagnosing and treating people at risk for psychosis.

Results: The number of referrals to the OASIS in the first half year was 2 (1 women, 1 men; age 16 years). They are not individuals with ARMS and have problem in completing the developmental task.

Conclusions: All referrals were help-seeking, distressed and would otherwise have had difficulty accessing mental health services. It may be possible that amelioration of prodromal symptoms aborts or defers the onset of psychosis.

Literature Reference: none

DOMESTIC VIOLENCE IN CHILE AND ITS IMPACT ON HEALTH.

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Educational Objectives: At the end of this presentation, the participants should have gained a general understanding of the research status on the relationship between domestic violence in Chile and its impact on health.

Purpose: To review the literature that describes the relationship between domestic violence and health in Chilean population with emphasis in mental health.

Methods: We conducted a systematic review with MeSH terms "Chile", "Mental Health", "Health" and "Domestic Violence", in PubMed, Scielo and Liliacs. 108 papers were found. By abstract reading we selected 9 articles that fulfilled the inclusion criteria: 1) focus on Chilean population and 2) that includes some type of standardization for the assessment of violence and / or health.

Results: Domestic violence is associated with physical and mental detriments of health. Physical violence is associated with increased morbidity during pregnancy and poor health outcomes for the neonate, up to one year of follow up¹. Violence is associated with more depressive and anxiety symptoms, with higher frequency of thoughts of death, and with post-partum depression. High monetary income of women or their partners is a protector factor for domestic violence. Only three out of nine studies were prospective.

Conclusions: Domestic violence is a prevalent problem in Chile. The presence of any type of violence is associated with poor outcomes in mental health and medical comorbidity. However, the amount of information and analysis regarding the relationship between violence and health is still insufficient. Most of the literature has focused on community samples. There are few longitudinal studies, and none of these have studied the impact of any intervention. There is no literature concerning violence against men. The literature regarding violence and mental health is particularly rare: there is no information on specific psychiatric diagnosis, or targeting risk and protective factors for the presence of violence, or the mediators between violence and health outcomes (such as social support, higher education, etc.). Future studies must address these problems.

Literature Reference 1:[Social and familial determinants of anxiety and depressive symptoms in middle to low income women]. Illanes E, et al Rev Med Chil. 2007 Mar;135(3):326-34

2: [Impact of domestic violence on reproductive and neonatal health]. Arcos E, et al. Rev Med Chil. 2001 Dec;129(12):1413-24

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY (MMPI) FACTOR ANALYSIS REPORT FOR CHINESE DEPRESSION PATIENTS

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Educational Objectives: Demonstrate the effectiveness and advantages of using MMPI factor analysis method to provide a basis for the diagnosis of depression patients. Recognize the mental conditions of the Chinese depression patients through MMPI evaluation.

Purpose: Use the MMPI factor analysis method to conduct psychological assessment of the Chinese depression patients, simplify the MMPI analysis method, and provide a basis for the diagnosis of depression patients.

Methods: Randomly select 200 depression patients as participates. The depression diagnosis is based on The Chinese Classification of Mental Disorders (CCMD-3), and diagnostic criteria edition three. Using the MMPI translated by Weizhen Li, Institute of Psychology, Chinese Academy of Science. The test is carried out through the Psychological evaluation instrument developed by Professor Wendong Hu, Fourth Military Medical University, which contains 399 questions, 3 validity scales and 10 clinic scales. The analysis method is based on principal component analysis, extracting six factors and varimax rotation. The six extracted factors are: Psychoticism factor P; Neuroticism Factor N; Extroversion Factor I; Masculinity-Femininity Factor M; Anti-society Factor A; Pretend for positive-negative Factor F.

Results: According to the factor loading matrix (table 1), the MMPI results from the Chinese depression patients, Psychoticism factor P shows a relative high positive load in F, Pt, Sc and Ma category; while has a high negative load in K and L. Factor N has high negative load in Hs, Hy, D, Pt. Factor I has a high positive load in Si and D, while has a high negative load in Ma. Factor M has a relative high positive load in Mf-m. Factor A has a high positive load in Pd, Pa. And factor F has a high positive load in L. The structural condition of the six factors reflecting the Chinese depression patients is as follows: 42% of participates score high in the Psychoticism factor P, 25% score low. In the N Neuroticism factor, 16% score high, and 60.5% score low. For I Extroversion factor, 43.5% score high, and 19.5% score low. For M Masculinity-femininity factor, 29.5% score high, and 18.5% score low. For A Anti-society factor, 42% score high, and 20 score low. And for F Pretend for positive-negative factor, 42.5% score high, and 23.5% score low.

Conclusions: The MMPI factor analysis method has good construction validity within Chinese depression patients, and could be used to show the psychoticism, neuroticism, social traits, and social adaptation models in a standardized form, which facilitate the interpretation of the MMPI analysis results. According to the results among the participated Chinese depression patients, a large number of participants showed an abnormal high score in the N (Neuroticism) factor, manifested as depression, anxiety, and insomnia; those participates usually have introverted personalities, and face difficulty with social adjustment. Based on this study, MMPI factor analysis method shows a certain value in providing a basis for the diagnosis of depression.

FACTOR STRUCTURE OF MOTHER AND INFANT CORTISOL REACTIVITY INDICES: STABILITY AND CONGRUENCE

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Educational Objectives: Our review of 130 studies revealed the use of 20 different cortisol indices. This heterogeneity is likely related to minimal psychometric knowledge of cortisol indices, a problem magnified when studying associations between mother and infant cortisol. This study provides knowledge of the psychometric properties of mother and infant cortisol measurements.

Purpose: The purpose of this study is to assess the factor structure of commonly used cortisol indices, as well as the stability of these structures across participant (i.e., infant and mother), time, and challenge.

Methods: A community sample of 276 mother-infant dyads participated in two differentially challenging sessions (Toy Frustration and Strange Situation) at infant ages 16 and 17 months. Infant and maternal cortisol was collected during each challenge at baseline, +20 and +40 minutes. Several cortisol indices were computed: baseline, +20, +40, percent change at 20- and 40-minutes, reactivity, peak, slope from baseline to 40-minutes, slope from baseline to peak, area under the curve with respect to ground (AUC_G), increase (AUC_I), baseline (AUC_B), and above baseline (AUC_{AB}). To examine how cortisol indices interrelate, Pearson correlations and principal component analyses (PCA) were conducted. Similarity of factors across time and participant were assessed with Tucker's coefficient of congruence.

Results: Initial correlations revealed multicollinearity, which was resolved via exclusion of highly correlated variables. Four PCAs, with oblique rotation, were conducted for infants and mothers, at both time points. For each factor analysis, two components emerged (eigenvalues > 1.0), explaining 74% to 83% of the variance. Components 1 and 2 represented total cortisol production and change in cortisol levels, respectively. Factor structures proved congruent across time, challenge and participant, with the exception of the 16-month infant factor structure.

Conclusion: PCA consistently revealed a two-factor structure representing total cortisol output and cortisol change. This factor structure is stable across time for mothers but not for infants. The factor structure was congruent across infants and mothers at 16 months, but not at 17 months. This likely reflects the fact that the challenge at 17 months was stressful for infants but not mothers, while the challenge at 16 months was not stressful for either infant or mother. Therefore, factor structure likely depends on the degree of challenge. Component loadings indicate that AUC_G and AUC_{AB} best exemplify total cortisol secretion and cortisol change, respectively. Results inform the homogenous use of cortisol indices, which is fundamental for progression in stress research.

FROM THE FAMILIAR TO THE UNCANNY: TOWARDS AN UNDERSTANDING OF SCHIZOPHRENIA

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Purpose: The goal of our poster is to shed some light into the psychotic phenomena and the schizophrenic experience.

Methods: We've gone into analysing familiarity and its loss from within different conceptual frames. Psychiatric phenomenology has drawn inspiration from Husserl's and Heidegger's works in order to conceptualize the experience of alienation, especially in schizophrenia. As much as estrangement experiences have been described in psychiatric disorders, we can find them as well in non-pathological situations, in which this feeling blooms. We have revised some of these situations thanks to Freud. Furthermore, our aspiration to find significant links between neuroscience and the lived experience has brought us to the salience hypothesis. The latter has an affinity with some of the aspects we have enhanced from the revised authors during the article.

Results: We have synthesized a conceptual common ground between different traditions in order to have a better understanding of the schizophrenic experiences.

Conclusions:

- There's a continuity between normal and schizophrenic experience
- The different perspectives reviewed point to a common feature: schizophrenic experiences entail changes in the prereflexive and preconceptual dimension of experience.
- The neurobiological salience hypothesis is compatible with the phenomenological and psychodynamic perspectives reviewed.
- Biological research models of schizophrenia could benefit from phenomenological and psychodynamic descriptions of normal and pathological experience.

Literature Reference

Sass LA. The truth-taking-stare: a Heideggerian interpretation of a schizophrenic world. *Journal of phenomenological psychology*. 1990; 21 (2):121-149.

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INCOME AND MENTAL HEALTH

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Educational Objectives: Scientific literature has indicated the importance of social determinants in the aetiology and course of mental disorders and suicide. The goal of this presentation is to identify the state-of-the-art regarding the associations between mental health and individual low absolute income, individual relative income, neighbourhood median household income and income inequality.

Purpose: I present the results of my literature review on the relation between socioeconomic status and mental health, with a special focus on the role of income.

Methods: A document search strategy was conducted on the topic of income and income inequality as determinants of mental health. Search was opened to studies from any region of the world, written in English, French, Portuguese or Spanish and published between January 1991 and September 2011, as well as older studies frequently cited in the literature. A total of 719 documents was extracted. According to pre-established criteria, 337 documents were excluded and 382 were accepted.

Results: The body of evidence shows that exposure to a wide range of psychosocial risks, such as low income, limited education and low occupational status, increases the likelihood of mental health problems. Differences in health follow a social gradient, with worsening health as the position in the social ladder decreases.

I summarize the literature on the role of context in producing health inequalities beyond individual characteristics. Of special interest is the potential health effect of relative income and the importance of income distribution as a health determinant.

I outline the possible mechanisms for health disparities associated with socioeconomic status, including access to health care, residential characteristics, environmental exposure, physiological processes, health and cultural behaviours and psychosocial factors.

Conclusions: Tackling health inequalities has become a public health priority and it is necessary to establish their causal pathways in order to implement effective interventions and policies. This literature review suggests that exposure to several forms of social disadvantage may play an important role in the aetiology of mental health problems. Further empirical studies on social inequalities in health are needed to make sense of some mixed research findings, to better understand the pathways through which they influence health and to find out ways of reducing their magnitude. The implications of this knowledge go beyond the strict scope of health and the solutions may encompass more equitable distribution of resources.

PRELIMINARY STUDY ON THE EFFICACY OF A PSYCHOEDUCATIONAL PROGRAM FOCUSING ON MEDICATION ADHERENCE IN CHILDREN WITH ADHD

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Educational Objectives: This presentation describes a method of intervention for improving adherence when children with ADHD are taking medication, as well as the efficacy of the intervention.

Purpose: Our research group undertook the development of a group psychoeducational program aimed at improving medication adherence in pediatric patients with ADHD. In our research, we are conducting a preliminary study using the program that was developed, and investigating the efficacy of the program, as well as issues encountered.

Methods: The research began in December 2012 and will be completed in March 2013. The subjects comprise five children with ADHD (age range, 10 to 12 years) who are currently undergoing medication therapy, and their parents. For data collection and analysis, we are using a psychoeducational program that we developed ourselves, and carrying out qualitative analysis of changes in the speech and behavior relating to taking medication among the program participants. Also, using existing scales, we are evaluating adherence to the medication regime, ADHD symptoms, family functionality, degree of satisfaction with the program, and other factors. In terms of ethical considerations, after an overview of the research was explained to the children who would be subjects in the study, and to their guardians, and it was made clear that participation would be on a voluntary basis, signed consents were obtained from both the children and their parents. This study was approved by the Ethics Committee of the Graduate School of Biomedical Sciences, Nagasaki University.

Results: Even from a global perspective, psychoeducational programs designed to target children with ADHD are quite new. We report here on the current state of the children and on changes that have been observed in the course of implementing the program.

- The first time, four of the five children attended as ordered by their parents, but starting from the second time, all of the children participated under their own initiative. Also, proactive behavior was observed; some children brought a booklet containing information about their medication, and some brought the medications they were taking.
- One of the parents expressed the following in a report: "Up until now, my daughter didn't take medication on her own, but after participating for the first time, she started taking the medication independently, although not always consistently."

Conclusions: We began to see clear changes in the children's proactive behavior with respect to treatment and taking medication as a result of participating in the program.

ALEXITHYMIA IN LATE- VERSUS EARLY-ONSET GERIATRIC DEPRESSION

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Objectives. Alexithymia is a style of thinking characterized by difficulties in recognizing or verbalizing emotions. Depression has been associated with alexithymia; however, little research has specifically focused on depression in late life. In the current study, we evaluated alexithymia in: 1) early-onset depression (first episode prior to 60 years of age; EOD), 2) late-onset depression (first episode at minimum 60 years of age; LOD), and 3) healthy comparison subjects free of psychiatric illness (HC). We hypothesized that both EOD and LOD groups would have higher levels of alexithymia than HCs. Further, given its predominant somatic presentation, LOD would be associated with greater alexithymia than EOD. To exclude overall deficits in emotional processing and cognitive function, we also administered measures of affective symptomatology, facial emotion recognition, cognitive appraisal styles, and cognitive abilities including language and perceptual abilities.

Methods. 26 older adults with major depressive disorder (11 EOD; 2 M, mean age 67 years (SD6.8); 15 LOD; 6 M, mean age 74 years (SD7.2)), and 13 HC (4M, mean age 69 years (SD4.4)), all free of psychotropic medications, were studied. Subjects completed the 20-Item Toronto Alexithymia Scale (TAS-20), a self-report measure assessing difficulty in identifying feelings (DIF), difficulty describing feelings(DDF), and externally oriented thinking(EOT). Participants additionally completed a facial emotion recognition task, the Geriatric Depression Scale(GDS), Spielberger State-Trait Anxiety Inventory(STAI), Dysfunctional Attitudes Scale(DAS), and Automatic Thoughts Questionnaire(ATQ), and a standard neuropsychological battery.

Results. Groups differed on the TAS-20, with LOD participants scoring in the alexithymic range, compared to EOD and HC (mean TAS-20 scores: LOD, 62.3 (SD 9.58); EOD: 49.1 (SD 13.1); HC, 47.8 (SD 8.0); $p=.001$). Specifically, group differences were found on the TAS-DIF only (LOD>EOD>HC; $p<.001$). Ability to recognize facial emotions did not differ across groups (LOD: 71.7%, EOD: 77.7%, HC: 81.9%; $p=.079$). Both depression groups scored higher on the GDS, STAI, ATQ and DAS, relative to HC, with no differences between EOD and LOD. Groups performed similarly on Wechsler Abbreviated Scales of Intelligence (WASI) Vocabulary, Boston Naming Test, letter and category verbal fluency, visuospatial abilities (WASI Block Design).

Conclusions. Depression in unmedicated older adults report greater difficulty in identifying feelings, with greater dysfunction in late- versus early-onset, in the context of preservation of ability to recognize facial emotions and language function. These findings are consistent with evidence of aberrant activity in the anterior cingulate in alexithymia and in LOD, which may potentially disrupt fronto-temporal networks involved in linguistic processing.

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THE INFLUENCE OF CIGARETTE SMOKING ON THE PROGNOSIS OF SCHIZOPHRENIA.

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Educational Objectives: The prevalence of cigarette smoking is known to be higher in patients with schizophrenia than general population. Nicotine has been found to be effect on cognitive function and negative symptoms in patients with schizophrenia. Although, it has been reported that schizophrenia patients are at elevated risk for cardiovascular disease due to high rates of cigarette smoking and they have approximately a 20% reduced life expectancy compared with general population, so smoking cessation in patients with schizophrenia is important. This study examined whether cigarette smoking affects the prognosis of schizophrenia.

Purpose: We examined the rate of rehospitalization by comparing smoking with no-smoking schizophrenics.

Methods: Total of 153 patients with DSM-IV schizophrenia who discharged from April 2010 to June 2011 were recruited from 4 hospitals. Follow-up began at their discharge, and participants were censored at rehospitalization or the end of follow-up of 600 days, whichever came first. We tested the association between smoking status and the prognosis of schizophrenia using a Cox proportional hazards regression model adjusted for age, sex, number of hospitalization and score of Global Assessment of Function (GAF) .

Results: Thirty four (54.8%) of 62 s moking schizophrenics and 30 (33.0%) of 91 n on-smoking schizophrenics were rehospitalized during the research period. Smokers with schizophrenia had significantly higher rate of rehospitalization. The hazard ratio for time to rehospitalization was 1.87 (95% CI=1.15-3.10, p=0.011).

Conclusions: This study suggested the possibility that cigarette smoking adversely affects the prognosis of schizophrenia. Even for the positive effects of cigarette smoking on cognitive function and negative symptoms in patients with schizophrenia, it seems that smoking cessation in patients with schizophrenia is important.

ARTTHERAPY OF AUTOAGGRESSION IN PERSONS OF DANGEROUS PROFESSIONS

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Educational Objectives: Currently, there are a lot of researches in the field of autoaggression, however, the optimal methods of treatment are still being looked for. Persons of dangerous professions are the most vulnerable category of patients with autoaggression.

Purpose: The aim of our study is to develop comprehensive treatment of autoaggression among persons of dangerous professions. This treatment based on identified predictors' autoaggression. The first stage of our study was the identification of predictors' autoaggression. It was found that the high level of personal anxiety and the associated high levels of alexithymia are predictors' autoaggression. The second stage was the development of comprehensive treatment of autoaggression which included psychopharmacotherapy and psychotherapy (including arttherapy). The use of arttherapy was determined by the need to work with a high level of personal anxiety and alexithymia. First of all we use the modelling of the plasticine, because it is the best way to overcome aggression. Then we used art – the best way to decreasing high level of personal anxiety and alexithymia. To achieve the goal in the study were included 157 miners (who was the victims of accidents at coal mines) - as an example of persons of dangerous professions. Anxiety-depressive syndrome was the main one. 92 miners (group A) were conducted comprehensive treatment psychopharmatherapy and psychotherapy (including arttherapy). While 65 miners (group B) were assigned psychopharmatherapy and psychotherapy (excluding arttherapy).

Methods. Evaluating the effectiveness of treatment based on the dynamics of psychopathological symptoms in accordance with the clinical diagnostic scale Montgomery-Asberg Depression Rating Scale (MADRS), Clinical Anxiety Scale (CAS), Hospital Anxiety Depression Scale (HADS) at 0, 7, 14, 28, 42 and 56 day of treatment. The data was processed with the help of standard statistical methods.

Results. Studies have demonstrated that the efficacy of combination of PPT and PT with arttherapy in the complex treatment of autoaggression among persons of dangerous professions higher efficiency PPT and PT (excluding arttherapy). Reduction of core psychopathological symptoms among the miners – group A was seen already at day 7 of treatment. In group B of miners it was seen at 14 day of treatment only. In addition, the frequency and severity of symptoms in the group B were higher than in the group A. Significant improvement was noticed on the 14 day of treatment in the group A and on the 28 day of treatment in group B.

Conclusions: In conclusion, the identified predictors autoaggressive behavior improved approach to psychotherapeutic treatment. Arttherapy accelerates the reduction of high level of anxiety and alexithymia and helps to achieve greater clinical effect in treating autoaggression among persons of dangerous professions. It was because of the fact that the art has a unique feature: it brings to the surface (a piece of paper, for example) the latent aggression.

THERE IS A PLEASURE SURE IN BEING MAD: THE EVOLUTIONALLY ADVANTAGEOUS ASPECTS OF AFFECTIVE DISORDERS AND AFFECTIVE TEMPERAMENTS

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Background: One great paradoxon in psychiatry is that psychiatric illnesses and genes encoding for vulnerability towards them do not become extinct over time with evolution. The most investigated and accepted explanation for this is that the same genes encoding for the increased risk of the development of a psychiatric illness also encode for traits determining greater adaptational and evolutionary success. This adaptive characteristic is most easily observed in healthy first-degree relatives of psychiatric patients, sharing overlapping genotypes and exhibiting attenuated manifestations of relevant endophenotypes. Besides the burden associated with affective illness, the advantage of genes and related (endo)phenotypes is observable on the individual and group/social level aiding several aspects of survival and reproduction. In order to gain deeper insight into the advantageous and disadvantageous sides of mood disorders as distinct integral entities, decomposing illnesses into smaller and more easily characterizable phenomena such as their affective temperamental bases may reveal how these disorders carry possibly adaptive aspects.

Purpose: We aimed investigating the distribution of dominant affective temperaments in 6 large-scale national studies representing different cultural and geographical areas.

Methods: We included six large-scale national studies measuring distribution of affective temperaments and compared dominant affective temperament frequencies using chi square tests.

Results: We found a significant difference in the frequency of affective temperaments among different studies in case of the Cyclothymic, Hyperthymic and Irritable temperaments. Furthermore, we found important parallels between the frequency of dominant affective temperaments and cultural dimensions described by Hofstede. Characteristics encompassed by the Depressive temperament show considerable similarities with Hofstede's Individualism-collectivism dimension, while those of the Hyperthymic temperament seem to be similar to Uncertainty avoidance, and the Irritable temperament shows similarities with Hofstede's Power distance. Furthermore, relative frequency of these dominant temperaments in case of the different national samples paralleled the relative scores of these countries on the corresponding cultural scales.

Conclusions: Our findings indicate an important relationship between affective temperaments and cultural dimensions suggesting that these phenomena may be manifestations of the same genetically determined predispositions in different forms. What's even more interesting and possibly in line with the above phenomena, is that the frequency of the s allele of the 5-HTTLPR, reported to be associated with affective temperaments, also shows a characteristic geographic distribution difference, with possibly similar cultural consequences. All the above indicate how the genetic make-up may be involved in cultural adaptation, possibly through the mediation of the emergence of temperamental traits.

SUBTHRESHOLD PSYCHIATRIC SYMPTOMS AND POST-PARTUM MOOD DISORDERS

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Objectives: During puerperium several mood disorders may occur, classified in: 1) Maternity Blues, 2) Postpartum Depression (PPD) and 3) Puerperal Psychosis. Psychiatric symptoms in pregnant women are significantly undetected, and treatment rates are very low (1). Research shows that risk factors related to PPD are a history of depression before and during pregnancy, prior maternity blues, marital distress, lack of social support and last stressful events (2-3). Aim of this research is to investigate possible relationships among subthreshold psychiatric symptoms during pregnancy and postpartum mood disorders.

Methods: The study was conducted in the Obstetric Unit of the University Hospital of Messina on a sample of 110 women recruited during the third trimester of pregnancy. The following instruments were administered to each subject: Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI), and General Five Spectrum Measure (GSM-V). Moreover, the Kennerley's Blues Questionnaire (BQ) and the Edinburgh Postnatal Depression Scale (EPDS) were administered for measuring postpartum affective disorders respectively at day 3 and at month 3 and 6 after delivery.

Results: Statistical analysis (Pearson correlation) showed the following positive correlations: 1) BDI = BQ ($p < 0.0001$), EPDS month 3 ($p < 0.0001$), EPDS month 6 ($p = 0.005$); 2) STAI = BQ ($p = 0.008$), EPDS month 3 ($p = 0.045$); 3) GSM-V/Panic = EPDS month 3 ($p = 0.003$), EPDS month 6 ($p = 0.002$); 4) GSM-V/depressive = BQ ($p = 0.036$), EPDS month 3 ($p = 0.010$), EPDS month 6 ($p = 0.013$); 5) GSM-V/obsessive compulsive = EPDS month 3 ($p = 0.017$); 6) GSM-V/social phobia = BQ ($p = 0.013$); 7) GSM-V/anorexia-bulimia = BQ ($p = 0.037$), EPDS month 3 ($p = 0.004$), EPDS month 6 ($p = 0.024$).

Conclusions: Our findings suggest that subthreshold psychiatric symptoms should be considered as risk factors in predisposing and in maintaining postpartum mood disorders. A screening aimed to the early identification of subthreshold symptoms could play an important role in preventing postpartum mood disorders by structured psychological supportive treatment.

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PSYCHOSOCIAL VULNERABILITY TO POSTPARTUM DEPRESSION

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Educational Objectives: Maternity blues and postpartum depression (PPD) are affective disorders affecting women in the postpartum period. Many authors agree that about 10-15% of women develop PPD in the first months after delivery. The main symptoms are affective lability, anxiety, restlessness, sleep disturbance, diminished concentration or indecision, frequent thoughts of death or suicide, feelings of worthlessness or inappropriate guilt. Recent evidence highlights that psychological factors and personality traits, such as neuroticism, self-criticism and lower self-esteem play an important role in postpartum-onset depression (1-2).

Purpose: The aim of this study was to identify a range of psychosocial vulnerability factors, possibly increasing the risk of maternity blues and PPD.

Methods: 110 women, consecutively recruited from the Obstetric Unit at the University Hospital of Messina, were assessed by the following psychodiagnostic instruments: Big Five Questionnaire (BFQ), Toronto Alexithymia Scale (TAS 20) State Trait Anger Expression Inventory (STAXI-2). All enrolled subjects further completed the Kennerley's Blues Questionnaire (BQ) on day 3, and the Edinburgh Postnatal Depression Scale (EPDS) for measuring postpartum affective disorders on month 3 and 6 after delivery.

Results: Statistical analysis (Pearson correlation) shows the following positive correlations among the subscales of the STAXI 2 and BQ and EPDS questionnaires: 1) T/A = BQ ($p=0.001$), EPDS month 3 ($p=0.006$), EPDS month 6 ($p=0.036$); 2) AE/OUT = BQ ($p<0.0001$); 3) AE/IN = EPDS month 3 ($p=0.004$), EPDS month 6 ($p=0.038$).

Conclusions: Our findings suggest that, more than specific psychological profiles, the experience and the expression of anger can be considered as antenatal vulnerability factor of PPD onset; therefore, already during pregnancy, the detection of this emotional dimension and specific psychological approaches aimed to cope with this negative emotion may be useful for preventing post-partum affective disorders.

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UNWANTED PREGNANCIES AND PRECARIOUSNESS AMONG WOMEN WITH CHRONIC MENTAL DISEASES IN CASABLANCA, A FIVE CASE REPORT.

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Objectives : The women facility of Casablanca University Psychiatric center regularly receives relapsed patients, that have recently given birth in hard conditions, whose pregnancies have been totally unplanned and undesired and who end up alone, with very few support, and, in many cases, with housing problems. Our objective is to get closer to these women's profile and specificities in order to be able to discuss relevant and realistic contraception strategies as well as adapted ways of managing parenting difficulties among fragilized mentally ill mothers.

Method : In this five case study, recruited patients have been admitted at the Casablanca university psychitatic center from year 2011 to 2012. Sociodemographic and health information included age, education, marital status, psychiatric diagnosis, psychiatric follow-up, lifetime length of time homeless, number of pregnancies, date of last pregnancy, whether they had previous unintended pregnancies, and contraception methods used. We did also collect data about parenting difficulties and whether babies were looked after by their mothers, relatives or by professionals in child protection structures.

Results: None of the five women were married. They were all houseless with no contact with their families. Three of them suffered from schizophrenia. In all cases, women did not have a regular follow-up and had hardly access to medication. One of them was raped, two of them have had previous unwanted pregnancies. None of the five women used contraceptive methods and, in all cases, babies have been placed in child protection structures.

Conclusion: Being mentally ill is a risk factor for unwanted pregnancies. Symmetrically, an undesired pregnancy exposes a mentally ill mother to relapse. This vicious circle raises complex issues such as the management of contraception for women with chronic disabling psychiatric disorders, the indication of abortion and/or tubal ligation in such cases and the management of parenting difficulties.

CLINICAL AND THERAPEUTIC INTEGRATION – THE EXPERIENCE OF THE REFERENCE GROUPS IN THE TREATMENT OF INDIVIDUALS DIAGNOSED WITH MAINTENANCE-PHASE SCHIZOPHRENIA

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Educational Objectives: At the conclusion of this presentation, the participants should be able identify the advantages of using a reference group in the treatment of individuals diagnosed with maintenance-phase schizophrenia.

Purpose / Objective: The objective of this project is to describe the experience of the reference groups in the Community Mental Health Centre Prof. Luís da Rocha Cerqueira in São Paulo (SP), Brazil, and the advantages they may bring to the treatment of individuals diagnosed with maintenance-phase schizophrenia.

Methods: The reference groups were created and work as alternatives of clinical and therapeutic integration in the treatment of individuals diagnosed with maintenance-phase schizophrenia in the Community Mental Health Centre Prof. Luís da Rocha Cerqueira, the first of its kind in Brazil. Their aim is to offer a new approach, with benefits to patients, families and to the service.

Over the last 18 months, eight reference groups coordinated by two mental health professionals have been taking place monthly, with 60 minutes duration and participation of 8 to 12 patients and their families. During this period, parameters such as presence and participation in groups' sessions, adhesion to treatment, symptoms agudization, drug prescription (alterations of daily dosage), hospitalization, sociabilization and engagement in activities inside and outside the Community Mental Health Centre have been evaluated through observation and interviews.

Results: So far, the rates of adhesion have not changed significantly when compared to those of individual consultations, there were two cases of symptom agudization and two hospitalizations (1,8%) whereas the social and support network of patients and families increased significantly. Patients have engaged in different activities inside and more often outside, which is an important objective of the Community Mental Health Centre bio-psycho-social approach.

Conclusions: The reference groups seem to promote optimization of treatment adhesion, diversification and strengthening of the bond with the service and expansion of social network for the patients; for families, they offer the possibility of increased participation in their relatives' treatment, besides the creation of a new support network; and for the service they present a viable alternative concerning resources to be used.

CLINICAL FEATURES OF SEVERE SOCIAL WITHDRAWAL: A PILOT CROSS-NATIONAL STUDY OF HIKIKOMORI

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Educational Objectives: At the conclusion of this presentation participants should be able to: 1) define hikikomori and its core features; and 2) describe the psychopathology and treatment desires associated with hikikomori.

Purpose: Researchers have suggested that hikikomori—an emerging form of social withdrawal—may exist globally, but no study has evaluated hikikomori cross-nationally.^{1,2} This pilot study aimed to assess for and describe the features of hikikomori in multiple cultures.

Methods: Subjects were recruited from clinical and community sites in India, Japan, Korea, and the U.S. between December 2011 and November 2012. Hikikomori was defined as a 6-month period of spending most of the day and nearly every day at home, avoiding social situations, and avoiding social relationships, associated with significant distress/impairment. Psychiatric diagnosis was determined by the SCID I, SCID II, and Young Internet Addiction Test. Subjects completed several self-report measures including the UCLA Loneliness Scale (Version 3), Lubben Social Network Scale – 6 (LSNS-6), Sheehan Disability Scale (SDS) and modified Cornell Treatment Preferences Index (CTPI).

Results: 36 adult subjects with a current or past history of hikikomori were identified. Just 7 were female and 4 lived alone. 28 subjects desired treatment for their social withdrawal: 15 desired pharmacotherapy, 21 desired psychotherapy, 11 desired treatment by a primary care physician, and 26 desired treatment by a mental health professional. Subjects scored a mean of 55.4 (SD=10.5) on the UCLA Loneliness Scale, 9.7 (SD=5.7) on the LSNS-6, and 16.5 (SD=7.9) on the Sheehan Disability Scale. Of subjects who completed all diagnostic assessments, the common disorders associated with hikikomori were: avoidant personality disorder (11/26), paranoid personality disorder (8/26), and major depressive disorder (9/26). Five subjects had no history of any psychiatric disorders. The idiopathic hikikomori reported lower levels of loneliness, desire for treatment, and functional disability.

Conclusions: Hikikomori exists across cultures and is associated with substantial disability, desire for treatment, and psychopathology, especially when hikikomori co-occurs with psychiatric disorders. Future studies should include larger samples of hikikomori and compare them to control groups.

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THE ROLE OF PSYCHOSOCIAL FACTORS IN SCHIZOPHRENIA WITH UNFAVORABLE EVOLUTION

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Educational objectives: To emphasize the psychosocial risk factors in patients with long-term schizophrenia and unfavorable evolution.

Purpose: To highlight the role of psycho-stress and HPA axis hyperactivity (Bradley, 2010) in decrease of neuroprotection associated with brain structural alterations and social cognition deficits.

Methods: We have monitored a group of 10 patients diagnosed with schizophrenia according to DSM IV TR criteria, with unfavorable long-term evolution (over 15 years). The quality of evolution was assessed by Positive and Negative Syndrome Scale (PANSS) and Clinical Global Impression – Improvement Scale (CGI-I), and psychosocial factors were evaluated using Social Stress Indicators (SSI) (Turner et al, 1995), Personal and Social Performance (PSP) and Burden Assessment Scale (BAS). The level of neuroprotection reduction was investigated through Computed Tomography (CT) and cognitive level was assessed by Mini Mental Scale Evaluation (MMSE).

Results: All patients in the study group showed a significant decrease in cognition (MMSE \leq 23) and persistent negative symptoms (PANSS scores for N1, N4, N6 negative items $>$ 3) compared with positive symptoms of schizophrenia (PANSS scores for P1, P2, P3 positive items \leq 3). CGI-I scores were between 3 and 4, while CT showed frontal atrophy predominantly on the left lobe, and calcifications of choroid plexus and pineal gland in all patients. For all patients were highlighted intense psychostress factors at personal and family (caregivers) level associated with multiple hospital admissions. PSP scores ranged between 39 and 21 for all patients of our study lot, revealing an impairment of social cognition. Psycho-stress was obvious correlation with hypercortisolemia (Brenner et al, 2009), fact that can be emphasize by the presence of weight gain in all patients.

Conclusions: Cognitive impairment may be related to persistent negative symptoms, atrophy of the left frontal cortex and calcifications of the pineal gland choroid plexus. Psycho-stress factors and social disabilities amplify HPA hyperactivity and hypercortisolemia; weight gain may be a clinical indicator for prediction of psychosocial and neurobiological vulnerability in schizophrenia.

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THE PATHWAYS TO CARE OF ACUTE PSYCHOSIS IN A DEPARTMENT OF MENTAL HEALTH IN NORTHERN ITALY: A RETROSPECTIVE STUDY.

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Educational Objectives: To study the pathways to care for patients affected by acute psychosis in the Department of Mental Health (DMH) of Modena (Northern Italy).

Purpose: To describe the pathways to care of patients presenting with acute psychosis in the Department of Mental Health (DMH) of Modena during the year 2011 and to examine the demographic, clinical and social factors influencing routine integrated treatment for acute psychosis.

Methods: Through both retrospective charts review and interviews to specialists working in the 8 out-patient clinics of the DMH of Modena, we collected demographic, clinical and social characteristics of all patients who presented with an episode of acute psychosis (affective and non affective) from January 1st to December 31th of 2011 at the DMH of Modena. We compared patients who underwent NON psychopharmacological intervention (psychotherapy, social inclusion, supported employment, psychoeducational and family intervention) versus subjects who did not.

Results: 47 subjects, 68% males, 77% single, with a mean age of $27 \pm 5,4$, were included in our analysis. 40 patients (89%) received a psychopharmacological treatment as a part of usual care; 19 (41%) received a NON psychopharmacological treatment. We observed that subjects with lower education and foreign nationality were less likely to receive a NON pharmacological treatment, with a statistically significant difference ($p=0,036$ and $p=0,013$ respectively).

Comparing Italian patients (29, 62%) vs foreigners (18, 38%) no differences were observed in terms of numbers of admission to the psychiatric hospital and in terms of disengagement from the out patient clinic.

Conclusions:

- According to literature, our data confirm that psychopharmacological treatment is the predominant treatment in acute psychosis attending MHD but 41% of the total sample attended non pharmacological treatment as well.
- Our findings are consistent with international and national guidelines for interventions in acute psychosis: pharmacological treatment is the first line intervention, whereas non pharmacological ones are strictly related to the stage of illness, particularly indicated when acute psychosis symptoms are decreased.
- Foreigners and subjects with lower level of education were less likely to attend non pharmacological interventions, this may be due to social, linguistic and cultural barriers.
- Our findings are preliminary data and more analysis are needed to explore pathway of care in the different local and national mental health systems.
- Our study, despite its limitations of a small sample and the retrospective design, could be useful to achieve a higher quality of service through specific patient-centered programs, that should take into consideration cultural, social and linguistic features.

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PROPOSED LINKAGES BETWEEN PUBLIC OPEN SPACE AND MENTAL HEALTH: A REVIEW OF CURRENT LITERATURE

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Educational Objectives: To facilitate participant understanding of current evidence concerning the protective effects of public open space (POS) for mental health and wellbeing, and of the psychosocial and behavioural mechanisms that might explain such relationships.

Purpose: The aims of this project are to synthesise theoretical perspectives and empirical evidence on the psychosocial and behavioural mechanisms by which neighbourhood POS is related to mental health and wellbeing, and to propose a conceptual model for future testing.

Methods: A scoping review was conducted in October 2012. A broad range of empirical and conceptual articles were reviewed on the relationships between the accessibility and characteristics of neighbourhood POS and the mental health of local residents. Potential explanatory mechanisms were identified and a conceptual model was developed based on the literature relating to urban design and contextual influences on health and communities, human experiences with nature, and psychosocial stress processes.

Results: There is growing evidence suggestive of a protective effect of residential accessibility to POS on mental health. POS has been linked to better self-reported mental health, lower stress levels, and lower prevalence of depression and anxiety disorders, after controlling for individual sociodemographic characteristics. However, studies to date are limited by their almost exclusively cross-sectional design. Longitudinal evidence to support a causal relation is lacking. Positive outcomes, such as quality of life, have largely been ignored in favour of adverse symptomology, despite indications that pathways between neighbourhood attributes and positive vs. negative dimensions of mental health may differ.

By affording opportunities to meet and engage, and augmenting place attachment, POS may facilitate development of local social networks and contribute to a sense of community and mutual trust, thereby enhancing the availability of social support from personal networks and the greater local context. POS may provide opportunities for stress reduction, restoration of directed attention, and reflection, in turn allowing residents to think clearly and more effectively cope with daily stresses. Finally, POS provides accessible space for exercise, and may encourage physical activity for leisure or commuting purposes. The characteristics of POS, such as size, amenities, and aesthetic value, may influence its potential to activate each mechanism. Only a handful of studies have empirically tested these potential causal pathways. Loneliness, social support, social coherence, and recreational walking have been found in cross-sectional studies to mediate relationships between POS accessibility or neighbourhood 'greenness' and mental health. No study thus far has investigated whether residents' ability to cope with stress might explain the relationship.

Conclusions: While there is evidence that supports an association between neighbourhood POS and mental health, there is a clear need for causal investigations

based on longitudinal data to evaluate the temporal basis of such relations, as a requisite basis for causal inference. In addition, further research is needed to establish the causal pathways underlying this relationship. We present a conceptual model of proposed pathways, aspects of which will be tested longitudinally in an upcoming research project within a large, metropolitan psychiatric epidemiological catchment area.

BIO-PSYCHO-SOCIAL EXPLANATORY FRAMEWORK IN THE BACKGROUND OF CROSS-CULTURAL DIFFERENCES IN MAJOR DEPRESSION

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Objectives: Cross-cultural differences in unipolar major depression are in the focus of attention, but a thorough and complex explanatory model is still needed to unravel the background of these phenomena.

Purpose: Synthesising data from work previously published papers our aims were to draft a common framework to explain cross-cultural differences in major depression, by pointing out important candidate variables.

Methods: We searched the literature for papers investigating societal, psychological and biological-genetic factors associated with cross-cultural diversity in unipolar major depression, evaluating and incorporating the most important factors acting into a complex model.

Results: Among societal factors cross-country differences in GDP and Gini coefficient of income inequality should be considered. Closely linked to this societal level but as individual-level psychological-societal variables, gender, socioeconomic status (SES) and education level also have to be included. Important psychological background factors include cross-country differences in coping, social support, external health locus of control orientation (Stephoe and Wardle, 2001), and autobiographical memory. Genetic factors, acting in gene sets mediating the effects of environmental factors, including the 5-HTTLPR, BDNF, HTR2A and COMT are also crucial parts of such a model.

Conclusion: A complex bio-psycho-social explanatory model is indispensable to gain a better understanding of the etiopathology and cross-cultural diversity of depression.

THE IMPACT OF ONCOLOGISTS' COMMUNICATION SKILLS ON THE EMOTIONAL DISTRESS OF THEIR PATIENTS WITH ONCO-HEMATOLOGICAL DISEASES DURING THE INITIAL CHEMOTHERAPY

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Objective: Poor doctor-patient communication skills may lead to psychological distress including increased anxiety and depression and poorer psychological adjustment to cancer (Thorne et al, 2005). This study aims to identify the interrelation oncologists' communication skills and level of emotional distress of their patients with onco-hematological diseases.

Methods: 30 newly diagnosed patients with hematologic malignancies, and 15 oncologists were invited to participate in this study. Each of the doctors treated two patients. The following psychological measured instruments were used to identify the level of emotional distress of patients: The Beck Depression Inventory (BDI), State-Trait-Anxiety Inventory (STAI), Multilevel Personality Inventory "Adaptivity" (the modification of MMPI) and The Lüscher color test. The L. Michelson communication skills test was administered to examine the physicians' communicative competence and communicative dispositions scale (KOC-1) was given to assess physicians' affiliation. In addition to the psychological questionnaires, semi-structured interviews were conducted with each physician to determine the duration and structure of clinical consultations with patients held before the initial chemotherapy.

Results: The study showed that anxiety is a major component of the emotional background of patients, and the mental condition characterized by instability, lack of energy resources for coping with the situation and asthenia. The level of communicative competence oncologists was high despite the low rate of affiliation. The results confirmed the negative correlation between level of oncologists' communication skills and emotional distress of their patients; the reduction of patient's state anxiety correlated with high communicative competence of doctors. The patients created positive images of the doctors if the oncologist had a developed communication skills. Analysis of oncologists' verbal reports showed that physicians tended to concentrate on response to treatment and types and severity of side effects and how to treat them, while trying to avoid the topic of psychosocial well-being of patients.

Conclusion: Our findings underscore the importance of development of communication skills training for oncologists in Russia in light of the impact of oncologists' communication competency on emotional distress among hematological cancer patients.

Keywords: cancer, hematology, anxiety, depression, communication skills, communicative competence, patient-physician communication, clinical consultation

LIFE EVENTS RESEARCH IN PORTUGAL: A TRIBUTE TO PROFESSOR GEORGE BROWN

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Educational Objectives: To recognise the role of life events on physical and mental health.

Purpose: To present data of different research projects on life events and physical and mental health in Portugal.

Methods: LEDS (Life events and difficulties schedule) from Brown' methodology was used in a psychosocial framework including coping and social support studying the effects of life events in different groups of patients.

Results: We will show the outcomes life events in the beginning and relapse of patients with peptic ulcer, bowel inflammatory disease, irritable bowel syndrome, dysphasia and oesophageal motility disorders, multiple sclerosis, rheumatoid arthritis, lupus erythematosus and depression.

Conclusions: We concluded for the important role of life events in functional, "psychosomatic" and mental diseases and the respective specific role of different mediators.

TOWARDS HOLISTIC CARE USING A BIOPSYCOSOCIAL MODEL: PROFILE OF DISABILITY AMONG INDIVIDUALS WITH BIPOLAR AFFECTIVE DISORDER IN A NIGERIAN MENTAL HEALTH HOSPITAL

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Educational Objectives: At the end of this presentation, the participants should be able to recognise the problem of disability seen among individuals with Bipolar Affective Disorder (BAD) despite symptoms remission and plan evidence based rehabilitative intervention in order to achieve best overall outcome.

Purpose: This study is aimed at assessing the profile of disability among individuals with BAD and explores the associated factors.

Methods: A total of one hundred consecutively enrolled study participants made up of clinically stable, adult outpatients with BAD were interviewed. The participants were subjected to questionnaire to inquire about demographic and illness related variables. Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID) was used to confirm diagnoses of BAD in them. Both *Young Mania Rating Scale (YMRS)* and *Hamilton rating scale for depression (HDRS)* were used to rate the severity of symptoms and lastly the *World Health Organisation Disability Assessment Schedule II (WHODAS II)* was used to assess disability in participants. The data were analysed using Statistical Package for Social Sciences version 15. The hypotheses for testing was the null hypotheses that individuals with BAD do not experience disability following symptom control and the identified socio-demographic factors have no relationship to the severity as well as pattern of disability among individuals with BAD.

Results: The mean WHODAS score and range for the participants were 24.93(±2.2) and 21.11-32.20 respectively. The WHODAS mean score in domain 3 [self care —2.39 ±0.30] was least, while domain 6 [participation in the society —7.55 ±1.18] had the highest mean score. Participants that were single ($t = -2.016$, $p= 0.047$) and unemployed ($t=-2.306$, $p=0.023$) were more disabled, while those that earned money were less disabled ($t= -2.898$, $p=0.005$).

Conclusions: Based on the findings of this study, people with BAD experienced varied degrees of disability in spite of symptoms' control and the severity of disability differed across the measured domains of functioning. The severest level of disability was observed in the aspect of society participation while self care was least affected among the participants. Both unemployment and absence of confiding relationship seems to define worse level of disability, while individuals with financial security were less disabled. Therefore, proactive multidisciplinary intervention (preventive, treatment and rehabilitative) approaches using bio-psychosocial model to address disability in individuals with BAD for better outcome and to mitigate the indirect socioeconomic cost are implied.

Keywords: *Associated factors; Bipolar Affective Disorder; Disability; Socio-economic*

CHRONIC NON ONCOLOGIC PAIN IN ELDERNIN

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Educational objectives: Promoting knowledge and strategies to deal with chronic pain – Stimulating self-evaluation and control of one's own pain. Social interactions between patients who share the same condition – Chronic Pain Disease.

Purpose: Social integration improving the quality of life and pain control in non-oncological chronic pain patients over the age of 80.

Methods: Selecting 8 non-oncological patients of chronic disease over the age of 80. These patients must have their cognitive functions intact, to be mobile, and accompanied by their caregivers. They should come to our unit every fortnight, seven times in total. On the first and last meetings, they go through:

- Medical consultation
- Functional evaluation by a physiatrist
- Psychological testing: Geriatric Depression Scale (GDS-15); Geriatric Anxiety Inventory (GAI); Quality of Life (QOL).
- Evaluation of the daily and social activity of the patients and their caregivers by the nursing staff: Brief Pain Inventory (BPI); Barthel Index; Lawton Index; Braden Scale

In the remaining sessions, the patients get group support meetings with a psychologist, as well as nutritional counseling. Muscular relaxation and breathing training, by the nursing staff to the patients and caregivers, family reunions with a nurse for daily caretaking habits. Rehabilitation sessions for posture training and exercises..

Results: The program accomplished a reduction in the administration of analgesics (NSAID) to our patients.

The patients learn techniques to reduce their pain, like postural correction, muscle relaxation, and respiratory techniques.

The psychological tests didn't show significant changes, yet, after the seven group sessions, we observed the creation of a positive social interaction between the patients, who also learned coping strategies to deal with pain.

Conclusion: This kind of program promotes the learning of means to both control and improve non-oncological chronic pain in the elderly population.

It also proves that pain can be reduced when physical and psychological conditions that contribute to the patients' wellbeing are met.

None of the family members showed signs of caregiver exhaustion.

THE LIVES GIVEN FOR LIVING: HOW MUCH WE ARE (DIS)COMFORT !

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Objectives: This paper reports on comfort concept which is an important outcome for the patients with cancer and nursing care. Comfort is an important concept desired life span by the people. It has a different value and meaning from people to people.

Methods: This paper is a review article.

Results: Comfort is defined as a satisfaction of basic human needs for relief, ease, or transcendence that arise from stressful healthcare situations. Comfort is complex by its very nature, encompassing physical, psychospiritual, social, and environmental dimensions (1). The experience of illness has increased expectations and desires of the patients and their relatives who are suffering from this illness. Whereas comfort is a concept central to nursing care and essential to the healing process. But this issue has been sometimes neglected, unspoken or hasn't been real valued (2). In this meaning, comfort is an important field of caring to patients with cancer and their nurses who are especially lived dense and very complex feelings. The patient is very restless and disorder because of his limited life with a corridor, a room and a bed. The patients shall entrust themselves and their own lives to doctors and nurses who are directly responsible for their care and considered to be safe. In this process, comfort is the most important thing expected and desired by individuals (2).

Conclusion : In accordance with the appropriate and realistic targets, that determined with the participation of the individual and the family, the comfort of the individual will increase, and its adjustment will be strong for behaviors to improve health (1). Meet the needs of the patients, finding a realistic and sincere answer to his/her questions, the perception of being interested himself as an individual, provide a real sense of comfort for him/her, relief, soothe his/her concerns, get strength his/her coping, nourish his/her hopes (2,3). All of these activities are directly related to the nursing care and it will provide satisfaction, motivation and will strengthen self for patients and nurses

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PROJECT CASE MANAGER IN MENTAL HEALTH AND PSYCHIATRY -FROM HOSPITAL TO COMMUNITY

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Educational Objectives: In 2010 the Department of Psychiatry and Mental Health of Centro Hospitalar Lisboa Norte, EPE – Hospital de Santa Maria implemented an innovator project, directed to people with severe mental disabilities, decreased autonomy, no social and family support but still needing assertive and continuous care.

Purpose: The authors will share their Project, which main goal is to insure the long term of mental care, to individuals with severe mental disabilities in order to maintain treatment adherence, creating and reinforcing community relationships, promoting the environment adaptation and other previous projects.

Methods: Working in the community, three case managers in full time in articulation with the individuals psychiatrist. The individual project has been built with the patient and his family in his community. The proximity work included: domiciliary visits, individual and family psychoeducational interventions and community interventions. The individuals in the program were characterized according to several dimensions (socio-demographic, clinical, occupational) and in different moments: zero, six, twelve and eighteen months of Projects beginning.

Results: The eighteen months of evaluation showed: a decrease on hospital admissions - number and time; improvement of life satisfaction (symptomology, medication adherence, autonomy, occupation and/or work); decreased level of family burnout and improvement of alliances with the community.

Conclusions: Case Managers soon became an important (sometimes the only one) mediator on monitorizing individuals with severe mental disabilities. The proximity work prevented the medication discontinuity and consequent relapses and hospital admissions. The partnership between Case Managers and family, allowed problems resolution in real time. We strongly believe that proximity work is an asset to individuals with severe mental disabilities and their families, their community and the health system.

THE PREVALENCY OF MENTAL ILLNESS AT THE CHILDREN IN REQUEST OF SOCIAL REINTEGRATION IN MARRAKECH.

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Educational Objective: the objective of our study is to discern the most frequent psychiatric disturbances at the children in difficult situation and who belong in search of means of social reintegration within the associative frame to Marrakech.

Purpose: the role of environment in the happening of mental illness at the child and the importance of the means of support in case of social risk factors in the prevention of mental illness.

Methods: they gathered a sample of sixty children in difficult socioeconomic situation, taken care in the associations of protection of the child in Marrakech. The valuation of these children was based on the data of clinical maintenance and signing of Kiddie-SADS (Kiddie-Schedule for Affective Disorders and Schizophrenia).

Results: we extracted 10 publications having an experimental dynamics, concerning the development of the well brought up children in a context of violence and we compared them with the results of our study. Results will be introduced in the congress.

Conclusions: disadvantageous socioeconomic environment has an impact mattering on the psychological development of the child, as it constitutes a risk factor of several pictures psychopathologiques. The means of social support allow to ameliorate the forecast of these children, on the condition of insert them into a multiple-subject therapeutic plan.

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GENDER DIFFERENCES DURING THE ACUTE TREATMENT PHASE OF A FIRST EPISODE DEPRESSION

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Educational Objectives: At the end of this presentation, participants should be able to recognize gender differences in the acute treatment phase of a first episode depression.

Purpose: This study examines gender differences among individuals treated in primary care for a first episode of a major depression on: (1) illness representations and self-stigma; (2) coping strategies and social support; (3) care received in the three months following a first diagnosis.

Methods: Participants were recruited through advertisements in newspapers, posters in medical clinics and drugstores, and information pamphlets distributed by primary care physicians and mental health caregivers. Inclusion criteria were: (1) ≥ 18 years old; (2) being English or French-speaking; (3) having a first episode depression as diagnosed by a physician in the previous eight weeks; (4) having received a medical prescription for an antidepressant or following psychotherapy; (5) having a PHQ-9 result (Spitzer et al., 1999) equal to or greater than 10 while starting their participation in the study. Participants completed self-administered questionnaires three months after their depression diagnosis.

Results: The sample included 80 participants (42 men and 38 women). Few gender differences were observed in illness representations: females attributed their depression more to psychological causes than males and they perceived more negative consequences to it. There is no gender difference in self-stigma. Females are more frequently seeking emotional support than males, but it is the only differences in coping strategies. Even if males reported having discussed depression with less family members or friends than females, they did not perceive having received less support. In the first three months after depression diagnosis, females report one more visit with their physician than males, but there is no difference in the therapeutic alliance. There are more females consulting a psychologist than males.

Conclusions: Males and female have more similarities than differences in their experience of a first episode depression. However, men received less care than women in the acute treatment phase of depression and this inequality could hinder their recovery. More researches are needed to understand the barriers to care for depression by men.

THE EFFECT OF A PSYCHO-EDUCATIONAL PROGRAM "PROFAMILLE" ON MOOD AND PSYCHOLOGICAL BURDEN OF SIX GROUPS OF FRENCH FAMILY CAREGIVERS OF SCHIZOPHRENIC PATIENTS

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Background: Psycho-educational intervention for families of schizophrenic patients, like Profamille program, concurrently to pharmacological and psycho-educational strategies for patient, becomes obvious for a better management of schizophrenia. The last updated version of Profamille program includes one module of fourteen weekly sessions followed by a second module of eight sessions distributed over two years.

Objective: To assess the effect of Profamille on mood, on psychological and physical burden of family caregivers of schizophrenic patients. The outcome variables examined also the impact of Profamille Program on both patient medical condition and financial economic consequences.

Material & Method: Our study is related to Alsace teams assessing the effect of Profamille program among 6 consecutive groups (from the 20th to the 25th group) of family members during years 2009, 2010, 2011 & 2012. The evaluation was performed by the administration at the beginning, at intermediary endpoints and at the end of this program of self-questionnaires assessing depressive symptoms (CES-d), the knowledge, acceptance of diagnosis, coping, satisfaction of participants, the social validity of the program and the beneficial effect on patient's condition.

Results : Our results showed a significant and clear-cut positive effect on knowledge, coping, mood of participants and stabilization of patient condition. We performed additional CES-d analysis focusing on only participants with a baseline score greater than 16 (equivalent to suspicion of depressive symptoms): The overall analysis confirmed that there is a statistically significant improvement in the participants' mood at different endpoint of the program. The intermediary assessment of the mood showed a trend effect on mid-program, whereas the final evaluation showed a statistically significant improvement at the end of 14 sessions. These results showed the interest of achieving the entire program to observe the maximum effect. Regardless of a slight deterioration in the mood, one year after the 14th session, the improvement is significantly maintained on the long term.

Conclusion: The psycho-educational program PROFAMILLE can reduce the impact on mood and psychological and physical burden of family of schizophrenics; it has also beneficial effect on patient outcome and reducing the cost of management of schizophrenia. Despite the economic cost gain of this psycho-social strategy and despite its proved efficacy in the improvement of schizophrenia, its dissemination is not sufficient. Our encouraging findings may have implications in light of generalization of this program in clinical routine practice

SEX DIFFERENCES IN INTERGENERATIONAL TRANSMISSION OF MENTAL HEALTH PROBLEMS: ADOLESCENTS AND PARENTS IN A COMMUNITY POPULATION (THE HUNT STUDY)

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize mental health problems that are transmitted between generations and how parent and offspring sex influence the transmission.

Purpose: The purpose of the study was to examine the role of both parental and offspring sex in intergenerational transmission of mental health problems, as very little research in this area distinguish between both mothers and fathers and daughters and sons.

Methods: The study was cross-sectional and based on data from a large, Norwegian community study (the HUNT study). The sample consisted of 5732 adolescents who had one (N=2503) or both parents (N=3229) participating. In adolescents, subjective well-being, self-esteem, and symptoms of anxiety, depression, and social anxiety were measured. In parents, mental distress, symptoms of anxiety and depression, alcohol abuse, and maternal eating problems were measured. Data were analysed by structural equation modelling using the WLSMV method (completely saturated model).

Results: When testing the measurement model, findings indicated a good model fit (CFI=.963, TLI=.962, RMSEA=.021). The chi²-statistic was significant, but that is to be expected with large sample sizes. The most prominent findings indicate that parental, and especially paternal, mental distress was associated with several mental health problems in both daughters and sons. Paternal mental distress was the parental mental health problem associated with the most adolescent latent variables. Symptoms of anxiety and depression in both daughters ($\beta=-.170$, $p<.001$) and sons ($\beta=-.116$, $p=.030$) and low subjective well-being in daughters ($\beta=-.099$, $p=.030$) were related to paternal mental distress. Also, paternal alcohol abuse was related to low subjective well-being ($\beta=.098$, $p=.057$) and self-esteem ($\beta=-.090$, $p=.058$) in sons. Quite surprisingly, neither parental anxiety symptoms nor adolescent social anxiety symptoms were transmitted between the generations.

Conclusions: In order to advance current knowledge on the role of sex in intergenerational transmission of mental health problems, the present study examines both parental and offspring sex in a large community sample. The findings indicate that transmission from mothers versus fathers indeed is different for daughters versus sons. The results show paternal mental health to be especially important for adolescent well-being. The fact that several areas of adolescent functioning are affected is a reason for caution. It probably indicates that mental health professionals should be especially aware of evaluating the mental health status of adolescent children when meeting parents who display mental distress.

COGNITIVE REHABILITATION IN SCHIZOPHRENIA: PRELIMINARY RESULTS

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Educational Objectives: Several studies documented the presence of cognitive deficits in patients with schizophrenia. This is a central issue for many authors because they can affect many areas of life of the patient, including interpersonal and occupational ability. Recently, the implementation of rehabilitation programs focused on increasing cognitive skills, like attention, memory, speech, spatial orientation, among others, were one of the interventions with more impact on this patients.

Purpose: This work aims to realize the benefits of computerized cognitive rehabilitation program (RehaCom) for these patients.

Methods: The sample consists of 8 male patients diagnosed with schizophrenia, evaluated by a neuropsychological test battery before and after 50 sessions of cognitive rehabilitation (approximately 30 minutes each).

Results: Although the statistical analysis is not fully completed, preliminary results seem to indicate an improvement of skills in different areas.

Conclusions: An individual plan of cognitive rehabilitation, seems to be an improvement on cognitive abilities, quality of life and psychopathology.

IMMIGRANT MENTAL HEALTH, FAMILY STRUCTURE AND PSYCHOSOCIAL STRESS: LONGITUDINAL ASSOCIATIONS FROM A NATIONAL DATABASE

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Educational Objectives: To illustrate that Canadian immigrants show declining rates of mental health across the first 4-years post-immigration. The challenges faced by new immigrants may be even more burdensome when children are present, as rates of mental health problems amongst immigrant-parents are even higher after accounting for other psychosocial stressors.

Purpose: To model post-immigration trajectories of self-reported mental health problems, using the nationally representative Canadian Longitudinal Survey of Immigrants in Canada (LSIC), as a function of family structure and psychosocial risk.

Methods: The LSIC followed a representative sample of 7716 immigrants across 3-waves of data collection (6 months, 2 years and 4 years post-landing). To be eligible, participants must have been 15-years of age at baseline and have landed between Oct. 1, 2000 and Sept. 30, 2001 from abroad. Data on a variety of constructs were collected in person or by telephone using computer-assisted interviewing in 1 of 15 possible languages. Using multilevel mixed-effects logistic regression, a single response assessing emotional and mental health problems was modelled as a function of family structure (single-parent, two-parent, non-parent), psychosocial risk (low income, refugee status), demographic covariates and ethnicity. Model fit was selected based on the Likelihood Ratio Test and the Akaike Information Criterion. Odds ratios (OR) are reported.

Results: At each wave the odds of reporting a mental health problem increased by approximately 50% (OR=1.48). Female (OR = 1.36), refugee (OR=1.53), Latin American (OR=1.52) and Filipino (OR=1.30) respondents had higher odds of reporting mental health at landing. The odds for women and low-income immigrants increased over time, respectively (OR=1.14, OR=1.06). Finally, two-parent (OR=1.25) and single-parent (OR=1.41) immigrants have higher odds of mental health problems at landing, and these effects are maintained over time.

Conclusions: Amongst Canadian immigrants, the prevalence of mental health and emotional problems is greater for those who are parents (especially single parents). Additionally, these effects were evident after controlling for psychosocial risk and demographics, suggesting that this may be an effect caregiver strain, and not simply an effect of financial burden or pre-immigration hardship. Immigrants with children appear to be particularly susceptible to the risks and challenges associated with the immigration process.

CUMULATIVE PSYCHOSOCIAL RISK, DIFFERENTIAL PARENTING AND THE MODERATING ROLE OF IMMIGRATION HISTORY: A WITHIN- AND BETWEEN-FAMILY ANALYSIS

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Educational Objectives: The current study illustrates that cumulative psychosocial risk factors threaten parent-child relationships, not only by making parents more negative and less positive for all children in a family, but also by increasing the amount of differential treatment siblings receive (Jenkins et al., 2003). This relationship, however, functions uniquely among immigrant families.

Purpose: The parent-child relationship is an important influence on early child mental health; accordingly, this study demonstrates that psychosocial risks predict *changes* in family dynamics and parenting at family-wide and individual levels, and is moderated by immigration history.

Methods: Families were from the Kids, Families, and Places Study in Ontario, Canada (N=501, 50% immigrants). Outcome measures include self-reported parental positivity and negativity for both parents (*Parenting Practices Scale*), and observed mother-child interactions (*Coding of Attachment Related Parenting*). Predictor variables include a composite of cumulative risk (CR), comprising of income level, maternal depression, parental education, maternal abuse history, and neighbourhood safety. Parenting was examined as a function of CR and immigrant status using multilevel modelling to account for the nesting of children within families. Random variance functions were used to examine within-family variance (differential treatment) in parenting.

Results: Overall, fixed effects reveal that the CR composite and immigrant status were significantly associated with increases in family-average negativity and decreases in positivity. There was a significant decrease in maternal positivity and increase in negativity under high CR for Canadian-born parents. However, a significant interaction revealed that, among immigrants, parenting did not change as a function of low or high CR. The random effects indicate that increases in within-family differential positivity and negativity are highest under settings of high CR. In high-risk, however, immigrant parents increase in differential positivity and decrease in differential negativity. It appears that significant effects differ as a function of parenting constructs, observational methods and respondents.

Conclusion: Greater levels of psychosocial risks threaten parents' mental health and well being, thus affecting the ability to provide warmth and sensitivity to their children, and also increase negative reactions. However, in support of a *mental health advantage* that exists among immigrant families (Beiser et al., 2002), this parent-child relationship is uniquely affected by CRs (in low- and high-risk) at the family-wide and individual level compared to Canadian-born parents. Findings suggest that the impact of psychosocial adversity interacts with socio-biological processes, elucidating unique factors, such as social mobility and resilience, among immigrant families that may outweigh the negative impact of contextual risk.

CHARACTERIZATION OF THE POPULATION IN THE LONG ACTING INJECTABLE ANTIPSYCHOTIC PROGRAM IN CENTRO HOSPITALAR SÃO JOÃO - PORTO

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Educational Objectives: In November 2010 the Long-acting Injectable Antipsychotic Program of Psychiatry Department of Centro Hospitalar São João, Porto (CHSJ) implemented PsychCare, a web-based electronic medical record to manage data, prescriptions and administrations. The goals of using PsychCare are: effective monitoring of therapeutic adherence; automatic alerts for patients, carers and team members through SMS and email; easy access and updating of demographic, clinical and prescription data and electronically scheduling patient visits. Moreover PsychCare data allows a better understanding of socio-demographic and clinical characteristics of these patients.

Purpose: To characterize patients on the Long-acting Injectable Antipsychotic Program in Psychiatry Department in CHSJ.

Methods: Cross-sectional study of socio-demographic and clinical variables of the population on Long-acting Injectable Antipsychotic Program in Psychiatry Department in CHSJ.

Results: Preliminary results show that there are currently 295 patients on the Long Acting Antipsychotic Program. Mean age of the patients is 45±12 years. Male/female ratio is 2:1 (200 males and 95 females). Most patients are single (67%). Most patients are retired (60%) or unemployed (30%), and only 10% are actively employed. 34% completed more than 9 years of education. 35 (12%) patients are on Compulsory Treatment according to Portuguese Law. The most common diagnosis according to ICD-10 is Schizophrenia (71%), followed by Schizoaffective Disorder (7%) and Persistent Delusional Disorder (7%). The most commonly prescribed long acting injectable antipsychotic is haloperidol decanoate (67%), followed by long acting risperidone (28%). The remaining patients are on flufenazine decanoate or flupentixol decanoate.

Conclusions: Results allowed a better characterization of the patients included in the Long-acting Injectable Antipsychotic Program of our unit. Socio-demographic and clinical results are consistent with the literature. A longitudinal study is now needed to evaluate the efficacy of PsychCare in improving adherence, which is a major issue in preventing relapse in serious mental disorders.

MULTIDISCIPLINARY ASSESSMENT OF PATIENTS IN PSYCHIATRY DAY HOSPITAL – EXPERIENCE OF CENTRO HOSPITALAR SÃO JOAO, PORTO

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Educational Objectives: A multidisciplinary assessment protocol was designed to provide an individualized care plan, in order to promote psychosocial rehabilitation in patients admitted to Psychiatric Day Hospital (DH) of our Department.

Purpose: To characterize patients admitted in Day Hospital in between January 2009 and June 2012

Methods: Longitudinal retrospective study. Analysis of socio-demographic and clinical data at admission and discharge from Day Hospital was conducted. Assessment of quality of life, psychopathology and functionality was performed using The Short Form Health Survey (SF-36), Brief Symptom Inventory (BSI) and Occupational Self Assessment (OSA). Patient satisfaction was also assessed.

Results: 250 patients were identified. The most frequent category of diagnosis was Schizophrenia, schizotypal and delusional disorders (F2) from ICD-10. We found higher quality of life scores a lower number of psychopathological symptoms at discharge. Functionality assessment showed that self-care and problem solving skills were important issues for patients in their recovery process.

Conclusion: Results allowed a better characterization of the patients admitted to Psychiatry Day Hospital of our Department. At discharge patients there were improvements in quality of life and psychopathology. The identification of functionality areas perceived as relevant for recovery by the patient is important to the individualized care plan.

MENTAL HEALTH OF SLUM RESIDENTS IN MUMBAI

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Objectives: The primary aim of the study is to assess the mental health of urban Indian slum residents in Mumbai. Slums in Mumbai are characterized by crowded tenements lacking basic amenities and very high population density.

Method: A sample of 491 adults residing in a slum and 380 middle class adults living in apartments were administered the GHQ 28 as an indicator of mental health to be able to understand the effect of social class on mental health.

Results: The results of the 2 groups on the GHQ subscales were compared. The impact of contextual factors, such as housing on mental health indicators were considered. The results are currently being analyzed.

Conclusion: The role of individual level and context level variables in mental health would be considered. The findings would have implications for designing mental health interventions from a public health perspective.

SOCIAL SUPPORT AND ATTACHMENT IN SLE PATIENTS

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Purpose: To study the role of social support and attachment in SLE patients. And to explore the relationships between social support, attachment and quality of life.

Methods: 70 sequential SLE patients were observed in a faculty ambulatory specialized consultation, with an average age of 41.41 and 88.6% were female. These patients were first evaluated by the medical doctor, and then were interviewed by the psychiatrist, and at the end they underwent a interview with the psychologist. All patients fulfilled the self-reported questionnaires: Social Support Satisfaction Scale (Social Support), AAS (Attachment) and SF-36 (Quality of Life).

Results: We found that SLE patients perceived an adequate social support, particularly from their friends and close relationships.

In what concerns attachment, we found that anxiety was negatively correlated with social support, and depend was positive associated with social support.

We found significant statistical positive associations between social support and some quality of life dimensions, namely social functioning, physical role, mental health and vitality.

Attachment dimensions were correlated with some quality of life dimensions, namely mental health and physical role.

Conclusions: Social support and attachment is strongly correlated with quality of life dimensions, influencing the way SLE patients experience their disease and life. This result highlights the importance of considering the social network of these patients, as well their close relationships.

We should empower SLE patients to strengthen their social network and to improve their close relationships with family members, and with close friends, to provide a emotional container for the negative emotions these patients experience in the course of their disease.

Educational Objectives: Health professionals should recognize and evaluate the social network and close relationships of SLE patients.

Health professionals should empower the involvement of the social network in these patients daily life, and in dealing with the disease.

Also, we should learn to help these patients deal with social isolation, and help them promote better close relationships.

LATITUDES AND LONGITUDES OF MENTAL ILLNESS STIGMA: A QUALITATIVE STUDY.

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Educational Objectives: At the end of this presentation, the participants should be able to: understand the advantages and limitations of targeting Mental Illness Stigma in a psychiatric day-hospital; understand the lived experience of this phenomenon and what was revealed in our therapeutic setting; acknowledge the advantages of qualitative research in the comprehension of this experience.

Purpose: To study the subjective experience of mental illness stigma in a group of subjects attending a psychiatric day-hospital.

Methods: An open support group, where the subjective experience of stigma associated with mental illness could be shared and discussed by clinically stable subjects, was created in our institution's day-hospital. From October to December 2010, a sample of 18 subjects attended the group. Seven sessions covering pre-selected topics about mental health stigma were video-recorded and transcribed *ad verbatim*. Data was coded and analyzed thematically, using a modified grounded theory approach.

Results: The experience of mental illness stigma mostly appears in the relational dimension, in which we can identify two main categories: the experience of disclosure, and the spatiality of the interpersonal relation. The first experience, although momentary and associated with different levels of agency, defines the subject's self-concept in relation to the illness through the other, creating a power asymmetry between the subjects. The second experience is essentially passive and refers to the impossibility of controlling interpersonal distance, perceived as either too close or distant, which seems to reinforce the above-mentioned relational power asymmetry.

Conclusions: While acknowledging the pervasive nature of the experience of mental illness stigma, it's in the relational dimension that it becomes more prominent, appearing in this group as "what is most at stake for sufferers and their social world" (Yang, 2007). What seems to be more important is the fundamental difference in the quality of the relation, not necessarily an experience of exclusion or marginalization but an impossibility of positioning towards Otherness, where both proximity and distance are lived rigidly with discomfort and suffering. This, in turn, carries on a loss of agency and relational power. Approaching the experience of stigma in a clinical setting allows a better understanding of the phenomenon in its local "moral world" (Yang, 2007) and appears to carry therapeutic benefits (Yannos, 2011), which fall out of the scope of the present study.

Literature Reference

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COMMUNITY PSYCHIATRY: WHAT ARE THE CLINICAL CASES REFERRED?

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Educational Objectives: The intervention of Community Psychiatry provides the close link with primary health care services, being one of several areas of intervention the orientation of requests for assessment by specialty, either through the guidance of requests for outer query or by consultation in the health center. Thus, the aim is a true multidisciplinary teamwork, allowing a bio-psycho-socio-cultural perspective of each patient, being fundamental to know the main reasons for referral of patients.

Purpose: The authors propose to present the characteristics of requests for outpatient Psychiatry, namely clinical cases frequently referred by general practitioner to one of the most popular Psychiatric hospitals in the country. At a later stage, we intend to compare the results with data from a Psychiatric service of a general hospital.

Methods: Descriptive analysis of statistical data obtained by collecting several variables of a sample of requests for outer query Psychiatry. The requests were made over a period of 3 months and addressed to one of the sectors of Centro Hospitalar Psiquiátrico de Lisboa.

Results: A total of 109 requests for consultations, 66% were referred for an appointment of Psychiatry and 34% of applications were returned to the doctor. Regarding clinical cases most frequently forwarded to the query, it was found mostly depression (25%), patients with psychotic disorders (bipolar affective disorder or other) (22%) and Geriatric Psychiatry cases (17%). With respect to applications returned to the physician, there was a predominance of depressive conditions (24%), anxiety (14%), addictions (14%) and cases where it was not possible to identify the psychopathology (14%). In 40.5% of cases refused, the reason was the lack of clinical information by general practitioners, followed by 24.3% of cases where, in addition to the scant clinical information, it was suggested referral to the emergency service for psychiatric evaluation. In 19% of cases, the applications were returned with therapeutic suggestions before forwarding to the query.

Conclusions: With the first results, we can conclude the importance of services of Community Psychiatry, in close relationship with the general practitioners, which often require the evaluation of patients by the psychiatrists. It is essential that requests contain information about the clinical psychopathology as well as therapeutic aspects, so that each patient is directed in the most appropriate and timely. It is important to develop the team work between family doctors and psychiatrists, for example by monitoring some clinical cases or the jointly discussion about patients.

BRIEF CHARACTERIZATION OF THE CRISIS INTERVENTION OUTPATIENT CLINIC

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Educational Objectives: Crisis intervention is an active brief intervention, focused on current problems and oriented to reality. It aims to recover the previous level of functioning.

The Crisis Intervention Outpatient Clinic in our Department was created in August 2009. Its purpose is brief intervention in individuals that need urgent psychological support due to emotional and behavioral disturbances occurring in the context of stressful life events that lead to failure of coping mechanisms.

Purpose: To characterize patients admitted in the clinic between August 2009 and December 2012.

Methods: Cross-sectional study based on clinical records.

Results: During this period, 240 patients were referred. Most patients were female (73%) and mean age was 40 ± 14 years. Emergency Department was the source of referral for 62% of the patients. The remaining 38% were sent from Primary Care Units. Several life events were identified. Divorce was one of the most prevalent. Most patients (52%) were referred to General Practitioner after intervention. Nevertheless 38% needed follow-up by a psychiatrist in our Outpatient Clinic.

Conclusion: Results allowed a better characterization of the patients referred to Crisis Intervention Outpatient Clinic of our Department.

CANNABIS AND PSYCHOSIS: ANALYSIS OF THE EVIDENCE

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize that cannabis use in adolescence is associated with an increased risk of psychosis later in life and the model that better explains this complex interaction is gene x environment interaction.

Purpose: To examine critically the evidence that cannabis is associated to psychosis using criteria of causality.

Methods: We identified four studies that included a well-defined sample drawn from population-based registers or cohorts and used prospective measures of cannabis use and adult psychosis; and one systematic review of cannabis use and risk of psychosis.

Results: Cannabis use in adolescence is associated with an increased risk of psychotic symptoms and psychosis later in life. The earlier the onset of cannabis use, the higher the risk of psychosis and worse prognosis. Cannabis use appears to be neither a sufficient nor a necessary cause for psychosis. It is a component cause, part of a complex constellation of factors leading to psychosis. The model of gene x environment interaction is the one that better explains the complex interactions between cannabis and psychosis. Multiple variations in multiple genes, instead of a single genetic polymorphism, may promote an individual vulnerability for the development of psychosis.

Conclusions: Cases of psychotic disorder could be prevented by discouraging cannabis use among vulnerable youths. The model of gene x environment interaction is the one that better explains the complex interactions between cannabis and psychosis. Further studies of the biological mechanisms underlying the gene x environment interaction and multiple genes and environmental factors interactions are needed in cannabis/psychosis.

WHAT IS THE CONTRIBUTION OF SCIENCE TO THE FUTURE OF PSYCHOPATHS?

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Objectives: To emphasize the role of neurobiological mechanisms in the prevention and treatment of psychopathy in the future.

Methodology: To describe the neurobiological mechanisms of psychopathy based on online *Pubmed* research.

Results: Psychopathy is a serious personality disorder, being present in approximately 15% to 20% of criminal offenders. Psychopaths tend to lack feelings of empathy, guilt, and remorse. Additional common traits are often lack fear of punishment, impulsivity, difficulty in emotional regulation, and displays of antisocial and violent behavior. Psychopaths may also use superficial charm, conning, and manipulation to take advantage of others. For this people there is no evidence of successful treatment, and this is one of the reasons why this subject has been a big concern in Neuroscience. A lot of brain structures, hormones, neurotransmitters and neuronal networks have been being identified as responsible for these anti-social traits of personality.

Discussion and Conclusion: In future research, it will be important to identify how these systems work together to produce the unique compilation of traits and behaviors characteristic of psychopathy. Finally, by considering the similarities and differences between psychopathy and other disorders of emotion, we may be able to gain insight into possible mechanisms that produce and maintain the disorder, as well as potential methods of treatment and prevention of violent behaviors. However, what is the limit of human behavior manipulation?

VIRGINITY CONCEPT IN THE MOROCCAN SOCIETY

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Introduction

Virginity concept including its multiple meanings or functions remains clearly unexplored. This Greek, Roman and Egyptian concept is believed to be older than religions.

The importance given to virginity is not a marginal phenomenon, It is widely reported from Africa to Japan with relays in Europe and North America (Prejean, 1994).

In the Moroccan society, it appears to be more a social and cultural concept rather than related a religious one.

Indeed, what is the perception of virginity in the Moroccan society in the 21st century? And what is its ranking in the societal conditioning and what are the consequences on the sexual education of the future generations?

Objectives

The ultimate goal is to rise the controversies and to assess the need of establishing a sanitary and school sexual education. Our aim is also to deepen the reflection on virginity by developing the social and anthropological components in order to distinguish amalgams between religion and tradition.

Methodology

The study was conducted at two separate clinics sites which are the Centre Hospitalier Universitaire IBN ROCHD and Private practice clinics.

It is a cross-sectional descriptive study and the analysis was performed using the Epi-info 6 fr software.

Results

Results reported female sex predominance.

Preservation of virginity until marriage is advocated in our sample for 67% of those who believe it is important in our society.

Discussion

The results are conclusive in favor of social conditioning which is still very present.

Thus, it is interesting to notice how women who believe that virginity is not a principle to teach to their children longer think it is more a choice, not a taboo to exceed and therefore do not reject it any way, unlike men.

Conclusion

This descriptive cross-sectional study deals with a social taboo in our society, although increasingly abandoned in favor of Western values remains a controversial issue in Morocco. North africa and the Arab world which retain an impression of the sacredness of virginity in monotheistic religions but also as a symbol of tribal honor for millennia.

PSYCHIATRIC ANALYSIS OF THE PATIENTS HOSPITALIZED IN A GENERAL HOSPITAL BY SUICIDE ATTEMPT

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Educational Objectives: Although it's important role for ER in the general hospital to treat the patients who performed suicide attempt, at the conclusion of this presentation, if the psychiatric unit exists in the hospital, it will become an entrance to psychiatric treatment for the patients.

Purpose: To clarify the meaning of existence of the psychiatric unit in the general hospital.

Methods: We analysed the psychiatric characteristic of the patients who consulted Japanese Red Cross Narita Hospital with total 700 beds and 50 psychiatric beds by suicide attempt for 5 years of 2008 to 2012 retrospectively.

Results: The number of patients who consulted our hospital by the suicide attempt in five years was 662 and 407 of them were hospitalized. 310 patients hospitalized to the ward for emergency patients and 22 of them admitted to ICU of the ward directly. 41 patients hospitalized to psychiatric ward directly and 48 patients transferred to psychiatric ward from the emergency ward. The patients, not hospitalized and hospitalized to emergency ward without ICU, were mainly occupied (over 60%) with F4 and F6 domain and the patients hospitalized psychiatric ward were mainly occupied (over 60%) with F2 and F3 domain.

Conclusions: Most of the patients who need psychiatric treatment immediately, such as schizophrenia or major depression, were hospitalized or transferred in the psychiatric ward, on the other hand most of the patients of adjustment disorder or personality disorder were not hospitalized or stayed only one night in the emergency ward. It turned out that existence of the psychiatric ward in the general hospital has screening and entrance function to psychiatric treatment for the patients who performed suicide attempt.

Literature Reference: Kirsi Suominen, Jouko Lönnqvist. Determinants of psychiatric hospitalization after attempted suicide. *General Hospital Psychiatry* 2006; 8(5) : 424-30

CONSUMPTION OF NONCOMMERCIAL ALCOHOL AMONG ALCOHOL DEPENDENT PATIENTS

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Background: The problem of the consumption of noncommercial alcohol in the Commonwealth of Independent States (CIS) countries has attracted the attention of researchers and specialists in the public healthcare field after the epidemic of poisonings by surrogate alcohols in 2006. Despite the extreme urgency of the problem, our knowledge with respect to the prevalence of the consumption of surrogates in CIS, as well as the style and motives of their consumption remains fragmented.

Purpose: The goal of this study was to some extent to fill this gap by studying the prevalence of the consumption of noncommercial alcohol among alcohol abuse clinic patients.

Methods: A study was conducted in the Belarusian city Grodno in 2012 with 223 alcoholics admitted to narcological clinic to explore noncommercial alcohol drinking using structured interviews. Types of surrogates consumed and reasons for their consumption were investigated.

Results: The most popular unlicensed alcoholic beverage among persons dependent on alcohol is moonshine (*samogon*), which 52.9% of patients consume at least one time a month while 14.3% do so at least one time a week and 8% do so 2-3 times a week, and 2.1% on a daily basis. These data suggest that at least 20.2% of patients regularly consume moonshine. According to the results, 11.8% of patients use surrogates (industrial spirits, medications containing alcohol: Hawthorn tincture, Motherwort tincture). Answers to the question regarding the reasons for consuming moonshine are distributed as follows: “moonshine is chemically a purer product than state vodka” – 41.4%, “the cheapness of moonshine” – 27.6%, “moonshine is a traditional alcoholic beverage” – 18.4%, and “physical availability of moonshine” – 10.3%. The majority of patients (77.4%) believe that moonshine is a chemically pure, “natural” product, and only 22.6% believe that moonshine is a chemically “dirty” product, hazardous to health.

Conclusions: The results of this study suggest that every fifth alcoholic regularly consumes moonshine, and every tenth of respondents periodically consumes surrogates, the most popular among which are medications with a high percentage of ethanol and industrial spirits. The belief that, according to quality criteria, moonshine exceeds state vodka is the main motive for its consumption. In this regard, it is urgent to inform the population about the potential risk to one's health from consuming moonshine and surrogate alcohols. The complex of these measures will allow the level of alcohol-related problems in society to be reduced.

PSYCHOSOCIAL DISTRESS AS A RISK FACTOR OF ISCHEMIC HEART DISEASE MORTALITY

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Background: Ischemic heart disease (IHD) is the leading cause of morbidity and mortality in the industrialized world. Recent research evidence suggests that psychosocial distress has been implicated as both a precursor to IHD and significant risk factor for death in those with established IHD. According to WHO, psychosocial distress will be the most harmful risk factors for the development of IHD in the near future. Some experts have underlined the importance of the psychosocial distress of economic and political reforms as the main reason for the IHD mortality crisis in Russia in the 1990s.

Purpose: The aim of the present study was to estimate the effect of psychosocial distress on IHD mortality rate in Russia.

Methods: Trends in age-adjusted, sex- and age-specific suicide (as an integral indicator for psychosocial distress) and IHD mortality rates in Russia from 1980 to 2005 were analyzed employing a distributed lags analysis in order to assess bivariate relationship between the two time series.

Results: Time series analysis indicates the presence of statistically significant association between the two time series for males and females at lag 0. The estimated effects of psychosocial distress on the age-specific IHD mortality rates for men were positive for all age groups ranging from 0,52 (15-29 age group) to 0,77 (45-59 age group). The estimated effects of psychosocial distress on the age-specific IHD mortality rates for women were positive for age groups 15-29 (0,29), 30-44 (0,62), 45-59 (0,63) and 60-74 (0,44). As expected, middle age men had the strongest association between psychosocial distress and IHD mortality rates

Conclusions: These findings indicate that psychosocial distress is an important contributor to the high IHD mortality rate in Russian Federation. The results from present study also suggest that the Russian IHD mortality crisis in the 1990s is most likely to have been precipitated by the psychosocial distress imposed by rapid societal transformation. The experience of Russia should serve as an example of how societal-level change can influence the health of a population.

THE MYTH OF GLOBALIZATION: THE REALITY OF THE STRUGGLE OF KINSMEN OF PERSONS WITH SCHIZOPHRENIA

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Globalization has led to the rapid rural-to-urban migration, diminishing social support, increasing prevalence of nuclear families and an imbalance in rural-urban distribution of need-based services to persons with schizophrenia. These kinsmen caregivers face greater burden among all 'functional disorders', yet there is low recognition of the role of kinsmen burden hailing from rural, semi-urban and urban areas.

Purpose: To estimate the effects of globalization on burden of kinsmen caregivers hailing from rural, semi-urban and urban areas

Methods: Data for this descriptive cross-sectional study was collected from a tertiary care centre in Bangalore, India. 2,680 in-patients records were initially abstracted for chronic mental illness information and 1,917 (71.53%), patients with diagnosis other than schizophrenia, were excluded and 764 (28.47%) persons with schizophrenia who were above the age of 20 years and a first degree relative, were eligible. However, a further 451 (both patient and kinsmen caregiver) did not meet the study criteria. A final sample of 200 (7.46%) kinsmen, who consented to participate, was recruited using multiphase, purposive random sampling. They were assessed on constructed socio-demographic and Burden Assessment Schedule.

Results: Tests included descriptive statistics, correlation and two-way ANOVA, using SPSS version 16 (SPSS Inc, Chicago, Ill). Severity of burden was experienced by kinsmen caregivers. Correlation was significant on education, type of employment and income ($p < 0.01$). Two-way ANOVA revealed that burden was significant in children ($p < 0.001$), 30 - 40 years age group ($p < 0.05$) and support of patients ($p < 0.001$) from rural areas; spouses ($p < 0.001$) and kinsmen with low profile jobs ($p < 0.01$) from semi-urban areas and uneducated ($p < 0.05$) and unskilled labourers ($p < 0.05$) from urban areas.

Conclusions: Study findings suggest that place of residence can be a crucial factor affecting kinsmen burden. The study supports the role of Psychiatric Social Workers in addressing the issues of kinsmen burden in the community, whose needs need to be met, as they are the major resource and backbone of the non-institutional care of persons with schizophrenia. This gains importance, as India is in the process of making amendments to the various Disability Acts in the country.

Key words: Burden, Globalization, Kinsmen relationships, Place of residence

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QUALITY OF LIFE IN SCHIZOPHRENIC INDIVIDUALS: 5 YEARS OUTCOME

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Aims: Schizophrenia is a long-lasting disease that affects life quality. Actually life quality is accepted to measure wellness and function of schizophrenic stabilized patients (1). This study follows to evaluate variables that can influence life quality measured through the course of disease.

Material and methods: Observational 5 years follow up study including 45 individuals with paranoid schizophrenia in outpatient specialized psychiatric, psychological and occupational clinical treatment. We assessed life quality using Quality of Life Scale (QLS) in 4 cut points.

In statistical analysis we used ANOVA mix design 4x2 looking for the relation between QLS scores in the four cut points and dichotomy variables: gender, intelligence quotient, illness duration and age of onset of schizophrenia.

Results: The relation between QLS score and independent variables on the inter-subject factor in each of the 4 evaluation cut off periods show a statistically significant association: women and total QLS score, QLS-Interpersonal relations score, QLS-Instrumental role ($p < 0.05$) and illness duration and total QLS score.

Conclusions: In our sample, life quality improves throughout the period measured (2), interestingly as the interpersonal relations rate increases (3). Women have better life quality than men (4) as others studies that emphasized gender importance had reported before.

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PREVALENCE OF PSYCHIATRIC DISORDERS IN MINOR DELINQUENT GIRLS INDOOR IN SOCIAL CENTER

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Background :

Violence, delinquency and psychiatric disorders are mostly connected. The relation between these three components is insignificantly evoked while the social authorities continual demand.

Objectives:

The goal of this study was to establish sociodemographic profile, delinquency and psychiatric evaluation of the minor delinquent girls.

Methods:

This transverse study was realized in the center for child protection of Fez, Morocco (CCPF). Fifty minor girls between 12 to 18 years living in (CCPF) were studied. A heterogeneous questionnaire containing the sociodemographic data, the impact of violence and delinquency was used. The psychiatric scales of evaluation such the MINI, for diagnosing the existing psychiatric disorders, the Hamilton's scale for assessing the severity of anxiety, and Beck's depression inventory were all used.

Results:

Most of the girls presented a generalized anxiety that has manifested as a major anxiety in 54 % of cases, with a score greater than 15 in the Hamilton scale. The depression scale found a severe depression in 40 % of cases. The post-traumatic stress disorder represented 38 %, and the panic disorder was recorded in 28 %. The drugs usage was found in 40 % of the investigated girls, while physical violence was practiced on 58 % of cases.

Conclusion :

This descriptive study noticed an important occurrence of psychiatric disorders among minor delinquent girls of this sample. A consideration of the diagnostic and therapeutic modalities of psychiatric complications is critical for the responsible authorities.

DUAL DIAGNOSIS IN GALICIA MIGRANT GROUP: FOLLOW-UP STUDY OF 12 MONTHS LIFESPAN.

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Educational Objectives: Immigration in Spain appears from the 90s and reaches nowadays about 14.1 % of the Spanish population. (0). Among the most important problems that present this population is unemployment, exceeding the 26.02% of the workforce in Spain. This coupled with the problems of the overseas population: cultural change, uprooting, etc., causes increased vulnerability present both to addictive disorders, like other psychiatric co morbidities, which is now called as Dual Diagnosis. The challenge of the care teams is to detect this condition and achieve effective approaches within the problematic of this population.

Purpose: To evaluate the prevalence of dual pathology and its evolution over the 12 month follow-up among the migrant population served in units of addictive behavior in the health area of A Coruña.

Methods: Longitudinal follow-up study for 12 months

1). - **SAMPLE:** migrant patients who started treatment in the two units of addictive behaviors (UCAS) of A Coruña (Galicia) in 2010. We studied a total of 123 subjects, 59 drug users from UAD and 64 of alcoholism.

2). - **INSTRUMENTS:** for registration of Dual Diagnosis, we have taken into account the information available in the medical records of two centers, based on the DSM-IV TR. And we select a set of variables that describe the patient profile and also unified the criteria for care intervention.

The data analysis was performed stratification of different subtypes of migrants (immigrants, returnees-born outside Spanish territory-, and nationalized.), as well as, according to their origin and situation (documented and undocumented).

RESULTS PREVIEW: In the group treated migrant, the prevalence of dual diagnosis amounted to 48% of the population. They represent 50.9% of those affected by drug and 44.2% of those affected by alcoholism.

1. On Axis I, in both UCAs predominate T. mood, but more pronounced in the drug (60%); in both centers, in this diagnostic category highlights the presence of bipolar disease in around 10%.
2. On axis II, we observed significant differences in both care units: in alcoholism unit predominates T. antisocial personality, compared to the limits unspecified drugs unit.

Conclusions:

The immigrant population has a high vulnerability. This makes recommended careful look out of this population. This could monitor for a health care process improvement

and encourage higher quality care for this group of patients, since they are highly stigmatized and socially marginalized.

Literature Reference:

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21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

2

Life-Span perspectives of mental health

Posters Session

CHARACTERISTICS OF “HEAVY USER” IN A PSYCHIATRIC DEPARTMENT IN VIENNA

Petra Pröglhöf, Vera Pfersmann,
SMZ Otto-Wagner Spital mit Pflegezentrum, Vienna

Objectives

Readmission rates can be seen as quality indicator in the psychiatric health care system. The risk of readmissions depends not only in the severity of illness but also on other factors like the accessibility of ambulant care, the inpatient duration of stay and coercive treatment. The aim of this study was the analysis and discussion of sociodemographic factors which may influence the frequency of readmissions at a regional psychiatric department in Vienna.

Methods

In a retrospective study within a 5-year period (2007-2011) all consecutive admissions have been analysed (n=4455 admissions/n=2325 patients) in a first step. 64 patients (2,8% of the sample) with $n \geq 5$ admissions/year have been analysed regarding to the following variables:

Characteristics of patients

- Diagnose (ICD 10)
- Comorbidity
- Age
- Sex
- Number of admissions (pre-study)
- Lodging situation (homeless, apartment, assisted living)
- Medical Care system outside hospital
- Trustee / Power of attorney
- Income and social situation

Characteristics of the admissions

- Length of stay
- Length to readmission
- Number of admissions within study period
- Involuntary/voluntary admission
- Situation of discharge (planned/aborted by patient)

Results

In the study period of 5 years 2,8% of all patients have been identified as “heavy user”. This small group of the cohort accounted for 18% of all admissions at the department. Results of a first analysis of patients of the acute admission ward (n=36) show that factors like controlled habitation situation and/or a functioning care system outside the hospital are likely not as strong factors as assumed. Risk factors like involuntary admission or the discontinuation of treatment by the patient have been over-represented in the sample. Further results will be presented and discussed.

Conclusion

In the future optimized treatment-concepts will be necessary for this patient group, which obviously doesn't profit sufficiently from the current health system opportunities. This group of patients with severe psychiatric illness brings up ethic considerations between self-determination/autonomy on the patients' side and the mandate/duty of care on the institutional/ legal side.

INFORMATION AND ATTITUDES OF THE RELATIVES OF INDIVIDUALS WITH MENTAL ILLNESSES ON NON-MEDICAL APPLICATIONS THEY USE FOR THEIR PATIENTS

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As the frequency of the psychiatric diseases is incontrovertibly high in the society, knowledge, attitude and behaviors of the society for the mental diseases and their treatment have gained more importance (1). Behavior of seeking help that can be handled with in multi-phased model such as recognizing and accepting any problem, understanding the medical /psychiatric quality of the problem, contacting the therapists for help and accepting and adjusting to the suggested help/ treatment methods is perceived within the social/cultural context the person lives in in every phase (2).

Aim: The inclination to the non-medical applications and attitudes to the mental diseases and their treatments in our society have led us to make a research in this subject. This study was carried out to determine the information and attitudes on non-medical applications of the first degree relatives of individuals with mental illness and the factors influencing this condition.

Material Method: First degree relatives of the patients monitored in psychiatry polyclinic participated in the research between January 2012 - May 2012. (n=80). Data of the research were collected through “Descriptive Information Form”, “Information and Attitude Data Form for Non-medical Applications” and “Help Seeking Attitude Scale”.

Results: 60% of participants have resorted to the applications regarding non- medical treatment for their patients whom they present care, 34.3% of those have stated they have applied to these practices as these persons are in desperation and hopelessness and 26.5% due to their personal belief. 89.1% of participants have sought religious/spiritual application but 67.5% have indicated that they do not want to keep on this application, 78.7% said that application has not affected well-being status. It has been found that help seeking attitudes of the individual who use non-medical applications. However, considering the characteristics of care providers, it is seen that the features such as being woman, being mother, living in the same house with patient, bringing to hospital forcibly, existence of financial income support increase the desire and attitude of help seeking.

Conclusion: As use of non-medical applications is at high rates in psychiatric cases, health workers should raise their awareness on this subject and give information about the importance of the continuance of medical treatment. The sustainability of communication with the family members in charge of patient care may be supporter for prevention of the side effects (drug interactions etc.) and the chronicity of diseases.

SOCIAL, DEMOGRAPHIC AND HEALTH OUTCOMES IN THE TEN YEARS FOLLOWING ADOLESCENT DEPRESSION: EVIDENCE FROM A NATIONAL CANADIAN COHORT

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Educational Objectives: To be able to recognize the social, demographic and health consequences of teenaged depression.

Purpose: To determine and describe the social, demographic, and health outcomes of adolescent depression during a 10-year period of transition into early adulthood, using a population-based cohort of Canadian teenagers.

Methods: Depression status on 1027 adolescents aged 16-17 years was ascertained from the National Population Health Survey. Social and health outcomes (i.e., employment status, marital status, personal income, education, social support, self-perceived stress, heavy drinking, smoking, migraine headaches, adult depression, antidepressant use, self-rated health and physical activity) were measured every two years until the ages of 26-27. Logistic regression was combined with a generalized linear mixed model approach to determine the odds of health and social outcomes in depressed versus non-depressed adolescents.

Results: Proximal effects of adolescent depression were observed (at ages 18-19) on all outcomes with the exception of physical activity. Significant effects that persisted after 10 years included depression recurrence, higher severity of symptoms, migraine headaches, poor self-rated health, and low levels of social support. Adolescent depression did not appear to significantly affect employment status, personal income, marital status or educational attainment.

Conclusions:

The transition from adolescence to adulthood is a particularly vulnerable period due to educational, employment and social changes that may be occurring. The results of this study indicate that the onset of depression during adolescence may be indicative of problems of adaptation that persist at least a decade into early adulthood.

PERCEPTIONS OF REMINISCENCE THERAPY AMONG DEPRESSED CHINESE AND WESTERN OLDER ADULTS

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Educational Objectives: Depressive symptoms are one of the leading health issues nowadays and as the number of older adult population are increasing globally and the percentage of older adults with depression and depressive symptoms is also increasing.

Reminiscence is one of the psychological therapies used to treat depression and depressive symptoms.

Purpose: The aim of this study is to review the effectiveness of reminiscence in treating older adults with depression or depressive symptoms among western and Chinese culture.

Methods: This study had adopted a meta-analysis approach of the present literature available using Effect Size (ES) calculation that were published before September, 2012. The inclusion criteria of the literature is that the sample of the studies should older adults aged 60 or above presenting with depression or depressive symptoms.

Results: Three (Chiang et al., 2009; Wang, 2005; Wang et al., 2005) of Chinese older adult depressive symptoms therapy studies were using reminiscence therapy to treat Chinese older adult depressive symptoms and it was compared against the Effect Size (ES) value of one western older adult depressive symptoms that had used reminiscence therapy to treat depressive symptoms (Jones, 2003).

From the above ES value, it was noted that reminiscence therapy is relatively more effective and applicable to Chinese older adult with depressive symptoms (Chiang et al., 2009) with an ES value of 1.06.

Scholar name and publication	Population	Assessment tool	Cohen's <i>d</i>
Wang, 2005	Chinese	GDS	0.60
Wang et al., 2005	Chinese	GDS	0.22
Chiang et al., 2009	Chinese	CES-D	- 1.06
Jones, 2003	Western	GDS	0.08

Conclusions: The results from the analyse shows that western older adults (ES=0.08) comparatively score lower in the effectiveness of using reminiscence in treating depression and depressive symptoms. This may be due to culture difference as Chinese older adults are always thinking and recalling on past experience and as an exposure of learning from the experience that had been taught by their ancestors.

EFFECTIVENESS OF COGNITIVE BEHAVIORAL THERAPY (CBT) AMONG CHINESE AND WESTERN OLDER ADULTS

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¹. Nursing, The Open University of Hong Kong

Educational Objectives: Studies stated that depression was the fourth highest source of Disability Adjusted Years (DALYs) in 1990, and it is estimated to rise to be the second most common cause of DALYs in 2020. CBT is described as an “active directive, time-limited, structured approach” in the sense of treating depressive symptoms.

Purpose: The aim of this study is to evaluate whether CBT is effective to be used to treat depression or depressive symptoms present in western and Chinese older adults.

Methods: A meta-analysis methodology will be adopted in this study to evaluate the studies that had been published using Cognitive Behavioral Therapy (CBT) to treat depression or depressive symptoms of older adults in western and Chinese population from June, 2012 to December, 2012.

Results: From the above ES value, it is noted that CBT is relatively more effective and applicable to western depressed elderly population (Cook, 1998).

Scholar name and publication	Population	Assessment tool	Cohen's <i>d</i>
Gallagher-Thompson et al., 2007	Chinese	CES-D	0.11
Cook, 1998	Western	GDS	- 0.62
Thompson et al., 2001	Western	BDI-LF	0.26
Thompson et al., 2001	Western	Ham-D	0.38

Conclusions: Cognitive Behavioural Therapy (CBT) is more effective to be used to treat Western older adults with depression or depressive symptoms which may be due to the personality and culture factor that is present in western older adults. Westerner is often more free and open to express their feelings which are one of the crucial factors in CBT to be successful or not.

TAI CHI AS TREATMENT FOR CHINESE AND WESTERN OLDER ADULTS DEPRESSION

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Educational Objectives: Practicing Tai Chi also enhances and improves the psychological health of individual as well. Brown et al (1995) and Chen and Sun (1997) had stated that individual who practice Tai Chi had a reduced and lower level of anxiety, depression and mood disturbance.

Purpose: The aim of this study is to evaluate whether CBT is effective to be used to treat depression or depressive symptoms present in western and Chinese older adults.

Methods: A meta-analysis methodology will be adopted in this study to evaluate the studies that had been published before September, 2012 that uses Cognitive Behavioral Therapy (CBT) to treat depression or depressive symptoms of older adults in western and Chinese population .

Results: From the above ES value, it is noted that Tai Chi is relatively more effective and applicable to Chinese older adult with depressive symptoms with a ES value of 2.44.

Scholar name and publication	Population	Assessment tool	Cohen's <i>d</i>
Chou et al., 2004	Chinese	CES-D	2.44
Fuzhong et al., 2001	Western	CES-D	0.922

Conclusions: Western older adults score comparatively lower than Chinese older adults when using tai Chi to treat depression and depressive symptoms. Tai Chi is a common form of exercise practiced among Chinese older adults. Thus, this helps in their adaptation in the exercise and feels more comfortable thus they can express themselves more freely.

A CONTINUUM MODEL OF CARE SYSTEMS: CAREGIVERS VS. CARETAKERS

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Educational Objectives:

To develop a continuum model of care systems for people with psychiatric disability, the psychoeducation program was more essential for the caretakers (well sibling carers) than the caregivers (parents), especially in training them coping with the psychiatric symptoms.

Purpose

The purpose of the study explored the continuum model of care systems for individuals with psychiatric disability that could be provided by their well siblings.

Methods:

The quantitative method was utilized to analyse the collected data. A total of 213 family members composed of an individual with psychiatric disability and his/her carer were recruited from three psychiatric hospitals and two community rehabilitation centres for ten months. A questionnaire that was administered to participants included questions regarding socio-demographic characteristics, level of involvement, control attribution scale, role identity, impact-on-family scale, self-mastery scale, stigma, self-esteem scale, family attitude scale and CES-D. T-test and F-test were employed to analyse differences between the groups.

Results:

There were 130 well siblings (mean age=50.37) care for the ill sibling (mean age=48.52), and 83 aged parents (mean age=66.17) provided care systems for their ill children (mean age=40.86). Compared with the caretakers, more caregivers tended to be the female taking care responsibility than the male. The well siblings having a stable socioeconomic status presented greater capacities in acting as caretakers. The caregivers had less alternatives to decide the role of care playing. There were significant differences in gender, education level, household income, the self-involvement of caring system, and illness attribution between the caregivers and caretakers. The caregivers believed that the ill family members had higher self-control abilities than the perceptions of the caretakers had ($t=2.24$). The self-esteem and the role of care identity of caregivers were higher perceived than the caretakers ($t=4.04$ vs. $t=2.48$). The moods ($t=-2.8$) and health conditions ($t=4.02$) of the caregivers were more strongly influenced by the severe mental illness than the caretakers. The caregivers and caretakers exhibited significant differences in their belief of a positive future ($t=2.60$) toward the family member with psychiatric disability.

Conclusions:

The well siblings are likely to be an important resource in the continuum model of care for individual with psychiatric disability. Clinicians need be aware of the essential roles of well siblings playing in the life courses of patients and to help their patients to develop more reciprocal relations with their well siblings and provide psycho-education programs to cope with the disturbances of psychiatric symptom.

PROGNOSIS OF THE EMOTIONAL AND BEHAVIORAL PROBLEMS OF THE JAPANESE YOUTH

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Purpose: The purpose of this study is to make clear the prognosis of the emotional and behavioral problems concomitant with mental disorders of the Japanese youth.

Methods: Retrospective data analysis of the medical charts was done to the patients who had been under the first author's treatment at Kita-no-Maru clinic. Forty youngsters below the age of nineteen at the first interview who had sufficient medical information and received treatment at least six months were chosen as objects of the study. The data at the first visit contained demographic factors, psychiatric diagnosis, behavioral problems, and mental status evaluated by GHQ28(=general health questionnaire), CBCL(=child behavior checklist) and YSR(=youth self report). The patient's adjustment or recovery levels were followed by GAF(=global assessment of functioning) scales at the first visit, 6 months later, 1 year later, 3 yrs later and 5 yrs later, respectively.

Results: 1) There were 22 males and 18 females and their average ages at the first visit was 15.6 years old ranged from 11 yrs to 18 yrs old. The psychiatric diagnoses were composed of *schizophrenia*(n=22), *depression*(n=14), *neurosis*(n=14), *psychogenic reaction*(n=11) and *developmental disorders*(n=7). The problems were *nonattendance at school*(n=30), *social withdrawal*(n=9), *self harm or wrist-cutting*(n=8), *communication problems*(n=7), *suicide attempt*(n=6), *delinquency*(n=5), *domestic violence from child toward parent*(n=4), *child abuse*(n=4), *bullying*(n=4), *eating disorders*(n=2) and *sleep disorders*(n=2).

2) The general mental health at the first visit was assessed by four subscales[0~7] of GHQ28[0~28]; *depression*(3.8), *social activities*(3.8), *anxiety/sleep problem*(4.4), *physical symptom*(3.6) and total GHQ28 score(15.6). The CBCL scores were; *withdrawn* 67.7*, *somatic complaints* 64.0, *anxious/ depressed* 68.6*, *social problems* 59.4, *thought problems* 64.5, *attention problems* 60.5, *delinquent behavior* 57.5, *aggressive behavior* 58.8, *Internalizing* 68.4**, *Externalizing* 60.2*, *Total CBCL score* 67.1** (normal range, borderline range*, clinical range**). Follow-up of objects by GAF[1-100] showed; 40.6(first visit, n=40), 55.4(6 months later, n=39), 59.7(1 year later, n=23), 65.5(3 yrs later, n=11), 85.0(5 yrs later, n=1), which were statistically different between each point of assessment.

3) A multiple regression analysis was made to find out factors affecting treatment outcome. Recovery rate at 1 year later was better for females than for males. Adjustment level at the first visit assessed by GAF was most significant to the recovery rate. Psychiatric diagnoses were significant for schizophrenia, depression and neurosis. Problems were significant for domestic violence, child abuse, suicide attempt and self-harm. Questionnaires(GHQ, CBCL, YSR) at the first visit had little significance.

Conclusions: There were three major factors at the first visit which related significantly to the treatment outcome. 1) Violence or violent aggressiveness which could be divided into two types. One is IntraFamily violence, such as child abuse(violence from parent toward child) and domestic violence of the Japanese type(violence from child toward parent). The other is IntraSelf violence which includes self-harm and suicide attempts. 2) Psychopathology inherent in psychosis, depression, neurosis and psychological reaction. 3) Social adjustment level assessed generally by GAF at the first visit.

Educational Objectives: The participants will recognize the importance to have the outlook with clinical evidence for the prognosis of the problematic youngsters.

THE IMPACT OF GENDER ROLE AND TRADITIONALISM-MODERNITY ON PATERNAL MENTAL HEALTH PROBLEMS AMONG HONG KONG EXPECTANT FATHERS: A LONGITUDINAL STUDY

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Educational Objectives:

At the conclusion of this presentation, the participants should be able to identify the high-risk expectant fathers and recognize the significant impact of gender role and traditionalism-modernity on paternal mental health problems. With the knowledge they should be able to design better prevention and interventions for paternal mental health problems, particularly catered for fathers with different personality traits.

Purpose:

The present study aims at identifying psychosocial risk factors and to examine the significance of gender role and traditionalism-modernity as personality traits for paternal anxiety, depression and psychosomatic symptoms in the perinatal period.

Methods:

622 expectant fathers were recruited in early pregnancy and were followed up at 36 gestational week and six week postpartum. Psychosocial (unplanned pregnancy, marital dissatisfaction, self-esteem, social support, work family conflict) risk factors were assessed. Gender Role and Traditionalism-modernity, risk factors and the outcome variables including paternal anxiety, depression and psychosomatic symptoms were assessed using standardized and validated psychological instruments in all 3 time points.

Results:

Expectant fathers with poor self-esteem, poor social support and high level of work family conflict were at particular risk of developing anxiety and depression and reported higher occurrence of psychosomatic symptoms across the perinatal period. Marital distress showed the strongest association with higher level of anxiety and depression among masculine fathers in late pregnancy. Marital distress had the strongest association with psychosomatic symptoms among feminine fathers in late pregnancy. However, at six weeks postpartum, the strongest association between marital distress and psychosomatic symptoms was found among undifferentiated fathers. For fathers who adopted traditional values, marital distress had the stronger association with higher level of anxiety and depression in late pregnancy and postpartum period compared to modern fathers. Poor self-esteem, poor social support and high level of work family conflict were associated with higher occurrence of psychosomatic symptoms in traditional fathers in the postpartum.

Conclusions:

The present study addressed the current research gap and points to the need for greater research and clinical attention to paternal mental health problems, particular in the context of changing societal expectations on gender role and fatherhood. The significant psychosocial risk factors identified the present study will be useful in guiding the screening of high-risk fathers. The present findings contributed to theoretical basis of the relationships among personality traits, risk factors and mental health problems and have clinical implications for the designing different identification, prevention, and interventions for fathers with different gender roles and adherence to traditional values.(398 words)

RECOVERY WITHIN THE PSYCHIATRIC MENTAL HEALTH AREA: NURSES' OPINIONS

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Recovery is identified as “a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness” (Antony, 1993) Symptomatic improvement may play a role in a person's recovery, but personal recovery is specifically based on self-help or self-management and empowerment. Therefore the recovery approach requires a different relationship between service users and professionals. Recovery brings user involvement and person-centered care. Nurses should be aware of their beliefs to implement recovery-oriented service.

Educational Objectives: The participants should be able know:

- The recovery concept and the nurses' opinions about it
- The importance of recovery-oriented service

Purpose: This study presents a thematic analysis to examine the nurses' opinions about recovery in mental health area.

Methods: The methodology of the study is based on a qualitative descriptive design. The nursing group as participants of the study were various grades and experience currently working in inpatient mental health services. Four following themes being asked to nurses and written statements was used for data collection and thematic analysis was used for data evaluation:

What is “recovery”?

Is recovery possible for people with mental health problems ?

What the things that provide recovery?

What are the indicators of recovery?

Results: Recovery was identified as personal and social rather than the medical definition of absence of symptoms which could be referred to as clinical or complete recovery. However, nurses also expressed that recovery is not possible for everyone and recovery is depend on the type of illness, social sources that service users have.

-The factors that provide recovery were listed as related to life conditions and strengths of service users, treatments and health teams.

-Indicators of recovery are identified as meeting own individual needs, adopting to the social life, managing the illness process and having expectation from futures.

Conclusion: Nurses should be sensitive about recovery and need to understand what it means to support its implementation across services. Therefore, recovery should be included in both the curriculum of nursing education and in-service education programs.

Literature Reference

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ADDICTIVE BEHAVIORS AMONG TEENAGERS: THE NEED TO IMPLEMENT EFFECTIVE PREVENTION PROGRAMS

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The effects of the developing teenage brain – poor impulse control, favoring low-effort yet thrilling experiences, and heightened sensitivity to the social benefits of intoxication – may contribute to an initial decision to use drugs or begin pleasurable behaviors and make the experience rewarding enough to repeat it ignoring the negative consequences of such conducts. Therefore, adolescents are more vulnerable than any other age group to developing nicotine, alcohol and other drug addictions. As substance and behavioral addictions share common neurobiological mechanisms as well as characteristic clinical patterns, the present study aimed to assess the prevalence of behavioral addictions and psychoactive substances consumption in an adolescent population.

Five hundred high school Italian students were assessed in order to evaluate the prevalence of conducts referable to behavioral addictions including pathological gambling, physical exercise use, eating disorders and compulsive Internet use, and substances use and misuse: nicotine, alcohol, hashish, marijuana and ecstasy.

Seventy-five percent of the students consumed alcohol occasionally (one time a week or less) while 13.2% drank it frequently (almost one time a day). An occasional consume of psychoactive substances was found in 20.2% of students; 6.8% of the sample took frequently illegally compounds: the most used was marijuana. The majority of sample used Internet daily with an important percentage of students showing difficulties to manage time on web. 5.8% showed problematic gambling and 9.6% compulsive buying behaviors. For what concern eating, 22.8% of students reported some problems in this area.

Compulsive behaviors seem to be very frequent among adolescents as well as substance use and misuse. The strong presence of different forms of addiction, whether induced by psychoactive substances and behaviors, is in line with the hypothesis of a common psychopathological dimension underlying these phenomena. Procedures and instruments for detecting not only substance abuse but also behavioral addictions among adolescents should be predisposed with the aim to develop and implement effective prevention programs.

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Villella C., Martinotti G., Di Nicola M., Cassano M., La Torre G., Gliubizzi M. D., Messeri I. Petruccelli F., Bria P., Janiri L., Conte G. Behavioural Addictions in Adolescents and Young Adults: Results from a Prevalence Study. *Journal of Gambling Studies*, 2011;27(2):203-14.

PHYSICAL ACTIVITY AT 11 YEARS OF AGE AND INCIDENCE OF MENTAL HEALTH PROBLEMS IN ADOLESCENCE: PROSPECTIVE STUDY

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Educational Objectives: Display results about the association between physical activity practice and the incidence of mental health problems from 11 to 15 years of age using data from a birth cohort study in Brazil. At the conclusion of this presentation, the participants should be able to recognize the direction and magnitude of this association.

Purpose: The influence of physical activity practice on mental health is still unclear. The aim of this study was to evaluate the association between physical activity practice at 11 years of age and the incidence of mental health problems from 11 to 15 years of age using data from a birth cohort study in Brazil.

Methods: Mental health was assessed using the Strengths and Difficulties Questionnaire (SDQ). We excluded from the prospective analyses the 1.333 adolescents who presented mental health problems at 11 years. At 15 years, the continuous SDQ score was used as the outcome variable. The main analysis included 2.886 adolescents. Leisure-time physical activity was assessed via self-report, and individuals were categorized into three groups based on the weekly score.

Results: The incidence of mental health problems was 13.6% (95%CI 12.4; 14.9); it was higher among girls (15.3; 95%CI 13.5; 17.1) than boys ($p=0.006$). At 11 years, 35.2% of the adolescents achieved 300 minutes per week of physical activity; boys (46.0%; 95%CI 43.3; 48.7) were more active than girls ($p<0.001$). In the unadjusted analysis, physical activity practice was inversely related to the incidence of mental health problems ($p=0.043$). After adjustment for confounders, the association was no longer significant in the whole sample, but was significant among boys ($p=0.044$).

Conclusions: Physical activity appears to be inversely related to mental health problems in adolescence, but the magnitude of the association is weak to moderate.

DEPRESSIVE SYMPTOMATOLOGY AND ATTACHMENT REPRESENTATION DURING IMPATIENT PSYCHOTHERAPY

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Insecure attachment and maladaptive relationship patterns are meaningful risk factors for the development and perpetuation of Depression. Previous studies have reported associations between negative attachment experiences in childhood and depression in adulthood (Dozier et al., 2008). Attachment theory (Bowlby, 1980) offers empirically testable explanatory models of how negative attachment experiences (separations, losses) yield insecure attachment representations involving maladaptive relationship patterns. So far, little is known about the changes of attachment representations through psychotherapeutic inpatient treatments and their relationship to depressive symptomatology.

In order to better understand causes and factors for treatment of depression, an empirical examination of potential associations between changes in depressive symptomatology and attachment representations is urgently required.

The present sample consisted of 20 women aged 20-48, who were recruited from the inpatient unit of the Clinic for Psychosomatic Medicine and Psychotherapy, University Medical Centre Mainz. Inclusion criteria were the diagnosis of Depression and/or Dysthymia (SKID-Interview). Pregnant women and patients with Borderline-Personality or eating disorders were excluded. Average length of hospital stay was 8 weeks. Depressive symptomatology was measured via self-report by means of the PHQ-9 (Patient Health Questionnaire depression module (Loewe et al., 2002) at time of admission (T1) and discharge (T2). Attachment representation was also assessed at T1 and T2 with the Adult Attachment Interview (AAI, George et al., 1985). All Interviews were verbatim transcribed and afterwards coded with the four-way (secure, insecure dismissing, insecure-preoccupied and unresolved state of mind) coding system according to the Main et al. (2002) by trained and reliable coders. In line with findings of Roisman et al. (2007) the 'Coherence of Mind' Scale (range 1-9) was used as dimensional interpretation of Attachment Security. The study was approved by the local scientific ethics committee and written informed consent was obtained from all participants.

To present, data analyses are still running. We expect (1) insecure attachment to be overrepresented in our clinical sample (compared to nonclinical populations) (2) a significant decrease in depressive symptomatology after inpatient treatment (3) a significant increase in attachment security after inpatient treatment. We further hypothesize that decreases in depression are significantly associated with increases in attachment security.

Our study underlines the importance of incorporating patients' representations of early attachment experiences in the treatment of depression.

LIVING WITH MENTALLY ILL PARENTS: THE CHILD PERSPECTIVE

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Educational Objectives: It is known that health care workers are seemingly deprived of awareness to understand the experiences of the children have a parent with mental disorder. There is an obvious lack of relevant studies in Turkey investigating the emotions, thoughts and experiences of these children.

Purpose: This study aims to define the emotions, thoughts and experiences of children who live with parents have a mental disorder.

Methods: Phenomenological method was chosen and the study sample included 15 children according to the “data saturation”. Written statements of the participants were collected with a questionnaire form and analyzed suggested by Colaizzi.

Results: The study sample included eight girls and seven boys. Six of the participants were attending primary schools and nine were high school students. While 13 children had mentally ill mothers, both parents of two children were diagnosed with a mental disorder. Five main themes emerged: “everything has changed”, “do you call mine a life?”, “milestone”, “these days too shall pass”, “mother, come to your senses and pull yourself together already!!”

Conclusions: Living with a parent with a mental disorder adversely influenced the children’s interfamily relations as well as their school life which, as a result, urged children to undertake a considerable burden to cope with these problems. It is suggested that a series of intervention programs be implemented and a special manpower be trained in order to inform the children and other family members, strengthen their coping skills and facilitate the access to services provided.

Literature Reference

Knutsson-Medin, L., Edlund, B. & Ramklint, M. (2007). Experiences in a group of grown-up children of mentally ill parents. *Journal of Psychiatric and Mental Health Nursing*, 14, 744-752.

Mordoch, E. & Hall, AV. (2008). Children’s perceptions of living with a parent with a mental illness: Finding the rhythm and maintaining the frame. *Qualitative Health Research*, 18, 1127-1144.

THE ASSOCIATION OF ATTENTION DEFICIT HYPERACTIVITY DISORDER WITH SOCIO-ECONOMIC DISADVANTAGE: ALTERNATIVE EXPLANATIONS AND EVIDENCE.

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Educational Objectives:

To discuss possible explanations for association of childhood attention deficit hyperactivity disorder (ADHD) and socio-economic disadvantage.

Purpose:

Studies throughout Northern Europe, the USA and Australia have found an association between a childhood attention deficit hyperactivity disorder (ADHD) and socio-economic disadvantage. This presentation reports further evidence for the association and reviews potential causal pathways that might explain the link. Proposed mechanisms draw on models from health inequalities literature, health economics, disability studies, genetics and psychiatry.

Methods:

Secondary analyses of a large UK dataset (the Millennium Cohort Study, n=19,519) was used to assess the association of ADHD with socio-economic disadvantage and related evidence for several of the potential pathways.

Results:

Both parent-reported diagnosis of ADHD at age 7 (n=187), and parent/teacher report of ADHD symptoms (using the 'probable hyperactivity disorder' algorithm) were strongly associated with a range of indicators of social and economic disadvantage.

Socio-economic status (SES) measures that were associated with ADHD included poverty, OR=0.50, (95% CI 0.12- 0.88), housing tenure, maternal education, income OR=14, (95% CI 20-5), lone parenthood OR= -0.731 (-0.35- -1.11) and younger motherhood OR=-.063, (-0.091--035). There was no evidence to support reverse causality theory, as income of parents of a child with ADHD did not drop compared to controls. Family breakdown was not more likely after identification of a child's ADHD. The prevalence of ADHD was equally elevated in socio-economically disadvantaged groups for both clinical diagnosis of ADHD and parent-teacher report of symptoms, suggesting there is not an additional clinical bias to label ADHD in low SES groups. The strength of association between ADHD and measures of SES was reduced after adjustment for the effects of tobacco use in pregnancy and poor parental attachment measures; two risk factors for ADHD previously identified in the literature. These results did provide some evidence to support critical period and/or life course models that suggest differential exposure to risk factors may moderate the relationship between SES and ADHD.

Conclusions: The development of childhood ADHD cannot be divorced from the context of the child. The aetiology is influenced by socio-economic situation, although genetic and neurological determinants are likely the primary predictors of outcome. The results do suggest health inequalities model are the most promising analytic framework to explain the high prevalence of ADHD in disadvantaged groups. More rigorous examination of the various mechanisms that may link ADHD to SES would be welcome.

THE PSYCHOLOGICAL COPING MECHANISM AGAINST DESPAIR IN PORTUGAL IN COMPARISON WITH JAPAN

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Educational Objectives: At the conclusion of this presentation, the participants should be able to take opportunity to consider about their own country's coping mechanism against despair and get the way to investigate the mechanism.

Introduction: One of the issues to be fought in psychiatric patients is despair. In Japan, there is the desperate situation of the damage caused by the earthquake, in Portugal there is severe situation of economics to make people despair. Therefore, the investigation about the mechanism against despair in Portugal and Japan is expected to have significance.

Purpose: To investigate the psychological coping mechanism against despair in Portugal in comparison with Japan, through the structure analysis of therapeutic factors on psychiatric patients and the people who have some connection to psychiatric patients.

The Materials and Methods:

Subjects (Persons): Psychiatric patients (21), patients' families (5), volunteers (6).

Research periods: Nov.2012~ Jan 2013

Methods: Individual semi-structured interviews (for patients and families) and focus group interviews (for patients and volunteers) using the group therapeutic factors investigation inventory (Sugiyama, 2012) and Antonovsky's sense of coherence scale (SOC). We did pre-test to check the procedure and uniformity of interviewers. All subjects did informed consent and all interviews were recorded by IC-recorders in case of subject's agreement.

Results: 1. The interviews: All groups discuss about negative things (attempting suicide, helplessness, "closed door", the burden) as well as positive things (gratitude they feel for being able to help others, positive qualities of persons, "opened window"). The factors mentioned as most important to have and keep hope are psychological balance, keeping faith in the future believing/expecting better, faith in God and the support they receive from others. 2. The questionnaires: The Portuguese data is higher than Japanese in the selection rate of the group therapeutic factors investigation inventory, and total points of SOC. The group therapeutic factors investigation inventory: Portuguese have higher meaning to help the others, having hope for future and thinking about family. The results of the cluster analysis show that those in close relation to "hope" were "interpersonal learning" for all subjects, "accept a hopeless matter" for patients, "family understanding" for families, and "to have own role" for volunteers. In Japanese data, "advice" is useful to "accept a hopeless matter". Therefore, in Portuguese data, "hope" is useful to "accept a hopeless matter" directory. SOC subscale: Meaningfulness is higher than comprehensibility and manageability.

Conclusions: The results of this research suggest that the Portuguese can still have hope for the future after, even having recognized that there is a hopeless situation.

From the results of SOC, meaningfulness is highest, and in the interview investigation, the importance of believing that the future will be better is talked about. In the therapeutic factors investigation, to have interpersonal relationship in the group is useful to have hope for future. The results of patients and families show that the group helps the acceptance of the despair situation. A meaning of mutual support was also found in the results of interviews.

From these results, it is suggested that the Portuguese use the coping strategy, which they simply believe hope for future and continue having hope, by acceptance and change of cognition of the despair situation with meaningfulness and the mutual support. We'll discuss more details about a comparison with Japan and structural analysis at the presentation.

MENTAL HEALTH PROBLEMS IN YOUNG ADULT HOMELESS

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Objectives The goal of this study is to describe mental health problems in young adult urban homeless people and to assess the impact of developmental trajectories on profile of psychiatric symptoms.

Methods In-depth face to face interviews were conducted with 75 young adult homeless living in Prague (age 18 through 26, mean 22.7, sd 2.3 years). Beside the interview each of the subjects has been asked to fill in a structured questionnaire. Brief Symptom Inventory (BSI) was used to assess psychiatric symptoms.

Results The mean values of the homeless group were statistically higher compared to normative data in all dimensions of the BSI. However the homeless group was not homogeneous and based on developmental trajectories three types were identified: type A characterized by pathological family of origin, type B represented by those who were placed into institutional care in early childhood, and type C which consisted of persons with conduct problems and grow up in conflicting family. Persons belonging to type B were highly hostile, at the same time they reported depressive symptoms, paranoid ideations and psychoticism. Given the developmental trajectory of this type, we may speculate about the impact of long-term psychological deprivation, which is typical for development outside the family.

Conclusion Accumulations of mental health problems in this type indicate that the impact of institutional care is worse than the effect of development in the family, even a severely disturbed. It is a type B, which would require most the professional psychiatric help. Without adequate treatment the successful social reintegration is hardly imaginable.

21st World Congress of Social Psychiatry - 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

3

**Natural
Disasters/Man-made
(including Fukushima)
and mental health**

Posters Session

A REAPPEARANCE OF OCD DUE TO THE GREAT EAST JAPAN EARTHQUAKE.

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Educational Objectives: The participants should be able to recognize the fear of radiation contamination and harmful rumours may lead to the reappearance of obsessive-compulsive disorder. In case of great natural disaster, mentally-ill patients, even though they do not live in disaster area, are apt to fluctuate in complicated and various ways.

Purpose: We would like to clarify the influence of Great East Earthquake in Japan on mentally-ill patients such as OCD patients living in non-damaged area as well as damaged area.

Methods: A 40-year old male patient has visited our clinic two months after Great East Earthquake with the complaint of fear of radiation contamination at the beginning of May 2011. He was diagnosed as OCD twenty years ago and it achieved a remission after 6 months pharmacotherapy. Working as engineer with his family and living in northwest area in Japan where damage of earthquake did not occur, news reports on the explosion of Fukushima-1 nuclear power plant made him afraid of radiation contamination. He can not eat any fresh vegetable, fish and other food even after washing them many of times. Due to these symptoms, he quit his job and his family moved to Kansai area, however obsession of radiation contamination and compulsion of washing food still continued though he recognized them excessive and ridiculous. He was diagnosed as OCD and admitted to our hospital in the middle of May to have pharmacotherapy and cognitive behavioural therapy.

Results: After admission, paroxetine 10mg per day was prescribed to decrease depressive mood and OCD symptoms. At first, we proposed his to get a lot of rest and then paroxetine was gradually increased to 40mg per day. After confirming motivation for cognitive behavioural therapy, the patient wrote a sheet of anxiety hierarchy and we set it in train from easy problems to difficult theme. His score of the Yale–Brown Obsessive Compulsive Scale (Y-BOCS) improved from 32 point to 10 point (68% improvement). The patient was able to stay overnight outside hospital without reappearance of OCD symptoms and was discharged from hospital at the end of June. After discharge, he returned for follow up visit to continue CBT and found a new job as engineer in Kansai area. He is able to eat fresh vegetable, fish and seafood now after reading newspaper article about earthquake. Paroxetine was gradually decreased to 20mg per day and having a comfortable daily life in 2012.

Conclusions: Sensational news reports on the explosion of Fukushima-1 nuclear power plant may lead to provoke anxiety about radiation contamination. As a result of those reports, mental disorder would develop among people in non damaged area as well as damaged area. Therefore, in case of natural disaster, it is important that medical experts pay attention to non damaged area, too. Inaccurate reports on disaster include potential risk for the appearance of mental disorder and work both ways.

Literature Reference: Yutaka K, Hiroyuki U, Masaru M: Mental Health and Psychosocial Support after the Great East Japan Earthquake. Keio Med 61(1):15-22, March 2012

THE FLOOD OF OCTOBER 1 - 2009 IN MESSINA AND GIAMPILIERI, PSYCHOPATHOLOGY AND MENTAL DISORDERS

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The psychological-psychiatric implications represent an important aspect of the environmental disasters. A team consisting of psychiatrists and psychologists (Complex Operative Unit of Psychiatry of the 'AOU Policlinico "G. Martino "of Messina and the Department of Mental Health South of Messina ASP Messina) traveled for three years in the various hotels where refugees were housed, offering their psychological and psychiatric support. From this experience it is then developed an epidemiological survey focused on psychopathological aspects of a significant sample of people involved in the flood that hit tragically Messina, Giampileri and surrounding towns (33 victims). The team of volunteers conducted structured interviews using as a tool the Mini International Neuropsychiatric Interview MINI which was designed as a short interview structured for psychiatric disorders are most relevant from the statistical viewpoint, both for the 'Axis I DSM-IV both for the ICD-10. We did three evaluations: 1) immediately after the catastrophe, 2) after 5-6 months and 3) after more than one year, the disorders most recorded are: Post-Traumatic Stress Disorder PTSD (42%), Major Depressive Disorder (34%), Disorder Panic Attacks (DAP 32%), Generalized Anxiety Disorder GAD (14%). Following these disorders in one year it was found that PTSD and DAP undergo to a significant reduction, Major Depressive Disorder, although slightly reduced, remains stable, while the DAG tends to increase significantly. The frequency of pathological conditions is the same reported in the literature. From these data it is possible to do some significant reflections: in the months immediately following the catastrophe the disorders most represented were those of the "acute phase" as depression and crisis of anxiety while in the following months these disorders tend to fade sharply and instead we observed an increase of "basic anxiety" which can be seen as "chronic phase". On the other hand, it was also noted that the presence of major depression in anamnesis may be a risk factor for the development of a new depressive episode. In terms of comorbidity subjects who developed PTSD showed in the three observations also significant levels of major depression.

FUNCTIONAL IMPAIRMENT AND EXACERBATION IN PSYCHIATRIC OUTPATIENTS AND THEIR ASSOCIATED FACTORS AFTER THE 2011 GREAT EAST JAPAN EARTHQUAKE

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¹. Jichi Medical University, Shimotsuke, Japan

Objective: To examine the functional impairment and exacerbation of the psychiatric conditions of patients with mental disorders and their associated factors after the 2011 Great East Japan Earthquake and the Fukushima nuclear accident.

Method: Seven hundred and one patients who lived in the area next to the most severely affected area and who visited our outpatient unit regularly were examined 1–4 months after the disaster. We evaluated the Global Assessment of Functioning function subscale (GAF-F) and the Clinical Global Impression of Change (CGI-C) before and after the disaster. Posttraumatic stress symptoms were assessed with the Japanese-language version of the Impact of Event Scale-Revised (IES-R). The examination also included questions covering background characteristics and disaster exposure.

Results: Patients with schizophrenic, mood, and neurotic disorders accounted for 87% of the participants. Statistical analyses were thus performed for these three groups. We found that 17% of the patients declined in function after the disaster and the psychiatric conditions of 19% of the patients were exacerbated after the disaster. Functional impairment and exacerbation of psychiatric condition after the disaster were more severe in patients with neurotic and mood disorders than in those with schizophrenic disorders. Twenty-eight percent of the patients scored higher than the IES-R cut-off score. The total IES-R scores of patients with neurotic and mood disorders were higher than those with schizophrenic disorders. We also found that having anxiety disorders, scoring higher on the IES-R, and having a lower level of function pre-disaster were associated with functional impairment and exacerbation of psychiatric condition post-disaster in patients with neurotic disorders. The factor associated with functional impairment in patients with mood disorders post-disaster was high total score on the IES-R. Factors associated with the exacerbation of psychiatric condition in mood disorders were high total score on the IES-R and proximity to Fukushima. We did not identify any factors that were associated with post-disaster functional impairment in patients with schizophrenic disorders. On the other hand, factors associated with the

exacerbation of psychiatric condition in patients with schizophrenic disorders were high total score on the IES-R and proximity to Fukushima.

Conclusion: Functional impairment and exacerbation of psychiatric condition were prevalent among psychiatric patients living close to the most severely affected area within 4 months after the disaster. The factors found to be associated with functional impairment and exacerbation could be helpful in planning effective early intervention for patients with psychiatric disorders.

CAR ACCIDENT PRONE PERSONALITY: AN ISRAELI NATION WIDE SURVEY

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This three-year longitudinal study examined the relation among the big five of personality, sensation seeking behavior, impulsivity and involvement in car accidents in a representative 1,500 participant sample of the Israeli Jewish adult population during 2009-2011.

Methods: Participants were interviewed over the phone, using a comprehensive demographic and health questionnaire, a shortened Hebrew version of Costa and McCrae's (1992) NEO-PI, and Zuckerman's (2008) ImpSS. They were also asked about their involvement in car accident before the study, and after one and two years.

Results: The results validate the concept of accident proneness, as participants who had been involved before the study were more involved in accidents than those who had not been involved in accidents before the study. No one of the pedestrians who perceived himself as responsible of the accidents, which had happened before the study, was involved in accidents during the study (although this tendency has not reached statistical significance because of the small number of pedestrians, who participated in all the three interviews). However, no significant accident differences were found among drivers between those who perceived themselves responsible and those who have not perceived themselves responsible for the pre-study accidents. In accord with previous studies, men were significantly more involved in accidents than women, but the negative relation between accident involvement and age has not been as strong as found in those studies. Two personality traits are included in the final predicting model. Among men impulsivity predicts accidents, while openness to experiences additionally predicts accidents: The higher the level of the authoritarianism factor, as a part of the openness to experience scale, the lower the accident risk among women. This finding is of special interest, given the negative connotations authoritarianism usually has (e.g., blind obedience to authority or rigidity which hurts psychological adjustment). At least as far as car accidents are concerned, authoritarian obedience seems to play a role of a safety factor in women. ADHD has been also found as a predictor of involvement in car accidents.

Conclusions: Results are discussed in light of the structure of both openness to experience and impulsivity, the latter being inherent to ADHD.

- The positive effect of authoritarianism among women is of special interest, given the negative connotations this trait usually has (e.g., blind obedience to authority or rigidity which hurts psychological adjustment). At least as far as car accidents are concerned, authoritarian obedience seems to play a role of a safety factor in women.
- Psychiatrists are called to consider reporting ADHD patients to the authorities.

Literature Reference:

Costa, P. T., Jr., & McCrae, R. R. (1992). *NEO PI-R: Professional manual*. Odessa, FL: Psychological Assessment Resources.

Zuckerman, M. (2008). *Behavioral expressions and biosocial bases of sensation seeking*. New York: Cambridge University Press.

PSYCHIATRIC SYMPTOMS REPORTED BY PRIMARY SCHOOL CHILDREN AROUND TAHRIR AREA SUBJECTED TO ONGOING THE TRAUMATIC EVENTS OF 25TH JANUARY REVOLUTION

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Purpose: to find out the effect of repeated traumatic events on children whose schools are situated in the area of down town surrounding Tahrir Square-right at the heart of a series of traumatic events since the beginning of the Egyptian revolution of the 25th of January and if patterns of responses will differ according to sex and socioeconomic status.

Method: A descriptive cross sectional study. The study sample consisted of 515 Egyptian school children attending governmental, tagreebya, and private language school. 55.6% (n=285) were boys and 44.1% (n=226) girls. The majority 53.4% (n=275) was attending governmental schools, 26.0% (n=134) tagreebya schools and 20.6% (n=106) private language schools (Lycee and Frere). A specially designed questionnaire was applied to assess psychiatric symptoms in these children. The questionnaire covered symptoms of depression, post traumatic stress disorder, anxiety and aggression.

Results: Girls had higher rates of almost all symptoms of depression, PTSD anxiety and aggression compared to boys. Lower social class children (those of governmental and tagreebya schools) had higher rates of depression, PTSD, anxiety and aggression than those of the higher social class (private language school). Children who viewed their lives as worse after the revolution had higher rates of all the symptoms of depression, PTSD, anxiety and aggression.

BEHAVIORAL AND EMOTIONAL PROBLEMS IN CHILDREN ONE YEAR AFTER LOSING A PARENT IN VIOLENT EVENTS DURING THE EGYPTIAN 25th OF JANUARY REVOLUTION

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Purpose: To assess the behavioral and emotional problems of children 1 year after they lost a parent in one of the violent events during the 25th of January revolution.

Methods: Subjects were 17 children who lost one of their parents in one of several violent episodes during the early days of the Egyptian 25th of January revolution. Children were examined, one year after the loss, using child Behavior Check List (CBCL)/6-18, parent version (Achenbach, 1992), which comprises 8 syndrome scales, Internalizing and Externalizing Behaviors Scales and Total Score and six DSM- oriented scales including Affective Problems, Anxiety Problems, Somatic Problems, Attention Deficient/Hyperactivity Problems, Oppositional Defiant Problems, and Conduct Problems.

Results: Age ranged from 6 to 15 years (Mean±SD = 9.7059 ± 3.21). 58.8% (n=10) were females. 88.2% (n=15) of the participants lost their father while 11.8% (n=2) lost their mother. After one year of losing a parent, a high percentage of children scored within the clinical range (i.e. needing psychiatric help): 70.6% on the Internalizing scale, 58.8 % on Externalizing scale and 76.5% on the Total Score. This was reflected in the higher percentages of children who obtained scores within the clinical range on the DSM oriented scales of Affective Problems (47.1%) and Anxiety Problems (41.2%) compared to Conduct Problems (17.6 %) and Oppositional Defiant Problems (11.8%). The most frequent CBCL syndrome scales within the clinical range were: Anxious/Depressed subscale (52.9%), Withdrawn/Depressed subscale (47.1%), Aggressive Behaviors subscale (47.1%) and Somatic Complaints subscale (23.5%). No significant correlations were present between age and any of CBCL subscales, and no significant differences were found between boys and girls nor older (above 10) and younger children.

Conclusion: Losing a parent in a violent event could be a risk factor for emotional and behavioral problems in children one year after the loss and warrants close monitoring and follow up. Internalizing problems were more frequent than externalizing problems. Age and gender of the children did not have an impact on the type and the severity of the problems.

DEVELOPMENT OF DISASTER MENTAL HEALTH GUIDELINES THROUGH THE DELPHI PROCESS IN JAPAN

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Educational Objectives: The participants will be able to identify the agreed on items on disaster mental health guidelines in Japan.

Purpose: To develop the guidelines based on experience and knowledge acquired by Japanese mental health professionals through systematic consensus building the Delphi process

Methods: After a thorough literature review and focus group interviews, 96 items regarding disaster mental health were included in Delphi Round 1. Of 100 mental health professionals experienced in disaster response who were invited to participate, 97 agreed. The appropriateness of each statement was assessed by the participants using a Likert scale (1: extremely inappropriate, 9: very appropriate) and providing free comments in three rounds. Consensus by experts was defined as an average score of ≥ 7 for which $\geq 70\%$ of participants assigned this score, and items reaching consensus were included in the final guidelines.

Results: Overall, of the 96 items (89 initially asked and 7 added items), 77 items were agreed on (46 items in Round 1, and 19 positive and 12 negative agreed on items in Round 2). In Round 2, three statements with which participants agreed most strongly were: 1) A protocol for emergency work structure and information flow should be prepared in normal times; 2) The mental health team should attend regular meetings on health and medicine to exchange information; and 3) Generally, it is recommended not to ask disaster survivors about psychological problems at the initial response but ask about their present worries and physical condition. Three statements with which the participants disagreed most strongly in this round were: 1) Individuals should be encouraged to provide detailed accounts of their experiences; 2) Individuals should be provided with education if they are interested in receiving it; and 3) Bad news should be withheld from distressed individuals for fear of causing more upset.

Conclusions: Most items which achieved agreement in Round 1 were statements described in previous guidelines or publications, or statements regarding the basic attitude of human service providers. In addition, the revised guidelines were developed based on the collective wisdom drawn from Japanese practitioners'

Literature Reference:

Suzuki Y, et al., Development of disaster mental health guidelines through the Delphi process in Japan. *Int J Ment Health Syst.* 2012 Jul 2;6(1):7

EARTHQUAKE IN CHILE: EVOLUTION OF THE GLOBAL CLINICAL IMPRESSION AND POST-TRAUMATIC SYMPTOMS IN A COHORT OF WOMEN IN TREATMENT FOR SEVERE DEPRESSION IN A PUBLIC HOSPITAL, WHO CONFRONTED THE EARTHQUAKE ON FEBRUARY, 27TH 2010.

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Educational Objectives: At the end of this presentation the participants should be able to recognize the evolution of posttraumatic symptoms post earthquake in women with severe depression who continued in treatment as usual in public mental health service

Objective. To reveal the impact on the global clinical status and post-traumatic symptoms evolution in women in treatment for severe depression in a public hospital who confronted the F-27 earthquake

Methodology. 75 women in treatment for severe depression were evaluated from the first working day after the catastrophe. According to the ICD-10, acute stress (AS) and post-traumatic stress disorder (PTSD) were clinically determined. The routinary use of the Clinical Global Impression scale (CGI) allowed the monitoring of the clinical status before and after the earthquake. The eight-item treatment-outcome post-traumatic stress disorder scale (TOP-8) was applied twice, the first and sixth months.

Results. AS: 58.7 %, PTSD: 53.3%. Significant deterioration in CGI was observed one month post-event ($\chi^2 = 3.88$; $p < 0.05$) and an ostensible improvement six months later ($\chi^2 = 4.65$; $p < 0.04$). The post-traumatic symptoms did not improve significantly. More severe CGI immediately after the earthquake was significantly associated to AS ($\chi^2 = 13.794$; $p < 0.008$) and to the subsequent development of PTSD ($\chi^2 = 16.437$; $p < 0.002$). More severe CGI after six months was correlated significantly with previous AS ($\chi^2 = 15.849$; $p < 0.003$), with PTSD ($\chi^2 = 17.780$; $p < 0.001$) and with records of childhood trauma ($\chi^2 = 18.431$; $p < 0.01$).

Conclusions: After a significant clinical deterioration observed immediately post disaster, at six month it improved the CGI, but it did not improve post-traumatic symptoms. This treatment did not prevent that those patients with a history of childhood trauma aggravate significantly the CGI six months after the earthquake. These results suggest that in these clinical groups it is necessary to research the effectiveness of already validated specific interventions, focused on trauma and implemented early after the event

This study was developed in a public mental health service, in the natural conditions of the real world, but with the exceptional ability to be performed in the middle of a massive experience

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NATURAL DISASTERS AND THE ROLE OF GIS IN EVALUATING POST-DISASTER MENTAL HEALTH PROBLEMS DEVELOPMENT

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Introduction

A natural disaster has been generally defined as an event of nature, which overwhelms local resources and threatens the function and safety of the community. Extreme precipitation events such as heavy rainfall and flooding can have serious effects not only on people and property, but also on essential services, infrastructure and the environment. Population exposure to natural disasters has been associated with psychological distress and more in particular with post-traumatic stress disorder development. On this context, extreme precipitation event analysis based on geographic information system (GIS) may help to study natural disaster characteristics, being a valuable tool to describe and locate the phenomenon. A GIS lets us analyze and interpret extreme events and population data to reveal relationships, patterns and trends.

Objectives:

The aim of this study is (i) to characterize a precipitation extreme event that occurred in Almeria (SE of Spain) and (ii) try to explore the link between this extreme event characteristics and mental health problems using GIS technology.

Method:

Historical climatic records from about 30 meteorological stations were used to characterize Almeria precipitation patterns from about 1950 to 2012. All this information was later incorporated on a geographical information system using GvSIG program. Moreover, a sample of 52 individuals were screened with a socio-demographic questionnaire, 12-item General Health Questionnaire (GHQ-12) and the Questionnaire to rate Traumatic Experiences (TQ) in December 2012/january2013. We also counted the distribution of stress exposure among people with various kinds of exposures (physical risk or/and economical losses). Extreme precipitation events and information from questionnaires was analyzed searching for relationship and patterns.

Results:

Historical climatic records study showed that an extreme precipitation event occurred in 2012. Also, Preliminary results demonstrated that there is an important relationship between extreme precipitation event location occurred in 2012 and psychological distress. Mental health problems tent to be related with population and locations receiving extreme rainfall events and flooding.

Conclusion:

We concluded that the distribution of mental health problems is related to the precipitation event extreme characteristics and that this relationship can be evaluated using GIS methodology.

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THE MENTAL HEALTH STATUS OF FILIPINO NURSES LEAVING FOR JAPAN THREE MONTHS AFTER THE GREAT EAST JAPAN EARTHQUAKE

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Educational Objectives:

At the conclusion of this presentation, the participants will be able to:

1. Identify the degree of worries about the aftermath of the Great East Japan Earthquake of Filipino nurses.
2. Identify the indicators of mental health of Filipino nurses leaving for Japan a few months after the Great East Japan Earthquake.

Purpose: This study aim to find the predictor of the mental health status of the 3rd batch Filipino nurses coming to Japan under the Japan-Philippine Economic Partnership Agreement, a few months after the Great East Japan Earthquake.

Methods: A four-page-long English questionnaire was developed and distributed to the 3rd batch Filipino nurses, who wished to go to Japan under the above agreement, at the venue of Pre-departure Orientation held in Metro Manila, Philippines in May 2011. GHQ (General Health Questionnaire) was used as a marker of mental health status.

Results: A total of 70 respondents answered the questionnaire, with a respondent rate of 100%. Eighty-six per cent of the respondents were females. The average age was 27.8(SD2.8) years old. Forty-seven per cent of the respondents answered that they were worried about the aftermath of the Great East Japan Earthquake very much/ much. The Multiregression model indicated that the biggest factor significantly associated with the GHQ score was 'I was jobless at the time when I applied for this program' (beta=-.316, p<0.01), followed by 'Degree of knowledge about Japanese perceptions toward Filipinos' (beta=.313, p<0.05) and 'I want to utilize my experiences in Japan for my future work at the hospital in other countries' (beta=.304, p<0.01). No significant association was found between degrees of worries about aftermath of the earthquake with GHQ score.

Conclusions: The multiregression model indicated that degree of motivation to fulfil the financial and migratory needs, and knowledge about Japanese people, which augurs for their successful life condition in Japan for the next few years, is a major indicator of mental health of the candidates, but not the worries of earthquake.

THE EXPERIENCE OF SUPPORTING CHILD CARE SYSTEM AFTER THE TOHOKU EARTHQUAKE IN JAPAN

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Educational Objectives: The participants should be able to know the actual situation of the psychological changes in the state of the victims of the Tohoku earthquake and learn how people made efforts to support child care system after the disaster

Purpose:

The purpose of this study is to clarify future problems by looking back on a process of the psychological support for the child care support system of the disaster area.

Methods:

Subjects : Child care supporters working at the disaster area, victims, local supporters of the neighborhood of the disaster area.

Research periods: May.2011~May 2012

Methods: Investigation of the process of support: period, places, contents, subjects, issues of the support.

Results(The summary of process): 1. The Early Period (After a disaster until four months (March 2011-July 2011)) Place: The disaster area. Content: Workshop regarding the psychology of victims (including children), group work for networking. Needs: to understand psychology and to make new network. The worry to children was the opportunity of the support request, but there was really needs to support the supporters. The feelings of victims were sadness of loss, denial, and helplessness. In the area with relatively little the damage, a sense of guilt became the problem.

2. The middle Period (August 2011-December2011) The support request spread through from the neighborhood where many parents and child evacuated. Subgrouping by the degree of the damage has begun to happen in the seat of the damage. The support of the neighborhood area was very polite and kind. The feelings of the refuge inhabitants for it were seen in anxiety and the sense of separateness with thanks. Fatigue, anger, a sense of guilt and a feeling of ineffectualness were seen in the victim who stayed in the stricken area, and the problem of alcoholic and physical disorders increased. The anxiety to the damage caused by radiation by the nuclear plant accident was increased, and subgrouping of the inhabitants who denied damage and the inhabitants who expressed anxiety became deepened.

3. The "One year later" (January 2012- May 2012) Main contents of the support looked back on the rearranging of feelings toward the first year, and examination toward the future. The symptoms of serious PTSD including the flashback were frequent. The denial for the nuclear power generation damage and the opposition of the anxiety deepened it. Elation disappeared in the area of the neighborhood and began to show fatigue, and a prospect was necessary for support not to be over. However, in the serious area of the damage, the people began to accept the present conditions, and some movement to recover by themselves was begun.

Conclusions: The recovery of the victim is still at the beginning phase, and the nuclear plant accident does not converge, too.

For the future, it goes without saying that systems construction for realistic revival is necessary. Psychologically, at the first, the effort to solve opposition and separation between various levels subgroups is important. Also, it is necessary to establish a system that can be effective individual support.

THE TUNISIAN REVOLUTION: WHICH PSYCHOLOGICAL AFTERMATH?

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Educational Objectives: At the end of this presentation, participants should be able to recognize the variety of psychiatric disorders that might occur following man-made disasters.

Purpose: This study aims to outline the different mental disorders directly linked to the events of the Tunisian Revolution and to scrutinize the social, demographic and clinical features associated with these disorders.

Methods: A cross-sectional study was undertaken. We included all patients who first presented at the outpatient clinic at Razi hospital with psychiatric symptoms directly linked to the Tunisian Revolution between January 15th and October 15th, 2011. Data were collected by the means of a form detailing social, demographic and clinical characteristics (these included gender, age, job, marital status, family and personal history, chief complaint, management, outcome). Diagnoses were made on the basis of DSM-IV-TR criteria. Data were entered and analyzed using SPSS version 20 for Windows.

Results: Our population consists of 107 subjects: 28 women (26.2%) and 79 men (73.8%), with an average age of 40+/-12. The majority (66.4%) were married. Most (57.9%) patients had a secondary education level. Agents of order represented the largest occupational group accounting for 36.4% of the population. The most prevalent psychiatric disorders included major depressive disorder (30.8%), adjustment disorders (30.8%), PTSD (27.1%) and acute stress disorder (7.5%). Other conditions were diagnosed namely panic disorder (3.7%), schizophreniform disorder (3.7%), conversion disorder (2.8%) and alcohol dependence (2.8%).

Conclusions: Although man-made disasters are associated with a high prevalence of several mental disorders, most studies emphasize on posttraumatic stress disorder (PTSD). This study emphasizes the diversity of psychiatric disorders that can occur following a psychological trauma, in this case during the Tunisian Revolution.

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THE IMPACT OF DISASTERS IN MENTAL HEALTH: A REVIEW

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Objective:

Disasters do have implications in mental health of a significant proportion of the communities that experience them.

The authors pretend to review the trajectory of mental health responses to disasters, how to identify people who are at high risk for subsequent disorder and how does the ongoing stressors work.

They also explore the differences between survivors and rescue workers, different types of disasters and differences between developing and developed countries.

Finally, factors that foster resilience among population affected by these phenomena are also addressed.

Methods:

The authors review reports and literature about disaster mental health.

Results:

The prevalence of mental disorder is higher among victims than rescue workers.

Posttraumatic stress disorder is the most common identified mental disorder followed by depression and complicated grief. Anxiety disorders, maladaptive substance use and interpersonal conflicts are also reported.

Surveillance of early markers and ongoing stressors will allow the institution of target interventions in order to prevent long term problems.

The risk of impairment is higher in countries with worse systems of post-disaster care and when malicious human intent and mass violence are present.

Maturity and experience associated with the construction of a meaning as an active process can affect positively the outcome of a traumatic experience.

Conclusion:

Most survivors will eventually adapt after disasters. The access to mental health care is one of the major determinants of good prognosis, so mental disorders and their risk factors should also be addressed by early intervention teams.

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

4

Co-morbid mental and physical illnesses

Posters Session

COMORBIDITY BETWEEN MENTAL AND PHYSICAL ILLNESSES AND THEIR RISK FACTORS IN EARLY ADOLESCENCE

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Educational Objectives: Our results provide knowledge about a wide range of deleterious factors associated with mental and physical illnesses and have to be monitored in early adolescence.

Purpose: To assess the impacts of socioeconomic factors, alcohol/tobacco/cannabis/hard drugs uses, repeating a school-year, sustained physical/verbal violence, sexual abuse, depressive symptoms, and involvement in violence on suicide attempt among boys and girls in early adolescents.

Methods: The sample included 1,559 middle-school students from north-eastern France (mean age 13.5, SD 1.3), who completed a self-administered questionnaire including gender, birth date, father's occupation, parents' education, nationality, family structure, income, last-30-day alcohol/tobacco/cannabis/hard drugs uses, low-school-performance (last-trimester-grade<10/20), lifetime sustained physical/verbal violence (20-item scale), lifetime sexual abuse, lifetime involvement in violence (11-item scale), last-12-month suicide ideation, and social relationship, living environment, mental and physical illnesses (measured with the four WHOQoL-Bref domains, score<10th percentiles). Data were analyzed using logistic regression models.

Results: Mental and physical illnesses affected respectively 14.4% and 9.7% of adolescents. They were strongly linked: gender-age-adjusted odds ratio gaOR 7.07. They were linked with most socioeconomic factors: female (vs. male, gaORs 1.79 and 1.67), increasing age (1.25 and 1.28, per year), reconstructed family (2.25 and 2.34, vs. intact family), separated/divorced parents (2.46 and 2.35), non-significant (ns) for single-parent, other family categories (3.36 and 2.36), craftsman/tradesman/firm-head offspring (1.70 and 1.70, vs. manager/professional offspring), intermediate-professional offspring (1.84 and 1.70), manual-worker offspring (1.54 (ns) and 2.30), unemployed/retired offspring (2.88 and 3.11), European immigrants (1.39 (ns) and 2.28, vs. French), non-European immigrants (1.32 (ns) and 3.29), insufficient income (1.76 and 1.72). Mental and physical illnesses also related to low-school-performance (gaORs 2.13 and 3.80), alcohol use (1-5 times: ns; 6+ times: 3.85 and 2.23), tobacco use (1-5 times: 2.67 and 3.30; 6+ cigarettes/day: 4.41 and 3.82), cannabis use (1-5 times: 1.91 (ns) and 2.25; 6+ times: 2.55 and 2.06), hard drugs use (4.50 and 4.05), no regular sports/physical activity (2.09 and 3.49), obesity (2.00 and 1.68), sexual abuse (8.25 and 6.22), suicide ideation (10.3 and 5.61), physical/verbal violence (score 1-3: 1.37 and 1.42; score 4+: 3.08 and 2.76, vs. score 0), involvement in violence (score 1-5: 2.44 and 2.05; score 6+: 4.86 and 5.70, vs. score 0), altered social relationship (4.16 and 8.95), and altered living environment (9.59 and 11.7).

Conclusion: This study has achieved our aims to identify factors associated with mental and physical illnesses in early adolescence. These original findings provided knowledge which may help public policy promoting adolescent mental and physical health.

Keywords: Adolescents, mental illness, physical illnesses, co-morbidity, risk factors.

Type of contribution: Oral presentation

Topic: 4. Co-morbid mental and physical illnesses

PSYCHOPATHOLOGY AND DRUG ADDICTION: AN OVERVIEW ON E.T. OF COIMBRA PATIENTS

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Educational Objectives: Evidence suggests that psychiatric disease and addictions have a straight connection, being defined by WHO since 1995 as dual pathology. However, there is a high occurrence of non characterized psychopathological problems, estimating a prevalence of 44% on psychiatric patients, although this value may vary from 18 to 70% concerning the variables on study. Moreover, this double diagnose causes more frequent exacerbations and worse treatment response.

Purpose: This study aimed to evaluate dual pathology's prevalence on the studied population.

Methods: Using the Brief Symptom Inventory (BSI) with Portuguese adaptation and a sociodemographic questionnaire, we studied the psychopathological dimensions of 40 drug addicted patients on ambulatory treatment at ET of Coimbra and their relationship to age, gender, age at which they have started consuming drugs, type of drug and duration of dependence.

Results: The psychopathological profile of the sample stands between that of the general population and of people with emotional disturbance, exception being made for sub-dimensions anxiety and obsessions-compulsions which presented slightly lower than general population values. Statically significant differences were found between age, age at which they have started consuming drugs and the sub-dimensions somatization ($p<0,001$), interpersonal sensibility ($p=0,037$ e $p=0,032$, respectively) and fobic anxiety. Concerning gender, type of substance and duration of dependence it was only possible to establish relations with somatization ($p<0,001$) and regarding duration of dependence we could also relate to interpersonal sensibility ($p=0,019$).

Conclusions: The authors conclude that there is comorbidity between drug abuse and psychopathology, supporting the hypothesis that mood disorders, anxiety and impulse-control dysregulation are the core of addiction pathology, demonstrating the need to adequate the clinical and social interventions on this matter.

VITAL EXHAUSTION AND RISK OF CARDIOVASCULAR DISEASES AMONG MALE AGED 25 TO 64 YEARS IN RUSSIA (EPIDEMIOLOGICAL RESEARCH ON THE BASIS OF PROGRAM WHO “MONICA-PSYCHOSOCIAL”)

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Purpose. Examine the relationship between vital exhaustions (VE) symptoms and the risk development within 14 years of arterial hypertension (AH), myocardial infarction (MI) and stroke among men ages 25 to 64 years.

Methods: Within the framework of program WHO MONICA-MOPSY was examined representative sample of men 25-64 years old (1994 year). Total sample was 657 persons. VE symptoms were measured at baseline with the use of the MONICA - psychosocial Interview Vital Exhaustion scale. The incidence of news cases of AH, MI and stroke was revealed at 14-year follow-up. Cox - proportional regression model was used for an estimation of hazard ratio (HR).

Results: Prevalence of VE in cohort of men with AH was 73.7% (58% men had high level of VE and 15.7% - an average level of VE); with MI – 65.8% (an average level of VE – 44.7%; high level of VE – 21.1%); with stroke – 58.8% (an average level of VE – 41.2%; high level of VE – 17.6%). The risk development of AH within 5 years in group of men with high level of VE, in comparison with group of men with low level of VE was 3.2 times higher, within 10 years HR=1.6 times, within 14 years HR=1.4. HR of development of MI during the first 5 years of supervision in a group with VE was 2.7 times, within 10 years HR=2.25, within 14 years HR=2,1 times higher what without it. Men with high levels VE during 5 - the years period of had a higher risk of stroke compared with those with lower levels of VE (HR= 3.2), within 10 years (HR=4.9), within 14 years (HR=2.1) (p<0.05).

Conclusions: Vital exhaustion predictor the higher risk of AH, MI and stroke in middle-age men.

E-HEALTH IN DISEASE MANAGEMENT AND PSYCHOSOCIAL SUPPORT: FINDINGS FROM A FEASIBILITY STUDY

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This pilot study explored (i) feasibility of an e-health program for people with mental health and physical disease or risk factors (ii) technology interaction by patients and providers.

Methods:

Background

Better overall coordination is needed in care for people with mental illnesses. Coordination must encompass mental health and social care and physical health management. It must involve the range of health and social care providers, patients and carers. E-health technologies may be useful in collaborative care management and in engaging, informing and motivating patients. We piloted an e-health supported program designed to facilitate communication between agencies and between patients and agencies. We assessed acceptability to patients and agencies and considered strategies to overcome uptake barriers.

Intervention

An e-health supported disease management intervention was created from the Flinders ProgramTM, a disease management, coordination and self-management support program, and GoACT, a telehealth platform for disease management. The e-health platform was accessed using web-enabled mobile phone or computer and supplemented face to face and phone interactions in the chronic disease management program.

Recruitment

Patients who had severe mental illness or high psychological distress scores and also physical chronic illness or risk factors were recruited in rural South Australia. Potential participants were approached when nearing discharge from hospital or when attending a community provider for psychosocial support. We aimed to recruit 10 patients for this feasibility study.

Measures

SF36, K10, and Partners in Health Scale were measured at baseline and 6 months. Use of the e-health system was monitored. Reports of clinicians involved in recruitment and program delivery were analysed qualitatively.

Results:

Acute care priorities and hospital processes limited patient invitations. Patient decisions limited recruitment, though reasons stated were unrelated to technology. Eleven participants agreed to join, with 3 leaving before they started the program. Of the remaining 8, all had high-burden medical and social problems. Outcome measures indicated patient improvements over the course of the program. Co-ordination and patient involvement was improved. Both care coordinators and patients required extensive technical training and familiarisation to use the e-health platform. Engagement with the e-health platform was lowest in patients with multiple and acute problems, increased after new messages, and declined over the period of each patient's program.

Conclusions:

E-health technologies warrant further study in patient-inclusive biopsychosocial care coordination. Technology features, program design, provider and patient training and recruitment routes all need attention to optimise relevance, ease of use and acceptance and ongoing engagement by patients. Existing research and theories can provide guidance.

MANAGEMENT MENTAL DISORDERS IN CARDIAC SURGERY

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Educational Objectives: Mental disorders (cognitive and affective phenomena) are important factors for the quality of postoperative clinical and social rehabilitation of cardiac surgery patients. Management of mental disorders is an obligate component of clinical and statistical models of cardiac surgery outcomes.

Purpose: Based on a study of psychopathological characteristics in cardiac patients we made an algorithm of psychotherapy and psychoprophylaxis.

Methods: Clinical-anamnestic, clinical-psychopathological, neurophysiological, statistical.

Results: According to the study 231 patients with cardiovascular diseases (170 persons with surgery intervention - the main group; 61 persons - control group), it was determined that transient or permanent cognitive disorders are present in 100% of patients undergoing cardiac surgery. Preoperative and postoperative study of cardiac patients showed decreasing cognitive decline (processing, memory, storage and playback of meaningful information, volume, distribution and speed of switching attention) and increasing affective (anxiety, depression) indicators. These deviations were due mainly stress influences the operations and expectations of the surgery, rather than the severity of somatic patients. The dominant psychopathological syndromes appeared asthenic, asthenic-depressive, but most share was for anxiety-depressive syndrome. The use of psychotherapy (combining KBT and IPT) contributed to the reduction of clinical and psychopathological phenomena, adaptive changes in vital strategy patients and improve quality of life.

Conclusions: Correction of cognitive and affective mental disorders was significant component of clinical and statistical model results cardiac surgery, which causes urgency of its application in real clinical practice to improve the quality of rehabilitation patients.

RELATIONSHIP BETWEEN PSYCHOSOCIAL FACTORS AND ASTHMA MORBIDITY: A CASE-CONTROL STUDY

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Educational Objectives: To evaluate the influence of social psychic factors on the incidence of Guangxi Zhuang patients with asthma.

Methods: We performed a hospital-based case-control study on 188 cases of Zhuang patients with asthma as case group and 203 cases of healthy people as control group. Their family and socio-economic status were investigated, and psychological tests were assessed by irritability, depression and anxiety scale (IDA), trait coping style questionnaire (TCSQ) and social support rating scale (SSRS).

Results: The results show that the scores of depression, anxiety negative coping (NC) and external irritation internal irritation in the case group are significantly higher than those of the control group ($P=0.000$), whereas subjective support and utilization of support degree are lower than those of the control group ($P<0.01$). In accordance with multivariate logistic regression analysis, family history of asthma ($P=0.024$, OR=2.521), cultural level ($P=0.000$, OR=0.463), depression ($P=0.000$, OR=1.428), irritability ($P=0.030$, OR=1.180), NC ($P=0.020$, OR=1.063) and subjective support ($P=0.000$, OR=0.892) are the independent risk factors for patients with asthma.

Conclusions:

- Social psychic factors have a significant effect on asthma.
- An integrated approach, based on clinical treatment, biological, psychological factors, involving in individual level, social and family factors, should be established for prevention, intervention and treatment for the patients with asthma.

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PREVALENCE OF OBESITY AND METABOLIC SYNDROM IN PATIENTS WITH BIPOLAR DISORDER IN A HOSPITAL SETTING FROM ROMANIA

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Introduction: Bipolar patients have a high risk for somatic comorbidities that need to be treated by non-psychiatrist medics. The presence of metabolic syndrome is an important risk factor for cardiovascular disease and diabetes. Its incidence and prevalence have risen dramatically as a result of the increasing prevalence of obesity. Medications that are commonly used in the management of bipolar disorder are now known to contribute to weight gain, dyslipidemia, and diabetes.

There are limited data on the prevalence of the metabolic abnormalities in disorders other than schizophrenia in which antipsychotic medication is part of routine treatment.

Objectives. This study sought to evaluate the presence of the metabolic syndrome and to detect risk factors for the development of metabolic syndrome in patients with bipolar disorder what will allow appropriate treatment to improve their quality of life.

Methods. The study was conducted by interviewing and physical examination of a group of 57 consecutive patients who were hospitalized between 1 January to 1 March 2012 in the Clinical Hospital of Psychiatry "Socola" Iasi and were diagnosed with bipolar disorder according to DSM-IV-TR criteria. In this cross-sectional study patients were evaluated for presence of metabolic syndrome as defined by the National Cholesterol Education Program Expert Panel on Detection, Evaluation And Treatment of High Blood Cholesterol in Adults (NCEP ATP III).

Results. Patients age range was 28 to 71 years (SD 8.4 years). Of the subjects 59.6% were female and 40.4% men (sex ratio=1,47). The study shows that 61.4% of patients with bipolar disorder smoked regularly, and 43.8% consumed alcohol abusively. Patients were receiving 2.96 (SD 0.98) drugs. More than half of the sample (54.4%) met the NCEP ATP III criterion for the metabolic syndrome. Patients with the metabolic syndrome and patients endorsing the obesity criterion were more likely to report a lifetime history of suicide attempts. The most common somatic diseases associated were dyslipidemia, obesity, alcoholism, anxiety, hypertension, type 2 diabetes mellitus.

Conclusions. The prevalence of the metabolic syndrome in patients with bipolar disorder is alarmingly high, as it is for the general population. The patients with bipolar disorders showed a high proportion of alcohol abuse and smoking. Our findings are a reason for concern, considering the difficulty in implementing prevention and treatment programs in the bipolar population.

Keywords: bipolar disorder; somatic comorbidities; cholesterol; diabetes; metabolic syndrome; obesity; triglycerides

BECAUSE OCCAM'S RAZOR DOESN'T ALWAYS WORK.

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Introduction: Throughout the life of a patient, physicians find comorbidities that complicate existing diseases. Sometimes we do not think about it, attributing the symptoms to a disease known, delaying diagnosis and treatment.

In psychiatric patients it is alarmingly common, largely because of the stigma of mental illness and medication side effects.

Objectives: The purpose of this case report is to show how a poor initial evaluation could delay diagnosis and made impossible an early treatment.

Methods: We conducted a pathobiographic study of the patient, analyzing all the admissions and tests made over the years in all departments of our hospital.

Results: Female 57, diagnosed with Schizoaffective Disorder, with multiple admissions and constantly and permanently use of all devices and social welfare of the area.

In 2008 the patient arrived to the hospital after a fire at home. Minor burns were treated in the ER and she is sent to psychiatry, where first night suffered a pulmonary embolism (PE) that forced her transfer to ICU, where the PE is attributed to neuroleptics.

Since that time we see a torpid course, with multiple admissions because of behavioral disorders. In her last entry (2012) impresses as a major cognitive impairment (MMSE 16/30), too much for her age and in spite of her psychiatric disorder (which ultimately manifested itself only with serious behavioral disorders and moderate depressive symptoms, without psychotic or manic symptoms).

For this reason different tests were performed, appearing striking alterations on the NMR: bilateral symmetrical lesions in *Globus Pallidus* features carbon monoxide poisoning in chronic phase.

Given this evidence, and considering her pathobiography, it was decided the diagnosis of dementia due to toxic (F02.8)

Conclusions: We must reflect on the need for an exhaustive study in psychiatric patient. For years PE was justified as drug-induced, without considering other possibilities, like a toxic origin, which could have helped to a most appropriate therapeutic approach.

However, everything was attributed to mental illness and his treatment side effects, forgetting that psychiatric patients may also have other associated pathology.

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PSYCHIATRIC AND PSYCHOSOCIAL ASPECTS IN PATIENTS INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS

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The Infection with the human immunodeficiency virus is an object of actuality in terms of epidemiology, access to care and psychological impact. The prevalence of psychiatric disorders is high in HIV infected individuals. Antiretroviral therapy, chronicity of disease and social factors places the HIV patients at greater risk for psychiatric comorbidity than the general population. Major depression and anxiety disorders are the most frequently psychiatric disorders in HIV patients.

Objectives: the aim of this study is to explore the prevalence of major psychiatric disorders in HIV patients and identify the involvement of psychosocial factors in these disorders.

Methods: a cross-sectional study was conducted in the department of infectious diseases. Patients followed for an organic disease or a chronic psychiatric disorder were excluded. A questionnaire consisting of socio-demographic data, characteristics of the infection (beginning, mode of transmission, announcement of diagnosis, and clinical signs), treatment and socio-professional impact has been completed for all patients. We used for the study the scales for assessing psychiatric disorders: Beck Depression Inventory, Hamilton Anxiety and MINI International Neuropsychiatric Interview.

Results: forty patients with HIV + status were seen in consultation, but only thirty agreed to participate in our study. The average age was 38 years old. 76 % of patients had a low socio-economic level. Prevalence of psychiatric disorder among the study population was 73%, whose depression was in 53 % and anxiety disorders were in 46%. The impact on work was reported in 40 % of patients.

Conclusion: psychiatric disorders are more common in patients infected with HIV compared to the general population. The management must be multidimensional, involving pharmacological treatment, psychotherapy and social care.

WHAT IS THE MENTAL HEALTH PROFESSIONALS' ROLE IN THE CARE OF CANCER PATIENTS: A PROPOSED STUDY IN PSYCHO-ONCOLOGY AT THE UNIVERSITY HOSPITAL HASSAN II OF FEZ

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Educational objectives:

Psycho-oncology aims to integrate the psychosocial dimension at all stages of the management of cancer. It supports the adaptation process of the patient and his environment which may vary from a simple emotional reaction to characterized disorders or dysfunction in the family dynamics that can heavily impact on the care process.

Purpose:

To better assess the need for psycho-oncology in our cultural context and to identify areas of intervention, we propose a work study in collaboration with the oncology department in the University Hospital of Fez. It will aim first to determine the prevalence of anxiety-depressive disorders and suicidal intention in cancer patients and then analyze the risk factors for depressive disorders and factors associated with the risk of suicide.

Methods:

A cross-sectional study of prevalence of depression, anxiety and suicidal ideation.

A questionnaire developed to collect demographic data, medical and surgical history, data on the perception of the disease from the patient's point of view and objective data collected from the health care team. Then, will be presented The Hospital Anxiety and Depression scale and The Mini-International Neuropsychiatric Interview in these categories: major depressive disorder, depressive disorder with melancholic characteristics and the suicide risk. The analysis of results will be done in collaboration with the department of epidemiology at the University Hospital of Fez.

Results:

in progress.

Conclusion:

We hope through this study to have an insight of the diagnosis of the situation of psychiatric disorders in this population and determine our local specificities, and thus open the way to an effective collaboration that could lead subsequently to the establishment of this new discipline in our practice as a mental health professionals.

FIXED DYSTONIA: HOW MUCH ORGANIC OR PSYCHOGENIC?

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Mental and physical health are inextricably linked. Even so, opinions concerning the aetiology of dystonia have changed throughout times, reflecting whether the focus of the analysis is more biological or psychological. Nowadays, most dystonia cases have a defined neurobiological substrate, but functional (psychogenic) dystonia is still largely enigmatic. These patients find themselves highly disabled, often misdiagnosed, misunderstood, and mistreated.

Objectives

To present a case of fixed dystonia related to complex regional pain syndrome (CRPS), discussing both neurological and psychiatric approaches. This work expects to update and enhance the knowledge concerning dystonia and functional neurological symptoms, their assessment, management, history and outcome. These entities and its relationship with other mental and physical co-morbidities will be discussed.

Methods

One paradigmatic clinical case is described, and online search/review of the literature has been carried out, using Medline/Pubmed, concerning 'dystonia', 'psychogenic' and 'functional symptoms'.

Results

We report on a 28 year old female patient, followed at our outpatient clinics in the department of neurology, psychiatry, and pain unit, after being diagnosed with CRPS and dystonia, characterized by a fixed, flexed posture of the wrist and hand fingers, pain, and subjectively reported oedema, with spread of symptoms to the other hand 4 years later. No other accounting for the degree of pain and dysfunction could be diagnosed. Several treatments (pharmacological and physical) had been carried out by pain experts and physiotherapy, with poor success, before re-assessment and agreement to proceed with psychotherapy.

Conclusion

New insights from functional imaging, genetics, neurophysiology, psychotherapy and surgical treatments, have been recently brought to light with regard to functional dystonia. Still, differences on experts' opinion subsist, occupying a grey area between neurology and psychiatry that often none is willing to take charge, while the border between psychogenic and organic becomes blurred. Yet, it is remarkable that most patients with features of CRPS and dystonia present typical features of psychogenic dystonia.

Functional dystonia is the second most common functional movement disorder. However, there is an absence of appropriate health-service provision and research interest despite prevalence, effect on quality of life and health-care economics. Symptoms may improve with multidisciplinary intervention, with an emphasis on cognitive-behavioural therapy, as in this case. Nevertheless, many patients will remain significantly disabled, which reinforces the need for further multidisciplinary research and enhanced management strategies.

SMOKING AND ALCOHOL CONSUMPTION IN CHILDREN OF PARENTS WITH CHRONIC PAIN

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize a potential high-risk group of adolescents, who are exposed to parental chronic pain.

Purpose: The aim of the present study was to investigate the associations between parental chronic pain and smoking and alcohol intoxication in adolescents.

Methods: The present study was based on cross-sectional surveys performed during 2006 to 2008 from the Nord-Trøndelag Health Study (HUNT 3 and Young-HUNT 3). The sample consisted of 3227 adolescents aged 13 to 18 years for whom information was available on maternal and paternal chronic pain and health status. The mean (SD) age for girls ($n = 1594$) was 15.7 (1.67) years, and the mean age for boys ($n = 1633$) was 15.8 (1.62) years. Separate analyses were conducted for girls and boys, adjusted for child age.

Results: If both parents experienced chronic pain, boys had an increased risk of smoking (OR = 2.12, CI = 1.32 to 3.57, $p = .005$) and alcohol intoxication (OR = 1.70, CI = 1.15 to 2.50, $p = .007$) compared with boys for whom neither parent had chronic pain. Girls had an increased risk of alcohol intoxication if their mothers had chronic pain (OR = 1.39, CI = 1.07 to 1.81, $p = .014$). These results remained after adjusting for the possible effects of confounding factors, including child age, cohabitation, parental age, education, organ-specific illness, mental health and substance use. However, adjusting for maternal smoking reduced the risk for boys' alcohol intoxication to a non-significant level (OR = 1.43, CI = 0.97 to 2.11, $p = .074$).

Conclusion: Presence of concurrent maternal and paternal chronic pain is a high risk factor for smoking and alcohol intoxication in boys. The findings should prove useful in preventive and clinical work with adolescents of families affected by parental chronic pain.

DO OFFENDERS OF ALCOHOL-IMPAIRED DRIVING ATTRIBUTE THEIR PROBLEM TO ALCOHOL USE?

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Objectives: Harmful alcohol use and alcohol-impaired driving (AID) are both global problems. To prevent further AID, harmful alcohol use is addressed in remedial treatment. However, heterogeneity of the offender population is also acknowledged. This study was conducted to compare offenders' perception of their alcohol use and their behaviour of AID.

Purpose: We investigated attribution patterns of consequences of AID among Japanese offenders in order to help to propose optimal remedial approach for treatment courses designed to prevent recidivism.

Methods: We interviewed male AID offenders ($N = 219$) during educational courses. Internationally validated instruments were administered to measure current mental distress, personality (locus of control and impulsivity), indicators of harmful alcohol use (Alcohol Use Disorders Identification Test [AUDIT], other relevant instruments and biomarkers) and attitudes towards AID (justification of AID, likelihood of future AID and self-efficacy to avoid further AID). Qualitative data were also collected relating to perception of their past AID behaviour and strategies to avoid further AID.

Results: The sample consumed 75g/day alcohol on average (including 7 % abstainers). Mental distress was reported by 36 % of the sample. Biomarkers identified clinically significant evidence of alcohol dependence in 36 % of the sample, and AUDIT detected harmful alcohol use in 38 % of the sample. A series of multiple regression analyses suggested that impulsivity and frequent AID behaviour in the past are significant predictors of current alcohol misuse, together with other indicators pertaining to alcohol use. On the other hand, subsequent multivariate analysis showed that indicators of AID were not explained by variables pertaining to alcohol use: rather, younger people, those who reported less self-efficacy to avoid further AID and those whose alcohol use behaviour remained unchanged after the last conviction tended to trivialise and justify AID.

Conclusions: Harmful use of alcohol is common among Japanese AID offenders. Whether offenders are ready to acknowledge their alcohol use problem and change their AID behaviour may not be accounted for by objective indicators of alcohol use. More effort may be necessary to effectively address potential alcohol use problem and its link between AID conviction to offenders in designing and implementing remedial treatment.

INTEGRATIVE ASSESSMENT AND INTERVENTION FOR THE COMPLEX MEDICAL ILL

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Educational Objectives: To know how to do an integrative assessment and intervention in complex medical ill.

Purpose: To describe the use of an assessment protocol and integrative care for complex patients in a university general hospital.

Methods: AIDOC (Integrative assessment and intervention for the complex medical ill) is an instrument created based on some existing tools and evaluates in a clinimetric perspective six dimensions: physical, psychic, social, existential, ethic and relational.

Results: We will present some examples of the applicability of this protocol to different subgroups of patients who suffer specific difficulties and complexities: the elderly frail, chronically ill with multiple co-morbidities, patients with dual pathologies such substance abuse and patients with functional or psychosomatic problems.

Conclusions: AIDOC as a flexible resource modular-oriented and person/relation based demonstrates an easy way to cluster problems and action oriented potentialities. Our study contributes to early detection of risk factors in these complex populations, allowing the implementation of integrative healing strategies in a context of multisystem evaluation multitherapies and multidisciplinary professional approach.

UNCONTROLLED PRESCRIBING OF OPIATE PAINKILLERS (ANALGESICS) BY PHYSICIANS

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Introduction: Addiction is defined as a chronic, relapsing disease characterized by compulsive seeking and use of a substance despite adverse consequences on physical and mental health.

Opioid analgesics are often prescribed without control in practice while neglecting the potential possibilities of creating a dependency on them. Recently, there has been increase in the incidence of patients with this problem in outpatient psychiatric settings.

Purpose: The aim of this paper is to highlight the problem of uncontrolled prescription of opiate analgesics in practice.

Methods: Retrospective analysis of case

Case report: M. A., 79 year old woman, is admitted due to suicidal thoughts, depression, anxiety, insomnia, lethargy. Based on anamnestic data, it was found out that the patient has been using uncontrolled opioid analgesic for the last 9 months, which was prescribed by internist because of the pain in legs caused by ischemic disease. Over time, the patient increased the dose on their own initiative, without knowing that causes addiction, nor it is explained by physician or pharmacist about harmful effects and how long she can use that medicine. During the outpatient treatment with a gradual reduction of dose there was an emphasis on depressive symptoms, which required hospital treatment. Only after hospital treatment with the introduction of appropriate therapy, there was the withdrawal of the symptoms and the establishment of abstinence.

Conclusions: This case highlights the need for additional education of physicians on this issue because this is ongoing problem in psychiatric settings.

Keywords: analgesic drugs, addiction, uncontrolled prescribing

MENTAL DISORDERS AMONG OBESE PATIENTS SEEKING BARIATRIC SURGERY

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Background: The correlation between obesity and mental disorders is observed in the general population and clinical samples. However, few investigations have used standardized interviews to evaluate systematically the occurrence of mental disorders in the pre-bariatric surgery. In addition, the small size of the sample may be a limiting factor for accurate conclusion. Comprehensive assessment of this population may help to understand the outcome and mental health complications in the post-surgery.

Objective: To estimate the frequency of mental disorders among class III obese patients before undergoing bariatric surgery through standardized interview.

Design: Cross-sectional

Method: Obese adult patients (at least $BMI \geq 40 \text{ kg/m}^2$) were recruited from the waiting list of a University-based bariatric surgery clinic (N=393). The exclusion criteria were: previous gastroplastia and incomplete data collection. The final sample was 79.1 % of women; mean age: 43.0 years (SD 11.5); mean BMI: 47.8 kg/m^2 (SD 7.5) and mean global assessment of functioning (GAF): 76.8. Men subgroup was significantly more obese than women during pre-surgical period (50.2 vs. 46.4, $p=0.01$). The assessments were administered by trained clinicians through Structured Clinical Interview for DSM-IV Axis I Diagnosis (SCID-I).

Results: The current frequency of any mental disorders was 52.2% (54.9% for men vs. 51.4% for women). The highest rate was any anxiety disorders with 46.3%. There were no gender difference of mental disorders, except for substance use disorders that prevailed among men (7.3% vs. 1.9%, $p=0.01$). The lifetime frequency of any mental disorders was 80.9% (81.7 vs. 80.7%, NS). Any lifetime affective disorders were the most frequent diagnosis with 64.9% (35.6% bipolar disorders and 29.3% depressive disorders). Men subgroup presented more diagnosis of lifetime bipolar disorder than women (45.1% vs. 33.1%, $p=0.04$) and more substance use disorders (36.6% vs. 12.5%, $p<0.0001$). Among those respondents presenting any lifetime mental disorders, about 30% presented 1 disorder, 35% 2 disorders, and 36% 3 disorders.

Conclusions: Mental disorders are frequent conditions found among class III obese patients before bariatric surgery. High rates of lifetime mental disorders in the sample suggest that obesity might share common etiological factors or exert mutual causal relationships. Prognostic implications of previous mental disorders on bariatric surgery and weight loss should be demonstrated in follow-up study. Integrated mental and medical treatment should be recommended in managing the obese patients.

THE ROLE OF AFFECTIVE TEMPERAMENTS IN MAJOR AFFECTIVE DISORDERS

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Educational Objectives: Affective disorders (AD) are major cause of disability and psychosocial impairment worldwide. AD are often associated with suicide and attempted suicide having a devastating social impact in the general population. Affective temperaments may play a significant role in the psychopathological characteristics of AD.

Purpose: A comprehensive overview of the current literature concerning the association between MAD and affective temperaments was performed.

Methods: The search used the following terms: “Major Affective Disorders” OR “Mood Disorders” AND “Affective temperaments”. Only article in peer reviewed journals were considered. In addition, the reference lists of all papers identified were reviewed.

Results: Approximately 100 articles were selected and included by the combined search strategy. Most studies including nonclinical/healthy populations suggest the possibility to identify subjects who are at particular high risk for developing clinical forms of AD according to affective temperaments assessed by Temperament Evaluation of the Memphis, Pisa, Paris and San Diego-Autoquestionnaire (TEMPS-A). Affective temperaments play a significant role in determining the clinical evolution of minor/major mood episodes, the direction of polarity as well as clinical symptomatology, long-term course, suicidality and even medication adherence. Studies using the TEMPS-A found a strong aggregation of cyclothymic temperaments in non-affected first-degree relatives of bipolar I patients. Unfortunately, most studies were limited by the small sample size that did not allow to generalize findings.

Conclusions: Affective temperaments appear as predictors of psychopathology in patients with MAD. A systematic assessment of affective temperaments in subjects with MAD as well as in nonclinical/healthy populations of subjects is crucial for clinicians [Abstract words: 212].

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THE PICTURE OF THE BODY AND THE RESPECT OF ONE AT THE CHILDREN VICTIMS OF SEXUAL ABUSES IN THE TEACHING HOSPITAL OF MARRAKECH.

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Educational Objective: The objective of our study is to search the psychological ring of sexual abuse at the child, more particularly on the unthinking perception of its body and on its respect of one as well as their improvement by psychotherapy.

Purpose: The role of the psychotherapy in the improvement of the forecast of the child victim of sexual abuse.

Methods: They called a sample of sixty children victims of sexual abuse, signalled to pediatric emergency or addressed by an associative frame in pedopsychiatric consultation to the TEACHING HOSPITAL MOHAMMED VI of Marrakech. Valuation of these children was based on signing of:

- ladder of Esteem of One of Rosenberg;
- Questionnaire of the picture of the body.

The results of two sub-samples were compared:

- group with psychological made monitoring;
- not profitable group of psychological monitoring.

Results: study is under way; results will be introduced in the congress.

Conclusions: sexual abuse is a traumatic event which is accompanied often of psychopathology. Multiple-subject collaboration between the poles of intervention pediatric, pedopsychiatric, psychological, judicial and social is necessary.

Prevention plays a role mattering in the reduction of impact, raised, sexual abuses of the children.

Literature Reference:

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METABOLIC SYNDROME AND MENTAL ILLNESS: A STUDY OF INPATIENTS IN NORTHERN PORTUGAL

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Educational Objectives: Recognize the relevance of the metabolic Syndrome (MS) in psychiatric patients.

Purpose: To evaluate the prevalence of the Metabolic Syndrome in a sample of psychiatric patients and to contribute to the identification of the patient profile and risk factors associated with the MS in Portugal.

Methods: 105 patients hospitalized in the Department of Psychiatry and Mental Health of the *Unidade Local de Saúde do Alto Minho*, Portugal, were evaluated during a time frame of 3 months. Data were collected through an interview, using a questionnaire designed by the authors. Anthropometric and analytical parameters were obtained on admission. The prevalence of the MS was assessed using the American Heart Association / National Heart, Lung and Blood Institute diagnostic criteria.

Results: Most patients were female (71.4%). The mean age was 47 ± 15 years. The prevalence of the MS was 32.4%. Considering the individual components of the MS, reduced HDL cholesterol was the most common change (71.7%), followed by elevated waist circumference (47.1%), elevated blood pressure (33.3%), elevated triglycerides (25.7%) and elevated fasting glucose (19.0%). 24.6% of patients had a previous diagnosis of dyslipidemia, 21.5% of hypertension and 12.3% of diabetes. All of these patients complied with specific therapy for any of these three medical conditions. Regarding body mass index, 32.3% of the patients were overweight and 21.5% were obese.

There was a statistically significant association of the MS with increased body mass index and older age. We did not find any association between the use of psychotropic drugs at the time of admission and the presence of the MS. We also didn't find any association between the MS and lifestyle risk factors, such as smoking and lack of physical exercise.

Conclusions: As was expected, the prevalence of the MS was high in our sample. Thus it is of crucial importance to be aware of this syndrome, in order to treat it properly. Considering the international literature, it is surprising the lack of association between the MS and psychoactive drugs in our study. It would be important to perform further studies to bring into light new perspectives on this issue, including the contribution of the use of different psychoactive drugs in this syndrome.

COPING STRATEGIES AND ANXIETY AND DEPRESSION SYMPTOMS IN SUBJECTS WITH TRAUMATIC SPINAL CORD INJURY

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Educational Objectives: The complexity of spinal cord injury (SCI) affects all life domains of the person with this severe condition. Requires a multidisciplinary approach in which psychological and social aspects embody a central role in the whole process of adaptation to SCI. With this presentation, the participants should recognize the coping as a crucial key variable in this process.

Purpose: This study aims to highlight the importance of anxiety and depression as predictor variables of the process of adaptation to SCI.

Methods: This study was conducted Nationwide in collaboration with: Centro Hospitalar do Porto (HSA); Sul and Rovisco Pais Rehabilitation Center; Gaia's Professional Rehabilitation Center, Salvador Association and Portuguese Association of Disabled People. 168 subjects with Traumatic Spinal Cord Injury participated in this study. The Hospital Anxiety and Depression Scale was used to assess the anxiety and depression and the Brief cope to assess coping strategies.

Results: Most of the SCI subjects are male (75.6%) and 24.4% are females. The data of anxiety and depressive symptoms show that SCI subjects present anxiety symptoms (73.8%) in which 26.8% have moderate/severe anxiety. On other hand 71.4% of the SCI subjects present depressive symptoms and 20.8% of those have moderate/severe depression.

The main coping strategies used by SCI's subjects are: active coping (M = 4.59, SD = 1.29) and acceptance (M = 4.57, SD = 1.28) and the least used is the substance use (M = 0.32, SD = 0.98). The use of the positive reinterpretation (p = 0.003), is associated with a lower incidence of anxiety symptoms. Conversely, strategies self-blame (p = 0.014), venting, (p = 0.000), denial (p = 0.000) and substance use (p = 0.003) were associated with a higher incidence of anxiety symptoms. For depressive symptoms, there are significant associations for the strategies: active coping (p = 0.012), positive reinterpretation (p = 0.002), substance use (p = 0.022) and humor (p = 0.004). SCI subjects that have a lower incidence of depressive symptoms are those who use active coping, positive reinterpretation and humor. On the other hand those who resort substance use are those with more depressive symptoms.

Conclusions: This study highlights the need for therapeutic plans targeted to this particular population and focus the importance of the coping in this dynamic adaptation process. The aims of these plans are to enable the individual to manage the physical and psychological consequences maximizing their potential to join and benefit from the rehabilitation process.

PHYSICAL ACTIVITY LEVELS OF OUTPATIENTS WITH SCHIZOPHRENIA ATTENDING A STRUCTURED PHYSICAL ACTIVITY PROGRAM

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In general, individuals with schizophrenia present high rates of mortality and co-morbidities, a situation aggravated by the presence of diabetes mellitus, hypertension, coronary heart disease and obesity. Therefore, interventions based on physical activity focused on individuals living in the community are essential. Such actions improve the body mass control, lipid profile control and self-esteem, as well as improve social functioning. These benefits directly reflect an improvement in their quality of life. For this reason, the Department of Special Physical Education of the Faculty of Sport of the University of Porto established partnerships with one Mental Health Institution and two Public Hospitals in Porto, Portugal to develop a structured physical activity (PA) program for people with Schizophrenia.

Objective: This study aimed to assess the level of PA in outpatients with Schizophrenia in their daily activities, before the beginning of the structured PA program, and verify the correlation between body mass index (BMI) and level of PA.

Methods: In its first stage, the project have twenty one males and eight females (M=40,3 yrs; SD=7,3 yrs) diagnosed with Schizophrenia. The level of PA was obtained with Actigraph accelerometer model GT3X. Spearman correlation test was used to compare the level of PA with the BMI ($P<0,05$), and evaluate its statistical significance.

Results: The results correspond to the first stage of the project. The majority of this group (51,7%) did not performed at least 30 minutes of moderate to vigorous physical activity per day, as recommended by American College of Sports and Medicine Guidelines. There was a significant weak negative correlation between level of PA and BMI ($p=0,036$; $r=-0,39$).

Conclusion: Most participants presented a low level of PA before the beginning of the structured PA program. The results demonstrate a negative correlation between BMI and level of PA, indicating the importance to encourage the development of more PA programs for this population. This action may help to decrease co-morbidities and mortality, as well as to improve the quality of life of these patients.

SCHIZOPHRENIE ET TABAC : CARACTERISTIQUES ET IMPLICATION DE DANS LA LUTTE ANTI-TABAC

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Introduction et objectif :

L'association entre la schizophrénie et la consommation de tabac a été décrite dans la littérature dans plus de 1000 articles. La schizophrénie est le trouble psychiatrique où l'on retrouve la plus grande proportion de fumeurs. Il est donc très important d'inciter les patients à arrêter de fumer.

Méthodologie de l'étude :

Il s'agit d'une étude épidémiologique descriptive transversale intéressant 25 patients schizophrènes fumeurs. Un questionnaire semi-structuré a été proposé aux patients concernant les caractéristiques démographiques et cliniques des patients schizophrènes fumeurs ainsi que leurs habitudes tabagiques, la gravité de leurs dépendance à la nicotine, leurs raisons de fumer et enfin leurs raisons de cessation de fumer, et ce en utilisant des instruments d'évaluation validés.

Résultats :

Dans notre étude, la moyenne d'âge des patients était : 32.8 ± 11.82 ans.

96% des patients ayant répondu au questionnaire fumaient quotidiennement.

Concernant l'âge de début du tabagisme, 84% avaient fumé leur première cigarette avant l'âge de 20 ans.

Dans notre étude, 52% des patients schizophrènes fumaient entre 10 et 20 cigarettes ou moins par jour. 20% des patients étaient fortement ou très fortement dépendants à la nicotine. Quand à la motivation à l'arrêt de la nicotine, 80% n'avaient jamais essayé au par avant d'arrêter de fumer. 64% avaient des chances réelles de réussir mais des difficultés à prévoir. 64% des patients questionnés trouvaient dans la cigarette un soutien psychologique et un moyen pour lutter contre l'anxiété. 56% trouvaient du plaisir dans l'action de fumer et 48% patients fumaient par habitude.

Conclusion : Le tabagisme est très prévalent chez les patients souffrant de schizophrénie et constitue un problème de santé publique important. Ces derniers sont motivés à cesser de fumer, mais n'y parviennent pas autant que la population générale.

ANXIETY AND DEPRESSION SYMPTOMS IN INFORMAL CAREGIVERS OF SUBJECTS WITH SPINAL CORD INJURY

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Educational Objectives: With this presentation, the participants should be able to recognize the informal caregiver's of people with spinal cord injury as a special group and should be aware to specially evaluate Anxiety and Depression.

Purpose: The aim of this study it's to know the Anxiety and Depression expressivity symptoms in Portuguese informal caregivers of people with Spinal Cord Injury.

Methods: This study was conducted Nationwide during the year 2012 in collaboration with Centro Hospitalar do Porto; Sul and Rovisco Pais Rehabilitation Center; Gaia's Professional Rehabilitation Center, Salvador Association and Portuguese Association of Disabled People. 160 Informal Caregivers of subjects with Traumatic Spinal Cord Injury participated in this study. The Hospital Anxiety and Depression Scale was used to assess the Anxiety and Depression.

Results: Based on the HADS, there was evidence of high levels of Anxiety and Depression symptoms in the Informal Caregivers, with 70, 3% with Anxiety symptoms, in which 33,5% of the carers presenting moderate/severe Anxiety. On the other hand 70,3% of the caregivers present Depression symptoms, 31,6% of those present moderate/severe Depression.

To verify dependence between the Anxiety and Depression symptoms and socio-demographics variables we used the Chi-squared test. The results show that the anxiety symptoms don't vary according with socio-demographic characteristics. In other way, depressive symptoms of the informal caregivers in this study don't depend of age or education ($p > 0,05$), but depend of gender ($\chi^2 = 6,195$; $p = 0,013$), comparatively, the males have a greater tendency to severe depression than the female.

Conclusions: The prevalence of Anxiety and Depression symptoms in informal caregivers of people with spinal cord injury is considerably high. These findings highlight the importance to assess the contribution of mood disorder, especially anxiety and depression in this specific group and also the need to develop and implement more and better psychological strategies to promote informal caregiver's well being.

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

5

Globalization, instant communication and mental health

Posters Session

SYSTEMATIC STUDY OF THE DESTRUCTIVE SOCIAL EPIDEMICS PHENOMENA

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Educational Objectives: at the end of this presentation, the participants should be able to understand the concept of the "destructive social epidemics" (DSE), its main characteristics, universal mechanisms and risk factors, the algorithm and technologies of resistance development towards DSE, and will learn about the results of the implementation of such technologies in Kazakhstan.

Purpose: to overcome the doctrinal and institutional deficits, increase the effectiveness of counteracting efforts towards DSE.

Methods: Diagnostics (clinical-psychopathological, psychological, sociological, epidemiological), experimental, analytical (statistics, comprehensive analysis of economic efficiency, the method of expert's estimates). Main tools: Pavlodar multifunctional questionnaire, basic research card, disciplinary matrix model, scale to control levels of DSE spreading. Main research's stages: baseline data collection and analysis (2001-2004), experimental and analytical (2005-2008), conceptual (2009-2012).

Results: DSE refers to the process of engaging people in chemical dependencies (alcohol and drugs) - up to 7%, psychological dependence (sects and extremist groups, gambling, computer addiction) - up to 3%, and adaptation disorders with signs of demoralization syndrome (vulnerable groups to destructive chemical and psychological addiction) - up to 12% of the population. DSE has a tendency to uncontrolled spreading with direct and indirect interdependences. The major driving force of DSE spreading are increasing environmental hostility (informational), degradation of natural sanogen mechanisms and progressive decrease in population's adaptive capacity, devastating delay in elaboration of effective social self-organization;

The universal mechanisms, risk factors, and algorithm of resistance development towards all types of DSE have been carefully studied. It demonstrates that when we forcefully developed the certain psychological features to secure high resistance to hostile environmental, the importance of standard risk factors could be significantly reduced.

Based on gained results, we developed the DSE meta-concept that includes the updated strategy for effective social counteraction, computer programmes of risks assessment for each age group, measures of risks correction in educational curricula, efficient forms of medical and social rehabilitation for people with chemical and psychological dependences. These innovative approaches have been implemented as part of the national programmes in Kazakhstan since 2009.

- **Conclusions:** The obtained intermediate results and tracked trends in DSE spreading indicate that the main objectives of the research have been achieved. The meta-concept of destructive social epidemics is able to explain adequately the phenomena of DSE and demonstrate the possibility of effective social resistance development. The large-scale institutionalization of such innovative approaches contributes to the establishment of effective control in the area of DSE spreading, and to overall growth of social efficiency.

A STUDY ON THE LONELINESS LEVELS OF ADOLESCENTS WHO LIVE IN AN ORPHANAGE AND THOSE WHO LIVE WITH THEIR FAMILIES

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Purpose: This study aims to compare the loneliness levels of male adolescents who live in an orphanage and who live with their families.

Methods: Participants were a total of 86 male adolescents aged between 15-18 years, 43 of whom live in an orphanage and 43 of whom attend high school and live with their parents. The sociodemographics of these adolescents and their families were gathered with the “Adolescent Introduction Form”, and loneliness levels were identified with the “UCLA Loneliness Scale” designed by Russell, Peplau and Ferguson (1978) and tested for validity and reliability by Demir (1989).

Results: The results showed that the significant difference between the loneliness mean scores of adolescents living in an orphanage and with their families ($t_{(84)}=5.37$, $p<.01$). The loneliness mean scores of adolescents living in orphanages ($X[\text{mean}]=45.46$) were higher than those of adolescents living with their families ($X[\text{mean}]=36.30$). These findings suggests a meaningful relationship between loneliness and whether adolescents live in an orphanage or with their families. 67.4% of male adolescents in orphanages experience moderate levels of loneliness, while 69.8% of those with their families experience low levels of it. There were no participants in either group who were experiencing high levels of loneliness according to the UCLA Loneliness Scale. A significant relationship was found between living in an orphanage or with a family and loneliness levels ($\chi^2_{(df=1, n=86)}=11.913$, $p<.01$). It was concluded that adolescents living in an orphanage experienced higher levels of loneliness than those living with their families, and that the difference was statistically significant ($t_{(84)}=5.377$, $p<.05$).

Conclusions: This comparative study has shown that adolescents living in orphanages form a psychological health risk group. The following may be recommended in light of these findings:

Children and teenagers living in orphanages should be monitored regularly for symptoms such as loneliness, hopelessness, anxiety, worry and depression,

Adolescents should be given training in social, communicative and problem solution skills, whose lack may cause loneliness,

Key words: Adolescent, Orphan, Loneliness, Orphanage

References: Karadağ-Çaman, Ö., & Özcebe, H. (2011). Adolescents living in orphanages in Ankara: Psychological symptoms, level of physical activity, and associated factors. *Turkish Journal of Psychiatry*, 22, 93-103.

SUPPORTING HEALTH PROFESSIONALS WORKING WITH PEOPLE WITH DEMENTIA IN REMOTE AND ISOLATED AREAS IN AUSTRALIA: AN INNOVATIVE SERVICE

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Objectives: Preventing job strain and its detrimental effect on quality of care in residential care staff and other health professionals is most important when considering the care of people with dementia. An innovative service for Australian carers is the Dementia Behaviour Management Advisory Service (DBMAS), which is available to support residential and community care staff in caring for people living with dementia. The service in Melbourne Australia is now supporting staff working in remote Northern Territory, 3,700 kilometres away. This paper describes the service and its impact.

Methods: A) We interviewed residential care staff who were new users of the DBMAS. Each staff member was nominated by their facility and in total 137 (82.5%) of all eligible Residential Aged Care Facilities (RACFs) (n=166) participated in the study. B) We also collected data on the impact of education on health professionals provided via teleconference and videoconference.

Results: We found that residential care staff were affected adversely by behavioural and psychological symptoms of dementia (BPSD), most particularly screaming and physical violence. However job strain (including staff confidence, perceived skills and stress) was reported to improve following the introduction of the DBMAS. Staff reported improvements in confidence and stress levels as well as a number of work productivity measures such as absenteeism and reduced length of resident care time. In addition education provided by the remote service in Melbourne was received very favourably and was successful in improving knowledge in key areas of practice.

Conclusion: Results provided evidence for the positive effects of DBMAS support. Remote support is an effective way to share scarce resources of psychogeriatric and specialist medical and allied health support.

THE CHARACTERISTICS OF THE USE OF FORMAL, FAMILIAR AND NON-FORMAL LANGUAGES IN PSYCHIATRIC COMMUNICATIONS. A FUTUROLOGICAL PERSPECTIVE

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Objectives: One of the principal characteristics of the democratization and globalization of the English tongue is the lack of differentiation between thou and you. This streamlining aspect of linguistics has a time tested and proven record of high effectiveness in psychiatric communications in general and in treatment practices in particular.

Methods: Analytical interpretation of comparisons of communicational practices will constitute the methodology of the presentation.

Results: The presentation highlights the English good practice of the undifferentiated use of thou and you in various areas of official psychiatric communications without making the linguistics of the differentiated use of them look inferior. Demonstrating some of the most constructive elements of the formal, familiar and non-formal communication techniques in psychiatry, the presentation displays both, the undifferentiated and the differentiated usages as equally good alternatives in the context of institutional as well as community situations.

Conclusion: In conclusion the presentation explores some examples of institutional and community bound instant communications and suggests whether the employment of differentiated or undifferentiated thou – you language is more efficacious in the given cases.

Keywords: “The psychiatric effectiveness and good practice of the English undifferentiation between thou and you has been time tested...”

21st World Congress of Social Psychiatry - 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

6

Mass movements of populations: migrants, refugees, others

Posters Session

MATCHMAKING MARRIAGE, MEDIATING CAPITAL? EXPLORING THE ROLE OF TRANSNATIONAL MARRIAGE AGENTS ON THE ACCUMULATION OF SOCIAL CAPITAL OF IMMIGRANT WIVES IN TAIWAN

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The prevalence of transnational marriage can be witnessed in Taiwan in the late twentieth century where Chinese and Southeast Asian women, mainly from Vietnam, dominate numerically. Social capital, referring to the idea that human beings rely on social networks to meet various needs and interests, has been identified as the most important resource for immigrants to access resources, make quick adaptations to the new environment, improve mental health and develop a sense of belonging. However, there is a shortage of research exploring social capital among these immigrant wives. Thus this paper aims to explore this domain by focusing on the role of transnational marriage agents.

Statistic data had pointed out that most immigrant wives marry Taiwanese through the operation of profit-pursuing marriage agents (i.e. *Zhongjie*). It was recognized that *Zhongjies* made negative impacts on these women's life in Taiwan due to their commodified mediation. Taiwanese government thus amended the Immigration Act and decreed that since 1st August 2008 it has been unlawful to set up a profit-pursuing marriage agent. Hereafter only a non-profit association which got a permit from the competent authority can provide transnational matchmaking service. The kind of non-profit transnational marriage agent is called *Xiehui*. By the end of 2012, forty-one *Xiehuis* have been permitted and most were transformed from *Zhongjies*.

Based on in-depth interviews with 14 interviewees working in 12 *Xiehuis* conducted from May 2011 to April 2012, I show that *Xiehuis* play a key role on the accumulation of social capital of immigrant wives. I further found that these matchmakers, whose services are underpinned by profit-pursuing (*Xiehuis* still operate commercially), professional ethics, traditional family gender division and racialization, can benefit immigrant wives to construct "strong ties" or "bonding capital" but place them at a disadvantage in connecting "weak ties" or "bridging capital". As demonstrated by scholarly efforts, "weak ties" or "bridging capital", consisting of persons to whom the central person is marginally connected and has little contact with, can provide better and more access to information about opportunities than "strong ties" or "bonding capital" which indicates a relative, friend, neighbor, or co-worker that the central person sees often and interacts with on a frequent basis. It cannot be denied that "strong ties" or "bonding capital" in the host society can provide immigrant women for instrumental aid (e.g. child care, helping with finances and emotional support), these women, however, can be more empowered cognitively and experientially by "weak ties" or "bridging capital" to seek out individuals who can connect them to more opportunities and engage more heterophilous ties.

This paper thus concludes that the Taiwan's state should identify *Xiehuis*' diverse roles and call for programs to develop *Xiehuis*' cultural competence so that immigrant wives' well-being can be truly improved when they begin new lives in Taiwan.

PTSD AMONG IRAQIS DISPLACED TO EGYPT AFTER THE GULF WAR 2003

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Purpose: To identify the extent and risk factors of PTSD among Iraqis displaced to Egypt after the Gulf War 2003

Methods: It is a cross-sectional survey of a sample of adult displaced Iraqis living in Cairo, Egypt. Subjects were 127 Iraqis, aged between 18 and 65 years, identified through snowballing and Random walk techniques.

The Mini International Neuropsychiatric Interview (Arabic version, modified to colloquial Iraqi) was used to detect mental disorders. A specially designed questionnaire was used to evaluate the effects of the Iraqi war and consequent displacement on the level of distress in the subjects.

Results: 21.2% of the sample received the diagnosis of PTSD. Studying the characteristics of PTSD group (n=27) compared to non-PTSD group (n= 100), revealed that: 88.5% of the PTSD group were males compared to 59.1% of the non-PTSD group, 85.2% of the PTSD group were married compared to only 59.6% of the non-PTSD group and the mean age of the PTSD group was (43.3±11.9) while that of non-PTSD group (37.6±13), those differences were significant.

There was no significant difference between both groups regarding the actual exposure to traumatic events. However the significant difference was the persistence of the effect of trauma. 87% of the PTSD group perceived the influence of the trauma as still existing at the time of the study compared to 54.4% of the non-PTSD group. The entire PTSD group (100%) reported that it affects their mental health compared to 76.8% of the non-PTSD group. The PTSD group had significant higher comorbidity with anxiety disorders and significant higher past history of MDD (47.4% compared to 10.8%) and panic disorder (51.9% compared to 3.3%). Suicidal risk was significantly higher in the PTSD group (59.3%) compared to the non-PTSD group (8.5%)

Conclusions: Nine years after the exposure to the traumatic events of the Gulf War, PTSD is related to the perception of the trauma's effect, not merely to its occurrence. Risk factors included male gender, older age and past history of MMD and panic disorder. Suicidal risk was significantly higher in individuals with PTSD. These findings highlight the need for mental health services and routine screening of PTSD, other comorbid mental disorders and suicidal risk to all displaced Iraqis and other refugees subjected to similar conditions.

DO THE ECOLOGICAL MIGRANTS HAVE HEALTHIER LIFE IN THE NEW PLACES IN CHINA?

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Educational Objectives: at the conclusion of this presentation, the participants should be able to have an understanding of the general health status of the ecological migrants who were affected by the massive ecological relocation project in Northwest China.

Purpose: To investigate differences in general health status between the ecological migrants and local residents, and to explore the predictors for a good health status among the migrants.

Methods: The survey was conducted in Ningxia Hui Autonomous Region, Western China. Multi-stage cluster sampling method was used to identify individuals from households in randomly selected villages. The Short Form (SF-36) Health Survey in Chinese was used for evaluating the health status of participants. Information on demographic characteristics was also collected. Comparison was made in the eight sub-scores of SF-36 and two summary measures of physical and mental status. Logistic regression was used to identify the predictors for better physical and mental health status.

Results: The questionnaires were completed by 626 participants, including 365 ecological migrants and 319 local residents. There were significant differences in age, ethnicity, education level and family income between the ecological migrants and local residents. Overall, there was a significant difference in physical functioning between migrants and local residents (80.44 vs. 86.42, $P=0.003$), and between Hui ethnic and Han ethnic participants (84.76 vs. 80.66, $P=0.007$). Among hui ethnic participants, significant differences were also found in the scores of role limitation due to physical health and body pain between migrants and local residents (60.73 vs. 72.02, $P=0.015$; 73.90 vs. 79.62, $P=0.011$, respectively). There was significant difference in summary score of physical status between migrants and local residents (67.06 vs. 70.61, $P=0.029$). Male participants had significantly better summary scores of physical status and mental status than female participants (summary physical score: 72.03 vs. 66.02, $P=0.002$; summary mental score: 67.80 vs. 64.35, $P=0.024$). Those migrants who were younger, with higher education level and higher family income had higher probability to have better summary score of physical status. Those migrants who were younger and had higher family income had higher probability to have better summary score of mental status.

Conclusion: The ecological migrants had worse physical health status than local residents while there was not much difference in mental health status. Those migrants having less income and being older were vulnerable to unhealthy conditions. Local government and health sectors should pay close attention to the health of these migrants, especially the elderly and the poor, and ensure them to have a better quality of life in the new places.

ALTERNATIVE FUNCTIONS OF MIGRATION IN MENTALLY ILL CONTINGENT FORMATION IN SIBERIA

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Educational Objectives: Migration of the population can act as a nosogenic or prophylactic determinant in various ecological conditions. Participating in the process of enterprise by his/her physical or intellectual work producing goods and services human being spends his/her energy accumulated in his/her health i.e., finally all is produced at the expense of health.

Purpose: To reveal influence of migratory processes on mental health of the population at population level.

Methods: We have studied correlation interrelationships of prevalence of mental diseases, alcoholism with migratory parameters (migratory increase, result of migration and its turnover) for urban population of all 18 administrative territories of Siberia for 10 years.

Results: We have carried out investigations of mental health of intensive mastered gas producing regions of Siberia and territories of southern Siberia where migratory flows have traditional character. So, in developing city where population for considered period has increased by 1,5 times, incidence rate of neuropsychiatric disorders is lower as compared with a city of southern Siberia where increase of population has constituted 10%. Interrelationships of prevalence of mental diseases and alcoholism on territories where there is relative slowing down of migratory increase and result of migration as a rule are negative and dynamic of considered by us classes of diseases reflects accumulation both of mentally ill and suffering from alcoholism. We have found that on territories with positive migratory increase, correlations of parameters of migration and prevalence of mental diseases have positive sign; in alcoholism, these interrelationships are not reliable. Because both processes – increase of population and accumulation of mentally ill occur one-directed so migrating population can promote increase of mentally ill at the same moment all-around increase of alcoholism is not associated with its higher level in newcomers.

Conclusions: Migration thanks to its selective function comprising of change of qualitative composition of the population exerts ambiguous influence on prevalence of mental diseases and alcoholism in populations of places of settlement. Migratory flows into districts of new industrial mastering promote minimization of incidental level of prevalence of mental diseases and alcoholism while in traditional ones there was not such interrelationship. Newcomers promote “recovery” of places of settlement however further “accumulation” of neuropsychiatric pathology and leveling with level of traditional regions occurs. Consequently, moving of population – is first of all migration of health on labor market. Siberia in this regard is situated in extraordinary non-benefit situation.

MENTAL HEALTH OF FOREIGN IMMIGRANTS' CHILDREN IN JAPAN

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Introduction:

In Japan, as foreign immigrants have been recently increasing, the numbers of the second generation in young age accompanied with their parents have also been rapidly growing. They are required to adapt to a new culture and a new language, and it must be hard to achieve. Their difficulty must be influenced by whether they can use the new language well or not, because it can help communication with friends and teachers.

Purpose:

We undertook this research to investigate mental state and stress of the second generation, and to examine influence of their daily-using language.

Methods:

The objects were students belonging to junior high schools in Kobe, whose parents settled in Japan after 1980. Participants were examined with a structured interview to determine their ability to use the Japanese language and the native language, socioeconomic status of family, socio-cultural adaptation of family and scholastic achievements. We evaluate the stress and the mental state of participants using Birleson Depression Self Rating Scale for Children (DSRSC), and Modified Health Checkups for High-School Students (MHC-H) used for checking stress and anxiety in the previous study.

Results:

46 students and their parents agreed and signed the consent of the investigation. We used the results of 40 participants who have fulfilled all the questionnaires. As a daily language, 19 participants used their native language (Group N) and 21 used Japanese (Group J).

The mean score of DSRSC was 10.9 ± 5.0 , and 22.5% of the participants showed higher scores than the cut off points of 16. These results were almost the same with those of the Japanese students. There was no significant difference between groups.

The mean total score of MHC-H was 12.8 ± 7.1 . That was as same as that of Japanese students, but the items on which participants said 'yes' were different between Japanese and foreigners. Japanese had much concern on their study and grades, and foreigners cared about human relationship. There was no significant difference in total score between groups, but the items chosen were different. The number of students, who showed difficulty on their communication with teachers, was significantly larger in Group N.

Conclusions:

The second generation of immigrants showed the similar level of mental state with Japanese, but its difficulty had different characteristics. What language they daily used also seemed to have influence on their mental state, so we should take that aspect into consideration when we support them.

PSYCHIATRIC MORBIDITY AMONG IMMIGRANTS IN SINGAPORE: A RETROSPECTIVE REVIEW

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Background

Singapore, a “multicultural kaleidoscope”, has emerged one of Asia’s most cosmopolitan cities, with the major ethnic groups of Chinese, Malays, Indians, Peranakans and Eurasians calling it home. Since the year 1990 there has been a surge in development in the region leading to an increase in the immigrant population, who constitute about 30% of the population. Migration itself brings about some amount of stress and is likely to have an impact on the mental health. Those of them who develop a mental health issue may be seen at the psychiatric services at any of the general hospitals, but a majority of them are referred for management at the Institute of Mental Health (IMH). IMH is a 2,000-bedded tertiary psychiatric hospital offering a comprehensive range of psychiatric services to clients of all age groups in Singapore.

Aims and objectives

To study the psychiatric morbidity and socio demographic variables among immigrants attending Emergency Services at IMH

Method

We will be reviewing the demographic data, psychiatric diagnoses and other variables of immigrant patients who have attended the Emergency Room between January 2011 and December 2012 (2 year period) at IMH Singapore.

Results

The study is still ongoing. Preliminary pilot data suggest certain specific diagnosis categories such as Adjustment Disorder, Depressive episodes and Acute and Transient Psychotic Disorders. Results will be discussed in detail during the conference.

Conclusions

This ongoing study focuses on the challenges in assessment such as language and socio cultural barriers and management of such patients in a socio cultural perspective. There remains a palpable dearth in securing the background history of the patient and lack of available collateral information from the nearest relatives. Most of them were brought by police or on a mental health act section which poses further challenges in management. Those who presented with psychotic episodes have an acute onset and more florid symptoms as compared to the local population.

NEGLECTED RESEARCH OF PSYCHOSIS IN IMMIGRANTS: A CRITICAL REVIEW OF THE SPANISH LITERATURE.

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Educational Objectives: At the conclusion of this presentation, participants will 1) appreciate the current state of research on the relation between psychosis and immigrants to Spain; 2) understand why the Spanish psychiatric literature is relatively undeveloped in this field; and 3) learn what next steps are needed to clarify rates and outcome of psychosis in Spanish immigrant populations.

Purpose: This study will assess the state of the Spanish literature with respect to psychosis and migration to better understand why the field has been neglected and to clarify the attitudes of Spanish psychiatry toward this topic.

Methods: A computerized search strategy was applied to identify relevant articles published before September 2012 with database-specific medical and social key words. The following topics were reviewed in the retrieved literature: characteristics and quality of the studies, attitudes of researchers regarding the study population, and clinical and epidemiological characteristics of psychosis in immigrants to Spain.

Results: 13 articles were found that touched on the topic of psychosis in immigrants to Spain. One article was a case-series, three were opinion articles and nine were observational retrospective studies, but none of the identified studies specifically addressed rates or outcomes of psychosis in immigrants. All articles were published after 2001. Key concepts, such as definition of immigrant or classification according to place of origin, were heterogeneous and non-standardized. Well-known international findings, such as high rates of psychosis in immigrant populations, were mentioned in only half of the articles. Furthermore, subjective and non-rigorous attributes to the migration-process and to immigrants were found in most of the publications. Articles assessing clinical features and management agreed on higher severity of the disease and elevated rate of mystic-religious delusions in immigrants compared to the native born. Coercive measures, such as higher rates of hospitalization and more use of mechanical restrains, were reported in some of the studies.

Conclusions: Though Spain has one of the highest rates of immigration in Europe, the Spanish psychiatric literature shows a clear lack of publications regarding psychosis in immigrants. Neither incidence nor treatment outcome studies of psychosis in immigrants to Spain have been carried out to date. Furthermore, we found a lack of standardized concepts critically relevant for enabling comparison and contextualization within individual publications and with the international literature. Moreover, the lack of standardized assessment of immigrants to Spain could lead to misdiagnosis of psychosis in vulnerable populations and an overestimation of rates of psychosis in these populations.

LANGUAGE-PROFICIENCY AMONG HOSPITALIZED IMMIGRANT PSYCHIATRIC PATIENTS IN ITALY

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Purpose: Lack of cultural adaptation may risk or worsen mental illness among immigrants, and interfere with assessment and treatment. Although language-proficiency (LP) seems essential for access to foreign environments, research available is very limited, encouraging this preliminary study of its relationships to demographic and clinical factors.

Methods: We reviewed clinical records of all immigrant psychiatric patients hospitalized at the University of Foggia in 2004–2009 (N=85), and tested prevalence of factors-of-interest between patients considered to have adequate versus inadequate (needing an interpreter) Italian-language proficiency (LP).

Results: Immigrant inpatients (44 men, 41 women; 35.7±10.0 years-old) represented 3.62±0.94% of all hospitalizations. Most had emigrated from other European countries (60.0%). Many were diagnosed with DSM-IV unspecified psychosis (40.0%) or adjustment disorder (18.8%), and 45.9% involved first-lifetime episodes. Average Italian-language-proficiency (LP; comprehension and spoken) was considered good-moderate in 62.4%, low-inadequate in 37.6%. In multivariate modeling, *adequate-LP* was more prevalent among women than men, and associated with an EU country-of-origin, taking more psychotropic drugs at hospitalization, having entered Italy legally, and weakly with being employed.

Conclusion: The findings support an expected importance of LP among immigrant psychiatric inpatients, and encourage language-assessment and training as part of comprehensive support of such patients, especially men.

IMMIGRATION AND LANGUAGE BARRIER IN A COMMUNITY MENTAL HEALTH CENTER.

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Objectives:

The objective of this study is to analyze the differences in demographic and clinical profiles of the immigrant patients who come to the Community Mental Health Center in order to compare the results based on the presence or absence of language barrier.

Methods:

A total of 59 patients visited in the Community Mental Health Center "Martí i Julià" in Santa Coloma de Gramenet, Barcelona, between June and December 2012 were included. Evaluated assessments included sociodemographic and clinical variables. Data were retrospectively collected for an observational study, in order to evaluate the differences between the variables in terms of presence or not of language barrier.

Results:

Of a total sample of 59 immigrant patients, the mean age was 33.8 years, with a frequency of 52.5% of men. The 69.5% of patients did not have family support, having required a social work intervention in a 61% of the patients, independently of the place of origin. Demographic variables are described in Table 1. Table 2 describes the frequency depending on the origin of immigrants, being the most frequent group from Maghreb (47.5%) or South America (33.9%). In Table 3 are described the frequencies according to primary diagnosis, the most frequent were psychotic (47.45%) and affective (27.11%) disorder. In relation of treatment, 76.27% of the patients received antipsychotic, 13.55% of them required three or more antipsychotics, and 13.55% were with long-acting antipsychotic. We analyzed whether there was a relationship between these variables and the presence of language barrier, and the results were not significant ($p > 0.05$). We analyzed the antecedent of agitation and we did not find a significant relation depending on the presence of language barrier.

Conclusions:

The profile of the immigrant patient recently treated at the Community Mental Health Center of Santa Coloma is a young man without family support and social problems, which the most frequent is from North African origin. There were no significant differences in clinical or therapeutic profiles depending on the origin of the patient, we did not find either differences when the variable agitation or the use of as many antipsychotics were analyzed, in relation to the existence or not of language barrier.

In our sample, the language barrier would not be a determining factor in the immigrant patient with mental health problems management.

21st World Congress of Social Psychiatry - 2013
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Lisbon, Portugal

Topic

7

Suicide and its prevention

Posters Session

EMOTIONAL IMPACT OF THE SUICIDE OF A PATIENT IN THE STAFF OF A MENTAL HEALTH PRIVATE CLINIC IN CHILE

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Introduction: Multiple studies have shown that the suicide of a psychiatric patient can produce high emotional impact on the mental health staff – which normally has high levels of baseline burnout and psychopathology. This reality has not been studied in Chile.

Purpose: To measure the emotional impact of the suicide of an inpatient in the mental health staff of private psychiatric clinic in Chile.

Methods: Two months after the suicide of a patient in a psychiatric inpatient ward all the service members were invited to anonymously answer the questionnaires PCL-S, BDI and MBI of posttraumatic stress symptoms, depression and burnout, respectively. Frequencies were calculated for probable PTSD, probable major depression disorder and burnout. We sought independent occupational risk factors using multiple linear regression analysis.

Results: Over 80% of staff participated. 14.63% had probable PTSD, 21.95% probable major depression, 24.39% higher levels of emotional exhaustion, 14.63% high levels of depersonalisation and 19.51% low levels of personal accomplishment. The group of people who works inward, in permanent contact with the patients (university nurses, paramedical and support assistants) had PTSD scores and emotional exhaustion significantly higher than the group consisting of psychiatrists, psychiatry residents, psychologists and occupational therapists, who usually are located outward ($p < 0.008$).

Conclusions: With these results we conclude that the suicide of a hospitalized patient could produce almost 15% of possible PTSD, equivalent to the emotional impact of any other traumatic events. The people in permanent contact with the patient have a significantly higher risk for PTSD. The project achieved its objective by measuring the impact of suicide and creates new knowledge about the risk factors that can lead to PTSD, mayor depressive disorder and burnout. Knowing these facts is essential to arise awareness in which both professional schools and health organizations incorporate this reality into their agendas, in order to prevent, mitigate and respond better to this phenomenon.

Educational Objectives: At the conclusion of this presentation, the participants should be able to see the suicide of a patient as a complex situation. This phenomenon can be a cause of PTSD in mental health teams, whom are usually under high basal stress.

FOSTERING RESILIENCE AS A PROTECTIVE FACTOR IN A COLLEGE SUICIDE PREVENTION PROGRAM

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Educational Objectives: At the end of this presentation, the participants should be able to describe Western Michigan University's resilience building workshop that emphasized a strength-based approach to foster resilience within a college campus environment. Resilience is an important protective factor in buffering individuals from mental health difficulties and suicidal behaviors.

Purpose: The dual purpose of the Resilience Building Workshop was (1) to increase resilience within Western Michigan University's campus constituency and (2) to increase knowledge about resiliency and its function as a protective factor against suicidal behaviors.

Methods: The 2-hour long workshop incorporated multiple educational approaches including a PowerPoint presentation, one video demonstration of resilience, psychoeducation, group discussion, and edutainment (poetry reading). The workshop opened with the definition of resilience, a review of assumptions regarding resilience, and psychoeducation about the impact of resiliency. Next, participants identified protective factors associated with resilience and participated in an activity depicting a physical representation of resiliency. Then, a short video clip of Martin Luther King Jr's (MLK) resilience was presented followed by comments by audiences. The participants were then divided into six groups to identify and discuss factors increasing or impeding regarding resilience. Groups recorded their responses on paper and presented the information to the larger group. Finally, a poetry reading about personal struggle and resilience was performed. Evaluation forms assessing the effectiveness of resilience building workshop were administered.

Results: Following the workshop, the majority of participants agreed that they had a greater understanding of concept of resilience and could identify strategies to increase resilience. Results also indicated that the participants might use information learned at the workshop to increase their resilience, with the majority endorsing "I plan to apply what I learned in this workshop to my own life."

Conclusions: Analysis of the results appears to indicate that a brief psychoeducational and experiential workshop met its goals and increased participants' understanding of resilience. Exposure to the program content may also help those exposed to increase their personal resilience. Further study is needed to determine the relationship between the participants' intention to use program content to increase personal resilience and actual change in their behaviour. This potential finding could have important implications for increasing resilience and eventually decreasing suicidal behaviour among college students. We suggest further research be done to identify if any lasting effects or changes came about from the workshop.

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PERSONALITY CORRELATES IN SUICIDE ATTEMPTERS IN INDIA

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Introduction

The increasing instance of attempted and completed suicide the world over is a cause for concern and a better insight into this phenomenon would hopefully further efforts to foster preventive intervention. Clearly, it is a major mental and public health problem worldwide, not only in the western developed world, but also in India, China and Taiwan (Yuan 2003). The literature on the issue implicates factors such as interpersonal stressors at home or the work spot, substance abuse, terminal illness, economic factors, inability to cope with daily life stressors and specific traumatic life events as being causative factors in suicide. In a comprehensive review of the literature, Brezo et al. (2006) identified hopelessness, neuroticism, and extroversion as important personality variables in relation to risk screening for suicidal behaviors.

Objectives

This study attempts to investigate a few pre-determined personality correlates such as self-esteem, neuroticism and pessimism in suicide attempters. It also examines the relationship among these variables.

Methods

Fifty consecutive respondents were enlisted for this investigation from the Neuro-Psychiatric Center, Tiruchirapalli following a failed suicidal attempt. They were administered the Neuroticism Scale Questionnaire (Schier and Cattell, 1961), the Hopelessness Scale (Beck et al., 1974) and Mac. Kinnon's Self-esteem Index (1981). The presumptive Life Events Scale (Singh et al., 1984) and Suicide Intent Scale (Beck, 1974) were also administered.

Results

Data analysis revealed that the majority of respondents manifested low self-esteem and high degrees of pessimism and neuroticism. They also reported more stressful life events. However an overwhelming majority showed 'low' suicide intent on the Beck's scale. t tests based on their gender did not obtain any statistically significant differences. Similarly no significant differences were seen in terms of their marital status (single/married) on all subject dimensions except for self-esteem and depression scores with those married obtaining higher mean scores on these two dimensions. Correlational analysis of the data showed a significant positive correlation between the stressful life events experienced and the depression and pessimism scores. Self-esteem correlated negatively with anxiety and neuroticism related positively with pessimism. Further the suicide intent scores also showed a significant positive correlation with the 'tender-mindedness' component of the NSQ.

Conclusion

The personality profile of suicide attempters shows that they have low self-esteem and high levels of neuroticism and pessimism. They also experience more stressful life events and the majority have 'low' suicide intent. These findings have implications for intervention and point to issues that need to be addressed.

THE ADOLESCENT DEPRESSION SCALE: DEVELOPMENT OF A NEW ONLINE SCREENING INSTRUMENT

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Participants in this presentation will gain some new insight into the issues that face adolescents, particularly in relation to depression. Participants will also find out about a new instrument to screen for depression in schools, the Adolescent Depression Scale (ADS).

The purpose of the current study was to develop and validate a multidimensional measure of depression, the ADS; an online questionnaire designed to screen for depression in adolescents.

Four focus groups were conducted with teenagers and professionals in an attempt to contribute to better understanding, treatment, and potential prevention of incidences of teenage depression. These results, along with a literature review, formed the basis of item writing for the questionnaire. Details of the preliminary stages of development of the ADS will be provided, including results of pilot sample review (N=40) of the initial 256 items drafted for the ADS, as well as results of an expert panel review (N=10) of these items. Finally, preliminary results of the evaluation of the 97 item ADS using a sample of 3,316 secondary school students (1003 males, 2313 females) aged between 12 and 20 years (M=15.67, SD=1.55), will be provided. Eighteen schools around Australia were involved, including schools in Sydney, rural New South Wales, Melbourne, Hobart, Adelaide, Darwin, and Alice Springs over approximately four months.

Although including a number of well-recognized depression symptoms, a number of major themes not previously reported in the literature emerged from the focus groups, including the observation that clothing choice, music choice, and time spent online were significantly impacted by the experience of depression in an adolescent cohort. After data analyses were carried out on the survey data, four reliable factors comparable to those identified in previous research were obtained from an obliquely rotated factor extraction, resulting in a final 28 item instrument, illustrating construct validity.

The results of this research have revealed that the ADS is suitable for use within high schools with further validation. Thus in this regard the project aims were met. Participants highlighted a number of difficulties in identifying adolescent depression, which included the paradoxical and masking behaviors that some teenagers engage in to conceal symptoms, and general lack of knowledge that adolescents have regarding depression and ways to obtain assistance. The findings of this research illustrate that outcomes of adolescent depression may be improved by providing better education about depression, and more generally to work on reducing the negative stigma attached to depression.

SUICIDALITY IN THE SERBIAN POPULATION – SEVEN YEARS AFTER MAJOR TRAUMA

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Educational Objectives: Suicidal ideation and suicide attempts are important indicators of extreme emotional distress.

Purpose: The aim of this study was to assess the suicide rate in a general population and estimate potential sociodemographic risk factors, some years after traumatic experiences to which the whole population was exposed to.

Methods: The sample consisted of 640 subjects chosen by random walk technique in five regions of the country. Assessment has been carried out by the MINI-5 and Sociodemographic questionnaire.

Results: Our findings have shown that suicide rate was 13% in general population. High level had 2.5% of sample, medium level had 1.4% and low level 9% of sample. Older age, low education level and low monthly income were associated with suicidality. Also, people with children under the age of 18, had higher suicidality.

Conclusions: Our results showed high level of suicidality in the general population as well as the impact of some demographic of risk factors. These findings could be helpful in identifying those who need more intense treatment strategies in order to prevent suicidality and eventually suicide.

SUICIDE ATTEMPTS PRIOR TO FATAL DRUG OVERDOSE IN LUXEMBOURG FROM 1994 TO 2011

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Educational Objectives: This study may help participants to recognize factors influencing suicidal behavior that should be assessed or monitored in the context of substance use.

Purpose: To assess the prevalence of lifetime suicide attempts in opiate and cocaine related Fatal OverDose (FOD) cases. To analyze associations between suicide attempts and socio-demographic, life and substance use profiles of FOD victims in Luxembourg from 1994 to 2011.

Methods: A triangulation approach allowed to cross-examining data from national law enforcement sources, the national drug use surveillance system (RELIS) and of forensic and toxicological evidence. Bivariate statistical analysis was performed by means of Chi-square χ^2 tests as well as logistic regression analysis of the association between suicide attempts and selected variables.

Results: Prior to death, 16.8% of FOD victims reported a single suicide attempt, 37% multiple attempts and 46.2% declared none. No associations were found between suicide attempts and the following variables: sex, age, nationality, penal past (including prison stays), educational, occupational status and income of victims, occupational status of parents and detection of psychotropic prescription drugs in post mortem toxicological analysis. After adjustment for sex and age, FOD victims who showed one or more lifetime suicide attempts were more likely to have experienced non-fatal overdoses [AOR = 5.755 (95% CI 1.633 – 20.278), and (licit or illicit) substance abuse of one or both parents [AOR = 2.859 (95% CI 1.250 – 6.539), $p=0.013$]. The greater likelihood of unmarried FOD victims to witness suicide attempts ($\chi^2:4.573$; $p=0.032$), compared with married decedents, was no longer observed after sex-age adjustment.

Conclusion: Suicide attempts are frequent in fatal drug overdose victims and a strong association has been observed between the former and the frequency of non-fatal overdoses experienced by decedents included in our sample. Family contexts may be at stake when it comes to explain the likelihood of suicide attempts in victims of fatal drug overdose. The fact that substance abuse in parents was positively linked to suicide attempts in FOD victims suggest that increased attention should be paid to family histories in the prevention of drug overdoses and suicide, and the link between both. Our findings could inspire further research, building upon bigger study samples and prospective cohort designs, allowing to collecting more in-depth data on the social and family support experienced by FOD victims.

ATTITUDES TOWARDS SUICIDE AMONG MASTER'S DEGREE STUDENTS: A CROSS-CULTURAL COMPARISON BETWEEN CHINA AND FINLAND

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Attitudes towards suicide among Master's degree students in Chang Sha (China) and Helsinki (Finland) were compared in order to explore possible cross-cultural differences. The sample included 206 Master's degree students, 101 Chinese and 105 Finnish. Data were collected using the 30-item Multi-Attitudes Suicide Tendency Scale (MAST) and a demographic information form. According to the results, both Chinese and Finnish students held positive attitudes towards life, they held contradictory attitudes towards suicide, with Finnish students having more permissive and liberal attitudes towards suicide than their Chinese counterparts. In addition, three socio-demographic characteristics, namely religion, family structure, and economic status, associated with attitudes towards suicide among the Chinese Master's degree students; meanwhile, all socio-demographic characteristics, including gender, religion, major subject, family structure, economic status, and received social support related to attitudes towards suicide among the Finnish Master's degree students. However, after examining the interaction effect between socio-demographics and cultural backgrounds on attitudes towards suicide, the attitudes of Chinese students were more related to gender, marital status, family economic status, and received social support, whereas Finnish students were more influenced by religion. These findings suggest that culture plays an important role in shaping country-specific differences in attitudes towards suicide and their association with socio-demographic characteristics. Understanding individual attitudes towards suicide could help in intervention to prevent the development of suicidal ideation and in providing appropriate psychological counselling to reduce mental problems. Therefore, these cross-cultural differences may provide indications on how to conduct suicide prevention programs while considering culture-specific contexts.

CONTRIBUTIONS OF CHILDHOOD MALTREATMENT, COGNITIVE EMOTIONAL REGULATION, AND PSYCHIATRIC SYMPTOMS FOR SUICIDAL IDEATION AMONG OUTPATIENTS WITH DEPRESSION AND ANXIETY DISORDERS

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Educational objectives: Suicidal ideation is an important precursor to later attempted suicide. Based on earlier data regarding the risk factors for suicide, childhood maltreatment, cognitive emotional regulation strategies, and psychiatric symptoms have been suggested. In clinical setting of patients with depression and anxiety disorder, identifying specific predictive factor for suicide ideation will be useful and potentially preventive.

Purpose: We investigated the predictability of childhood maltreatment, cognitive emotional regulation strategies, and psychiatric symptoms for suicide ideation.

Methods: A total of 256 outpatients with nonpsychotic depression and anxiety disorders completed questionnaires comprising the Childhood Trauma Questionnaire, Cognitive Emotional Regulation Questionnaire, Beck Depression Inventory, Spielberger's State Trait Anxiety Inventory, and Alcohol Use Disorder Identification Test. Suicidal ideation by BDI item 9 and patients were grouped into two categories of no or mild suicidal ideation (0-1) and moderate to severe suicidal ideation (2-3). After univariate analyses between groups with different levels of suicide ideation, hierarchical logistic regression analysis was performed to find significant predictors of each categories.

Results: In the hierarchical logistic regression model after controlling for age and marital status, emotional neglect, sexual abuse, catastrophizing, and depression severity were included. In the final model, emotional neglect during childhood and depression severity were significantly predicted moderate to severe suicidal ideation.

Conclusion: Emotional neglect and severe depressive symptoms independently predicted moderate to severe suicidal ideation. These factors might be considered in risk assessment of suicide and prevention in outpatients with depression and anxiety disorders.

Key Words: suicide ideation, childhood trauma, cognitive emotional regulation strategies, depression

참고 table

Table 3

Hierarchical Logistic Regression of Girls' Recent (Past 30-Day) Alcohol Use

	OR	95% CI	B	SE	$\Delta -2 \log$ likelihood	$\Delta\chi^2$
Intercept			-1.07	1.31		
Block 1: Background variables					746.75	$\chi^2(2, N = 1187) = 26.31^{**}$
Age	1.08	0.85-1.37	0.77	.12		
Academic grades	0.97	0.75-1.25	-0.03	.13		
Block 2: Psychological variables					672.16	$\chi^2(3, N = 1187) = 74.60^{**}$
Depression	1.56	1.10-2.22	0.42*	.18		
Body esteem	0.92	0.72-1.16	-0.09	.12		
Self-efficacy	0.50	0.35-0.72	-0.69**	.19		
Block 3: Peer use					625.82	$\chi^2(1, N = 1187) = 46.34^{**}$
Perceived peer alcohol use	1.60	1.38-1.86	0.47**	.08		
Block 4: Family variables					588.98	$\chi^2(5, N = 1187) = 36.84^{**}$
Maternal drinking						
No	ref					
Yes	2.84	1.82-4.43	1.02**	.23		
Parental monitoring	0.85	0.64-1.13	-0.16	.15		
Family rules against alcohol use	0.94	0.84-1.04	-0.06	.05		
Parental involvement	0.94	0.85-1.04	-0.06	.05		
Mother-daughter communication	0.96	0.77-1.33	-0.05	.08		

Note. Values are taken from the final block (fourth) of the analyses, where OR denotes the odds ratio and CI denotes confidence interval. The final model was significant, $\chi^2(11, N = 1187) = 184.08, p < .0001$, and the Hosmer and Lemeshow test (Hosmer & Lemeshow, 2000) result was nonsignificant, $\chi^2(8, N = 1187) = 7.10, p = .53$, indicating the fit of the observed frequencies of cases in the categories compared with those expected based on the logistic regression.

* $p < .05$. ** $p < .0001$.

THE ASSOCIATED FACTORS OF DIFFERENT TYPE OF INVOLVEMENT IN SCHOOL VIOLENCE AND SUICIDE IDEATION AMONG SENIOR HIGH SCHOOL STUDENTS

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Educational Objectives: 1. To identify the associated factors of different pattern of involvement of school violence and suicide ideation. 2. To recognize the fundamental elements of effective bully prevention program.

Purpose: The purposes of this study were to describe the distribution of different types of involvement in school violence, to examine the associated factors of different types of involvement in school violence, to determine the predictive factors of suicide ideation among senior high school students in Taiwan.

Methods: The survey was conducted using school-based and employed a two-stage cluster sampling design in 2011. A Chinese version of Student School Survey instrument with Cronbach's α ranged from 0.78 to 0.96 was used to measure the involvement of bully, moral approval of bullying, perceptions of peer social support, self-esteem, school climate, and suicide ideation. A total of 726 senior high school students completed the self-administered anonymous questionnaire with a response rate of 95.7%.

Results: The prevalence of bully perpetration, bully victimization, bully-victim, and bystander among senior high school students were 42%, 15%, 11%, and 44% respectively. The verbal bullying was the most common type of school violence, followed by physical, and then by internet bullying. Senior high school students with the experience of ever bully other students had significantly lower perceptions of peer social support, self-esteem, school climate, and higher scores of suicide ideation than students who never bully other students. Perceptions of peer social support, self-esteem, school climate, and suicide ideation were also significantly associated with being a bully victim or bully bystander. Compared with those who never bully other students, bully perpetrators had significantly higher moral approval of bullying. Moral approval of bully was not significantly associated with bully victimization and bystander. Gender and grade were not associated with the involvement of school violence. Less perception of school climate, peer social support, self-esteem, and being a victim, less willing to report a school bully event were significantly associated with higher score of suicide ideation using stepwise multiple regression ($r^2 = 0.53$).

Conclusions: To prevent school violence and suicide ideation, an intervention should be designed and implemented from a comprehensive approach that includes strategies to empower peer social support, to enhance self-esteem and moral disapproval of bully through an anti-bully campus climate.

A STUDY OF LOCUS OF CONTROL, PERCEIVED PREVENTIVE LOCUS, SUICIDAL CHARACTERISTICS AND THEIR RELATIONSHIP IN ATTEMPTED SUICIDE IN SOUTH INDIA.

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Educational Objectives: To find out: 1) The demographic characteristics and characteristics of suicidality in attempted suicide. 2) Locus of control, perceived locus of prevention. 3) Relationship of locus of control, perceived preventive locus with suicidal characteristics.

Purpose: To study the relationship of locus of control, perceived preventive locus and suicidal characteristics in attempted suicide.

Methods: In this hospital based cross sectional study 109 consecutive subjects admitted for suicidal attempt in hospital and those that were stable were recruited after obtaining informed consent by purposive sampling method from January 2011 to December 2012. Inclusion criteria were both male and female, suicidal attempt within 15 days of assessment, age more than 14 years. Subjects were excluded if they had any severe or terminal physical illness, inability to recall details of suicidal attempt, presence of psychotic symptoms. Subject who met the study criteria were assessed using socio-demographic and clinical proforma designed for the study, questionnaire for suicide specific behaviour, pierce suicide intent scale. Group difference for categorical variables were examined with the chi-square test, whereas an independent 't' test was used for continuous variables.

Results: For the sample media was common source of suicide information about months to years back, brief period of decision to attempt and preoccupation. At the time of attempt they tend to be sad with poor emotional control, tensed, choose a method that was available and did not have much concern for anything. Eighty one percent have internal locus of control at varying degree and 28 % have external locus of control for their attempt. Seventy six percent of suicide attempters felt to have preventive locus of their attempt and 16% did not. Locus of control has statistically significant correlation with perceived preventive locus, distractive thought during attempt while perceived preventive locus has significant correlation with duration of decision to attempt, activity that may have helped, emotional control during attempt and locus of control.

Conclusions: Locus of control, perceived preventive locus and suicidal characteristics in attempted suicide appears to be interrelated. It may have therapeutic and preventive implication which needs to be explored.

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ANALYSIS OF CURRENT SUICIDAL ACTIVITY IN UKRAINE

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Educational Objectives: Suicidality is one of the main death reasons all over the world. Suicidality is the important social problem. The suicidal activity is one of the criteria of quality of life and important component of social, economic and political status of society. Ukraine has the highest suicidal rate. There are also "hidden" suicides, which include other causes of death in life. Known, that the cause of most so-called "death from accidents" (drugs overdose, road accidents, falling from height etc.) is actually a suicide.

Purpose: So, it's very important to verify real cause of accidents death for further suicide prevention.

Methods: We analyzed the suicide average value in Ukraine last 15 years and regional pattern distribution of mortality from external causes at home in 2011

Results: The highest rate of suicides in Ukraine was in 1996-2000 (30 cases per 100 000 population). Since 2000 the suicidal level in Ukraine decreased. Over the last decade this number declined by 50%. In 2009 compared to 2008 the number of suicides increased by 2,7% (259 cases) to 9717 cases (+ 5%) in Ukraine. In 2010, the number of suicides dropped to 9500 cases. Average suicide rate in Ukraine in 2011 was 21,7% of total deaths from causes at home, in the first half of 2012 suicide attempts increased to 23%. Suicide rates in urban areas in 2011 was 55,3%. However, in rural areas suicide rate was 1.7 times higher per 100 000 population in 2011 compare to the first half of 2012. The highest mortality rate from suicides recorded in the industrial regions of the Eastern Ukraine and in areas affected by the Chernobyl accident. In 2011 8952 cases (19,6 per 100 000 population) in Ukraine committed suicide, but this figure must be added as a certain percentage of people who died as a result of road accidents (5791 cases), accidental alcohol poisoning (3882 cases) and other substances (2070 cases), drowning (2597 cases) and fire (1759 cases). For example, mortality from acute poisoning in Ukraine is 66,5% of the total level of suicides. Confirmed acute ethanol poisoning (mostly with vodka) were 65,2%. A large proportion of deaths from poisoning in Ukraine are hidden suicide, as evidenced by their typical distribution.

Conclusions: Such a redistribution of the relative number of suicides among the causes of mortality from external causes in everyday life confirms the need for more detailed analysis of mortality from accidents and the need to create programs psychological and psychiatric support people receiving medical care after an accident.

PATHWAY ANALYSIS OF RISK FACTORS FOR SUICIDE IDEATION IN THE ELDERLY: A COMMUNITY-BASED SURVEY IN SOUTH KOREA

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Educational Objectives:

Among the various risk factors associated with suicide in elderly population, depression is most direct and important risk factors related with suicide. Early detection and intervention regarding clinical depression would be the focus of the geriatric suicide prevention program.

Purpose The objective of this study is to identify the risk factors associated with suicide ideation among the geriatric population in South Korea.

Methods:

In our study, 684 subjects over the age of 65 were enrolled. Socio-demographic data, alcohol problems, insomnia, depression, psychological well-being, social relationships, and physical illnesses were taken into account. The Korean version of the Beck Scale for Suicide Ideation was applied to evaluate suicide risk. Correlation analysis and hierarchical multiple regression analysis were performed to identify factors associated with the K-BSI. The results from these studies were tested using a pathway analysis.

Results:

Depression was positively correlated with suicide ideation, while economic status, psychological well-being, and social relationships were negatively correlated with suicide ideation. Depression and psychological well-being had the largest direct impact, while economic status and social relationships had indirect impacts on suicide ideation.

Conclusions:

Depression was found to be the most important risk factor associated with suicide ideation among the elderly population. Other direct and indirect risk factors were shown to play secondary roles. Effective suicide prevention strategies should focus on early detection and active intervention for depression. Other socio-economic programmes would also have an indirect impact on suicide rates among the geriatric population.

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SUICIDAL BEHAVIOR AMONG HOMELESS PEOPLE IN JAPAN

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Educational Objectives: High suicide rate, long economic recession, high social trust, and low homeless population are thought to be the characteristics of contemporary Japanese society. At the conclusion of this presentation, the participants should be able to understand the present condition of the homeless people in Japan and understand the challenge of our society.

Purpose: To investigate frequency and correlates of suicidal behavior among homeless people in Japan.

Methods: A face-to-face survey was conducted in two districts of Tokyo, Japan, with 423 subjects who resided on streets and riversides and in urban parks and stations (street homeless) or who were residents of shelters, cheap hotels, or welfare homes for homeless people (sheltered homeless).

Results: When questioned about suicidal ideation in the previous two weeks, 51 subjects (12.2% of valid responses) had a recurring wish to die, 29 (6.9%) had frequent thoughts of suicide, and 22 (5.3%) had made suicide plans. In addition, 11 (2.9%) subjects had attempted suicide in the previous two weeks and 74 (17.7%) reported that they had ever attempted suicide. In univariate logistic regression analyses, street homelessness, lack of perceived emotional social support, poor subjective health perception, visual impairment, pain, insomnia, poor mental well-being, and current depression were significantly associated with recurrent thoughts of suicide in the previous two weeks. Among these, current depression had the greatest significance. In multivariate logistic regression analyses after controlling for depression, street homelessness and lack of perceived emotional social support were significantly associated with recurrent thoughts of suicide in the previous two weeks.

Conclusion: Comprehensive interventions including housing and social support as well as mental health services might be crucial as effective strategies for suicide prevention among homeless people.

SUICIDE IN JAPAN: REVIEW OF PREVENTATIVE EFFORTS OVER THE PAST 15 YEARS.

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Educational Objectives: The annual total of completed suicides dropped to below 30,000 for the first time in 15 years in Japan. Statistical information and administrative efforts will be presented in order to help the participants contextualize suicide in a given culture and identify ways to prevent suicide effectively.

Purpose: We aim to critically discuss and present the effectiveness of efforts that have been made in Japan over the past decade for suicide prevention, in light of complex social and economic factors.

Methods: The history of suicide in Japan is reviewed comprehensively. Statistical information is to be taken primarily from the National Police Agency, and preventative measures are to be reviewed with focus on the Basic Act on Suicide Prevention, which went into 2006, and the Emergency Fund for Reinforcing Local Suicide Prevention, which was started in 2008 to provide funding for local initiatives. A case of a district in the Tokyo metropolitan area is to be presented as an example that mobilized the resources from the aforementioned fund in conjunction with contribution by a non-profit organization and the local municipal office. Relevant epidemiological data that have been published only domestically are also to be presented.

Results: The initiatives taken so far to address the high rate of suicide in Japan seem to have gained momentum in 2012, given the consistently fewer cases of completed suicide in each month in comparison to the previous years. However, epidemiological data indicate that factors other than the administrative efforts may have contributed to the observed decline of the suicide rate, especially the change in the constituents in terms of age.

Conclusions:

- The initiatives for suicide prevention appear to have succeeded in lowering the suicide rate, but the scope of their contribution is unknown and needs to be carefully reviewed.
- Local efforts that have been attempted to address the issue of suicide need to be reviewed and evaluated individually, in order to inform future initiatives to be taken to address the needs of the constantly changing society.

SUICIDAL ATTEMPTS: A DESCRIPTIVE STUDY IN AN EMERGENCY ROOM OF A GENERAL HOSPITAL

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Introduction: Suicide behavior is a very common cause of urgent psychiatric assistance. In Spain it is estimated that the suicide rate is 12/100.000 inhabitants / year, but suicide attempts are 10-40 times more frequent and represent the most important individual predictor of consummated suicide.

Purpose: The aim of this study is to know the sociodemographic and clinical features associated with suicide attempts in a public general hospital with a reference population of more than 325 thousand people.

Methods: All the suicidal attempts at the Complejo Asistencial de León (CAULE) between July 2012 and December 2012 were revised. We registered the following variables: sex, age, place of residence, diagnosis and derivation after the psychiatric intervention. The statistical analysis was done with the SPSS 20.0 program. We registered also missed data.

Results: In six months 723 cases required psychiatric intervention in Emergency Room. 157 of this referred patients (21,7%) presented a suicidal attempt. Sex rate were 66 male (42,31%) and 90 female (57,69%) (N=156, 1 missed). Age ranging from 14 to 81 (mean 39,97 +/- 12,48) (N=143, 14 missed). 57 patients lived in urban area (city of León), 24 came from a suburban area and 54 from a rural area (N=135, 22 missed). The most common diagnostic group registered in suicide attempters were neurotic disorders (22,3%), followed for mental and behavioral disorder due to substance use (18,5%), personality disorders (16,6%), and affective disorders (7,0%) [N=157, in 46 cases (29,3%) were no diagnosis registered]. In most cases, patients were sent to ambulatory Mental Health consultation (70,7%), while the number of psychiatric hospitalizations after a suicide attempt was 27 (17,2%) (N=155, 2 missed).

Conclusions: The profile of a patient that has committed a suicide attempt in the CAULE was a women around 40 years old that lives in León city and has a diagnosis of the neurotic disorders group (mainly adaptative disorders) or no diagnosis registered and that is sent to an ambulatory Mental Health consultation after a brief psychiatric intervention in the Emergency Room.

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SUICIDE AMONG ETHIOPIAN IMMIGRANTS IN ISRAEL

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Objectives: a) to assess suicide rates among Ethiopian immigrants (EI) to Israel; b) to compare these rates to those among other immigrants to Israel (those from the Former Soviet Union - FSUI) and among Israeli-born Jews (IB); c) to describe suicide methods among EI; d) to explore reasons for the occurrence of suicide among EI and possible prevention strategies.

Methods: Data from the Ministry of Health (1985-2010) were analyzed in order to document the prevalence rates of suicide (5-year running average) among the three study groups. Sixty six key EI informants were interviewed about possible reasons for suicide and its prevention.

Results: a) In all population groups and at all ages, suicide was more frequent among males; b) suicides among EI decreased between 1997 and 2001, increased between 2002 and 2006, and decreased again from 2007. There were no similar trends among the other groups, even though some decrease in suicide rates was also observed since 2006 among FSUI and IB ; c) during the 1990's the suicide rates were the highest among the older EI (age 45⁺), while afterwards the younger (age 15-24) were the most at risk; d) for the period 1997 and 2010, the suicide rates were the lowest among IB, slightly higher among FSUI and significantly higher among EI (e.g. in 2004-2008, 39.1//100,000 for EI compared to 11.6 for FSUI and 6.7 for IB); e) hanging was the most common suicide method among EI; f) key informants attributed EI suicides to the deterioration of men's status and loss of authority in conjugal relationships vs. their women's growing independence, the loss of parental authority, the declining influence of traditional mediators, the Ethiopian 'culture of silence' (avoiding disclosure of personal problems) and the difficulties of EI in using Israeli mental health services.

Conclusion: The lowest suicide rate observed among IB is probably due to the fact that immigration is a risk factor for mental disorders and suicide. The high suicide rate among EI as compared to other immigrants is certainly related to their socio-cultural disadvantage, but family and communal disorganization, seem to be also significant factors. Prevention strategies among Ethiopians should be culturally sensitive, taking into consideration the rapid social changes that have occurred following immigration.

INFLUENCE OF DEPRESSION AND OTHER SOCIAL-CULTURAL ASPECTS ON TOLERANCE TO SUICIDE

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Objectives

Over the last decades suicide has become a major reason of death and occurs in nearly all known human communities. It is obvious that there is an evident link between suicidal thoughts and mental illnesses such as depression. But there is less correlation between the severity of depression and suicidal act. A person's tolerance to suicide as a notion may influence suicidal thoughts and facilitate their turning into suicidal act. The frequency of depression in Georgia is the same as in other countries but suicide frequency is quite low. Because of this we are trying to find out whether any ethno-cultural and religious aspects have any influence on rarity of suicide in Georgia.

Methods

The questionnaire - "Legend for motives of suicide" consists of a brief explanatory introduction, a section on socio-demographic data and 46 closed questions on the conceivability of motives for suicide (with the alternative answers "not at all", "under certain conditions" and "yes"). Underlying motives for suicide may be: Guilt, shame/loss of honor, altruism, narcissistic mortification, revenge, impairment of physical integrity (illness, disfigurement, and torture), menace to economic existence, personal conflicts and religious reasons. We used the following structured questionnaires: For definition of suicide motives -Legend for motives of suicide; Beck Depression Inventory®-II (BDI®-II) was used to evaluate the depth of depression in depressive patients, as well as to screen depression in "healthy population". During of our study we examined 500 people of different religious faith, professions, age group, marital status, etc.

Results

According to our results, the severity of depression is not in direct correlation with the tolerance to suicide. As it was established, religious, cultural and other social aspects also have a very serious influence on suicidal act.

Conclusion

After initial examination of the results, it was ascertained that the orthodox religion and marriage reduce tolerance to suicidal act, which might explain the rarity of suicide in people from the aforementioned groups.

SUICIDE AMONG GRADUATE STUDENTS IN JAPAN

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Educational Objectives: The participants should be able to recognize suicide trends among graduate students in Japan.

Purpose: Our objective was to examine suicide trends among graduate students in Japanese national universities, 2002-2010.

Methods: Japanese National University Council of Health Administration Facilities have conducted annual surveys on deaths of graduate students in Japanese national universities since 2002. We extracted suicide cases for the period 2002-2010 (academic year) and examined demographic characteristics.

Results: There were 143 suicides among graduate students for the 9-year period, accounting for 40.3% of all deaths. The graduate student suicide rate for this period was 13.5 per 100,000 per year. Suicide rates among male graduate students showed an upward trend with a little fluctuation, up to 22.2 per 100,000 in 2009. The departments with the highest crude suicide rates were humanities and engineering, whereas engineering had the largest number of suicides. Large graduate schools with enrollments over 5,000 had a higher suicide rate compared to those with fewer than 5,000.

Conclusions: The suicide rate for graduate students in national universities was lower than the rates for the general Japanese population aged both 20 to 24 and 25 to 29 years during the same period. However, the rates have been on the increase, especially among male graduate students. Our results also showed that the occurrence of suicide varied among departments and school sizes. These data provide some directions for developing suicide prevention strategies.

BURNOUT AND SUICIDAL THOUGHTS AMONG MOROCCAN MEDICAL RESIDENTS

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Purpose:

The aim of this study is to assess the prevalence of burnout among Moroccan medical residents and its relation with suicidal thoughts.

Methods:

This investigation was conducted using an analytic-descriptive study among Moroccan medical residents.

They received an online self-report questionnaire. A general questionnaire on demographic and professional variables data was used. Burnout was measured with the MBI (Maslach Burnout Inventory), Anxiety and depression with HAD (Hospital Anxiety and Depression scale). They were asked about thoughts or plans of suicide and their frequency using the MINI (Mini International Neuropsychiatric Interview). They also were asked if they already used psychological help and if they thought that they need it.

Results:

Ongoing study.

Conclusions:

This study documents evidences of burn out syndrome in medical residents and its relationship with suicidal thoughts. Medical residents are most likely to suffer from burnout syndrome as a result of numerous stress factors. Knowledge about the relationship between burnout and suicidal thoughts among these young healthcare providers is important. Hence preventive strategies are required, based on an improvement of work organization and optimization of available mental care in these hospitals.

Educational Objectives:

Studies have shown that medical residents have a high risk for developing burnout. This study demonstrates the connection between burnout and suicidal thoughts among medical residents, thus making it necessary to draw up burnout prevention programs, promoting understanding and discussion.

MANAGEMENT OF SUICIDALITY IN GENERAL PRACTICE

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Purpose:

While everyday the media echo acts of suicide, suicide is still a taboo subject in Morocco. There is currently no national registry dedicated to identify the cases of suicide and no national policy on suicide prevention. Knowing that the general practice is the first front for the diagnosis and prevention of suicide, this study aims to assess whether GPs are confronted with this problem, their diagnostic and therapeutic conduct as well as their difficulties and their demand for training.

Method:

This is a qualitative descriptive study conducted with 50 GPs from all regions of Morocco.

Results:

Physician profiling: The study involved 50 doctors who work for the majority in health centers in the public sector in all regions of Morocco. 58% were women and 42% men. The average age of practitioners was 34.2. The average number of years in practice was 6.2. Suicidality of patients: Each month a GP sees on average 20.38 depressed patients. Within a month of consultation, each physician received on average 1.4 patients who had suicidal ideation and 0.45 patients who have attempted suicide. 15% of practitioners have learned of the suicide of one of their patients. Management: Only 32% of physicians seek systematically if their depressive patients are suicidal. No doctor uses specific test or scale to assess depression and suicide risk. 14% of doctors prescribe antidepressants to a suicidal patient, 93% refer the patient to a psychiatrist and 5% inform the authorities. Only 8% of physicians are trained to detect suicidal patients and 94% of them expressed the need for training and updating their knowledge.

Conclusion:

This study highlighted the frequency of suicidal patients who consult in general practice and the difficulties that GPs face in terms of support and training. It is time to consider the suicide as a public health problem in Morocco and establish a prevention policy.

STIGMATIZATION OF SUICIDE ATTEMPTER: AN ADDITIONNAL BURDEN

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the stigmatization of caregivers and take it into account during the project of prevention of the recurrence of suicidal behaviour.

Purpose: We aim to investigate the attitudes of members of the families of suicide attempters toward the latter and to compare their attitudes with families of non mentally ill relatives.

Methods: Participants were families of all suicide attempter who were hospitalized in the university hospital of Ibn Rushd during the period from March to May 2013. Controls were families of non mentally ill inpatients. They were asked to fill out questionnaires exploring the attitudes toward suicide attempters. These questionnaires used the validated arab version of the stigma-devaluation scale.

Results: will be presented and discussed in light of the literature.

THE ROLE OF MEDIA IN SUICIDE: PAPAGENO AND WERTHER EFFECTS

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the importance of the way media reports suicide.

Purpose: The aim is to clarify the role of suicide-related reports, pointing their harmful and/or protective effects.

Methods: Review of the existing literature on these subjects.

Results: There has long been evidence that there is an increase in suicide rates following media reports of suicide, the so called Werther effect, but recent evidence shows that built differently those articles can have a distinct impact and even acquire a protective potential as indicated by the decrease of suicide rates after some publications. This positive impact was named Papageno effect.

Studies have revealed that probably such differences are mainly related to the individual specificities of the news receiver as well as with the content of the report, including the words and expressions used to broadcast the message. The recognition of this responsibility on behalf of the media, made the World Health Organization, amongst other entities, create and publicize recommendations for the suicide reports. Data shows that these measures can increase the quality of the reports and decrease the rates of suicide.

Conclusions: The literature review allows the authors to conclude that as expected, the media have a critical role in the prevention of suicide. The potential coping effects are relevant and have to be considered. The publication of guidelines for reporters was a major step in this field, raising awareness amongst journalists about the potential harmful and/or protective impact caused by the way they design and write their work. It is expected that an improvement in the quality of media reports can contribute to destigmatize and raise a preventive perspective regarding suicide. Nevertheless we must not fail to take into account that the proactive role of media regarding suicide is not straightforward as it is a balance to reconcile the duty to inform and provide public service, with the duty to promote the prevention and cause no harm.

Given that for many years suicide was coined with stigmas and prejudices, now that we are aware of these effects, it is even more important to show that it exists and can be prevented, emphasizing the aspects of the construction of the news so not to perpetuate misinformation about the act.

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

8

Stigma of mental disorders and psychiatric institutions

Posters Session

INTERNALIZED STIGMA IN MENTAL ILLNESS

Gamze Sarikoç, Fatma ÖZ

MSc, RN

It is known that the history of stances and behaviors towards the individuals with mental illnesses and their illnesses is as old as the human history. Societies, within the scope of their own cultures, have a tendency to label the people who make them afraid or the people having disturbing behaviors based on the behaviors they consider improper, abnormal or aberrant. Therefore, each society, in line with the "mentally ill" stereotype it created in mind, determines behaviors towards these people, alienate and exclude them. When someone is labeled in this way, personality of the individual in question is ignored. Thus, the labeled person or group is perceived as different and as a result of this difference many negative features are attributed to those labeled people. These people, who are labeled initially and to whom some negativities are attributed later on, are cast out from the society, isolated and left on their own so that they disappear and no effort is exerted for them to exist .

Negative beliefs and stances developed by society against mental illnesses can impede individuals with mental illnesses to fit into society by posing obstacles in the social lives of these individuals. It is stated that the greater the labeling content of the psychiatric diagnose used for these patients, the greater the severity of the symptoms of the disease. Within this context, it is underlined that people with mental illnesses also feel they are being labeled. This situation called as 'internalized stigmatization' refers to shying away from society because of the negative feelings like unworthiness and shyness emerging as a result of the fact that individual internalizes the stereotypes existing in the society for himself/herself.

The social isolation emerging in patients as a consequence of the stigmatization leads to a more restricted life opportunity and delayed call for help. Internalized stigmatization can also damage the self-confidence of the individuals, can decrease self-esteem, can cause them feel trivialized, can make them be afraid of being rejected and they feel desperate and can decrease quality of life. In addition, there are numerous results caused by stigmatization in literature: discrimination in finding accommodation and job opportunity, isolation, failure in developing long term relationships, income loss, domestic conflict, depressive symptoms increasing in time and social incompetence. It is important to change wrong beliefs continuing for centuries with realist beliefs in order to overcome negative stances and expectations against psychiatric patients in terms of reducing or eliminating labels and prejudices.

BEFORE EMPOWERMENT: RESIDENTS' MEMORIES OF THE ROLE OF THE HOUSEMOTHER IN DIACONAL RESIDENTIAL CARE SETTINGS IN GERMANY 1945–1995

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In the 20th century, houseparent families represented a significant resource in the long-term care of people with mental illnesses and physical disabilities in diaconal care settings in Germany. As little empirical material on life in institutional families existed, a qualitative study was undertaken to explore the experiences of contemporary witnesses, particularly those who had experienced the duties and responsibilities of housemothers in the second half of the 20th century. For the purposes of this presentation has combined the experiences of residents (n = 8) and biological children of houseparents (n = 5) from a qualitative study (n = 42). The qualitative study took a grounded theory approach, the phenomena of power and domination forming the central category. The findings show that life in houseparent families of the time was shaped by rules which the family members had to obey. This study explores a highly controversial area which is of great relevance for current mental health nursing practice: the power relations in diaconal families. This demonstrates the importance of integrating autonomy and empowerment into everyday communal life and contributes to professional nursing practice.

This results appeared in the July 5st, 2012 issue of the Journal of Psychiatric and Mental Health Nursing. Other co-authors of the paper are Michael Schulz (RN, MScN, PhD) and Johann Behrens (PhD, habil.).

ATTITUDE ON SEXUALITY OF ADULTS WITH MILD TO MODERATE INTELLECTUAL DISABILITY (ID) AMONG HEALTH CARE TAKERS IN AUSTRALIA, SINGAPORE AND HONG KONG

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Educational Objectives: Adults with ID deserve the right to receive sexuality education but very often this had been neglected. Attitudes of health care staff towards the sexuality of individuals with ID are important because they have potentials of direct influence and support in relation to this aspect of life.

Purpose: The aim of this study is to assess the attitudes of health care takers of Adults with ID in Australia, Singapore and Hong Kong.

Methods: In this study, a cross-sectional descriptive design was adopted and it was conducted from August, 2012 to December, 2012. An instrument 'The Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability (ASQ-ID: Cuskelly & Bryde, 2007)' was used to measure the Chinese health care taker's attitude toward sexuality of adults with ID. The total score of the questionnaire ranges from 28 to 168. The higher the score the individual score implies the individual processes a more positive perception on the sexuality of adults with mild to moderate intellectual disability.

Results: According to the results, the mean of total score in Hong Kong is 109.78, which was medium high and the respondents generally showed positive attitudes. However, comparing to the other studies taken in different countries such as Australia and Singapore, the mean of total score of Hong Kong was relatively low.

Country	Year	Sample Size	Mean of total score
Queensland, Australia	2010	169	160.67/168
Queensland, Australia	2004	62	156.40/168
Singapore	2009	82	112.43/168
Hong Kong	2012	100	109.78/168

Conclusions: Comparing results between Australia, Singapore and Hong Kong. Australia shows a more positive sexuality attitude to adults with ID. This may be due to the characteristics of population in Australia which composites of mostly western population. Westerners are comparatively more open in accepting different kinds of sexuality that individual's process. Culture maybe another contributing factor affecting health care taker's attitude on the sexuality of adults with mild to moderate intellectual disability. Australia (Queensland) composites of mainly western population and have a comparative higher score than Singapore and Hong Kong who composites of Chinese population. Chinese are often more conservative in the discussion of sex than the western.

DIFFERENT PERCEPTION ON PARENTHOOD OF ADULTS WITH MILD TO MODERATE INTELLECTUAL DISABILITY (ID) AMONG CHINESE AND WESTERN HEALTH CARE TAKERS

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Educational Objectives: Every individual have a transition to adulthood, no matter whether they are normal adult or adult with id. Parenthood is one of the major and common changes that happen in adult hood. Parenthood is an important aspect in the sexuality of individuals no matter whether they are normal adult or with ID.

Purpose: The aim of this study is to explore the attitude of health care takers on parenthood of adults with mild to moderate intellectual disability.

Methods: In this study, a cross-sectional descriptive design was adopted and it is conducted from August, 2012 to December, 2012. The Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability (ASQ-ID) was used in this study to measure the Chinese health care taker's parenthood attitude toward sexuality of adults with ID. This tool is specially designed to assess different attitudes of the sexuality of adults with mild to moderate intellectual disability and attitude towards parenthood of adults with mild to moderate disability is one of them.

Results: It shows that Hong Kong health care takers have a significantly lower value of the acceptance of parenthood among adults with mild to moderate intellectual disability than Australia.

Origin	Mean	Standard deviation
Hong Kong	3.6957	0.7902
Australia	4.51	0.84

Conclusions: Western health care takers are comparatively processing a more positive parenthood attitude on adults with mild to moderate disability than Chinese health care takers. This may be due to the difference in environment and culture present in the two countries and different value of moral values that the Chinese process are more conservative comparing to the western.

PSYCHOLOGICAL FACTORS IMPEDING THE USE OF WHITE CANES BY THE VISUALLY IMPAIRED

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Objective: The purpose of this research is to investigate the factors making it difficult for the visually impaired to use white canes.

Methods: An open-ended response preliminary questionnaire inquiring about problems using white canes targeting 26 visually impaired persons was carried out to identify specific factors. Based on the results of the preliminary survey, a final survey with 74 questions was prepared. The survey, using the questions prepared, was then carried out targeting 120 visually impaired persons currently using white canes. The purpose and the methodology of the research were explained to the subjects in writing, and their consent was obtained.

Results: Of the target persons, 83 replied. Among them, valid responses were received from 68 respondents (35 males, 28 females, and five whose gender was unclear). The standard deviation of the average age of the target persons was 55.6 plus or minus 12 years. As far as the eyesight of the valid respondents, 42 have eyesight of 0.01 or above, 21 0.01 or below, and 5 not known. The majority have poor eyesight.

A factor analysis was carried out by principal component analysis (Varimax rotation). Six factors named as follows were identified: 1) “resistance against being treated as disabled,” 2) “actual feeling of cane efficaciousness,” 3) “misunderstanding by others,” 4) “unease over revealing disability,” 5) “worry about causing trouble to others,” 6) “specific disadvantage.” The alpha coefficients for factors 1-4 among the six showed a generally dependable internal consistency of 0.76–0.91. The cumulative contribution ratio was 51.0%.

Conclusions: The “actual feeling of cane efficaciousness” has a strong negative connection to the psychological burden of using a white cane, and it is believed that works as a factor to lessen the psychological burden and distress for the visually impaired. Moreover, consideration of the other, lower-ranked items such as “misunderstanding by others” and “specific disadvantage” suggests that correcting misunderstandings and inappropriate responses through greater educational awareness for all citizens in society, who will at sometime interact with the disabled, is necessary and that guaranteeing continuous employment is also essential.

REPRESENTATIONS OF MENTAL ILLNESS CONSTRUCTED BY HEALTH PROFESSIONALS IN PRIMARY CARE IN BRAZIL: AN INTEGRATIVE REVIEW OF THE BRAZILIAN LITERATURE

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Abstract: History of madness in Brazil is marked by a disease-centered care and asylum model. With the onset of the psychiatric reform in Brazil, new public health policies that intend to replace the current hospital-centered model for people with mental disorders are being considered and articulated with other substitute services. Until recently the responsible for these individuals have been mental health experts in Ambulatory Health Services, with the new policies primary care professionals are also responsible. Studies show that not all primary care professionals have the same perception and understanding in relation to the care of the person with mental disorder, demonstrating resistance to care for these individuals. Objectives: To assess the knowledge produced in Brazilian literature on the social representations of madness on the part of health professionals in primary care. Method: Integrative review. The question that guided this study was: what are the health professionals' social representations about madness in primary care? Results: Five articles were selected; the articles were written by nurses, psychologists and psychiatrists and published in refereed journals. All articles were qualitative and published between 2007 and 2012. Conclusion: professionals are centered in an organicist model, on the doctor, on medicalization, and have ambiguous and often unscientific concepts about mental illness. Some believe there is no cure or improvement for mental illness, relate aggression and violence to mental illness, and admit to having little knowledge about mental health and feel unprepared to work with these individuals. social reintegration practices were not identified.

Keywords: Mental health, social representations, primary care.

SOCIAL INTERACTION AT ITS WORST: BOYS WITH AN AUTISTIC SPECTRUM DISORDER REPORT ON BEING BULLIED BY PEERS AT SCHOOL

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Educational Objectives: Participants will understand how boys with an Autistic Spectrum Disorder (ASD) experience bullying at school, how it affects their anxiety and depression and what strategies they use to cope with it.

Purpose: To understand what kind of bullying boys with an ASD experience, how it affects their anxiety and the methods they use to cope with it.

Methods: Data were collected directly and confidentially from 60 high-functioning male participants with an ASD aged between 7 and 18 years (M = 11.4 years) who attended mainstream state-run schools. The online survey contained a researcher-constructed ASD *Recognise-Report-Cope* Bullying Scale and the DSM-IV-TR-based anxiety and depression scales of the Child and Adolescent Symptom Inventory.

Results: 82% of participants reported they were regularly bullied at school, and on a daily basis for 36% of them. Bullying included verbal behaviours such as name-calling, as well as physical aggression, and also social exclusion. These events were most often reported by the boys with an ASD to their parents and teachers, but those reports did not reduce bullying attacks to any marked degree. Participants' most common methods for coping with bullying were: verbal retaliation and cognitive or physical self-withdrawal. Over 25% of participants reported that they kept secret their experiences of being bullied from adults and instead dealt with their distress through outburst or withdrawal behaviour at home. There was a strong association between frequency of bullying and anxiety. Social exclusion was correlated with higher levels of anxiety in the participants than was physical bullying. Depression symptomatology was not strongly linked to bullying experiences.

Conclusion: These data provide a clearer picture of how bullying occur and its effects on boys with an ASD. Bullying events which result in social exclusion are more detrimental to the mental health of boys/adolescents with an ASD than those involving physical aggression. Adverse peer interactions appear to cause long-term distress which impacts on the responses of children/adolescent with an ASD in the home environment and might be an antecedent for school-refusal behaviour, and clinical interventions need to take this into account.

RELATIONS OF INTERNALIZED STIGMA AND PERSONALITY IN PATIENTS WITH SCHIZOPHRENIA

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In recent years, research on the comorbidity of personality disorders and other clinical conditions has increased. Nevertheless, it is quite surprising that very little research has been done in terms of personality, internalized stigma and its disorders in patients with schizophrenia. Most of the studies related to the binomial construct of personality disorders and schizophrenia are limited to the study of premorbid personality, which emphasizes the importance of the interaction between trait-personality disorder-schizophrenia symptoms.

Until now, we are still far from reaching scientific consensus to be unanimously shared by all researchers with respect to those issues.

Objective: To assess the associations between self- stigma and temperament and character dimensions

Population: A total of 100 patients with a diagnosis of schizophrenia were consecutively included in the study. Self – stigma was assessed with the Stigma Scale of King, personality dimensions with Temperament and Character Inventory and psychopathology with Positive and Negative Symptom Scale.

Results: From the total of 100 patients with schizophrenia 66% of the patients were male and 34% were women, with an average age of 36.6 years (SD= 11) and education of 11.3 (SD=3.1). Most patients were without a partner at the time of the study (81%) and only 19% had an economically gainful work activity. According to the classification established by the institution of recruitment, 93% of patients had low socioeconomic status. Most of the patients had a diagnosis of paranoid schizophrenia. Substance use was present in 80%, (nicotine and alcohol use). Using the Pearson correlation coefficient was determined the level of association of the severity of psychotic symptoms assessed with the PANSS subscales and dimensions of temperament and character assessed with the ITC-R. There was a direct association between severity of depressive symptoms and damage avoidance (HA) and an inverse association with the severity of depressive symptoms and reward dependence. These associations were significant even when statistically had a low correlation value.

The results showed that higher level of harm avoidance, lower self- directedness, and persistence correlated with Stigma Scale of King and all its subscales. Self transcendence correlated with Stigma Scale of King subscales alienation, discrimination and stigma resistance. Regression analyses controlling for psychopathology, age, length of illness and number of hospitalizations revealed that higher level of harm avoidance and low self- directedness predicted internalized stigma

Conclusion the finding suggests that the experience of self stigma is related to personality dimensions. Interpretations of these findings include the possibility that, irrespective of patients psychopathology or functional characteristics, experience of self- stigma and its consequences might depend on personality dimensions. Further studies are needed.

RESEARCH ACTIVITIES BY PERSONS WITH MENTAL ILLNESS: PARTICIPATORY ACTION RESEARCH ON SELF-HELP GROUP ACTIVITIES

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Educational Objectives: The educational objective of this study is to present the significance of self-help groups composed of varied members and the importance of supporting research activities conducted by persons with mental illness themselves.

Purpose: Self-help and peer support are both essential for recovery from a mental illness. In self-help groups (SHG), people with mental illnesses talk about the problems they have faced, and share their experiences with peers, forming deep mutual bonds. Supporting SHG activities is an important task. However, few reports have examined supporting activities of SHGs comprised of people in various positions, or supporting research activities whereby the individual with mental illness receives help and wisdom from peers to find the best way to help themselves. We conducted Participatory Action Research (PAR) on a SHG comprised of varied members, and report on the research activities carried out by individuals with mental illness.

Methods: PAR was conducted on an SHG that holds 2-h meetings once a month. The study period was from April 2011 to January 2012, during which time 22 meetings were held (mean number of participants per meeting: 15 people). The SHG currently has 29 registered members (15 people with a mental illness, 6 family members, 6 volunteers, 2 professionals; 19 men, 10 women). Meetings were structured into two parts: self-introductions and selection of a topic for all participants to work together to clarify patterns leading to the problem and investigate better methods for coping with the problem.

Results: All members participated as equals, and became comfortable enough to express their own weaknesses in a warm, humor-filled atmosphere. They worked together to enjoyably carry out research activities. They learned to externalize their problems, recognizing that it is not the person that is the problem, but the problem that is the problem. The goal for the research activities eventually changed from solving the problem into believing that they could continue living a fulfilling life despite the problem.

Conclusions: Through input from various members, participants have been able to enrich their perspectives and behaviors. By conducting research with peers on the way of looking at problems and on coping methods, those problems that members had felt they wanted to get rid of were transformed into subjects of interest. The present study shows that they can then view the problem objectively, so that it starts reducing in significance, enabling the individual to become better able to control the problem.

DISQUIET IN CARE RELATIONSHIP WITH ADDICTED PATIENTS: A QUALITATIVE STUDY

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Educational Objectives: At the conclusion of this presentation, the participants should be able to interrogate their own experience and practice and to wonder whether disquiet is a relevant concept for their own care setting. They could also start thinking at new ways to move beyond relational difficulties in care situation.

Purpose: The relationship between care professionals and addicted patients is known as difficult and sometimes severely damaged by mistrust. This study aims to understand the sources and effects of mistrust in the care relationship and to find out how care teams and professionals cope with those difficulties.

Methods: We set up a qualitative research and met three different care teams working with addicted patients. For each team, we conducted one focus group (6-8 pers., 3h) based on a semi-structured questionnaire. We analyzed narratives with Interpretative Phenomenological Analysis.

Results: Mistrust and difficulties are reported by care teams and can lead to a feeling of disquiet. This feeling is based on 1)the fact that professionals have to get involved with patients having difficult past and present lives; 2)the social and moral stigma weighing upon patients and also sometimes upon professionals; 3)the uncertainty professionals have about their own skills and knowledge. Disquiet causes the professionals to restrain their involvement in care relationships or conversely to avoid disappointments by controlling and regulating every step of the care relationship. But disquiet also appears to encourage care teams to create innovative care settings.

Conclusion: Disquiet is widely experienced by care professionals and can harm the therapeutic efficacy and the ethical quality of the care relationship. But if care teams are solid enough to avoid being disorganized by disquiet, it also helps them to be innovative and to recreate conditions for a sincere care relationship. This study underlines the significance of including these aspects in the training of personnel and in care provision planning.

THE PERCEPTIONS AND ATTITUDES MOROCCAN MEDICAL STUDENTS TOWARDS PSYCHIATRY.

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Introduction:

Nowadays, considering the rise of mental illness in Morocco, the need for psychiatrists and mental health professionals is growing. Improving the demography of psychiatrists remains reliant on number of students in medicine who choose psychiatry as a specialty. To get an overview of their opinions on psychiatry, we conducted this study at the University Hospital of Fez.

Purpose:

Knowing the perceptions and attitudes of students towards psychiatry and find the factors affecting its choice as a specialty.

Methods:

Prospective study.

Location of study: University Department of Psychiatry, CHU Hassan II Fez.

Target Population: 40 students in the fifth year of medicine who completed their training in psychiatry department between 22 October 2012 and 14 December 2012.

Tool: anonymous self-administered questionnaire in the first and last day of training. The questionnaire consists of three sections:

- The socio-demographic profile of the student.
- The student's main criticisms towards psychiatry.
- The interest of psychiatry training and intend to choose it as a specialty for the future.

Results:

Sample size: 40 students

Sex ratio M / F: 0.9

Average Age: 22.55 year.

Statistical analysis showed that the training in psychiatry department has improved the perception of students towards psychiatry on several points:

- 13 students (32.5%) changed their opinion on the fact that psychiatry is a dangerous.
- 18 students (45%, $p = 0.0002$) who considered psychiatrists as abnormal have changed their mind after completion of their training.
- 15 students (37.5%, $p = 0.0095$) who did not think to make a career in psychiatry have changed their views and may consider it in the future.

Conclusions:

Despite of its limitations (small sample), our study remains interesting because it could identify the misconceptions that students may have about psychiatry. Improving the image of psychiatry in society goes through improvement of healthcare professionals perceptions including medical students. This can be done through a proper guidance and adequate support during their hospital training in psychiatric department.

HAS STIGMA TOWARD PERSONS WITH MENTAL ILLNESS IMPROVED IN JAPAN? A REVIEW OF STIGMA RESEARCH OVER THE LAST DECADE

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Educational Objectives: At the conclusion of this presentation, participants will have a better understanding of how stigma toward persons with mental illness has not improved over the last decade in Japan, and recognize the need for further anti-stigma activities.

Purpose: The purpose of this study is to review how stigma toward persons with mental illness has changed in Japan in the last decade, and reveal contemporary problems.

Methods: Studies published over the past ten years were reviewed and measured by using a scale that can compare over time the stigma toward mental illness by the Japanese. The number of samples, mean score and standard deviation of each study were extracted, and then a t-test was carried out to determine whether differences were significant from each first study. All statistical tests were two-sided, with a significance level at 5%.

Results: Two measures and eight studies written in English or Japanese met the inclusion criteria. Most of the studies were targeted at study participants who were students in vocational college or university. The stigma for both "mental illness" and for "schizophrenia" did not significantly improve among vocational college or university students. A study of the general population showed a significantly lower level of stigma than that of the students.

Conclusions: Over the last decade, there has been no significant improvement in regards to stigma toward persons with mental illness among vocational college or university students. Recently in Japan, the number of patients with mental illness, mainly mood disorders, has increased dramatically, and anti-stigma and educational activities have been conducted and targeted mainly toward a middle-aged demographic. These programs appear to have not impacted students who are at a peak age for onset of mental illness. Future programs need to strengthen anti-stigma activities for college-aged students.

PSYCHIATRY AND COMMUNITY

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Educational Objectives: Attitudes towards psychiatry vary considerably in the modern world. At the end of presentation the participants should be able to recognize existing public attitudes to mental health in Georgia that play crucial role in constraining “intellectual” barriers preventing people from gaining access to appropriate psychiatric services.

Purpose: Reveal the approach of society to psychiatrists, mental patients and psychiatric services.

Methods:

Community beliefs to mental health issues, to psychiatrists and to people with mental disorders were assessed in the survey - "Psychiatry and the Community." Survey contained 25 questions with multiple choice answers. Poll of 250 people from various social strata was involved.

Results: Participants - 250 mentally healthy subjects with mean age 34.4 ± 9.68 , female - 56%, men - 44%. The majority of respondents reported that in case of the “signs of mental disorders, as well as emotional disturbances”, they will appeal to the neurologist (44%) and/or to psychologist (32%), and/or to the priest (16%). Only 8% of responders agree to contact psychiatrist in case of mental problems. Almost 45% of respondents believe that there is “no protection of confidentiality of medical records”, that’s caused by technical staff (32%) and psychiatrists (28%), or both. Despite of expressed sympathy towards mental patients, 36% of responders believe that “it is necessary to stop the spread of severe mental illnesses by certain social restrictions, such as “prohibiting, giving a birth to child if both parents are mentally ill”. Only 24% think that it is the patient's choice. Overwhelming majority of respondents believes that high intelligence (80%) and delicate behavior (52%) are necessary for psychiatrists, although 44% believe that the psychiatrists “have some strange behavior and a particular manner of action”. Noteworthy is the fact that 32% of participants of the study still believe that “the Georgian psychiatrists have medications that will lead to the development of mental disorders in mentally healthy individuals”. The answer: "I do not know," we received in 40%, while only 8% denied the existence of “such medication”.

Conclusions:

The data of survey clearly indicates that despite the organizational reform of psychiatric services in Georgia, it is still necessary to involve more communication and psycho-education for reduction of stigma in the community that still prevents people from seeking adequate help.

STIGMATIZATION OF PERSONS WITH “LEBEL” MENTAL ILLNESS

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Educational Objectives: Contemporary understanding of stigma reflects the social attitudes towards mental illness that is deeply discrediting and socially embarrassing.

Stigma produces changes in feelings, attitudes and behavior in people who are the subject of stigma and the members of their families. Discrimination leads to absenteeism seeking, Failure to treatment, the material poverty and social marginalization. These experiences create a barrier clinical recovery of patients, tapering his great chances and lowering self-esteem.

Purpose: The aim of the current study is to investigate the effect of seemingly normal people with psychiatric "label", the attitude of employees in the health care center compared to the approach of patients hospitalized in other departments. Additionally, we investigated whether gender affects the stigmatization of the person answering the psychiatrist.

Materials and Methods: The study included 198 people. The sample was divided randomly into two groups: group A received a description of the case with psychiatric "label", while group B received the same description of the case but without a psychiatric label.

Results: We did not obtain a statistically significant difference in the degree of stigmatization regarding group of professionals and group of non-professionals ($p > 0.05$). Stigmatization correlates positively with the intimacy of the relationship of the individual with the person "labeled" as mental ill. Females were significantly higher stigma people with psychiatric label in person, while such differences by gender were not at attributing stigma in social interaction.

Conclusion: The results have reinforced our view that stigma related to mental illness is not limited to public only. Employees in public health care center area part of the stigma as well. The present paper showed that females, more stigmatizing people with psychiatric labels and to personal contacts in the field, while in the context of attribution of stigma in the wider social interactions they set the same as the opposite sex, neutral.

Therefore, there is a need to educate medical staff on issues of stigma in order to understand mental illness seriously thriving to its reduction, which would be a key component of improving mental health.

This study examined the stigma by gender and profession in relation to the type of interaction with the subject, and provide information essential for recognition, confrontation and Understand stigma.

Keywords: Stigmatization, discrimination, professionals, non-professional, gender

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EXTERNAL PERCEPTIONS CONCERNING MENTAL DISORDERS

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Illness experiences are deeply related to the complex web of personal experiences and belief systems ingrained in our cultural and social world. In 1978, Kleinman and associates used the terminology “explanatory models” to represent patient’s conceptualization of the illness: *“Eliciting the patient’s (explanatory) model gives the physician knowledge of the beliefs the patient holds about his illness, the personal and social meaning he attaches to his disorder, his expectations about what will happen to him and what the doctor will do, and his own therapeutic goals.”*

But what are the beliefs of the health system workers concerning the mental disorders?

The aim of this investigation was to characterize the beliefs on the mental disorders by the General Practitioners and the Residents specializing in this area.

To achieve this goal the authors used a questionnaire developed by Bruce Link (Link, B. 1999), where he assessed the following topics related to the beliefs on mental disorders (1) recognition of mental illness, (2) beliefs about the causes of mental illnesses, (3) acceptance of psychiatric labels, (4) beliefs about how dangerous people with mental illnesses are, and (5) the desire to keep people with mental illnesses at bay, i.e. to reject them from society. This questionnaire was applied in 2008 on the General Practitioners and in 2012 on the General Practitioners Residents, both from a specific area of Central Portugal, Baixo Vouga.

The authors presents the beliefs concerning the mental disease in this two populations (General Practitioners and their Residents) in order to understand whether these beliefs can interfere with the quality of care given to our mental health patients and can be related to stigma processes.

The explanatory model is an important tool to understand cross-cultural and our own cultural medical practices, and to identify areas of conflict between health system workers that should be (re)negotiated to improve our medical care.

STIGMA EXPERIENCED BY PATIENTS IN FORENSIC SERVICES

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Objectives: Stigma experienced by mental health patients can have many negative consequences including being an obstacle to recovery. There is limited literature looking at stigma within forensic mental health services. The objective of this piece of work is to assess the stigma experienced by psychiatric patients in secure forensic services.

Methods: We used a validated 28 item self-report stigma scale created by King et al¹. The scale identifies three factors affecting the stigma felt by the patients, the first factor relates to discrimination, the second to disclosure and the third to positive consequences experienced due to mental illness. The results were then compared to those of the general psychiatry patients included in the study by King et al.

Results: 30 patients completed the scale, 28 of whom were male and 2 female. The mean stigma score was 56.20 (SD 13.00). This compares with 62.60 (SD 15.40) for the general psychiatry cohort used by King et al. The mean discrimination sub-scale score was 23.20 (SD 8.18) compared to 29.10 (SD 9.50) for the general psychiatry cohort. The mean disclosure sub-scale score was 24.63 (SD 7.18) compared to 24.70 (SD 8.00) for the general psychiatry cohort. The mean positive aspects sub-scale score was 8.27 (SD 3.06) compared to 8.80 (SD 2.80) for the general psychiatry cohort.

Conclusion: Results show on average the patients involved in this study feel less stigmatised than those in the general psychiatry cohort used by King et al. Looking at the three factors the lower levels of stigma felt can almost all be attributed to lower levels of perceived discrimination. This difference could be due to a number of reasons including; whether the care was general or forensic, whether the patients were inpatients or outpatients or a change in service provision over the time that has elapsed between the two studies.

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THE SOCIAL REPRESENTATIONS OF MENTAL ILLNESS : GENERAL POPULATION SURVEY

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Educational Objectives

Mental health has become a priority for the Ministry of Health in Morocco in response to the deficit in resources. In fact, mental health has long suffered from a lack of budget, inadequate and obsolete structures that have become unable to house admit, the legal vacuum and the absence of political will, but also and especially the negative image of the mental patient in our society. This image, made of heterogeneous representations, remains critical and determines the relationship between society and psychiatry, especially in a society burdened by traditional cultural heritage focusing on irrational considerations and ancestral customs.

Purpose

In order to better understand these representations, a field survey was conducted in the city of Fez. It involved 300 people met in various parts of the city. Their ages ranged from 15 to 50 years. A questionnaire consisting of 30 questions was presented to them. It explores the representations of the mentally ill, the mental illness, its causes, and attitudes towards the patients and the healing odds.

The sample was chosen in collaboration with the department of epidemiology at the University Hospital of Fez.

Results:

65% of the people surveyed think that mental illness is not a disease like any other and only 4% for the illiterate. 80% of sample rejects the possibility of living with a mental ill, and only 10% feel they can behave normally with a mental ill. 84% believe that the mentally ill is a major burden for his family. Two-thirds of respondents still think that social integration is possible. 22% believe that the mentally ill frightens 24% think that it is a source of stigmatization of the family.

Drug addiction was mentioned as a cause in 27%, 20% for the social problems, witchcraft is blamed for 13%, the jinn and the evil eye 13% also psychological causes were discussed in 10% of cases. The treatment was perceived as possible for a minority (13%) and those who think it is necessary to use modern medicine represent only 36%. Only 35% say that the psychiatric hospital provides appropriate care.

Conclusion:

A state of affairs quite dark and a clear lack of information emerge from this work. This pushes the population to refer primarily to its cultural heritage and don't easily accept openness to modern psychiatry. It is therefore important to further promote the educational component of mental health to bridge the gap between psychiatry and societal representations which are still too traditional.

A COMPARATIVE STUDY: FROM INSTITUTIONALIZATION TO DEINSTITUTIONALIZATION

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The theoretical basis of this study was based on the Brazilian Psychiatric Reform process of deinstitutionalization, which relied on the Italian Psychiatric Reform created by Franco Basaglia.

The objectives: a) to analyze the process of institutionalization of young people with mental illness in a psychiatric unit of a hospital in the state of Sao Paulo, b) conduct a comparative study with the deinstitutionalization model of Trieste, Italy.

Methodology: Due to the complexity of the research topic, we opted for the action research methodology. In the final stage of the research, interviews were conducted with directors and technicians of the Department of Mental Health of Trieste as well as document analysis.

Results: The residents of this institution have a history similar to many others. As children, abandoned by family, mainly because of serious disorders in their overall development, they were referred to juvenile shelters, beginning their long institutional career. After passing through various institutions without specialized assistance, they have become dependent and a burden to the institution. No longer able to stay in these places, they were sent to the only place that opened the doors: the *asylum*. The performance of the staff is that of *maternage*, which ends up producing the infantilization of these people, rather than strengthen their capacities and skills, essential conditions for them to recover their active role. The staff has great difficulty in changing their habits because this means reviewing its role, knowledge and performance. The *asylum* model contaminates the institutional context. The formation of a new staff model is one of the pillars for the construction of the deinstitutionalization process. In Italy, the end of the psychiatric hospital was the arrival point and not departure. The work undertaken by the technical staff of Trieste exceeded the practical issues related to the concept of mental illness and sought specific answers regarding housing, work, education and social life.

Conclusion: The Italian radicalism consisted in the proposal of replacing the psychiatric hospital with a network of community-based services, the intersectionality, which is an indirect way to solidify the transformation in care: the service should not only assume the treatment, but also must build actions that break with segregation and restore it the right of these individuals. In Brazil, despite the existence of specific legislation that seeks to support people with mental distress, the actions are still insufficient, requiring effective measures for its implementation, so that the law might be fulfilled and substitutive mechanisms be tools to resize the current process of mental health reform.

PSYCHIATRIC TREATMENT IN CHILDHOOD: COMPARING STIGMATIZING BELIEFS IN PARENTS WITH CHILDREN ATTENDING A MENTAL HEALTH SERVICE VS THOSE WHO NEVER ATTENDED

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Objectives

Despite the high prevalence of mental health problems in children and adolescents, less than one in five children ever receive treatment. Stigma is a major barrier in mental health. This study's main aim was to assess parental beliefs about child psychiatric treatment, as it may be a major determinant of mental health services seeking. It also intended to compare stigmatizing beliefs between parents with children attending a mental health service to those never attending.

Methods

We used a cross-sectional design, and applied a questionnaire to a convenience sample of 226 parents with at least one child, aged 2 to 16 years, attending Braga Hospital Department of Child Psychiatry during 2009. The second group consisted of a convenience sample of 206 parents without any contact with Child Mental Health Services recruited in two primary care units, located in Braga's Hospital catchment area, during the same period.

The questionnaire contained sociodemographic data and four questions regarding stigmatizing beliefs towards psychiatric treatment extracted from the *Special Section on the National Stigma Study-Children - Stigmatizing attitudes and beliefs about treatment and psychiatric medications for children with mental illness*.

Results

26 participants from the first group and 6 from the second group were excluded due to incomplete data. 200 patients from each group were included in the analysis. Sociodemographic variables were compared between the two groups and showed significant differences regarding parent's age and residence area.

Approximately 60% of parents from both groups believe that the community is aware of children's psychiatric treatment status despite medical confidentiality and about 35% stated that stigma perpetuates into adulthood. More than 40% of parents agree that having mental health treatment for a child would make the parent feel like a failure and almost the same percentage believes that these children may suffer rejection in school. Statistically significant differences between both groups were obtained only regarding school rejection, with parents that have a child attending psychiatric consultation revealing more negative beliefs ($p=0,039$). There were no significant differences between the two groups regarding global level of stigma related to child psychiatric treatment (2.28 ± 0.76 vs 2.27 ± 0.66).

Conclusion

First, we found that a significant proportion of parents have stigmatizing beliefs regarding psychiatric treatment in children which can lead to serious consequences for child and adolescents mental health. Second, we found that the close contact with a child mental health service does not appear to alter the parental notion of stigma, what should alert to the need to invest in education and awareness amongst the general population and, in particular, amongst parents who attend to child psychiatry services.

PUBLIC STIGMA IN ITALIAN HEALTHCARE STUDENTS: A PSYCHO EDUCATIONAL STUDY

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Purpose: The aim of the present study was to explore the way healthcare students stigmatize mental patients using Stigmaquest test [Bellomo, Ferretti, Starace] for attribution model of public discrimination towards people with mental illness.

Methods: The questionnaire is a semi qualitative parametric questionnaire-based and cross-sectional that comprises scales about stigma in terms of the perception of societal stereotypes, public-stigma in terms of stereotype agreement and structural discrimination. Participants come from 8 health courses of the Medical University of Foggia, Italy: 236 final-year students covering health professions from nursing to social assistance. Students were presented with a person who got a not specified psychiatry treatment. They were asked to complete the self-report questionnaire measuring attitudes towards public stigma, stereotypes and social/media desirability.

Results: Differences between clinical and social oriented students were found in each Stigmaquest item: five sub scales dealing with stigma social cognition emerged by factor analysis. Gender and age adjective stereotypes were identified by cluster analysis. In the qualitative analysis all students showed discrimination towards mental professions and a high negative media desirability was constant as also anger and dangerousness beliefs.

Conclusions: This study provides evidence that an educational programme focused on stigma is needed in the study course of health professions. In order to improve the effectiveness of service provision and treatment outcomes for mental illness it is important that health care service providers and teaching institutions consider the implications of these factors when developing staff and services, and base interventions on theoretical models of stigma and discrimination.

QUALITY OF LIFE AND PUBLIC STIGMA AMONG MENTAL HEALTH PROFESSIONALS

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Purpose: The aim of the present study was to explore how mental health professionals feel about their professional quality of life and the way they think and feel about people with mental illness.

Methods: Participants were interviewed using a semi-qualitative questionnaire (Stigmaquest version 1.5) that comprises scales associated with stigma towards mental patients and 5 semi-structured questionnaires (WHO-5, GAD-2, GAD-7, PHQ-2, PHQ-9) that assessed the quality of professional life. Data were obtained from 70 participants working in the mental health sector (psychiatrist, psychologists, nurses etc.).

Results: There were several key findings: 1) the majority of respondents reported high levels of burnout and depressive symptoms; 2) there were many different terms used to refer to people with mental illness reflecting a wide range of expertise and experience among professionals; 3) they had a meaningful awareness of the importance of their role; 4) additionally they defined themselves as being able to help patients through effective communication; 5) moreover, gender, age and ethnicity of the mental patients influenced prejudiced views and stereotyping among professionals.

Conclusions: These results have implications for mental health professionals training to avoid burnout and maintain a high quality of life and work satisfaction. Replication of the current findings with additional samples of mental health professionals would be useful to further explore the relationships between the professional quality of life and the prejudicial beliefs.

COERCION IN PSYCHIATRIC ACUTE WARDS AND PATIENTS' QUALITY OF LIFE

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Coercive treatments such as involuntary admission, restraint, seclusion and forced medication are used in mental health services. Coercion has attracted much attention and clinical practice and outcomes of coercion have been reported. In addition, importance of quality of life (QoL) has been regarded in psychiatric disorders.

The purpose of this study was to investigate the influence of coercion on patients' QoL in psychiatric acute wards.

We used subjective and objective measures of coercion. We also investigated other variables that may affect QoL including social functioning and insight. All 202 patients admitted to the acute wards of Gojyouyama Mental Hospital and Maizuru Medical Centre were enrolled. As subjective coercion, patients' perceived coercion at admission and during hospital stay were assessed by a 10 point visual analogue scale based on Cantril's Ladder. As objective coercion, we investigated legal status of admission and the occurrence of restraint, seclusion and forced medication. Subjective QoL was measured using the EuroQoL-5 Dimensions (EQ-5D) score, consisting of the Health-Related Quality of Life (HRQoL) score and the EuroQoL Visual Analogue Scale (EQ-VAS). Patients' insight was measured on the Japanese version of the Scale of the Unawareness of Mental Disorder (SUMD-J). Social functioning was assessed according to the Global Assessment of Functioning scale (GAF) at admission and discharge.

To our knowledge, this is the first study evaluating the influence of insight and multiple aspects of coercion on QoL. We could not reveal that either subjective or objective coercion was associated with QoL. However, we found that functional improvement was a common predictor of QoL. This finding is consistent with the previous study (Trompenaars et al., 2007). It would be reasonable to conclude that a good outcome led to a better QoL.

It has also become clear that GAF improvement and insight were correlated with QoL.

Our results propose that we need take QoL into consideration, especially in case of coercive treatments in psychiatric patients. Further studies on the coercion in patients' QoL should be necessary.

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2. Kohigashi M, Fukui K. et al. Relationship between patients' quality of life and coercion in psychiatric acute wards, *Psychiatry Research*, in press, 2013

THE INFLUENCE OF THE IMAGINARY ON NURSING CARE TO PSYCHIATRIC PATIENTS IN EMERGENCY SETTINGS

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Educational Objectives: To demonstrate the influence of the imagination on insanity nursing care provided to the psychiatric patients in an emergency settings.

Purpose: To analyse the imaginary of the nurses with regards to the care of psychiatric patients in general emergency settings

Methods: Qualitative research inspired by Sociopoetics and based on Creative Imagination. Data were produced by means of interviews for subject characterization, participative observation and researcher-group. The subjects were 15 nurses of a general emergency hospital in the municipality of Rio de Janeiro. The project was submitted to the Research Ethical Committee of the Municipal Secretary for Health and Civil Defence in Rio de Janeiro according to resolution 196/96 (CNS), and approved as established on protocol 10/11 CAAE - 0268.0.314.000-11.

Results: The results point to passivity, lack of information, fear, and working conditions as the main elements that influence the care given to the psychiatric patient by the nurse in an emergency setting. Results also indicate a profile of generalist nurses, under the influence of stigmatised perceptions of insanity, who describe their motivation when caring for the psychiatric patient as being guided by feelings such as compassion and obligation.

Conclusions: The professionals present a level of difficulty when performing on the interface general health/mental health. Their attitudes are impregnated with prejudice and fear of insanity. Despite the fact that the temporal insertion is that of the Psychiatric Reform, concepts and interventions of nurses with regards to the psychiatric patient are still within a framing where the latter is not perceived as part of a relationship with exchanges and respect for each other's subjectivities. This study shall present as its final product an orientation guide based on the principles of the Psychiatric Reform, with the purpose of implementing actions regarding nursing care of psychiatric patients in situations of general emergency.

Literature Reference: Goffman E. Estigma: Notas sobre a Manipulação da Identidade Deteriorada. 4^a ed., Rio de Janeiro: LTC; 2008.

ENGAGING WITH CULTURALLY DIVERSE COMMUNITIES - THINKING OUTSIDE THE SQUARE.

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Educational Objectives: Participants should be able to identify strategies which can be effectively used to engage with Culturally and Linguistically Diverse (CALD) communities around Mental Health issues.

Purpose: Reluctance to access Mental Health Services (MHS) by people from CALD communities has been recognized as an issue for early intervention and effective management of people with a mental illness. Stigma surrounding mental illness, lack of familiarity with services and fear of potential treatments to be offered have been identified as barriers to access to appropriate mental health care. The purpose of the project was to educate spiritual leaders in CALD communities around mental health issues in order to increase acceptance of, and access to mental health services.

Method: Over a period of 6 months the spiritual leaders of several diverse communities were contacted and a series of interviews and consultations were conducted to ascertain their particular perspectives on mental health and mental illness. The Multicultural Mental Health Service Coordinator led a series of presentations, in collaboration with the leaders and community managed organisations, to the individual communities aimed at mental health promotion, prevention and early access to services. MHS staff from a range of diverse cultural background presented mental health promotional material, written information regarding access to mental health services in different languages as well as specific issues identified in the consultation process.

Results: Follow up interviews showed that fear of accessing services and stigma against mental illness had reduced in the communities visited. Referrals to the local MHS from diverse communities increased and support for people with chronic mental illness had improved.

Conclusions: Putting a human face on mental health services is an effective way of breaking down the barriers to service access. Using the multicultural workforce available in our mental health service in South Metropolitan Health Service has increased the awareness of CALD communities to mental health issues and increased referrals from the communities to mental health services. The methodology used is an effective way of engaging with our diverse population through the spiritual leadership and can be used in many different communities.

SCHIZOPHRENIA STIGMA AMONG DOCTORS IN THE UNIVERSITY MEDICAL CENTER OF MARRAKECH

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Educational Objectives:

Through time, the schizophrenics have, hereby, been the object of measures of exclusion and social disgrace. The objectives of our study are to know if in the University Medical Center of Marrakech, the doctors stigmatize patients who suffer from schizophrenia, and if they do so; then, how this discriminative attitude is conveyed in their diagnostic and therapeutic approach.

Methods: the study was conducted among 117 residents and internes in the University Medical Center of Marrakech. We used a heteroquestionnaire, which estimates doctors' attitude towards patients with schizophrenia. This has enabled us to determine healthcare professionals' perception of the patients and the illness, and if schizophrenic's social label bias their decisions. Residents of psychiatry were excluded from the study.

Results: The mean of questioned doctors' age was 31,5 years, SD 25-38 ; 58,1 % were women. They all spent less than six months of their cursus in psychiatry. 76,06 % confirmed having already had patient with schizophrenia in their consultations and 34,83 % of them allotted their patient directly to psychiatry without making an interrogation or clinical examination. Most doctors (62,3 %) declared that they are cautious and prefer to examine the psychotic patient in presence of a third person. Nevertheless, 58,97 % of the questioned doctors think that a schizophrenic even if he was in treatment can be dangerous and violent and more than the half (64,1 %) considers that he is unable of having a normal social life, this could explain the percentage of the doctors (67,5 %) who prefer to explain the diagnosis and the treatment details to the patient family instead of the patient himself.

Conclusions: according to our study, doctors also stigmatize schizophrenic patients.

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INFORMATION PSYCHIATRIQUE 2007 ; (8) : 649-654

MENTAL HEALTH USERS EMPOWERMENT; EDUCATION AND NEW TECHNOLOGIES

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Objectives

To organize training in mental health and health promotion.

To set up a users and carers training.

To legitimize patient experience.

To promotion advocacy, the active citizenship of people with severe mental illness.

Method

Through on-going meetings during the last two years the creation of a website (emiliaonline.org) and a Facebook (<https://www.facebook.com/AssociacioEmiliaBcn>) has been achieved. Numerous user's options and personal inputs have been taken into account in making the web site user friendly while showing a clear outline of proposed training.

Also on the website different topics about mental health have been treated (family, mental illness, recovery) and there has been an active promotion of educational workshops through which the Life Long Learning (*LLL*) process is continued. The users continue the process of offering themselves as a mental health teaching advisory group, as mediators or coaches, taking a step further in legitimizing their role as patient experience.

Results

Thanks to the users association, various publications have come about in the last six months:

- 3 news letters about schizophrenia, recovery and family-patient relationships with an average of 200 readers
- A Forum in which topics like stigma related to mental illness, user-environment relation and the patient as an expert are discussed
- Notes about cultural activities
- Update information about the association projects and events on the Facebook
- Face-to-face workshops with an average assistance of 40 people each

The level of activity of the association has increased with the participation from other community groups who also struggle to reduce stigma and by the education of other users and professionals.

Conclusions

The Emilia association has grown from strength to strength through the creation and utilization of their website. Through it, users are more empowered to promote a healthy attitude to mental illness while offering an exclusive patient-orientated training easy for professionals to follow.

NARRATIVE MEDICINE AND MENTAL HEALTH TRAIN OF PRE-GRADUATED MEDICINE STUDENTS

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Educational Objectives: To recognise different techniques of narrative medicine in teaching mental health to medical students.

Purpose: To present the method of narrative medicine in mental health training.

Methods: Observation and illness-related life-writings of patients, care-givers and writers, film group discussion and role playing in clinical conversation.

Results: We discuss the difficulties (the limits of representing illness) and the advantages with this approach. This methodology is an excellent way of exploring multiple realities of human suffering in different contexts allowing a subsequent meaningful and deep contact of mental health problems.

Conclusions: We situate narrative medicine in a context of other clinical and scientific developments such as personalized medicine showing effectiveness of illness narratives in practice.

STEREOTYPES ABOUT DIVERSITY AND MENTAL ILLNESS. AN ITALIAN STUDY ON STIGMATIZING ATTITUDES IN ADOLESCENT POPULATION

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Purpose: The aim of this study is to explore, in a prevalent qualitative perspective, stereotypes in adolescent among Goffman's social discriminated categories (mental illness, physical handicap, extra community person, eccentric personality) before and after a six month institutional prevention campaign on mental health with 60 mental health professionals engaged in.

Methods: Participants (n.1430 at T0 and n.1460 at T1) were interviewed before (T0) and after (T1) the prevention campaign with the questionnaire Stigmaquest (Bellomo, Ferretti, Starace) in its 1.4 version. It was asked to attribute negative, positive and neutral adjectives to each category.

Results: Cluster analysis and chi squared test reveal stereotypical profiles. Differences for gender and age were found, both in intra and inter categories at T0 and T1. We compared dual relationship among categories for a total of 25 liaisons. The big evidence but not single difference was that mental illness is not seen like a handicap state.

Conclusions: In bio-psycho-social terms this study focus on the not acquired social component as like a social heritage. It is proved how deep are pre-judices and how difficult they are to change with a cognitive approach. Several evidences in gender, aging and scholarship differences suggest that a better way to fight stigma is a mind theory-empatic approach.

SELF-STIGMA AMONG DEPRESSED ADOLESCENTS

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Introduction :

The World Health Organization (WHO) , World Psychiatric Association (WPA) and World Association for Social Psychiatry (WASP) are working to reduce the stigma against schizophrenia , depression and other mental disorders, stressing that these are common diseases, and patients need help and treatment.

According to several studies, self-stigma reduces self-esteem, self-efficacy, seeking care and treatment compliance.

The majority of adolescents with depression live in the same cultural environment as those who stigmatize them. Therefore, they tend to adopt the same negative attitudes and beliefs.

Objective :

The aim of the current study is to assess the intensity of self-stigma among a sample of depressed adolescents.

Methods :

The sample will be recruited in the child psychiatry Ibn Rushd of Casablanca. We used:

-A self-questionnaire pre-established by the authors in order to collect socio-demographic data.

-A scale of self-stigma translated into Arabic and validated:

Internalized Stigma of Mental Illness Scale (ISMIS) which consists of five subscales::

*alienation

*stereotype endorsement

*discrimination experience

*social withdrawal

*stigma resistance

-Recruitment of adolescent patients with depression diagnosed according to the criteria of DSM-IV

-Collection and statistical analysis of data will be realized using Epi-Info software.

Results :

Results will be presented on meeting

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

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Investing in mental health

Posters Session

TREMA, OMEN OR INCIPIENT SCHIZOPHRENIA?

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Educational Objectives: Schizophrenia limits are not well defined, although some authors have tried to define its borders. Different perspectives, drawn over the last two centuries, resembles with Psychiatry own history. Schizophrenic symptoms harm what we cherish the most: the world 's meaning, unit of the self and the comprehension of others. The symptoms don't always start to appear suddenly, it is a process that could take months or even years. Identification of this phase, one of particular interest, in special if we consider it as a prodromic phase, and the early intervention that could interrupt the deteriorating development of this disease.

Purpose: Review several authors opinions about the prodromic phase of Schizophrenia.

Methods: Review of the literature about prodromic phase, early intervention and its benefits.

Results: The bibliography shows several differences in the way that different authors see the prodrome. Klaus Conrad was the first to consider it as the first stage of a dynamic-evolutionary Schizophrenia. Others consider possible an eventual crystallization in the Trema phase and an attenuated form of schizophrenia in line with a spectral vision of this entity.

Conclusions: Schizophrenia doesn't seem to begin with the first psychotic episode, and often develops with a slow and gradual course by an abnormal neurodevelopment process.

Frequently it presents with non specific symptoms, resembling more a neurotic state than a psychotic one.

Without denying the possibility of the existence of crystallized forms of Trema, but looking at them in a spectral perspective, the identification of the pre-psychotic phase assumes an undeniable value.

Intervention in the early phase could change the natural course of the disease, improve patients life and avoid the deteriorating course that often occurs.

ECO-SYSTEMIC APPROACH IN TREATMENT OF ALCOHOLISM AND OTHER MENTAL BREAKDOWNS

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Institute For Mental Health

Eco-systemic approach, which has been used for many decades in treating alcoholism with presented high level of success, not only in Serbia but also in the countries of ex- Yugoslavia, should be a good enough argument to use this approach in other countries too, and maybe even more important, to use it when treating other pathologies (somatic or psychological ones). 75-80% of patients and their families have been keeping abstinence successfully and lived more quality after they had been treated by this method.

Alcoholism as socio-medical illness has included in its treatment maybe most the elements of the surrounding and emphasized the importance of the mutual causality of the individuals – the substance and the society.

The special modality is Belgrade eco-systemic approach in the treatment of alcoholism, which includes or connects those three levels of the system (individual – family – social) handling them on seven mutually connected levels of the multi – system: biological (organic), individual, dyadic, family, wider social level in the local community, national and international level.

Available resources of the social community and the ability of the family to use them, are the crucial factors for overcoming the problems. Relationships with the social surrounding are vital for the function of the family in a stressful situation, and family isolation and the lack of the social support, contributes the non-function in a stressful situation. As for the social support we took into consideration connection of the family with relatives, friends, neighbors, working area, institutions for professional help, spiritual support, since we think that they are the natural net of our families, determined by culture and tradition.

By the review of the approach, we tried to make a conclusion about social – cultural dimension and about their circular connection with an individual and his family. Is the economical factor the only reason why the society is not ready to use the approach which successfully treats the problems of addiction? Or the reason is disconnection of the social factors, alienation of knowledge and practice... We think that globalization as worldwide trend could be a frame for the application of the eco- systemic approach for solving many problems of the mental health.

MENTAL HEALTH AMONG DIFFERENCES COURSES OF EDUCATION AT KURDISTAN UNIVERSITY OF MEDICAL SCIENCE

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Abstract

The aim of this study was to determine mental health among different courses of education at Kurdistan University of Medical Science.

The number of sample was 1000 (382 male & 618 female) that selected using Convenient samples. Data was collected by GHQ-28.

Results of the study showed that there was a significant relationship ($45/436 \chi^2 =$, $p < 0.01$) between types of courses and mental health. According to result of this study, there were no significant relationships between parents' job, parents' education and respondents' mental health.

Key word: differences courses, Mental health, Differences courses, Education, Kurdistan University of Medical Science.

REINVENTING THE "I" IN THE THIRD AGE: THE ROLE OF THE SENIOR UNIVERSITIES IN MENTAL HEALTH

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Abstract

This study seeks to demonstrate the role of senior universities, a psycho-social contribution to the mental health of the elderly. This is based on a theoretical framework that argues that the frequency of activities in these institutions promotes welfare and satisfaction through a change in the vision of the innerself.

Several studies emphasize the need for seniors to maintain an active life both physical and cognitive in order to prevent changes due to aging.

Basically it is argued that in a perspective of positive psychology and well-being because of advancing age nothing prevents new capabilities hitherto unknown to be discovered. Aging should be seen as a progressive process in which the biochemical and physical changes should not limit the psychological capacities of the individual allowing a full and happy life.

This study proposes to evaluate the possible relationship between the attendance at a senior university and the mental health status in a sample of 40 elderly, aged 65 till 80, with a control group of 40 seniors who do not practice any activity.

In terms of methodology, other than a questionnaire on sociodemographic characteristics, the Mini Mental State Examination will be used for screening of cognitive changes whereas the Questionnaire SF-36 and evaluation of the health status.

The study is ongoing at this time so results can not be provided now. It is thought that these will coincidence with results obtained in other studies, namely that the attendance and participation in the activities at these universities, promotes physical and mental well being, maintaining or even improving the self-esteem of the elderly. With increasing life expectancy, it is important to ensure that seniors not only live longer, but also with more quality and personal satisfaction. The role that senior universities play to promote quality of life is a response to this new need of developed societies.

Keywords: Elderly, senior university, mental health.

THE SIGNIFICANCE OF MENTAL SUPPORT ROOM FOR JAPANESE UNIVERSITY STUDENTS MANIFESTING SCHOOL REFUSAL

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Purpose

Recently the increase of young adults with social withdrawal has become one of major issues in Japan. Individuals with social withdrawal remain at home and go to neither school nor work for more than six months. Most of them might have not mental disorders such as schizophrenia. Mental Support Room was established in Wakayama university Health Administration Center in 2002 to provide support programs such as individual counseling and group therapy (SST and Psychodrama) for students with social withdrawal. The purpose of this study is to investigate the significance of the Mental Support Room for students manifesting school refusal.

Method

This qualitative study was based on interviews with four students that manifested school refusal and referred to Mental Support Room. They showed the recovery from school refusal before their interviews. They were instructed to talk freely about their troubles and sufferings. Interview sessions were recorded with the consent of participants.

Results

All participants suffered from social relationships and expressed loneliness and anxiety in their period of school refusal. The result showed that Support programs of Mental Support Room improved their communication skill and self assertion. It is suggested that these improvement would reduce their troubles in social relationships. Moreover group therapy reduced their loneliness and other group members could provide them useful information about their academic activity. As a result, this study showed that Mental support Room had potential to treat the problems of students with social withdrawal and improve their states.

ANXIETY, DEPRESSION AND QUALITY OF LIFE IN MOTHERS OF CHILDREN WITH AUTISM SPECTRUM DISORDER

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Educational Objectives: Autism Spectrum Disorders (ASD) presenting with social, communicative and cognitive impairments. Symptoms start from the first year of life and continue through the lifetime. Most patients need lifetime intensive care. Mother's role in treatment of these patients is essential and they are at high risks of depression and anxiety.

Purpose: Considering the growing number of diagnosed disorders in recent years and lack of knowledge about these disorders in our society, we decided to survey the score of quality of life, depression and anxiety levels in mothers with children suffering from ASD.

Methods: This descriptive cross sectional study is done on 127 mothers with children suffering from ASD. Diagnosis is conducted by the child psychiatrist through clinical interviews with children based on DSM IV- TR standards.

Demographic questionnaire contains mother's age and education, age and gender of the child, and the time passed since diagnosis of- ASD in the child. The WHOQOL-BREF questionnaire and Beck depression and anxiety inventory were filled in by mothers.

Results: The most important discovery of this survey was the large number of mothers with high levels of depression and anxiety. Thus 2.3 of mothers showed some levels of anxiety and half of them suffered from depression. Also quality of life in these mothers is lower than the average score of women in general population. There's a strong connection between the increasing age of the child, duration of diagnosis of ASD, the severity of mothers' depression and low quality of life in mothers.

Conclusions:

- Depression, anxiety and low quality of life in mothers with children suffering from ASD are more common.
- It is important to pay attention to these mothers.
- Early diagnosis and treatment of mothers ASD children can help the quality of family mental health.

Key words: Autism spectrum disorders, mothers, depression, anxiety, quality of life

THE COOPERATIVE WORK IN THE AMBITO SOCIALE XXIV OF MARCHE REGION. THE NETWORK OF GENERAL PRACTITIONERS, DEPARTMENT OF MENTAL HEALTH, HOSPITAL OF AMANDOLA, LOCAL AUTHORITIES, COMPANIES AND SOCIAL WORKERS.

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The integration of services, institutions, social network, companies and families is important to give to the patient with psychosis the answers and resources that allow him to have a social role and enable his integration and development of professional, social and personal abilities.

The task of the service is to prevent, as far as possible, the chronicity; the constant integration allows the patient and his family to have always one or more references, who are able to receive requests for help, so that these requests should not develop into acute psychotic episodes, with all their psychological wounds and sufferings.

Here we present the experience gained in these years in the territory of Ambito territoriale sociale XXIV of the Marche Region. The aim is not to propose models, but to improve this collective work in comparison with other experiences

We took into account the clinical conditions of patients followed by the service in a considerable period of time without using questionnaires or interviews. The observation over time is determined by the nature of severe psychiatric disease, which occurs at a young age in a percentage that varies between 0.4 and 1.4% of the population and needs long term complex of cares, which involve health system, and also social and institutional network. The focus is on the temporal aspect that engages us with psychosis, and with its outcomes ever complex to be defined and also to follow. We have chosen quite arbitrarily some indicators among the many possible

The observation relates to the patients being treated for severe disease (ICD9 295-296-297-301 e 303; ICD 10 F20-F29; F30-F39; F60-F69; F10) and we have focused attention on the age group 18-55 in order to avoid contamination of data because of cognitive impairment.

Results

The assessment of psychiatric work has wide space in scientific treatises, and it has not a settlement uniquely accepted in services. The objectives of evaluation are very different depending on the person carrying it out, but is it possible to get a share of the criteria and languages?

The analysis of the activities of Mental Health Dept (MHD) allows more adequate observation of the work and also helps to make a comparison with other services. The resistance of the operators are inevitable when confronted with the evaluation of the work, and that happens not only in the Italian experience. The Progetto Obiettivo nazionale "Tutela della Salute Mentale" and these of each region establish in Italy the evaluation of services as a basic element of the MHD and this will allow all operators to get elements not only quantitative for improving the work, even if it is easy to be considered self-referential by those who are strangers to psychiatry for work and training.

The DRG (diagnosis related group) system measures only the MHD- hospital function and not to the territorial function, which is or ought to be predominant; the "Progetto Obiettivo" provides guidelines and principles for the functioning DSM, determines the type and quantity of manpower, the number of beds, acute, residential and semi-residential. The outcome evaluation is still unusual, and so the comparison is done in terms of quantity or almost exclusively (number of visit, accessibility, number of hospitalizations and duration ...).

The focus is pointed more easily on the ratio between the number / duration of hospitalization vs. staff / bed nr of the acute ward, while the number of retirements due to illness can be neglected because they are not health expenditure in Italy and are considered almost inevitable. But the same example can be made between drug expenditure vs. absence from work due to illness or alcoholism between psychotic patients.

THE NETWORKING in the Ambito territoriale XXIV of Marche Region

The Collaborative work between General Practitioners, Department of mental health, Hospital of Amandola, local authorities, companies and social workers, is always brought to offer patients the most appropriate responses and in the time necessary and appropriate to prevent conditions of particular distress in the patient and in familiar that can make difficult the therapeutic approach.

It often happens that GP and specialist act together at home, especially when you need to start a course of treatment or when it is necessary to update, after an interruption of therapeutical program. The joint action between specialist and GP allows the patient to accept the specialist's approach with less alienation and fear, thanks to the "guarantee" that offers the GP. In some cases, the presence of GPs has been essential for the acceptance of a integrated therapeutical program, without the need to resort to compulsory treatment or hospitalization, thus allowing the patient to live in their own environment without undergoing particular removals, which are painful experience in the small communities in which we operate. it would be interesting for me to know if the urban experience is the same as I describe.

The access to specialist care or their resumption often occurs during a stay in the hospital in Amandola for medical reasons; the hospital team provides the patient with a global care which also includes psychiatric care (when needed), which is considered from patient along with the other treatments; sometimes that enables patients to overcome their distrust of psychosis. The purpose of networking is to simplify and facilitate access and maintenance of a therapeutical program based on the cooperation of the patient, so the network is necessary to motivate the patient to trust in the therapeutic relationship with a specialist. At the same time, the partnership allows the psychiatrist to avoid unnecessary overestimation or underestimation of symptoms that the patient reports. It happens, in the best cases, that the patient is almost accompanied in the therapeutic rather than sent from one doctor to another.

The same networking happens with the social and productive network when there is the need to ask a social or occupational grant. The mayor, employer or co-worker, policeman or priest work and live, in our small municipalities, with the patient and his family every day, and have of course a different opinion about the patient, different from what the specialist can have even if working in the district almost every day. When there is the need to ask a social grant for helping a patient to begin or restart to work it should be discussed with the community, which has an opinion about the patient. The opinion depends on how a patient lives in the community with his civil right. It is also notable that many of the grants are carried out in local companies, and it happens that the choice or an indication of the patient is followed as far as possible. This allows him to develop the perception of a self valuable and productive like his countrymen, and they can appreciate him as a citizen and worker rather than as a simple patient.

It is estimated that the rate of relapse between patients in remission for one year or more is 75% in 12-18 months after discontinuation of NL therapy, while the rate of disability retirement is estimated at 60% in the first year of illness and the suicide rate is 10%.

The social costs caused by mental illness are: loss of employment, sick leave, early retirement, removal from the household, dissociality and imprisonment, loss of social role and personal, and come to represent a share variable between 60 and 80% of the costs of major psychiatric disorder, and should be added to the health care costs for a more complete analysis of the costs in mental health care

RECOMMENDATION FOR SPECIALIZED MENTAL HEALTH SERVICES FOR SENIORS LIVING IN THE COMMUNITY

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the key elements to implemented efficient mental health services for seniors living in the community.

Introduction: Specialized mental health services for seniors living in the community are not that common in developed countries. More often than not this clientele is followed for mental and psychiatric problems by professionals from traditional services that focus more on the functional and physical health of individuals. Some innovative programs that exclusively serve seniors living in the community with a mental health problem are currently being offered throughout North America. In Québec, for the past 10 years, the Adult Mental Health Program of CSSS Cavendish, which offers specialized mental health services for 60+, has been a prime example of a structured organization of services adapted to the reality of this clientele.

Purpose: The specific purpose of the project is to identify a series of recommendations in order to implement specialized mental health services for seniors.

Methods: An evaluation of the process and impact of the program was conducted from 2009 to 2011 in order to explore the effects on the population served and the perceptions of the program's practitioners. An analysis was then carried out by comparing the best practices emanating from the scientific literature and the evaluation data gathered in the field

Results: Recommendations were made and address the philosophy of interventions (e.g.: the importance of the therapeutic alliance, psychosocial autonomy, social participation), terms of service delivery (e.g.: service offering, collaboration with organizations in the community network) and organization of services (e.g.: resources involved, funding).

Conclusions: The project achieved its objectives to identify recommendation that did inspire the Québec the provincial Ministry of Health and Social Services of Québec to in his Action Plan (2012) for services to offer to seniors. Such recommendations can have important implications for all professionals offering services to the population.

CORRELATION ANALYSIS BETWEEN PERSONALITY AND RESILIENCE IN NON CLINICAL SUBJECTS

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The resilience process has been defined as achieving positive adaptation despite experiencing significant threat, adversity, or risk. Among individual factors contributing to the dimension of resilience, the role of temperament, defined as the genetic/biological component of personality, has been discussed. One of strongest evidences is that having a temperamental proneness to react negatively to novelty is considered a risk factor for social withdrawal and anxiety disorders (Degnan and Fox, 2007). Other studies put into evidence how some temperamental traits such as flexible self-control, sociability, and task orientation can be useful in order to enhance resilience in children. Within the framework of the Cloninger's (1993) conceptualization of temperament and character, in healthy adults resilience is positively related to reward dependence, and negatively related to harm avoidance (Daphne et al., 2007).

The aim of the present study was to evaluate possible correlations between resilience and personality traits according to the Cloninger's model (1993), by assuming that this model may explain individual differences in cognitive appraisals and in responses to stressors way.

Methods: To 323 healthy subjects Temperament and Character Inventory (TCI, Cloninger, 1999) and Connor Davidson Resilience Scale (CD-RISC, 2003) were administered.

Results: statistical analysis of data showed significant positive correlations ($p < 0.0001$) among CD-RISC total score and Persistence, Self-Directedness e Cooperativeness, and an inverse correlation between CD-RISC and Harm avoidance. A further linear regression analysis has put into evidence that the four TCI variables were all good predictors of resilience. When entered in a forward stepwise fashion, only Harm Avoidance and Persistence was strong predictors of resilience ($p < 0.0001$).

Conclusions: Results confirm that personality traits play a significant role in determining the individual ability to cope with stressors. A proper evaluation of such aspects could provide useful indications on the capability to successful adaptation to life-events.

PROFILE OF CARE AT A MEDICAL SCHOOL EMERGENCY DEPARTMENT IN 2001 AND 2011 RELATED TO DRUGS USE AND ABUSE - MARILIA/ SP BRAZIL.

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There is a significant increase in the use of multiple drugs. The use and abuse is a current and alarming phenomenon. The use of this substance is a challenge to public health.

Objectives: To describe the epidemiology and clinical care of the emergency department by use of licit and illicit drugs in 2001 and 2011. Compare if there was a change in profile over the past 10 years.

Methodology: epidemiological descriptive study. We analyzed 1982 medical records in 2001 and 2465 in 2011. The study was approved by the Ethics Committee.

Results: Regarding sex, remained unchanged; the male is responsible for most of the medical care. Regarding age, there was no change over the last ten years, being individuals between 20-39 years old the highest rate of attendance. As the etiologic profile, there has been a change over the last 10 years. In 2001 the diagnosis of ICD-10-F10 (Mental and behavioral disorders due to use of alcohol) was predominant. In 2011 the ICD-10 and ICD-10-F19 (mental disorder and behavior due to multiple drug use and use of other psychoactive substances). As for the number of attendances, in 2001 there was a large concentration in the first quarter, while in 2011 it was better distributed throughout the year. There was an increase in the number of visits in 2011 compared to 2001.

Conclusion: We believe educational and preventive actions are necessary to minimize the increase in drug use. It is also necessary to have measures to reduce damage.

Keywords: Epidemiology, emergency care, alcohol and drugs, crack.

DISMINUCIÓN DE GROSOR CORTICAL EN POLO TEMPORAL Y REGIÓN CINGULADA ANTERIOR IZQUIERDA EN REOS VIOLENTOS EXTREMOS PSICÓPATAS

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Psychopathy is formed by a confluence of personality characteristics including manipulation, shallow affect, callousness and lack of remorse, irresponsibility, impulsivity, aggression and loss of empathy. The aim of this research was to determine whether brain regions involved in emotional processing and behavioral show structural alterations in violent psychopathic criminals. CIVET was used for processing structural imaging Nuclear Magnetic Resonance T1, to detect associations between the thick cortical gray matter and total score psychopathy scale (PCL-R) on a full analysis of the cortex, in 97 violent offenders (29 with and 68 without psychopathy). It was found that psychopathy is associated with a highly significant decrease (FDR = 0.01) cortical thickness in the dorsal anterior cingulate cortex and the temporal pole of the left hemisphere. These findings are consistent with reports of fronto-temporal abnormalities in psychopathic and support the hypothesis that alterations in anterior cingulate regions and the temporal pole, contribute to poor empathic and emotional processing associated with psychopathy

Key word: Psychopathy, MRI, thickness cortical, criminals

TEMPORAL POLAR AND ANTERIOR CINGULATE CORTICAL THINNING IN PSYCHOPATH OFFENDERS

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Psychopathy is formed by a confluence of personality characteristics including manipulation, shallow affect, callousness and lack of remorse, irresponsibility, impulsivity, aggression and loss of empathy. The aim of this research was to determine whether brain regions involved in emotional processing and behavioral show structural alterations in violent psychopathic criminals. CIVET was used for processing structural imaging Nuclear Magnetic Resonance T1, to detect associations between the thick cortical gray matter and total score psychopathy scale (PCL-R) on a full analysis of the cortex, in 97 violent offenders (29 with and 68 without psychopathy). It was found that psychopathy is associated with a highly significant decrease (FDR = 0.01) cortical thickness in the dorsal anterior cingulate cortex and the temporal pole of the left hemisphere. These findings are consistent with reports of fronto-temporal abnormalities in psychopathic and support the hypothesis that alterations in anterior cingulate regions and the temporal pole, contribute to poor empathic and emotional processing associated with psychopathy

Key word: Psychopathy, MRI, thickness cortical, criminals

PICA: NOSOGRAPHICAL AND PSYCHOPATHOLOGICAL ASPECTS

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In published studies, clinical explanations about Pica are limited to examine diagnostic pattern or to underline relation with other psychopathological problems, ignoring the dynamic development of the illness.

Considering that a definition of general psychopathology needs to respect the specific characteristics of single cases, we studied the anamnesis and the physic exam of a woman, that we saw in outpatient regimen, showing a Pica, associated to a OCD.

The Authors, after examining a clinical case of OCD, associated to Pica syndrome, analyse psychopathological development of the symptomatology in its complex, refuting some statements of published studies, that include Pica within obsessive-compulsive disorder spectrum. On the contrary, they think the coexistence of the two symptomatologies simply as an expression of a comorbidity. So, we thought a more careful knowledge in psychic development of the examined woman, and her life events, would let us perform a more appropriate psychopathological evaluation, and perhaps a different diagnostic assessment.

We knew, than, that it surely would not be a single case to enlighten us for a new aetiological hypothesis about Pica. We were also interested in understanding better why it seemed too restrictive circumscribing this problem within obsessive syndromes. From these remarks, we think it right to include Pica syndrome within eating disorders, with a particular element, related to the ingestion of non edible substances. Our task is not only to label symptoms, but above all to understand, because it is only from a right comprehension that can result a therapeutic response suitable and effective.

PERSONALITY FACTORS AND PSYCHODINAMICS OF CRITICAL PROCESS

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Objective:

This research work is about psychodynamics of critical process as a consequence of different life events considered highly stressful: myocardial infarction, carcinoma, partner's death. The objective of this study refers to the research of the course / psychodynamics of crisis with three high-stressful life events and how the psychodynamics of crisis depends on some factors of personality?

Methods: The sample was composed of 114 persons (66 men and 48 women) who experienced the following critical event

The research was carried out in three phases:

Phase I (beginning of the critical process): 5 – 6 days after facing a life event (interview, Hamilton Anxiety Rating Scale HAS, Hamilton Depression Rating Scale-HADS)

Phase II (duration of the critical process): 20 – 25 days after facing the life event (interview, HAS, HADS, NEO Personality Inventory-Revised- NEO PI-R)

Phase III 40 – 45 days since the critical event (interview, HAS, HADS, questionnaire of the perceptible social support, The Minnesota Multiphasic Personality Inventory -MMPI)

Results:

Results showed that, in comparison with other two groups, a group that suffered emotional loss shows the highest degree of depression and anxiety.

There is a positive correlation between neuroticism, hysteria, psychopathic deviation and paranoia on the one hand, and anxiety and depression on the other.

The negative correlation has been made in the relationship between anxiety and depression and trait conscientiousness and extroversion.

Conclusions:

The duration of a crisis seems to be connected with the type of the event, impression about the control of the event, blocking out the depressive affect of the critical process. Status of mental health is related to reactions to life events, and this status changes meaning of the events.

Our results support the hypothesis that neuroticism increases vulnerability to life events. Registered a negative correlation between conscientiousness and anxiety and depression is in relation to the role of locus of control. Negative correlation between anxiety and depression and extraversion could be in relation with psychosocial support in the crisis process.

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A COMPARISON OF TREATMENT OUTCOMES OF MEDICATION ADHERENCE AMONG SCHIZOPHRENIA PATIENTS AT A PSYCHIATRIC EMERGENCY WARD

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Educational Objectives: The aim of this study is to analyze how medication adherence affects treatment processes and outcomes among patients with schizophrenia in a psychiatric emergency ward. The outcomes studied are behavioral problems, positive symptoms, and the application of treatment by coercion.

Purpose: We searched the way to improve medication adherence using by our database.

Methods: Participants were 383 patients (167 male) with schizophrenia (n = 316), schizoaffective disorder (n = 39), or schizophreniform disorder (n = 29) who were admitted to our hospital's psychiatric emergency ward. We use the clinical indicator database (called eCODO; coercion measures Database for Optimization) which includes patient's demographic factors, Brief Psychiatric Rating Scale (BPRS) and doses of medication and so on. And we analyzed the indicators of hospital treatment outcomes, for the adherent group and the non-adherent group receiving antipsychotic medication. We examined these associations by using SPSS to conduct t-tests and chi-square tests on these factors. This study adequately conforms to ethical requirements. In addition, it has been approved by the section of our hospital's ethics committee that deals with the protection of personal information.

Results: At the time of admission, the non-adherent group showed the following significant differences from the adherent group: (1) a higher BPRS score, (2) lower Global Assessment of Functioning (GAF) score, (3) higher risk of violence, (4) higher suicidal ideation, (5) lower amount of medication, and (6) higher enforcement rate of muscle injection. The BPRS sub-scores showed significant results in terms of more hostility, more tension, stronger depression, and higher rates of hallucination and delusion in the non-adherent group. This group also faced a longer period of seclusion and required hospitalization for a longer period. However, at the time of discharge, both the groups showed no differences in terms of BPRS and GAF scores.

Conclusions: Non-adherence to medication causes the recurrence of diseases and a tendency to exhibit higher aggressiveness. Therefore, non-adherence leads to a more coercive treatment and a longer hospitalization. We need to make an effort to improve medication adherence by explaining to patients and their families about related treatment outcomes. Improved adherence might reduce seclusion and hospitalization. We need to keep analyzing our database in order to improve the treatment.

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PERCEPTION OF COERCION IN PSYCHIATRIC PATIENTS

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Introduction: Coercion is faced to dilemma between moral considerations and the necessity of measure to restore autonomy in patients with temporary mental incapacity. Therefore, the patient's opinion regains interest of the World Health Organization increasingly as major indicator of how well health services are performing in providing health care.

Objective: the aim of the current study is to assess the perception of coercion in psychiatric inpatients

Methods: The sample will be recruited from patients hospitalized in Ibn Rushd University Psychiatric Center in Casablanca. We used:

- A questionnaire pre-established by the authors in order to collect socio-demographic and clinical data.
- The MacArthur Admission Experience Survey (Short Form) to assess the perception of coercion in psychiatric inpatients.
- Recruitment of patients with bipolar disorder diagnosed according to the criteria of DSM IV-R
- Collection and statistical analysis of data will be realized using Epi-Info software.

Results: ongoing

EXPLOSIVE STORAGE NIKŠIĆ PSYCHOLOGICAL REACTIONS OF PEOPLE WHO HAVE SURVIVED EXPLOSION

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On the 7.06.2006 , around midnight, an explosion occurred in a explosives storage Vir settlement in Niksic. A number of houses have been damaged also apartment buildings, 120 people suffered the physical injuries, wildlife is threatened and endangered.

The explosion of a large scale is treated as an emergency catastrophic situation that causes specific psychopathological reactions of many people.

In this case, there was no organized psychiatric help immediately after the event.

In 2010 and 2011 for the purposes of the court's psychiatric evaluation was done to assess fear of people and pay damages.

Interviewed 340 persons: 231-adult and 109-time children.

Psychiatric interview was used as a method of collecting data of traumatized persons and stressful experience, and impact of event scale (Horowitz et al, 1979) to test the degree of presence of PTSD symptoms.

The different psychological reactions were Identified with children and adults on a catastrophic event: acute reaction to stress, stress disorder after trauma, adjustment disorder, a prolonged depressive reaction, psychosomatic problems.

The aim of the presentation of results of psychiatric expertise is the need to define a unified doctrine on organization and assist psycho traumatized people in emergency situations.

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THE MENTAL HEALTH OF CHILDREN AND THEIR PARENTS OR GUARDIANS: PERCEPTIONS ON THE PREVALENCE AND THE IDENTIFICATION OF THE RELATIONSHIPS BETWEEN THEM

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The literature points that the identification of problems related to infant mental health and the processes involved in its occurrence is important because it enables a better understanding of this population's reality regarding this special condition, as well as it supplies elements for reflections, planning and implementing public health policies, education, and social assistance which aim infant mental health promotion and can supply the presented demand in a more effective way. Additionally, studies have indicated that the risk factors present in the environment in which the child lives at, as well as the family's social-economical situation, family's structure, parents' mental health, parenting styles, among others, are the most influential in the development of problems related to infant mental health. In this direction, the present study has as objective to assess the prevalence of mental health problems in students of the first cycle of the primary education, and the risk and protection factors represented by the variables – social support of the responsible person, parenting practices and styles, mental health of the responsible person, and variables related to the family's structure and the context associated to them. There have been 321 participants who were responsible for children studying from the first to the fifth grade of elementary schools of the municipal network of the city of São Carlos. The measuring instruments were: Activities of Daily Living Questionnaire (ADLQ); Brazil Economic Classification criteria (CCEB); Strengths and Difficulties Questionnaire (SDQ); Social Support Questionnaire (SSQ); Parenting Styles Inventory (PSI) and Mini International Neuropsychiatric Interview (MINI). The collected data was analyzed from the spreadsheets of each instrument and the descriptive, comparative and correlational statistical studies. The results found indicated a rate of infant mental health prevalence of 43%, and that 63% of the responsible people have at least one mental disorder assessed by the MINI. Regarding the potential risk factors identified in the present study, it has been observed that infant mental health has been significantly related to the variables: risk practices and styles, responsible person presenting at least one mental disorder, and the existence of fights within the family. Regarding the protection factors, the variable “existence, in the family, of responsibilities and rules that all members acknowledge and comply” has been associated to the pro-social behavior of the SDQ in the general sample. Besides that, in the family groups that experience two or three risk factors identified in this study, the satisfaction of the responsible person with the perceived social service has been identified as a potential factor of protection for the children's mental health. The results were discussed under the light of the factors theory and mechanisms of risk and protection of infant mental health. It is pointed out that the findings of this investigation contribute for a better understanding of the mental health situation of school-age children, as well as it signals factors of risk and protection, indicating important matters to be considered by the public policies of health, education, social assistance, and other ones which can deal in a more effective way with this reality.

IDENTIFICATION OF SOURCES OF SOCIAL SUPPORT FOR CHILDREN AND ADOLESCENTS

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Funding agency: Research Foundation of the State of São Paulo (FAPESP)

During the different stages of life, sources of social support vary as result of circumstances and situations experienced. Social support is considered an important protective factor for mental health of children and adolescents facing the risk situations. Objective: To Evaluate the perception of social support and social-emotional development of children and adolescents, and the relationship between them. Method: 532 students, aged between 11 and 18 years attending public schools in three medium-sized Brazilian cities. We used the Brazilian version of the Social Support Appraisals, which assesses the perception of children and adolescents about the support received from family, friends, teachers and the community, and the Strengths and Difficulties Questionnaire (SDQ) that investigated the symptoms of difficulties and their impact on the child / adolescent in your family life and school. Results: In relation to the total support received, 75,2% of respondents indicated a perception that ranged from medium to very high. The family is perceived as a major source of support, and there was decrease in perceived support from teachers with increasing age, and increased perception of support from friends from high school. As form SDQ the total difficulties considered clinically was 13,2%, with predominant symptoms of conduct problems and emotional symptoms. In correlation studies, there was only significant negative relationship between the social support and total symptoms total difficulties. Among the results, negative relationships were found between the perception of support from friends and total symptoms of difficulties and relationship problems with colleagues; family support and overall symptoms of difficulties; teacher support and conduct problems. Conclusions: Social relationships allow - in addition to social support - experiences that are fundamental to the socio-emotional development of children and adolescents. Poor relations at this stage of development can lead to early symptoms of problems and / or emotional disorders, that may cause difficulties in other stages of life. The results of this study are supported by recent studies also indicate that the relationship between social support and mental health outcomes in children and adolescents. The study achieved its objectives and resulted in confirmation that social support helps children and adolescents cope with events and challenges facing this phase of development, and may have repercussions during adulthood.

PERSONALITY, ALEXITHYMIA AND ANGER IN A SAMPLE OF ADULTS AFFECTED BY TYPE 1 JUVENILE-ONSET DIABETES

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Introduction: The pathogenetic hypothesis of personality disorders considers the influence of both genetic/constitutional and environmental factors. Type 1 diabetes (T1D) is a chronic and a disabling illness whose early onset could imply a stressor for affected individuals, with possible negative effects on personality development, on several emotional dimensions, such as anger, and on the ability to recognize and express emotions, namely the construct of alexithymia.

The aim of the present study was to evaluate the role of T1D on personality traits, also focusing on emotional dimensions.

Methodology: The sample is composed by fifty-five subjects (age range 22-72 yrs) affected by type 1 diabetes, recruited from the Diabetes Outpatient Unit of the University Hospital of Messina, Italy. Diagnosis

made on the basis of ADA criteria. All subjects were assessed with the following psychodiagnostic instruments: Big Five Questionnaire, TAS-20 and STAXI-2.

Results: Performing statistical analyses, “Emotional Stability” (the opposite of Neuroticism on Big Five) scale score was inversely correlated with TAS-20 total score, and with STAXI-2 T-Ang, AX-O, and AX-I scales scores. Moreover, Emotional Stability resulted directly correlated with STAXI-2 AC-O scale score. Finally, the age at onset of T1D has been found to be a good predictor of the dimension Neuroticism (p.008), whereas the variable “Duration of illness” was a good predictor of T-Ang (P.004).

Conclusions: Our findings suggest that the presence of a chronic, early-onset and disabling illness such as TD1 may have a pathoplastic role on several personality traits and emotional dimensions. Particularly, two features of the disease, namely the age at onset, and duration of illness, resulted to be good predictors of neurotic and angry traits. Specific psychological approaches aimed to cope with negative emotions may have favorable implications for preventing and managing psychopathological problems in T1D patients.

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YOUNG OFFENDERS IN BRAZIL: MENTAL HEALTH AND FACTORS OF RISK AND PROTECTION

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The literature has pointed that young offenders may show varied problems of mental health, although a few Brazilian studies focus on that question.

Objective: The aim of the present study was to identify the profile of male young offenders in treatment and also to identify correlations between levels of mental health, self-esteem, social support and parenting and correlations between these elements.

Design and Method: 33 male young offenders who attend the socio-educational program of a mid-size city in the State of São Paulo-Brazil took part on the study, with ages between 14 and 18 years, answered specific instruments to appraise different variables of focus.

Results: The results indicate that 67% of the adolescents presented mental health problems and; 84% perceive that the social support they receive is below “low” or “medium” and 33% judge their parental style of their caregiver as risk. How less is the self-esteem of the young offenders, more their caregiver are negligent and lesser is the support of the family.

Conclusion: It is suggested that the preparation of professional that act together the young offenders to identify the need to forward and accompany in mental health, articulate with mental health services and social service; among others.

ART THERAPY AND IMPROVEMENT OF QUALITY OF LIFE IN PATIENTS WITH SCHIZOPHRENIA

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Introduction: Art therapy is a psychotherapeutic intervention through artistic creativity. The purpose of our study is to evaluate the impact of art therapy on the quality of life in patients with schizophrenia stabilized on pharmacological treatment.

Method: we recruited a sample of 40 people with schizophrenia outpatient followed up in the Ibn Rochd psychiatric center of Casablanca. They were divided into two groups:

-Group A: 20 patients who received 15 sessions of art therapy of 90 minutes.

-Group B: 20 patients who will form the control group.

All patients of each group are stabilized on pharmacological treatment.

We assess their quality of life with the schizophrenia quality of life scale.

AN EVALUATION OF NPIRS – IRELAND'S NATIONAL PSYCHIATRIC INPATIENT REPORTING SYSTEM

Rosalyn Moran¹, Donal McAnaney², Richard Wynne², Brendan Curran¹, Breda Naddy¹, Maura Hiney¹

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Objectives: NPIRS is the Irish psychiatric reporting system which collects all admissions to and discharges from psychiatric hospitals and units throughout the country and related socio-demographic, diagnostic and health service data. Approximately 19,000 admissions and a similar number of discharges are recorded annually. The database is one of a number of such health related systems managed by the Health Research Board [HRB], Dublin. The HRB Strategic Business Plan 2010-2014 committed to carrying out an evaluation of NPIRS to ensure that the information system was high quality and fit-for-purpose. An independent research organisation - Work Research Centre, Limited won the tender to carry out the evaluation. This paper is based on the findings of this study.

Methods: The study involved three methods. Firstly an Accuracy and Completeness Study where a random selection of 1123 admission records from 2010 were selected. These were compared on 13 data fields (14,599 data fields audited) to hospital sources in a stratified random sample of 27 participating hospitals/units. The sample was stratified by Hospital Types, Methods of Data Returns and Administrative Area.

Secondly a survey of hospital staff supplying data to the HRB was carried out i.e. NPIRS Contact Persons [NCP] Survey. This aimed to gather views and experiences of NCPs and helped to inform the interpretation of findings and in the formulation of recommendations.

Finally Stakeholder Consultation which involved analysis of questionnaires and of findings from a Focus Group held with stakeholders. The focus here was on stakeholders' views of the usefulness of NPIRS, the formats in which it is provided, the extent of its usage etc.

Results: An accuracy rate of 95%, which is high by international standards, was chosen as a benchmark. An overall accuracy rate for the NPIRS data of 97.8% (2.2% discrepancy rate) was found. The majority of fields exceeded a 99% accuracy level. The Primary Admission and Discharge Diagnosis fields had accuracy rates of less than 95% (94.48% and 92.52% respectively). The consultation identified Core and Ancillary User Groups for NPIRS outputs who used the information for different purposes.

Conclusion: The evaluation provided independent evidence that the accuracy and completeness of the HRB's national psychiatric database exceeded international standards. In total, 16 recommendations were made with the objective of improving aspects of the NPIRS system. The evaluators pointed to the very high dependency on stakeholders external to the HRB to effect further improvements in NPIRS.

FEATURING THE YOUNG USERS OF MENTAL HEALTH SERVICES IN THE CITY OF SÃO CARLOS, BRAZIL.

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The prevalence of mental health disease in child and adolescents is estimated between 10% and 15% which 3% to 4% require intensive treatment. According to researchers, the adolescents have been considered a vulnerable age group for mental health disturbs development, as socioemotional difficulty, behavioral, eating disorders and drug addiction. Following this direction, studies have indicated a high demand for children and adolescents for mental health services which constitutes 50% of the public for such treatments. Thus, writers point out the importance of developing researches in the Mental Health area faced to childhood and adolescence, seeking to stimulate the development of public politics and effective interventions to this population. The present study aimed to indentify and characterize the young users of mental health services in São Carlos city, attended for demands related to mental health. For the collect of data, was used of an Information Register Protocol made by the researchers and presented by the services professionals. It is noteworthy that all the Ethical procedures were implemented. Professionals of eleven health Units of the Basic Health Attention and two services of medial complexity of São Carlos city were involved, countryside of São Paulo state. The data acquisition refer to adolescent that been through these services on the period of 2010 March at 2012 October. The research achieved different results referents to 194 adolescents which 73 were from the Primary Health Attention and 121 from Mental Health Specialized Attention. Related to gender, 59% were male and 41% were female; 34% were 10 at 12 years old, 56% were 13 at 16 years old and 10% were over 16 years old. 91% of the adolescents were matriculated and going to the school frequently. Related to the most common demands/complaints, it was observed that 23% of the adolescent presented complaints related to socioemotional symptoms, such as insecurity, anxiety, sadness and depression; 18% presented behavior difficulties and indiscipline; 14% presented cognitive disorders and low school performance. About the deportment and guidance used by the services, was verified that the most important deportment token by professionals was the accompaniment of the adolescent on the service (58%), been realized individual and group treatments. The founded results reinforce the literature data which indicates the high demand of adolescents for the Mental Health services. However, this study identified a small number of adolescents over 16 years old attached to the services, what causes the reflection about what could be involved on the low search of this population for the services and/or where are these adolescents of this age group with demands for Mental Health Care. Is pointed the needy of continuity of studies that could probe in the question of mental health of adolescents and young people looking for understanding all those specificities and the demands of the professionals and services, for the purpose of subsidize reflections and public politics really effective to the needy and demands lived and faced daily for this population.

ALCOHOLISM AND SECONDARY GAIN (SG)

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The problem of alcoholism is the problem of an individual person, but also his family, business and social surrounding and finally also the problem of the whole society. The society makes possible and to some extent tolerates the presence of problematic drinking, till the point when the person having that problem is left to face the problem and the consequences or to accept the therapy. In most cases, an individual accepts the treatment at the moment when he/she is deserted by the family, business and social surrounding. From the beginning of the problematic drinking till the beginning of the treatment, the whole surrounding takes part in maintaining that state of drinking, gaining that way the SG.

We think that SG is a powerful homeostatic tendency which is clearly visible just during the process of treatment, which enables to treat it therapeutically and to encourage both an alcoholic and his family to accept the changes. Manifestation of SG is also the only way to approach it in a therapeutic way and start the process of eliminating it. SG or the gain from the harm, as it is often called, is actually some kind of consolation prize for all members of the family system, who lost or even never believed that life could be better, more functional, with fewer problems and, first of all, without addiction.

Adaptation to non-functionality by everyone, from an individual to the whole society, becomes a virtuosic decision to transform the SG into the protective system for him/herself and all his/her relations and supported by the tolerance of the society and the law towards problematic drinking. The society deserts an alcoholic, working surrounding too, and friends and family criticize that person, not even understanding their part of responsibility for existence of alcoholism. They do not even analyze the level of their own tolerance during its presence, which often takes the period longer than ten years. If SG is present in all relations and on all social levels, why is then so little invested into the work of experts-therapists, whose task is to reconstruct the SG of the whole surrounding? The fear of changing something is stronger than their capacity for treating the problem, since it often turns out that the fear of changing something has its roots in the context which a lot exceeds individual level and self addict.

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EFFECT OF A PHYSICAL ACTIVITY PROGRAM ON MANUAL DEXTERITY ON INDIVIDUALS WITH SCHIZOPHRENIA: PRELIMINARY ANALYSIS.

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The regular practice of physical activity (PA) has an important role in the improvement of the quality of life of individuals with Schizophrenia. So, besides acting as a complement to the treatment, improving the physical health, increasing the self-esteem and providing social interaction opportunities, PA programs also demonstrates beneficial effects in the development of motor abilities, namely, concerning global and fine manual dexterity. Thus, having a better development in diverse tasks involving manual dexterity, both at work and in daily activities, individuals with Schizophrenia get more improvement and autonomy in their life.

Objectives: This study aimed to evaluate the effects of a PA program on Fine Manual Dexterity (FMD) and Global Manual Dexterity (GMD), according each hand and two-hands combined, in individuals with Schizophrenia.

Methods: The sample comprised 11 adults, belonging to a Psychiatry Unit from the city of Porto, Portugal. The Edinburgh Handedness Inventory (Oldfield, 1971) evaluated the manual preference. The FMD and the GMD were evaluated, through Purdue Pegboard Test (2002) and Minnesota Manual Dexterity Test (1998) respectively, before and after the implementation of a structured PA program, along 12 weeks, with twice a week sessions of 50 minutes each. It was calculated the manual asymmetry (absolute difference between preferred and nonpreferred hands). On statistical procedures the Wilcoxon and Mann-Whitney tests were applied.

Results:

On the FMD, from initial to final evaluation, the participants showed statistically significant improvement with respect to the preferred hand, nonpreferred hand and two-hands combined. Manual asymmetry decreased but not significantly.

Concerning DMG, from initial to final evaluation, the sample showed statistically significant improvement on nonpreferred hand and on two-hands combined. According to the preferred hand, improvements were not significant. Manual asymmetry decreased but not significantly.

Conclusions: The applied PA program had influence on FMD and DMG of individuals with Schizophrenia. The improvement was most notorious on FMD. Furthermore, through observation and not involving a statistical analysis, we found that the PA program promoted positive changes in participants, with respect to mental health, self-esteem, wellbeing and social relations.

COST-EFFECTIVENESS OF EARLY INTERVENTION IN PSYCHOTIC DISORDERS

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Educational Objectives: Psychotic disorders are typically prolonged and often result in considerable disability and economic burden. It is recognized as the third leading cause of disability-adjusted life years lost according WHO's 2001 World Health Report. Data derived from programs for early detection and intervention in first-episode psychosis suggests that providing a comprehensive and integrated treatment can reduce the duration of untreated psychosis (DUP), avoiding detrimental effects on clinical course and reducing social and economic costs. Facing worldwide scarcity of resources and competing demands, evidence indicating effectiveness may prove insufficient to support the implementation of such standards of care. Economic evaluation of service, whereby costs and outcomes are viewed simultaneously, has become increasingly important as an evidence of programme's value among mental health services. In the last two decades policy planners seem to have gradually accepted early intervention (EI) models for psychosis, as the robustness of the efficacy of specialized EI services has grown steadily. However some evidence has suggested that these gains may not be maintained over the long-term, especially after the transition from EI services to standard mental health care.

Purpose: We propose to evaluate the cost-effectiveness of early intervention in early psychosis, comparing all available results from different countries.

Methods: Searches were undertaken in the Cochrane Central Register of Controlled Trials, PubMed, EMBASE, and PsycINFO with keywords including 'cost-effectiveness', 'economic', 'early intervention', 'psychosis', "prodrome" and "high-risk".

Results: Despite encouraging initial data from clinical research, more rigorous methods (randomized control trials and quasi-experimental studies) suggested no significant difference in resource utilization or costs between EI and treatment-as-usual groups. One small case-control study with evidence of significant bias concluded EI annual costs were one-third of treatment-as-usual costs.

Conclusions: Early intervention in psychosis has been hypothesized as improving the clinical course of psychosis but also making such disorders less costly to treat when compared with traditional forms of care. However, economic evaluation of EI, particularly modelling studies, should identify and incorporate the strongest available evidence, and the published literature does not yet support the contention that early intervention for psychosis reduces costs or achieves cost-effectiveness.

21st World Congress of Social Psychiatry - 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

10

Mental health care in developing countries

Posters Session

TEACHING COPING SKILLS AFFECTS ON DECREASING MENTAL DISORDERS SYMPTOMS OF STUDENTS

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Introduction: Mental health is a phenomenon which has been considered by psychologists, medical doctors and religious scholars and it is a combination of physical, social and cognitive factors. Due to the effectiveness of teaching coping skills in increasing mental health, this study was done to achieve the effect of teaching coping skills in providing mental health in students of Ardabil University of medical sciences.

Methods: due to the nature and aims of the study the study method was experimental research method. The samples of the present study comprised all male and female students ($n=112$) and gained 23 or more in GHQ-28 questionnaire. At the next stage the samples were selected randomly and divided into 2 groups. Then, coping skills were taught to the experimental group for 4 weeks and no variable was exposed to the control group during this period. At the end the data from 62 individuals were analyzed by independent T test.

Results: the results showed that teaching coping skills affects on decreasing mental disorders symptoms especially somatization of symptoms and anxiety of students suspected to the mental disorder ($R<0.001$). But the teaching coping skills do not affect on decreasing depression and disorder of social functioning of students.

Conclusion: the study showed that teaching coping skills is a good method in decreasing mental disorders symptoms among the students suspected to the mental disorder. Therefore it is suggested that in order to prevent and decrease mental disorders symptoms the coping skills should be taught to students.

REDUCTION IN ANXIETY AND DEPRESSION BY EDUCATION OF PATIENTS WITH MYOCARDIAL INFARCTION

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Background: The myocardial infarction is the interruption of blood circulation heart that causes its cells to die.

This deprives the heart muscle of blood and oxygen, and causes chest pain and pressure sensation. Hypertension and other risk factors like high cholesterol, cigarette smoking, and physical inactivity, can lead to coronary heart diseases with symptoms of depression and anxiety that predict subsequent mortality. The purpose of this study was to determine the effect of education on anxiety and depression in patients with myocardial infarction in selected hospitals of Urmia , Iran hospitals in 2009.

Methods: This study was a quasi-experimental study that comprised 124 patients selected randomly and divided into two groups. The experimental group was educated by a face to face training and educational booklet. Control group did not receive any intervention. The level of anxiety and depression was evaluated by using HADS questionnaire at 3 intervals .After 48 hours of admission, discharge day and 2 months after discharge.

Results: The findings suggest that MI patients worried about their social role, interpersonal relations and personal health, which can exacerbate symptoms and complicate their future care. There was no significant difference between control and experimental groups before the intervention, But after the intervention, anxiety and depression in the experimental group was significantly less than control group ($P<0.05$).

Conclusion: Considering the beneficial effect of intervention on reducing anxiety and depression in such patients, the patient's education should be one of the health care goals. Most researches may also be required to confirm the results in other groups of patients.

Keywords: Education, Anxiety and Depression, Myocardial Infarction

PREDICTING WESTERN-TRAINED HEALTH CARE PRACTITIONERS' BEHAVIORAL INTENTIONS TO WORK WITH TRADITIONAL HEALERS: IMPLICATIONS FOR THE THEORY OF PLANNED BEHAVIOR

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Abstract

This study was informed by South Africa's proposal to integrate traditional African healing and Western medicine in state health care institutions. The study aimed to investigate how Western-trained health care practitioners' opinions, attitudes, knowledge and experiences with traditional healing could predict their intentions to work with traditional healers in the future. Participants were 319 Western-trained healthcare practitioners at state hospitals and clinics in Gauteng and Limpopo provinces in South Africa. Results of standard multiple regression analysis using 'enter' method revealed that the predictor variables (opinions, attitudes, knowledge and behavioral intentions) explained 51% of the total variance of health care practitioners' intentions to work with traditional healers in the future, $F(4,314) = 81.56$, $p < 0.0005$. Out of the four predictor variables, the attitudes variable made the strongest unique contribution to explaining health care practitioners' intentions to work with traditional healers in the future (7%) when the variance explained by other variables in the model was controlled for. Theoretical implications of these findings in relation to the Theory of Planned Behavior are discussed (Ajzen & Madden, 1986).

Keywords

Traditional healing, Western-trained health care practitioners, opinions, attitudes, knowledge, experiences, behavioral intentions, theory of planned behavior

NEW PATHS OF GOOD MENTAL HEALTH REFORM IN BOSNIA AND HERZEGOVINA

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Objectives: In recent years, the burden of the economic crisis contributed that Bosnia and Herzegovina (B-H) remains a developing country, with further risk of damage on already disturbed mental health of population in B-H. Project of Mental Health in Bosnia and Herzegovina (PMHBH), supported by Swiss Agency for Development and Cooperation (SDC) and both entity Ministries of Health, continued with mental health reform in B-H with the aim of reinforcing all subjects relevant to mental health in order to get affordable, quality and specialized mental health care services in the community.

Method: Review of the implemented project activities of first phase PMHBH during the period 2010-2013.

Results: Improving administrative and legislative framework that enables efficient processes in the field of mental health care, in terms of creating similar Mental Health Strategy for both entities who intertwining different public sectors and providing guidelines for the development of new services in the community, especially through an already established network of 58 Community Mental Health Centres (CMHCs). It has been made a new expanded Services Nomenclature, supported by Health Insurance Funds. In the field of human resources has been invested in continuous, highly specialized trainings, focused both on mental health nursing and multidisciplinary team work (case management and research capacities). Enhanced intersectorial cooperation and quality mental health care in the community is pointed out as one of the priorities of the reform, which are supposed to support a managements of a Health Centres (HCs), through the convergence of the CMHCs roles within the HCs, and encourage the commencement of accreditation of their CMHCs. Fighting stigma and discrimination associated with mental disorders is a special goal PMHBH, which is implemented through the activities of the public mental health promotion and customer initiatives through a medical magazine available to healthcare professionals. Support to the users associations capacities development in order to strengthen their abilities to effectively participate in the development of mental health policies and service provision in their communities through capacity building trainings and grants scheme.

Conclusions: The first phase of the PMHBH (2010-2013) implements the planned activities in all areas of mental health, including more than half of mental health professionals and service users (directly- education, and indirectly- promotion, administrative and legal framework, users' associations) and significantly improves the quality of mental health care for all population. Continuation of the PMHBH is a logical sequence of reform, which should become a sustainable and conducive.

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THE ASSOCIATION BETWEEN HYPERTENSION, DIABETES, LOW HEMOGLOBIN LEVEL AND HEALTH STATUS WITH DEPRESSION

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Objectives: Depression is more likely in patients with certain chronic diseases, and it is associated with increased rates of disability and mortality. Many studies revealed that certain chronic diseases are strongly associated with depressive symptoms.

Purpose: The purpose of this study was to determine the relationship between certain chronic diseases; hypertension, diabetes, asthma, low hemoglobin level and health status, with the presence of depression among general population.

Methods: Cross-sectional study was conducted from 787 subjects in different age groups, who had participated in a major campaign in Riyadh, Saudi Arabia during March 2012. Blood pressure (BP), random blood glucose (RBG), Serum hemoglobin (Hb), self-rated health status questionnaire and depressive symptoms using Beck Depression Inventory Scale (BDI) had been measured. Covariates included age, sex, and presence of hypertension, diabetes, or asthma. We analyze the data using Statistical Package for the Social Sciences (SPSS) program version 10.

Results: Of the 787 subjects (527 were Saudi nationals) participated in the study and included in the final analysis, 50.5% were females, 12.7% of study subjects were less than 25 years and 4.2% were 55 or more years of age. The mean age of the sample was 33.7 years. There were (14.6%) their BP was exceeding (140/90 mmHg). RBG exceed 200 mg/dl was (4.3%). Measuring the Hb level was surprising, (14%) were having Hb level below 11 gm./dl. BDI scale was used to screen for depression. The prevalence of depression among “medically free” population was (29.9%). The overall prevalence of chronic diseases among the study subjects including asthma, hypertension, and diabetes or combination of two diseases or more were 18.2%. Surprisingly, there was no significant relation between depression and chronic diseases with p-value 0.092.

Conclusions: The presence of chronic diseases such as hypertension, diabetes, and low hemoglobin level are not risk factors for having depressive symptoms among general population. Poor self-rated health status appears to be more strongly associated with depression than the presence of chronic disease. This study revealed the association of depression with some chronic diseases, especially anemia and low hemoglobin level. Further studies will be conducted to find the strength of depression associated with those chronic diseases.

PREVALENCE OF DEPRESSION AND ITS ASSOCIATION WITH SOCIO-DEMOGRAPHIC DIFFERENCES AMONG GENERAL POPULATION

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Objectives: Depression is a common and important cause of morbidity and mortality worldwide. Many studies documented high rates of depression among people in their reproductive age and significant detrimental health effects for them and their families.

Purpose: The main purpose of this study was to measure the prevalence of depression among general population and looking for the socio-demographic association with the presence of depression.

Methods: Cross-sectional study was conducted from 787 subjects in different age groups, who had participated in a major campaign in Riyadh, Saudi Arabia during March 2012. Age, gender, body mass index (BMI), educational level, marital status, having children, and depressive symptoms using Beck Depression Inventory Scale (BDI) had been measured. The correlation between BDI, and the health condition were obtained by statistical analysis using Pearson correlation on SPSS software version (10).

Results: BDI scale was used to screen for depression. The mean age of the sample was 33.7 years. The prevalence of depression was (30.3%). Females (50.4%) were predominant in depressive symptoms (39.8%) more than males (20.7%). BMI has significant association with depression; overweight and obese people (73.3%) have depressive symptoms (43.5%) much more than normal body weight and underweight population (26.5%). The higher the level of education (47%), the lower the symptoms of depression (29.2%) compared with low level of education (31.6%) (P-value 0.035). Results reveal that being single (30.2%) was a risk factor for depression (32.35%) than married (29.5%). Depression was associated more among people having no children (33.45%) compared to ones who have children (28.57%).

Conclusions: The prevalence of depression and depressive symptoms are common among general population. Logistic regression analysis revealed that gender was the most important significant predictors of depression. Female gender is considered to be the major risk factor for depression. The higher the BMI is associated with higher the depressive symptoms. The study clearly revealed that being married, having children and higher the education level were protective factors from depression. Certain Socio-Demographic differences and their association with the depression have been clarified in this study. Further studies will be conducted to find the strength of depression associated with those Socio-Demographic differences.

THE RECOVERY OUTCOME OF A STRENGTHS-BASED REHABILITATION PROGRAM FOR PERSONS WITH PSYCHIATRIC DISABILITY

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Objectives: The investigator had launched a recovery-oriented program and applied strengths perspective as the intervention theory for two years in Taiwan. This study aimed to examine if this model could facilitate recovery for the participants.

Methods: The investigator adopted a quasi-experimental design with five times of measurement on the participants: the beginning of the program (T1), six months after (T2), and nine months after (T3), fifteen months after (T4), and 21 months after (T5). The participants were composed of 37 consumers in a day hospital and 18 in a community psychiatric rehabilitation center in Kaoshiung city. Those who had a diagnosis of substance abuse, mental retardation, or dementia were excluded. The completed questionnaires for each test were as follows: 55 for T1, 53 for T2, 53 for T3, 50 for T4, and 39 for T5. The analyses were based on the 39 participants who completed all the five tests. The investigator used MANOVA repeated measure and Wilcoxon tests to examine the changes.

Results: Based on MANOVA test, the overall recovery score significantly changed ($p < 0.05$) over time. The findings revealed significant improvements between T1 and T3, and between T2 and T3. Significant decrease was also observed between T3 and T4. There was increase between T4 and T5; however, it was not statistically significant. When examined closely the components of recovery. The process components (regaining autonomy, sense of hope, and management of disability) fluctuated more than the outcomes of recovery (social functioning, life satisfaction, and helping others). For the recovery outcomes, continuing growth between first three measures were observed. Moreover, among the 39 cases, 2 of them were discharged due to positive outcomes and five dropped out due to personal reasons. The investigator further examined the differences in terms of pattern of changes over time among the three groups (positive change, continuer, and dropout). The results showed that the positive change group had more growth, followed by the continuers, and the dropouts between T1 and T5. The dropouts also had greater decreases in total recovery score and the component scores between T3 and T4.

Conclusions: The findings demonstrated that this model could be conducive to the recovery of the participants. The changes reached significance nine months after the program began. However, it is a gradual and spiral uplifting process, which takes strong belief and patients to observe for the professionals.

Keywords: recovery, stages of recovery, psychiatric disability

THE REFORMING OF CHILDREN'S MENTAL HEALTH CARE (CHMHC) IN UKRAINE

Igor Martsenkovsky¹, Irina Pinchuk¹, Svitlana Kazakova², Dmytro Martsenkovskiy³

Introduction. The restructuring of CHMHC are is the part of overall medical and social policy reform.

Material and Methods. At the end of 2011 the President of Ukraine has adopted a political decision to reform of CHMHC. According to the Decree of the President of Ukraine № 1163/2011 "On the issue of ensuring the rights of children in Ukraine" on December 16, 2011 The Ministry of Health of Ukraine has developed a new procedure of psychiatric care for children.

Results. Were identified five areas of reform: 1) To move the emphasis from biological treatment to the psychosocial care: promotion of healthy lifestyle, development of specific prevention programs for educational institutions, programs of inclusion of children with disabilities and mental health problems in existing general education and vocational training system, supporting programs for children with disabilities and special social and educational needs on their place of residence; 2) Improvement of psychiatric care for children: the redistribution of resources between emergency, primary, specialized and highly specialized psychiatric care, the development of CHMHC on their place of residence at level of primary care, integration of specialized psychiatric care to children in general medical care, organization of psychiatric departments into the structure of multidisciplinary children's hospitals, their withdrawal from psychiatric hospitals, creating of regional centers to care children with autism and eating disorders; 3) To brought CHMHC in line with the highest level of scientific achievements, to ensure children's access to medicines and methods of psychological treatment whose effectiveness is based on the principles of evidence-based medicine; 4) To review normative legal documents, to exclude child abuse cases in providing them psychiatric care, to exclude the discrimination in providing of general medical care, social and educational services to children; 5) To strengthen the social protection of pediatricians, child psychiatrists, child psychologists, appropriate nursing staff, social workers, and scientists working in the field of CHMHC.

Conclusions. Difficulties in conducting of reforms are caused by the low level of training in the field of CHMHC, low English language proficiency, which makes difficult to use the mechanisms of international cooperation in their preparation, the lack of advances of the society, the lack of support for patients at the community.

TITLE: PATHWAYS OF CARE IN PSYCHIATRIC DISORDERS: EXPERIENCES FROM A TERTIARY CARE CENTRE OF INDIA

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Objectives: The pathway studies are undertaken to investigate the roles of previous care providers and time taken in pathway, to monitor the effects of service developments over time, to promote easy and rapid access to health care and to assist service providers and policy makers to purposefully plan for more effective pathways. This paper discusses and compares the results from studies done for assessment of pathway of care in patients of “first episode non affective psychosis” and patients of “neurotic, stress related and somatoform disorders” in a tertiary psychiatric centre of India.

Methods: Two cross-sectional studies were undertaken at different time intervals. Patients of first episode of “non-affective psychosis” and patients of “neurotic, stress related and somatoform disorders”, presenting for the first time on specified days in the Adult Psychiatry OPD of the study centre constituted the study sample. Relevant Assessment tools were applied. The study sample was divided in Aware and Unaware group on the basis of their awareness about psychiatric disorder at the time of onset/initial stages of illness and results were compared.

Results: The most common first care providers were faith-healers followed by unqualified health providers and Practitioners of alternative medicines in both the studies. Duration of untreated psychosis was about two and half years. Patients made average of 7.2 consultations with different type of care providers in psychotic group and 6.84 in neurotic group. Both the studies indicated low level of awareness for psychiatric disorders. Belief in magico-religious model of causation of psychiatric disorders, stigma related to them and ignorance of the patients by the family members was brought into being. In both the studies, significant differences were found between aware and unaware groups in various parameters like choice of first care provider, total number of visits to various care providers, sources of referral to the study centre and various myths/ beliefs related to psychiatric disorders.

Conclusion: The present studies reported highest number of care by non-mental care providers specially faith healers indicating presence of a magico-religious model of causation of psychiatric disorders prevalent in India. The findings also explain the indigenous role of cultural beliefs in creating various myths and beliefs, which continue from generation to generation. The studies indicated a poor referral system. Awareness about psychiatric disorders in community was found to promote desirable help seeking behavior and shortened the pathway of care. More research is required in developing countries regarding pathway of care.

ASSESSING MEDICINE MANAGEMENT EDUCATION IN PSYCHIATRIC INPATIENTS WHO USE ANTIPSYCHOTIC MEDICINE

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize how to improve medication adherence in short term hospitalization of psychiatric patients.

Purpose: The purpose of this study was to assess the effectiveness of “Medication Management Module” of “Social Skills Training Programme” in short term hospitalization of psychiatric patients.

Methods: The study included 8 patients using antipsychotic medicine and who had admitted to the inpatient psychiatry unit in a university hospital. No control group was chosen in this one-group pre-post test quasy-experimental designed study. “Medication Management Module” of “Social Skills Training Programme” were modified and applied to the participants during seven days. The module was applied as daily group sessions which takes an hour for each. In first session, the group was formed and pre-tests and data collection tool were applied. In second and third session “Treatment with Antipsychotic Medicine”, in fourth and fifth session “Learning the Side Effects of Antipsychotics”, in sixth and seventh session “Assessing the Treatment” themes were discussed and post-tests were applied. The data was collected by data collection tool and pre/post-tests which was offered in the guideline of “Social Skills Training Programme” to be used to assess the effectiveness of the education given within “Medication Management Module”.

Results: Among the 8 patients, five were under the age 27 and were graduated from high school, seven were married and one had a family member diagnosed as psychotic disorder. None of them were educated about the drugs before module. The mean pretest scores of participants (14.8 ± 2.2) were significantly higher when compared with that of posttest scores (18.0 ± 1.1) ($p=0.01$). The increase in mean score refers to the education given contributes to the level of knowledge.

Conclusion: The application of Medication Management Module of Social Skills Training Programme in short term hospitalization of psychiatric patient which use antipsychotic medicine is effective on their knowledge and behavior of medicine use.

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COGNITIVE AND BEHAVIOURAL THERAPY OF ANXIETY DISORDER Vs CHEMOTHERAPY INTERESTS AND LIMITATIONS IN ALGERIA

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O. Benelmouloud : Ehs Psychiatrie. Constantine. Algeria

Objectifs

The behavioural and cognitive approach to anxiety disorder is still at its infancy in Algeria; this is due to the ignorance of related techniques by the majority of the practitioners and to the rivalry of pharmacological treatment.

The aim of this paper is to show the advantages of these techniques for the anxious patient compared to other types of treatment

Methodology

This is a prospective study concerning 30 patients affected by anxiety disorder according to the American classification DSM IV (generalized anxiety disorder, panic trouble and obsessive compulsive disorder) and who receive behavioural and cognitive therapy in accordance to their state.

This group of patients is compared to another group representing the same diagnosis but receiving pharmacological treatment only (antidepressors and anxiolytics) and the treatment lasts 08 weeks.

Disorder evaluation is made according to the anxiety scale phobia and its French version, Hamilton anxiety scale and the compulsive obsession scale of Marks.

Results

Concerning the panic trouble, we state a net improvement of score at the end of the treatment for the population under CBT according to those under chemotherapies (ISRS + LEXOMIL)

An improvement of life quality and a best professional second-insertion without substitution symptoms

For the generalized anxiety disorder, the comparative scores of the two populations are widely dissimilar and in favour of CBT treatment according to Hamilton's scale

Anxiety level is sided a very low score for the CBT which prove its efficacy in a record time on anxiety and restlessness, so the population under chemotherapy continue to have a base level of anxiety lightly high especially vesperal.

Lastly for the OCD and in function of four obsessions selected by the patient, the execution time and the discomfort (D) corresponding a perceptibly diminish at the patient population under CBT until it become a simple gesture simply executed without discomfort corresponding.

Conclusion

The contribution of behavioural and cognitive techniques remains very crucial and indispensable for the treatment of anxiety disorders, because they are beneficent at the level of financial cost (less expensive compared to medicine).

As well as less and limited duration without substitution symptoms (compared to the group under chemotherapy).

COGNITIVE AND BEHAVIOURAL TREATMENT OF THE PANIC DISORDER WITH AGORAPHOBIA

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Objectifs

The use of CBT remains the recent techniques in Algeria and its introduction in the therapeutic arsenal field; already insufficient, finds resistances from the part of some practitioners.

It's about the study showing the interest of cognitive and behavioural treatment in the panic disorder with agoraphobia.

Methodology

It's about the comparative study of the two types of the population presenting the diagnosis of a panic disorder with agoraphobia.

The first group will be treated by antidepressors and the others by the cognitive behavioural treatment.

The first population estimated to 50 patients receive only the antidepressors (Anafranil) and the other of 50 patients receive the technique of cognitive and behavioural treatment.

The two populations will be selected according to the randomisation principle.

The study duration is of 03 months and the assessment is done at a day 0, 7, 14, 30 and 90 according to Cottraux anxiety scale and file automatic thought of Beck.

The data (given in formation) of scales of two groups will be compared before the first day and the end of the medical care.

This comparison will be done by statistical inductive tools for each group⁵ to determine if it has a therapeutic effects or not) and between two groups to determine if the psychotherapeutic access (approach) possess equal therapeutic effects better than chemotherapy

Conclusion

- The CBT widely finds its place in Algeria because it offers others characteristics :
- Less onerous.
- Limited in time.
- Easy to practise.
- Variability of techniques.
- The contribution of the patient in his therapeutic project with an active way.
- All the patients can be benefited whatever is their associated organic defects, in reverse the medicines or the undesirable effects and the contre-
- indications limit its utilization.
- In Algeria, the practise of this structured psychithery is rare and it will be wished that short cycles of formation must be prodigal for the treated personnal with psychiatry (nurses, psychologists, students, psychiatrists and general practitionners) .
- To think of introducing a specialized psychotherapy courses for the medical students at the end of the cycle in frame of medical psychology module.

SERVICE DE PSYCHIATRIE.HMRUC CONSTANTINE ALGERIA

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Social- psychological rehabilitation of individuals with various mental disorders is one of the current healthcare and governmental issues, because of high prevalence and financial burden on the society. This issue is of interest both for countries with developing economy and for highly developed ones as well. Due to historical and economic development, almost all post Soviet republics are characterized with high incidence of stress, everyday traumatism, ecological disasters that may potentially increase the levels of aggression, suicides, neuroticism, and frustration. Lack of flexibility, insufficient financial funding of healthcare inhibits the development and adaptation of appropriate services satisfying requirements of the time. Development of mental health service is not an exception from this phenomenon.

An important step toward development of health rehabilitation services is the establishment of mental health rehabilitation department “Stress” which performs treatment, rehabilitation, secondary and tertiary prophylaxis of individuals with borderline mental disorders (ISD10 F06, F3 – F6) and provides inpatient, outpatient, day care services with the team consisting of a psychiatrist, a psychotherapist, a psychologist, physician-internists, nurses. The service is accessible to vulnerable segments of society (the funding except out-patient services is provided by the government). Current service assists in resolving patients’ problems, and has tendency of further development.

PREVALENCE OF HOSTILITY AND ATTITUDE TO THE HEALTH AND PREVENTIVE MEASURES IN FEMALE POPULATION AGED 25-64 YEARS IN RUSSIA (EPIDEMIOLOGICAL RESEARCH ON THE BASIS OF PROGRAM WHO "MONICA-PSYCHOSOCIAL")

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Purpose: To explore the prevalence of hostility (Hs) and its relation with awareness and attitude towards the health in female population aged of 25-64 years in Russia (Novosibirsk).

Methods: Under the third screening of the WHO "MONICA-psychosocial" (MOPSY) program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. The response rate was 72.5%. Hs was studied by test «MOPSY» (subscale "Hostility"). Awareness and attitude towards the health and preventive measures were assessed by the questionnaire "Awareness and attitude towards the health". Chi-square test (χ^2) was used to assess the statistical significance.

Results: The prevalence of high Hs level in the female population aged 25-64 years was 43.9%.

With increasing of Hs levels there were growth of: rates of a poor self-rated health categories as "not well" and "sick" (69.5% and 15.2%, respectively); rates of health complaints related with insufficient care about the health that was the lowest in women with high Hs - 4.6 %. Persons with high HS tend to mistrust the doctor's opinion (high Hs-40.6%, low Hs-30.8%) and therefore check their health more often for "preventive checking" or in case "discomfort in the heart area" (high Hs-12.7% and 11.6%, low Hs-4.2% and 7.6%, respectively). Women with high and low Hs equally often continue to work "if feel bad at work" (high Hs-47.3%, low Hs-46.3%, respectively).

There were tendencies in lower rates of "never smokers" and a higher rates of those who "smoke and didn't tried give up" in women with high Hs (high Hs-67.3% and 4.6%, low Hs-79.4% and 1.6%; $\chi^2=16.20$ df=6 p<0.05). In relation to diet there were no differences between those with and without Hs. The common answer was "they do not need to have a diet". With regard to physical activity in women with high Hs consider themselves more passive than those with low Hs (high Hs-20.1%, low Hs-9%; $\chi^2=17.51$ df=8 p<0.05).

Conclusions: The prevalence of high Hs in female population 25-64 years is pronounced and it is about 43%. Women with high Hs more likely have a negative self-rated health and health complaints but aware that taking care of their health is insufficient. High Hs related to adverse lifestyle: high rates of smoking and low physical activity in women.

ORGANIZATION OF PSYCHIATRIC SERVICE IN GEORGIA – RESOURCES AND QUALITY

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Mental Health Center "Mentalvita"

In this article is examined the history of the system of psychiatric care in Georgia, its current condition and future perspectives.

Since 1868 till the end of the 19th century there was only one clinic of this profile in the whole South Caucasus - it was in Georgia, a clinic in Tbilisi with 24 beds. By 1921 psychiatric care was provided by 3 specialized hospitals in Georgia: 1- in Tbilisi – University clinic with 120 beds; 2- in Kutaisi with 50 beds and 3 – in Surami – with 50 beds. There were 41 psychiatrists in Georgia. Later the dynamics was as follows: in 1960 – 1500 beds; in 1965 – 2700 beds; in 1975 – 3505 beds; in 1980 – 4835 beds; in 1988 – 5375.

In August 1995 a state program of psychiatric care was started. With this program the state financed the inpatient and outpatient treatment of patients who had disorders of psychotic register, were on coerced treatment or represented danger to society. By 2012 the budget of the program was 11.23 million GEL (6.6 million \$), which is not sufficient for consummate functioning of the program.

Main problems: 1. there is no conception of reforms in mental health care in Georgia. 2. State finances for psychiatric care are still insufficient. 3. Training and qualification programs for psychiatrists and psychiatric staff need to be perfected. 4. For the last 10 years there has not been any epidemiological research in psychiatry in Georgia, which means not being able to present and analyze the current conditions in Georgia from mental health point of view.

MENTAL HEALTH OF TRAFFICKED WOMEN IN EASTERN INDIA: A STUDY OF PSYCHOPATHOLOGY AND PERSONALITY DIMENSIONS

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Objective: The trafficking of women and adolescents is one of the fastest growing crimes worldwide. In India, this is most often done to serve the purpose of the sex industry. More than 2 million women are engaged in commercial sex-work of whom 25 % are below 18 years. 5% of these women are from Bangladesh and Nepal.

Studies have reported significant symptoms of depression, suicidality, anxiety and post traumatic stress disorder in victims of trafficking. They have also been reported to score higher than controls on measures of impulsive sensation seeking and aggression/hostility. However there is very little research on the psychological health of trafficked women in India.

In this study we have tried to quantitatively document mental health status of victims of trafficking in addition to assessing their personality.

Methods: We randomly selected 3 short stay homes run by the state department of women and child development for victims of trafficking. From each home we assessed the mental health status of 25 women (N=75). Presence/absence of psychiatric disorders was assessed using validated Bengali versions of Self Rated Questionnaire (SRQ) and MINI International Neuropsychiatric Interview (version 5.0.0, DSMIV). Personality dimensions were assessed using a validated Bengali version of Eyesenck Personality Questionnaire (EPQ). These were compared with corresponding findings in 70 women engaged in domestic work, selected randomly from 3 agencies for domestic workers operating in the same city.

Appropriate statistical analysis using SPSS 14.0 (SPSS Inc., Chicago, USA) was carried out.

Results: The victims of trafficking had significantly higher psychopathology than the domestic helps ($p < 0.05$). 53% suffered from major depression, 38% had anxiety disorders, and 5% suffered from post traumatic stress disorder. 20% had moderate to high suicidality. On EPQ high scores on psychoticism and neuroticism were noted indicating the victims to be anxious by nature, moody, frequently depressed and likely to suffer from psychosomatic disorders. Majority had overtly emotional behavior and strong reactions to stimuli. They preferred to remain solitary, often lacked empathy and were aggressive on slightest provocation.

Conclusion: Women rescued from trafficking for sex trade had significant psychopathology compared to controls. They also had more deviant personality profiles, which may have contributed to their vulnerability to trafficking.

MANIFESTATIONS AND OUTCOME OF SCHIZOPHRENIA: EAST AND WEST

Vijoy K. Varma

Columbia University College of Physicians and Surgeons, NY.

HISTORICAL PERSPECTIVE; CULTURE AND MENTAL ILLNESS

- Influenced by the social philosophy of Rousseau, primitive man was believed to be free of the anguish and discontentments of "Mental Illness".

- The idea of "Good Savage" or "Happy Savage".

- The concept that civilization produces insanity not recent.

Rousseau : "Man is by nature good and only our institutions have made him bad".

Nature cult of the 18th century related insanity to a "degenerate retrogression from a golden age of natural virtue"

Kraepelin: Voyaged to Java to see if mental illness was present there. 1904

- Found mental illness to be present there, but was different; the Indonesian and Chinese patients showed little resemblance to his western patients.

Lozez, 1932 Schizophrenia non-existent in Non-western

Dhunjibhoy, 1930 cultures.

Gordon In the primitive African societies, schizophrenia "quieter" than in the west, "A poor imitation of the European forms".

Maloney Psychosis absent in Okinawa 1945

AFRICA Very few travellers encountered Schizophrenia

Hoch Schizophrenia in India : "Less Method in Madness". 1961

- Found mental illness to be present there, but was different; the Indonesian and Chinese patients showed little resemblance to his western patients.

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Maloney Psychosis absent in Okinawa 1945

AFRICA Very few travellers encountered Schizophrenia

Hoch Schizophrenia in India : "Less Method in Madness". 1961

OCCURRENCE OF SCHIZOPHRENIA

Torrey "As civilization makes inroads, schizophrenia 1974 follows in its footsteps".

Range of Prevalence 1-10/1000. More in societies that had greater exposure to the Western influence.

Leff Prevalence rates in developing countries "vary within 1981 relatively narrow limits" and are quite comparable to rates for developed countries.

PHARMACOTHERAPY PATTERNS IN ACUTE TREATMENT OF BIPOLAR DISORDER

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Introduction: The main objectives of long-term management of bipolar disorder are preventing new episodes and maintaining symptomatic and functional remission. In practice polytherapy is widely used. Benzodiazepines, and recently new generation antipsychotics are commonly used as adjuvant to mood stabilizers.

Objectives: To determine the frequency of long-term use of antipsychotic medications in the treatment of bipolar disorder and identify situations that may justify this attitude.

Methods: The study was conducted by interviewing and physical examination of a group of 57 consecutive patients who were hospitalized between 1 January to 1 March 2012 in the Clinical Hospital of Psychiatry "Socola" Iasi and were diagnosed with bipolar disorder according to DSM-IV-TR and ICD-10 criteria. Medical and pharmacy data were used to analyze medication therapy over a 6-month period.

Results: Average age of patients was 52.5 ± 24.8 years, 59.5% female. About half of patients with bipolar disorder on admission showed mixed episode (47%), followed by depressed severe. Patients with bipolar disorder were prescribed average 2.98 (SD =0.99) drugs. 74.5% were receiving one and 30% two mood stabilizers. Half of patients were receiving one and 9% two antipsychotics. One third of patients were receiving one and 5% two antidepressants. The most commonly used association was antipsychotic with a mood stabilizer, 52.6%. Only 15.8% of patients were recommended monotherapy. Sedatives were prescribed in 82.45% patients, of which 73.7% benzodiazepines.

Conclusions: For maintenance treatment of bipolar patients was preferred polytherapy with association atypical antipsychotics with mood stabilizer. Monotherapy was recommended only a small percentage of bipolar patients.

PREDICTORS OF DEMENTIA CARE SERVICE USES

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Educational Objectives: Seoul city has supported free dementia care services to dementia patients registered to dementia care community centers from 2007. These services consisted of visiting care, supplying personal care items like paper diapers, family care program, and wandering prevention service. We tried to find the predictors of these service uses.

Purpose: We tried to find the predictors of these dementia care service uses.

Methods: Subjects were 66 dementia patients and their families in one dementia care community center. We used logistic regression to find predictors.

Results: Supplying personal care items were mostly used (66%) than other services and was predicted by the existence of co-residents (OR: 3.4) and other illnesses (OR: 2.5). Use of family care program was predicted by the education years of other families (OR: 1.1). Use of wandering prevention service was predicted by the age of dementia patients. Living alone and low education were obstacles to use of dementia care service.

Conclusions: It suggested that we may need to target dementia care service to dementia patients who live alone and received low education.

MENTAL HEALTH NETWORK: STRUCTURE, OPERATING, ARTICULATION

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(Public Health School of State of Minas Gerais, Brazil)

Educational Objectives: The incidence of mental illness affects nearly 25% of the population. The complexity of mental health poses many challenges to society demanding government answers for such a multiplicity of issues. Health services present helplessly at the scale of the problem. It's urgent to install a satisfactory care networks service.

Purpose: To describe and analyze the network concept and its applicability in the proposed mental health care

Methods: A survey of documents and bibliographic data published by public managers, domestic and foreign institutions, analyzing the concept of network, the offering of primary, secondary and tertiary resources and equipments of mental health.

Results: The survey shows that mental health services are installed, in general, randomly, working isolated, wasting resources, promoting regional assistance disparities (concentration of services in some locations, missing in others), providing insufficient attention in public health and of poor quality. Despite the use of the network concept as reference, this logic was not in fact incorporated to the assembly and operation of services. Consequently, the results presented are incompatible with their conceptual proposals, generating distortions and unconformities. The use of transdisciplinarity consolidates the applicability of the network concept in mental health care significantly transforming the quality of attention given to Sistema Único de Saúde users.

Conclusions: You can verify the weakness of the network concept used in mental health management, reflected in planning, operation and allocation of health resources. The survey rectifies the conceptual and situational description in the mental health context pointing to meaningful solutions. Significant changes are expected in assistance through the transdisciplinarity concept of network, making it an important tool of planning, management and clinic. Highlighted among them, the optimization of public resources in health; rationalization of equipment distribution, creation of new devices; flow agility of patients; effective theoretical / practical articulation between workers / services, improvement of coverage / quality of care; community involvement in mental health networks. The reading of the transdisciplinary network concept rectifies the mental health assistance by promoting the effective connection of existing structures (services, equipment, devices), strengthening its use in health and optimizing the deployment of public health policies.

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BRIDGING THE GAP: PREVALENCE & SOCIAL DETERMINANTS OF ALCOHOL AND SUBSTANCE USE/ABUSE AMONG ADOLESCENTS SAMPLED FROM SEVEN DEVELOPING COUNTRIES

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Educational Objectives: At the conclusion of presentation, participants should have some insights into social determinants of alcohol and other substance use/abuse among a cohort of adolescents sampled from developing countries, and how the findings can inform policy in developing countries.

Purpose: To determine the prevalence and family/personal risk factors for alcohol/substance use and abuse among a cohort of school-going adolescents randomly sampled from seven developing countries (India, Indonesia, Nigeria, Serbia, Turkey, Bulgaria and Croatia).

Methods: Alcohol and substance use, including problematic/hazardous use (abuse), was measured using the CRAFFT instrument. Aspects of mental health were measured using the Strength and Difficulty Questionnaire (SDQ). Socio-economic aspect of family life was assessed using the Family Affluence Scale (FAS). Independent associations were determined using regression models.

Results: A total of 2454 adolescents completed the study. About 40.9% reported use of any substance during the past 12 months, mostly alcohol. Among the adolescents who reported using any substance, 18.3% had CRAFFT score that is indicative of problematic/hazardous substance use. However pair-wise comparison shows that substance use/abuse varied significantly across countries. Family factors like single-parent households and parental alcohol/substance use as well as personal factors like low involvement in extracurricular activities, self-reported poor school performance and presence of psychopathology were all independently associated with use. Among all the substances reportedly used, marijuana is associated with the highest odd of problematic/hazardous use.

Conclusions: Adolescent alcohol and substance use is common in developing countries, and problematic/hazardous pattern of use is also a major concern. Several personal and family factors have important role in substance use/abuse. The modifiable nature of these risk factors calls for appropriate intervention strategies taking into account the limited resources in developing countries.

HOME VISITS IN MENTAL HEALTH CARE: FIRST MOROCCAN EXPERIENCE

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In psychiatry, patient care is mainly hospital and ambulatory, knowing that mentally ill people have usually poor adherence to medical appointments, and thus to their therapies. The result is multiple relapses and progressive psychosocial deterioration, especially when it is about a chronic condition.

Objectives

In Morocco, a valuable initiative was taken to promote health among people who are outside of the formal health system. Hence, they will have a new opportunity to benefit from appropriate follow-up. The aim of our study is to assess the improvement of management in Moroccan psychiatric patients through scheduled home visits to defaulters.

Methods

From September 2009 to June 2011, 6 teams, each composed of a family physician, 16 medical students, a psychiatric nurse, a nursing student, a social worker and a medical secretary, took turns to accomplish home visits to the patients missing regular psychiatric outpatient appointments. These outings targeted the population of the town of Fez, 5 days a week, nine months of the year, with a maximum of 30 minutes allowed for each visit.

Results

A first analysis of the data provides an idea of the impact of this long health campaign: about 360 patients mentally disordered have been seen, of which one third were seen at least three times. Full results will soon be available.

Conclusion

Considering the fact that this was the first time in Morocco such initiative has been taken for mentally ill patients, results so far are very encouraging. This invites us to consider this option as a complementary action to classical hospital and outpatient care.

Keywords: home visits; mental health care; social psychiatry

EVALUATION OF SMOKING PREVALENCE IN PUBLIC PSYCHIATRIC HOSPITAL MINAS GERAIS, BRAZIL

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The study was descriptive, quantitative and cross-sectional regards to smoking at public psychiatric hospital in Minas Gerais, Brazil, from 10th of September to 16th of September, 2012. A sociodemographic questionnaire and the Fagerström test was applied among 422 individuals. It was obtained a prevalence of 23.46% of smokers, also 24.17% of ex-smokers and 52.37% of nonsmoker. Of all the 344 employees the prevalence of smokers was 16.28%, 24.71% of ex-smokers and 59.01% of nonsmoker. Among the 78 patients, was found 55.13% of smokers, 21.79% of ex-smokers and 23.08% of nonsmokers. The average duration of smoking in the sample was 16.3 years (SD=11.9).

The proportion of employees who quit smoking was 24.8% and 21.8% between patients. Among employees who smokes 85.7% wish to stop smoking and 83.7% of them want a treatment. Among patients who smoke, 77.8% want to stop smoking and 56.1% of them wish a treatment.

It was shown that 100% of employees have a degree of nicotine dependence between very low and low. Among patients, only 21.74% are very low and low dependence and 36.96% are very high.

The tobacco consumption and degree of dependence among patients with psychiatric disorder is significantly higher than the general population.

HOW CHILDREN WITH MENTAL HEALTH PROBLEMS ARRIVE AT PSYCHIATRY CLINIC IN TIRANA, ALBANIA

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Educational Objectives: The importance of early detection of psychosocial problems, such as social-emotional and behavioural problems in toddlers is increasingly recognized (AAP, 2006). Only 2-5% of consultations of children and adolescents include presentations with emotional or behavioral problems (Garralda, 2009).

Purpose: This study examined the way how mentally ill children arrive at psychiatric clinic in Tirana.

Methods: The data used here are from an Albanian study about mental health problems and service use among children and adolescents. 100 children and their respective parents participated in this study and completed different parent questionnaires during the first study session. Age range was between 6 to 17 years, 58% of them were female.

Results: The clinic of child/adolescent psychiatry was the second most common point of entry for children up to 14 years old and first point of entry for youths between the ages of 14 and 17.

Conclusions: The results of this study identified several groups that needed intervention in order to increase child mental health service use.

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MENTAL HEALTH OF CHILDREN AND YOUTH: WEAVING OPPORTUNITIES FOR INTERVENTION AND PREVENTION

T. S. Matsukura, M. F. B. Cid, C. E. Squassoni, F. D. Rosa, M. M. Minatel, J. A. Yamashiro, A. Bueno, A. Fernandes, B. L. Taño
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The identification of processes that involve problems related to mental health of children and adolescents is crucial in that it allows the development of policy interventions aimed at preventing and / or mental health promotion.

Objectives: Approach on possibilities for mental health intervention with children and adolescents from a university extension project "Committing actions to promote mental health of children and youth: shares of Occupational Therapy" held at the Federal University of São Carlos, Brazil.

Method: From a university extension activity developed in a clinical school since 2009, are performed interventions in the area of Occupational Therapy aimed at promoting mental health of children and adolescents. Among the goals that support actions, we have: Intervening in the dynamics that generates the conflict, trying to build with the child, family and context, access possibilities for understanding, coping and seeking to overcome; Develop actions (re) structuring of everyday, aiming to leverage the resources present in the environment that the child lives and mitigate the effects of risk exposure experienced; provide experiences that encourage children's autonomy and empowerment of the family; Develop promotion and prevention in environments of inclusion of children. Interventions were performed in the clinic, in schools and other environments bond of a child and teenager. Referrals are made by health professionals and other educational equipment and / or social, and spontaneous demands.

Results: We observe, from reviews of the actors involved, the actions provide significant benefits in daily activities and relationships of children / adolescents and their families, enabling greater understanding of the issues presented, often overcoming difficulties and consequent improvement in quality of life and development.

Conclusions: The results indicate the contribution of actions to provide tools for children and adolescents and other actors involved in environmental contexts in which children are inserted, favoring opportunities for social inclusion, active engagement in activities, among others. We stress the importance of specialized actions aimed at promoting mental health of children and adolescents, their families and school.

THE PSYCHOSOCIAL CARE CENTERS FOR CHILDREN AND ADOLESCENTS AND THE NEW PROPOSALS OF CARING FOR CHILDREN AND ADOLESCENTS IN PSYCHIC SUFFERING.

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Educational Objectives: At the end of this presentation the participants will be able to know and critically reflect about the current configurations present at Brazilian mental health public policies for children and teenagers, having as starting point the evaluation of the Psychosocial Care Centers and the care practices that develop in these services.

Purpose: Discuss about public policies in children and adolescents mental health adopted in Brazil, focusing in the Psychosocial Care Centers for Children and Adolescents (in Portuguese, CAPSi) considering, especially, the attention for children and adolescents in intense psychic suffering.

Methods: Systematic revision of the literature which focuses on CAPSi and documental analysis of the main directives and official documents about the implantation of the services in Brazilian territory as public policies of mental health aimed at children and adolescents.

Results: Although the transformations in Mental Health public policies in Brazil brought contributions to quality of life and guarantee of rights and citizenship of people in psychic suffering, there is yet a disproportion between creation of policies and what CAPSi professionals have been able to offer about caring strategies. Among these disproportions and challenges to be faced there is the CAPSi task to constitute itself as means for expansion of intersectoral actions, while the results of this study show that only part of the objectives have been achieved and, consequently, that brought overload and fatigue to the professionals. This study points to the need of continuity in transformations, not only on mental health public policies for children and adolescents, but also to expansion and reformulation of the formation of the professionals.

Conclusions: The analysis made showed that, although there is public investment and creation of specific directives to construct new services, the CAPSi professionals still find intense difficulty in articulate their practices to the inter- and transdisciplinary models which regard not only clinical service but, mainly, the handling of the construction of new relations of social and communitarian support for the people attended.

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SCHOOL FAILURE: THE ROLE OF SOCIOECONOMIC FACTORS

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Purpose : School failure is one of the most significant problems in childhood. The aim of our study was to investigate the socio-economic factors underlying and contributing in the development of learning disabilities.

Method : This is a retrospective study of 100 children in child psychiatry consultation. We specify each of their age, gender and socio-economic status (education level of the mother, the father, monthly income, rural origin or urban one ...)

Results : Socioeconomic status is quite strongly related to cognitive skills. Our results point in the same way of literature the importance of socioeconomic factors in school failure in many developing countries.

Conclusion : Socioeconomic factors play an important role in school failure, hence the interest to draw new voices of intervention with these children in pain and to establish an effort to find the means of identifying and changing inequalities.

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

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Creating alliances to respond to mental health challenges

Posters Session

MENTAL HEALTH ALLIANCES IN NUNAVIK: HOW TO BUILD ALLIANCES AND GET RESULTS

Jacques Bertrand
Ippigusugiursavik

Background

In Nunavik when discussing and interpreting mental health problems, psychiatrists, doctors, psychologists and social workers focus on their own understanding of the problem. There are many barriers to be overcome. There is no specific Inuktitut word for 'mental health problem' and the community approach to healing and resilience of the individual are different. These and many more challenge the health practitioner. How can they adapt their own culture, body of knowledge, the transfer of that knowledge, through a health organizational structure that does not fit the Inuit environment and their values?

Those questions underlie basic assumptions about how to address mental health issues. We take for granted our Western bio psycho social organizational setting. We forgot about the fundamental structural problems related with the intercultural management of mental illness. How to adapt the organizational structure delivering the therapeutic intervention in order to create alliances between health professionals, and community to respond to mental health challenges?

Methodology

Since 2010 we have been conducting ongoing research on the interaction between health practitioners, Inuit people with mental health problems and the health clinical governance structure. This on site research is conducted within an Inuit mental health non profit organization. We have interviewed thirty(30) health practitioners, seventeen(17) schizophrenic people and fifteen(15) interveners. Plus we have analyzed many internal documents and evaluations about mental health service primary care in the community.

Results

Based on our observations, findings and interviews we have implemented a new therapeutic management model. In this model we bridge the organizational gap between health practitioners and Inuit clientele. Using management controls we integrate and coordinate the information interaction between health practitioners, their clients and the organization. The preliminary results that we got from our performance indicators demonstrate that management control can be used to facilitate information exchange, increase the efficiency of the therapeutic intervention, having more people participate on the job market, increasing their self confidence, managing their own medication, and willing to do community works.

Conclusions

At this stage of our research we have identified and implemented management controls that generate information that can be used by health practitioners to increase their intervention effectiveness. Secondly, that information helps health practitioners to better understand community values. Finally, the information generated by the control mechanisms helps increase the collaboration between health practitioners and their clientele.

NEW ALLIANCES TO RESPOND TO MENTAL HEALTH CHALLENGES – MUTUAL ASSOCIATION

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Mental disorders are said to be highest in economically marginalized populations, especially the least educated, women and youth (Saxena, Thornicroft, Knapp, & Whiteford, 2007), with poverty, low education and food insecurity identified as key drivers (Lund et al., 2010; 2011). *Associação Mutualista* is the largest Portuguese mutual association, and one of the largest mutual associations in Europe. This institution is also a reference in the social economy sector and financial activity in Portugal.

The authors considered how the psychiatry service of *Mutualidade Terras de Santa Maria* responded to the psychiatric community patients attending the Clinic. The project gives voice to a vulnerable community and emphasizes the need for greater attention to the impact of context, culture and local resources on people's responses to adversity and illness. Furthermore, the authors provide a social and demographic characterization of the population as well as local strategies to answer different clinical situations.

There is a need for more political recognition and economic power to improve the opportunities for health available to marginalized groups. Fortunately at the same time communities are sometimes able to use external knowledge and resources in ways that advance their own interests.

MULTIMODAL AND INTERDISCIPLINARY INTERVENTIONS IMPROVE METABOLIC HEALTH AND QUALITY OF LIFE IN MENTAL HEALTH CONSUMERS: A SIX-YEAR NATURALISTIC PROGRAM EVALUATION STUDY OF THE CHU DE QUÉBEC-IUSMQ *MIEUX-ÊTRE* WELLNESS PROGRAM

C. Shriqui, I. Lachance, S. Bonneville, Desgagné P. and the CHU de Québec-IUSMQ *Mieux-Être* Wellness Program Collaborative Group, Quebec City, Canada

Lifestyle modification programs exert positive effects on metabolic health parameters among mental health consumers (1-2). The results of a six-year ongoing naturalistic evaluation of the CHU de Québec-IUSMQ *Mieux-Être* Wellness program are presented. This program is offered to adult mental health consumers living in the community who are metabolically at risk and motivated to initiate lifestyle changes. Provided at no direct cost to participants, the program includes a range of group and individual activities aimed at increasing overall health, quality of life (QOL), treatment compliance and empowerment. Activities are multimodal and promote interdisciplinary shared care among health professionals thanks to established partnerships with the public, private and community sector. The initial 12 weeks are intensive with participants attending two to three weekly activities.

Periodic monitoring of metabolic and QOL parameters are conducted first, at the start of the program, and every three months thereafter for one year then, annually. Descriptive statistics and SPSS 14.0 were used for repeated measures ANOVA between baseline and follow up.

Of 188 participants, metabolic results show statistically significant ($p < .05$) reductions in weight (0.60 kg), BMI (0.28 kg/m^2), waist circumference (1.55 cm), systolic blood pressure (2.80 mmHg), diastolic blood pressure (1.24 mmHg), total cholesterol (0.17 mmol/L), LDL cholesterol (0.11 mmol/L) and 10 year cardiovascular risk (0.47%) after three months of participation. Results also showed a reduction of psychiatric symptoms which can impact positively on the QOL of participants. Among Brief Psychiatric Rating Scale (BPRS) items, the Depression and Blunted affect items mean scores decreased after 3 months of participation as well as BPRS Total score and CGI-S total mean score.

While there are limitations with this naturalistic program evaluation conducted in “real world conditions”, these results indicate modest yet significant improvements in several metabolic and QOL parameters in this at-risk population.

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LESSONS WE CAN LEARN FROM OPERA

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Opera and Mental Health

Both opera and mental health care are highly complex and deal with a multitude of factors. In a mental health setting there are first and foremost a multitude of actors involved: the patient, client or service user, a therapist in the case of individual psychotherapy or a multitude of clinical staff directly involved with her/him in the case of residential treatment, relatives of the patient, clinical staff of the setting where the patient may go to after their current placement, commissioners and case managers. In the current Zeitgeist, rules, regulations and administrative procedures have become more and more part of the picture. The 'Concise Oxford dictionary of Opera' (Rosenthal and Warrack, 1975) consists of 446 pages. Anyone who has attended an opera performance can immediately see the complexity of it all. First there is the music, then there are the voices, the lyrics, the stage, the singers, the orchestra, the conductor and many more aspects that are not immediately visible to the audience, but when it is incorrect would have an immediate effect (for instance the musical score). Both opera and mental health care depend on the timely and correct interplay of a multitude of factors.

Opera, Badness and Madness

My own psychotherapeutic background is cognitive behaviour therapy and opera's are a treasure trove of excellent demonstrations of irrational thinking and the misery it can lead to. This is not only displayed in the so called 'mad scenes' but also in distorted thinking, for instance in Otello with his irrational demand for absolute certainty that Desdemona is 100% faithful to him. And, likewise, Desdemona's demand that she imposes upon herself that she is to prove a negative and by doing so condemns herself to death. Irrational beliefs are demonstrated in a more humorous manner Donizetti's *L'elisir d'amore* where the underlying irrational belief is 'If I am not loved by the person I want to be loved by, then my life is worthless'.

Opera has so many things to offer for mental health professionals, from clear-cut examples of evil-doing (for example: Otello, Lucia di Lammermoor, Tosca, Turandot, Don Giovanni, Rigoletto) to examples of irrational thinking (*L'Elisir d'amore*, Carmen and all the above!). It shows stories focused on all of humanities weaknesses: greed (Lucia di Lammermoor); jealousy (Otello); psychopathy (Don Giovanni) and love (*La Bohème* and *L'Elisir d'amore*). These are by no means not all the topics operas deal with, just a few examples. Opera is full of drama, but the audience at the Metropolitan Opera House in New York got more than it bargained for with the onstage death of one of its greatest stars. In March 1960, while performing Verdi's *La Forza del Destino*, the great baritone Leonard Warren completed his Act II aria, *O Gioia* ("Oh Joy", which begins begins *Morir, tremenda cosa* ("to die, a momentous thing")), and pitched forward dead. That evening, for one of the very few times in its history, the Met's show did not go on.

In this paper I will draw attention to what we as mental health professionals can learn from the content of various opera's and from the manner in which the performance of opera's is organized. I will take as an example a Puccini opera: *La Bohème*.

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PATIENT ADHERENCE AT THE SPECIALIST PSYCHIATRIC OUTPATIENT CLINIC OF HELEN JOSEPH HOSPITAL, JOHANNESBURG

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Educational Objectives: To describe attendance at this clinic during six months preceding implementation of a behavioural and communication intervention program (BCIP), consisting of logistical, psycho-educational and support interventions; and to evaluate the impact of this BCIP after a 3-month period.

Purpose: To assess the impact of a defined behavioural and communication intervention program developed by the South African Depression and Anxiety Group (SADAG), a local mental health advocacy group, at a specialist psychiatric outpatient clinic of an urban, public regional referral hospital.

Methods: A retrospective, quantitative component included a review of participants' demographics and clinical profile and of their attendance records over the preceding six months as well as after a 3-month period of implementing the BCIP. A prospective, qualitative component included:

- (1) Pre-questionnaire exploring participants' basic knowledge and understanding of their condition and treatment;
- (2) Implementation of SADAG's structured BCIP, also providing access to standard brochures/information on identified psychiatric conditions and access to support groups;
- (3) Post-questionnaire exploring participants' experience of this BCIP.

Results: During Jul-Dec 2012, 618 patients were followed up at this clinic. For each, between 1 and 6 (on average 3) follow-up visits were booked. The weighted average attendance rate (WAAR) for the total group during this period was 1.8 visits per patient: on average, 60% of visits were attended. From this total group of outpatients, 91 (14.7%) were recruited to participate in the SADAG program. The WAAR of attendance of this study group during Jul-Dec 2012 was 2.3 visits per patient: on average, 77% of visits were attended. The difference in attendance rate of participants in the study group, (n=66 for whom information was available for the previous six months), was estimated by subtracting the WAAR during the study period (Jul-Dec 2012) from that during the previous six months (Jan-Jun 2012). In this way, scores of 0 (no difference in attendance) were calculated for 29 participants. Scores greater than 0 (improved attendance) were found for another 29, while scores less than 0 (poorer attendance) were found for 8 participants.

Conclusions: SADAG's BCIP has previously been shown to improve patient attendance in private practice environments. During its implementation at this public referral hospital clinic, compared with patients not participating in the program, participants seem to also have demonstrated a better attendance rate. Considering the limitations of this pilot investigation, the implementation of SADAG's BCIP in similar state sector clinics to improve attendance, can be supported.

PSYCHIATRIC REHABILITATION TOOLS: THE UNIT EXPERIENCE IN PSYCHOEDUCATION

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In psychiatric field, rehabilitation aims to assist patients suffering from chronic disorders for social insertion or employment. Comprehensive assessment and specific therapeutic tools have been developed. They are proposed according to each patient's specificities. Rehabilitation leads to the development of social skills, improvement of cognitive functioning, better knowledge of psychiatric troubles and their treatment, and enhancing of the social and professional activities.

Psychoeducation represents one of these rehabilitation tools. It has proven effectiveness in the treatment of bipolar disorder and schizophrenia.

An experiment of psychoeducation was conducted in our unit, it was based on the development of a psychoeducational program adapted to the Moroccan context for patients with bipolar disorder. The design of this program involved a group of psychiatrists and psychologists. It used : slideshows, self-report scales, a sleep diary, a brochure and a guide. This program is progressing in 12 weekly sessions of 90 minutes each with a group of 8 patients. The program evaluation (knowledge and satisfaction of patients about the bipolar disorder) and its effectiveness (improving adherence, awareness, relapse rates and hospitalizations) is done using qualitative and quantitative tools.

The patients who had followed this approach have remained in remission as long and had a better socio-professional functioning after a year of follow-up than patients who had received the usual care.

HOW TO PROTECT MENTAL HEALTH STAFF OF BURN OUT

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Grupo De Acção Comunitária

Objectives

Grupo de Acção Comunitária is a Portuguese private institution whose main purpose is the psychosocial rehabilitation promotion of patients with psychiatric disorders, mainly schizophrenia. Our services are located at the community and our staff includes psychologists, a social worker and several monitors. We have a day center with ambulatory care and a residence for psychiatric patients. From our experience of ten years, we find that very easily our technical staff gets overwhelmed and anxious facing all the demands and needs of schizophrenic patients. We would like to identify some factors which can protect our staff from depression and exhaustion. We do believe that the emotional state of the technicians is reflected in the evolution of the patient's psychosocial rehabilitation.

Method

Our rehabilitation work is based in a community paradigm and we use the case management model to assist patients. Each member of the staff follows several patients and tries to be aware of all various areas of the patient's life: clinical issues, interpersonal skills, social adaptation, family atmosphere and life quality. We follow patient's life inside and outside the institution. To address all the problems of a schizophrenic patient - severe psychopathology, social maladjustment, family conflicts, socioeconomic instability- we try to make alliances with all the psychosocial process interveners: psychiatrist, social worker, family, hospital, social security and other community institutions. We also try to create a team that supports emotionally each of the technicians.

Results

To avoid the burnout in the Mental Health workforce, we find that it is not enough to create alliances with various partners, as well is not sufficient to be included in a mental health staff. The quality of the alliance is crucial for the emotional state of the technician, whether alliances with partners outside the institution, or alliances within the team. Alliances that are characterized by feelings of competition, guilt, in addition to a poor tolerance to different opinions and intense moments of frustration can cause a short circuit in the team who assists the patient and seriously harm the entire rehabilitation process. We found that an alliance characterized by feelings of understanding and tolerance of failures strengthens community care we give to patients and decreases patients' emotional instability. A spirit of co-responsibility helps technicians dealing with intense feelings of helplessness and impotence. This kind of alliance helps all the agents involved in the patient's recovery process to deal with unbearable feelings.

Conclusions

We conclude that the quality of alliances between different actors in psychosocial rehabilitation of schizophrenic patients is a factor that prevents burn out of the technicians. Relationships based on respect and tolerance for the limits of each staff, protects the technicians from feelings of helplessness and loneliness that inevitably contaminate the process of psychosocial rehabilitation.

AN EXPLORATORY INVESTIGATION ON THE LEISURE SUPPORT PROGRAM FOR THE PEER-GROUP INCLUDED THE PEOPLE WITH MENTAL DISABILITIES OR DEVELOPMENTAL DESABILITIES.

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Educational Objectives: In this study, two results were shown. First, the participants in the peer group can be increased, if the meetings and events of peer group program were held periodically. Second, a peer group program can form a peer community, because the support program was held continuously for three years.

Purpose: Our purpose is to explore the strategy to make people with mental disabilities or developmental disabilities more comfortably in their workplaces and their schools.

Methods: Participant observation and interview investigation with participants had been done. They were from four to eleven. They were members of a group. Two investigators were also had the role as a facilitator and a group worker.

Results: In Japan, most of the participants of day-hospitals learned how to behave at their workplace. And most of the self-help groups have their programs to talk about their condition from their disabilities. So they have little opportunity to learn how to be engaged at their leisure with pleasure. In Japanese culture, working time was treated more important than leisure time. Many participants of day-hospitals become able to make plan to go somewhere after they finished their programs. Most of them can use these skills at their workplaces but their leisure. So it was the originality of this peer group to have leisure support program. But at first, the time and date of the activities were irregular and did not have one year program. So it is difficult to participate in this group on the way. The participants and the facilitators had constructed together and they decided the one year program and to hold two meetings a month periodical, one was to make plan or prepare the events and the other was to carry out the events. After this, the participants said that it was easier to manage their condition and to participate in the group on the way, so this peer group had more participants than before. And they also said that they could manage the group easier than before.

Conclusions: Three conclusions were shown in this study. First, this peer group had original leisure support program. Second, positive and healthy side of the participants attracted attention in this peer group, so this peer group could be an inclusion group. Third, this peer group have become a community. But following point was left as future problem: the role of facilitators and community workers.

ASSOCIAÇÃO DE FAMILIARES, UTENTES E AMIGOS DO HOSPITAL DE MAGALHÃES LEMOS: A COMMUNITY-BASED PSYCHIATRIC ASSOCIATION

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Educational Objectives: at a time when the availability of effective psychotropic drugs is a reality, the importance of associations supporting individuals with mental illness is fundamental for promoting mental health in the areas of psychosocial rehabilitation and reintegration. This work aim is to describe several aspects of a community-based psychiatric association.

Purpose: to describe, briefly, the different aspects of the concept of Mental Health Rehabilitation framing it in the activity of Associação de Familiares, Utentes e Amigos do Hospital de Magalhães Lemos (AFUA HML).

Methods: a brief literature review on the concept of rehabilitation in Mental Health including a brief analysis of AFUA HML.

Results: description of the structure of AFUA HML in the context of international guidelines for Mental Health rehabilitation.

Conclusions: The existence of this kind of support associations remains a pivotal point in the integration of individuals with mental illness not only by promoting their rehabilitation but also by supporting their integration in the community.

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21st World Congress of Social Psychiatry, 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

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Others

Posters Session

FOREIGN DOMESTIC WORKERS PSYCHIATRIC ADMISSIONS IN LEBANON: PRESENTATION, DIAGNOSIS, AND MANAGEMENT

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Educational Objectives: This poster presentation aims to demonstrate the mental health situation and psychiatric conditions of female foreign domestic workers in Lebanon.

Purpose: The main purpose of this project is to use a 5-year retrospective chart review to gather data concerning the psychiatric admissions, presentation, diagnosis, and management of hospitalized female domestic workers as compared to hospitalized Lebanese female patients.

Methods: A 5-year retrospective chart review study of 235 female foreign domestic workers and 224 female Lebanese patients admitted for the first time to the Psychiatric Hospital of the Cross, on a third class admission status was conducted to gather data related to presentation, diagnosis, and mental health management. Statistical analysis to was done using SPSS 20.0.

Results: The majority of the foreign domestic workers were from Ethiopia (52.3%) followed by Philippines (14%) and all were compulsorily admitted. Brief psychotic episode was highest among the foreign domestic workers (70.4%) followed by depression and adjustment disorder (9.4% each). As for the controls, depression was the most frequent (28.6%) followed by bipolar mania (19.2%) and schizophrenia (16.1%). 67.4% of the foreign domestic workers presented with catatonic features with a significant association detected between the group and the presence of catatonic features, $\chi^2(1, N = 459) = 26.32, p < 0.001$. The mean duration of hospitalization was significantly less among the foreign domestic workers ($M = 13.5$ days) than the controls ($M = 23.8$ days). When it came to treatment and management, the use of antipsychotics (97.4% for the foreign domestic workers and 85.7% for the controls) and ECT (50.6% for the foreign domestic workers and 17.4% for the controls) significantly differed by group ($\chi^2(1, N = 459) = 20.8, p < 0.001$) and ($\chi^2(1, N = 459) = 56.1, p < 0.001$) respectively.

Conclusion: Inpatient foreign domestic workers present with more catatonic features, are more diagnosed with psychotic than affective disorders and are more treated with antipsychotics and ECT with a particular trend to rapidly discharge and deport the worker to limit the costs. The main limitations include recall bias, the lack of randomization, and the difficulty to detect causation; hence the results of such study are at best hypothesis-generating.

HIV/AIDS AND PSYCHOLOGICAL DISTRESS: A STUDY OF INFECTED WOMEN IN THE CITY OF LISBON

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The link between HIV/AIDS and psychological distress is widely acknowledged, as well as the risk of the development of mental health problems in people living with HIV/AIDS.

The objective of this research was to study social and psychological problems that affect women living with HIV/AIDS.

One hundred and fifty women attending the outpatients' immunodeficiency clinic in a public hospital in Lisbon were interviewed.

The results show that 80% of the interviewed women suffered of psychological distress and 21% of this group felt anger, low self esteem and isolation.

We also found that women's withdraw is a strategic behavior to avoid HIV status disclosure and discrimination (50%).

Based on these findings we conclude that HIV infected women is a group at risk of developing mental health problems, thus demanding attention from the mental health services in the community. It would be, therefore, beneficial if psychosocial interventions in women living with HIV/AIDS were integrated in mental health interventions.

DAYS OUT OF ROLE DUE TO COMMON MENTAL AND CHRONIC SOMATIC DISORDERS. RESULTS OF THE STUDY EPIBUL - PART OF THE WMH SURVEY INITIATIVE

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National Center Of Public Health And Analyses

Educational Objectives: The aim of this poster is to explore the days out of role due to health problems of somatic and mental origin in Bulgaria. Data from national representative epidemiological study EPIBUL 2003-2007 for Bulgaria, show the share of common somatic and psychiatric disorders in the total days out of role in Bulgaria

Methods: The study EPIBUL is nationally representative for Bulgaria and covers 5318 respondents over 18, for the period 2003 to 2007. Diagnostic tools that are used are DSM IV and CIDI 3.0. A presence of ten chronic somatic disorders and nine psychiatric disorders for each respondent, is investigated along with information about the number of days out of role in the last month before the interview in which respondents were not able to work or perform their other normal daily activities due to problems of physical or mental origin. Multiple regression analysis to assess the multivariate associations of somatic and psychiatric disorders controlling age, gender, employment and education was applied.

Results: About half of respondents (48.1%) had a psychiatric or somatic disorder of the 19 disorders included in this analysis. Those who reported at least one somatic disorder (44.3%) are significantly more than those who reported any mental disorder (10.7%). People with neurological disorders have the highest average number of days out of role (77.5 days), followed by those with social phobia (50.5 days), headache and/or migraine (44.6 days) and insomnia (40.6 days). Neurological diseases had also the largest individual effect followed by headaches and/or migraine, insomnia and alcohol abuse. On the social level, however, a strong effect (population attributive risk - PAR) had conditions associated with chronic pain, cardiovascular diseases, headaches and/or migraine.

Conclusions: Days out of role due to health problems are a major source of loss of human capital (1). The study of the causes leading to the loss of days has a value on a personal as well on population level. Increasing productivity and increasing social capital is directly related to reduction of the leading causes for days out of role. In Bulgaria, unlike other countries, a shift of the leading causes of lost days in the direction of somatic diseases, which is taken as an indirect indicator of the high threshold of stigmatization of mental health services.

CONTRIBUTO DAS INTERVENÇÕES PSICOEDUCATIVAS NA ADESÃO TERAPÊUTICA DA PESSOA COM INSUFICIÊNCIA CARDÍACA: CONCEÇÃO DE UM PROGRAMA PSICOEDUCATIVO

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Apesar da problemática da adesão/não adesão terapêutica ser motivo de preocupação por parte da comunidade científica, vários estudos apontam que, nos países desenvolvidos, apenas 50% dos doentes portadores de doenças de evolução prolongada aderem às recomendações terapêuticas. A falta de adesão à terapêutica compromete a eficácia dos tratamentos e contribui para o aumento considerável dos custos em saúde, constituindo um problema de saúde pública major (OMS, 2003).

Na Unidade de Cuidados Intensivos Coronários, onde encontra-se a exercer a sua atividade, prestam-se cuidados, diariamente, a pessoas que são reinternadas devido ao abandono da terapêutica. Atendendo à sua experiência profissional, verifica-se que existe um número considerável de doentes que abandonam a terapêutica devido a condições financeiras, no entanto a maioria deve-se a outros fatores.

Face à evidência da eficácia da psicoeducação na adesão terapêutica, foi concebido um programa psicoeducativo para pessoas com insuficiência cardíaca, com o seu início em contexto de internamento, após a estabilização do quadro clínico. Pretende-se saber o contributo das intervenções psicoeducativas na adesão terapêutica das pessoas com insuficiência cardíaca e se diminuem os reinternamentos por incumprimento dos tratamentos.

Após ter concebido e aplicado um programa psicoeducativo intitulado “Doença Mental: Um novo começo”, para pessoas com doença mental, em contexto do curso de mestrado em enfermagem de saúde mental e psiquiatria, concebeu um programa para pessoas com insuficiência cardíaca no seu local de trabalho.

Os objetivos do programa são: troca de experiências; desenvolvimento de *insight* e de competências de gestão de doença; prevenção de recaída; e promoção de hábitos de vida saudáveis.

Assim, os seus objetivos relacionam-se, de um modo geral, com a promoção de uma participação ativa da pessoa no processo de recuperação e a integração de conhecimentos e a aquisição de competências de auto-gestão da doença, promovendo a adesão ao tratamento e à medicação.

O programa para pessoas com insuficiência cardíaca foi concebido de acordo com os princípios que orientaram a elaboração do programa para pessoas com doença mental, procurando atuar nas quatro categorias principais de fatores que influenciam a adesão terapêutica (Konkle-Parker, 2001):

1 - fatores relacionados com a medicação: efeitos secundários da medicação número de medicamentos, tamanho do medicamento, apresentação do medicamento, restrições na dieta implicadas pelo medicamento, duração e complexidade da administração do medicamento;

2 - fatores relacionados com a pessoa: conhecimento sobre o processo de doença, crenças de saúde, estadio da doença, aceitação do diagnóstico, compreensão sobre adesão, preparação para tomar a medicação prescrita, estratégias de *coping*, confiança nas capacidades;

3 - fatores relacionados com o ambiente: fator financeiro, disponibilidade telefónica, suporte familiar e suporte social;

4 - fatores relacionados com o enfermeiro: competências comunicacionais, disponibilidade para questões abertas, relação terapêutica.

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STUDY OF DEPRESSION IN THE ELDERLY HEMODIALYSIS PATIENTS WHO REFER TO TEACHING HOSPITAL IN URMIA, IRAN

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Introduction: Depression is the most frequent psychological problems reported by hemodialysis patients and in older adults but is potentially treatable at all ages. The consequences of depression in older adults are severe and include diminished quality of life, functional decline, marked disability, increased service utilization and high mortality. Dialysis patients have a worse QoL and higher rates of hospitalization and mortality compared with the normal population. We assessed the prevalence of depressive symptoms and physician-diagnosed depression, their variations by country, and associations with treatment by antidepressants among hemodialysis patients. The 15-item Geriatric Depression Scale (GDS-15) is a widely used screening instrument for depressive symptoms in the elderly, but its ability to detect alterations in depressive symptoms over time has not been established. This study aimed to characterize the elderly on hemodialysis for chronic renal failure in a teaching hospital and to describe their levels of depression.

Methods and Materials: A socio-demographic GDS-15 geriatric depression scale was used to measure self-rated depressive symptoms in a group of 54 subjects with clinically CKD randomly selected from dialysis ward in Taleghani wards in Urmia. Patients, who in this study were asked to complete the GDS-15.

Results: A total of 54 samples with age group (≥ 50) of scored within the 'depressed' range on the GDS-15. The mean age of patients was 62.7 ± 3 . The majority was married (72%), and male (57%). Approximately A half

of the patients (54%) were illiterate. Patients with high levels of depressive symptoms tended to have more severe disease and more impaired cognitive function. 94.4% weren't basically satisfied with their life. 80.5% dropped many of their activities and interests. 52.7% feel that their life is empty. 97.2% weren't hopeful about the future and afraid that something bad is going to happen to them. 72.2% often feel helpless. All of them preferred to stay at home, rather than going out and doing new things.

Conclusions: The data suggest that depression isn't diagnosed among hemodialysis patients. Depression in patients, especially old patients is high and appears to be related to disease complications and demographic characteristics like low income. The systematic use of screening instruments for depressive symptoms may be helpful for patients who need special care in order to improve their quality of life, reduce costs, and increase survival rate and depression complications.

Keywords: depression, elderly patients, hemodialysis, Urmia, Iran

THE EVALUATION OF PREVALENCE OF DEPRESSION IN HEMODIALYSIS PATIENTS IN NORTH WEST OF IRAN

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Introduction: The object of this study is the spread of depression in hemodialysis patients their age and sexual relations and examination of the cause of depression.

Methods: in this study I randomly choose 100 hemodialysis patients from Ardabil province and give them the questionnaire N.I and questionnaire that was made by researcher for every patient. I analyzed the results by SPSS software.

Results: from 100 patients 37 were female and 63 were male. In this research 42 patients (42%) were depressed that 17 were women 40.5% and 25 men 59.5% none of the experimented were depressed before dialysis. Most of the patients suffered from blood pressure 38.2% diabetes 34.2% and 11% had kidney graft experience .more than half were uneducated 54.1% the most of them were at the age of 65-70 marital status ,education, losing their next of kin, having job problem because of dialysis and having problems their family relations, have meaningful relation with depression from experimental quantitative variances income has positive role on depression number of children and age have direct effect on depression the most indirect effect from income was on depression.

Conclusion: since most of the depression patients were jobless men it's better to produce jobs .since most of the population were not educated it's better to prepare the depression questionnaire according to their perception every dialysis center in addition to a physician needs a psychologist for giving psychiatry services.

THE RE-EXAMINATION OF THE LIFE EXPERIENCES AND CARE EXPECTATIONS OF WOMEN WITH GYNECOLOGICAL CANCER BY THE CONCEPTS OF "EXISTENTIAL PHILOSOPHY": A QUALITATIVE META-SYNTHESIS STUDY

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Educational Objectives: Cancer is the second leading cause of death in Turkey. Living with cancer includes many concerns such as fear of recurrence, body image changes, physical dysfunction, job discrimination, relationship problems and sexual functioning difficulties. For cancer patients', the existential angst is every day issue.

Purpose: The aim of this investigation was to re-examine the qualitative studies examining life experiences of women with gynecological cancer with the concepts of "existential philosophy".

Methods: In this meta-synthesis study, the purposive sampling method was used. Over the last 10 years of literature were systematically investigated on the Akdeniz University internet network by key words as "gynecological cancer", "qualitative study", "nursing", "care", "patients' perspectives" ve "jinekolojik kanser", "kalitatif araştırma", "hemşirelik", "bakım", "hasta beklentileri". Thirty-six studies that is accessible to full text, published in Turkish and English in the meta-synthesis. The Joanna Briggs Institute's Qualitative Assessment and Review Instrument-2011 and Weed's meta-interpretation approach were used in the data synthesis process.

Results: Data on life experiences of women with gynecological cancer at studies re-interpreted with the five basic concept of the existentialist philosophy: (1) Angst; At the shadow of cancer, (2) Despair; I'm sorry for my losses!, (3) Authenticity; Towards a new existence, (4) The Absurd; Living at the short distance between the enjoy of life and existential anxiety, (5); The Other and the Look; Cancer: It's so hard to say!

Conclusions: In this meta-synthesis study, it was found that women were continuously under the heavy burden of uncertainty and threat of existential angst. This study shows that there are existential issues in order to care for gynecological cancer patients which health care staff needs to acknowledge. This study points out that staff often are not often empathic and aware of patients' existential issues. In this life course, women indicated that they need relevant, expert and knowledgeable care in an authentic way.

Key Words: Existential Philosophy, Gynecologic cancer, Meta-Synthesis, Qualitative Studies, Women's Experience

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SOCIAL ADJUSTMENT, SELF-ESTEEM AND THE BODY IMAGE OF CHRONIC FAILURE PATIENTS: COMPARATIVE STUDY OF DIALYSIS AND TRANSPLANT PSYCHOSOCIAL ASPECTS.

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Introduction:

The renal transplantation is the treatment of choice for chronic renal failure since it provides the patients hope for survival and a relief from their handicap, and in the same time it allows economical savings.

Educational Objectives:

Evaluate the impact of the kidney transplantation on the social adaptation of our patients.

Purpose:

This review has been set out to assess the differences between transplant patients and hemodialysis patients in psychosocial adjustment in 44 chronic renal failure patients including 14 renal transplant patients and 30 hemodialysis using three indicators: body image, self-esteem and social functioning.

Methods:

It is a cross-sectional study carried out in the service of Nephrology-Dialysis-Kidney Transplantation in Mohammed VI University Hospital of Marrakech, in January 2013 based on three validated questionnaires: the body image questionnaire (BIQ) of Bruchon-Schweitzer, the self-esteem questionnaire (SEQ) of Rosenberg and the social functioning questionnaire (SFQ) of Zanello.

Results:

The sample is composed by 44 subjects CKD (Chronic Kidney disease) with an average age of 49 years old (+/-11 years), a range extended between 26 and 61 years old. The majority of them are situated between 41 and 60 years old for hemodialysis patients and between 31 and 40 for the renal transplant patients. Concerning the body image, the latter have better social and corporal desirability than the hemodialysis patients with the significance of all BIQ factors. Besides, renal transplant men have better corporal image than women. The SEQ shows that at the social and familial level the renal transplant group has statically higher self-esteem than the hemodialysis group. However, at the professional scale the self-esteem remains low for both groups. Finally, in term of social adaptation, no significant differences between the two subsamples have been raised by the SFQ factors. This is mainly due to the different professional profiles among the patients which makes any comparison between the two groups irrelevant.

Conclusions:

The study came to a different conclusion compared to numerous other investigations on psychosocial adjustment in hemodialysis. As a result, further longitudinal exploration of a larger sample with the formalization of evaluative tools taking into account the particularities of chronic renal failure will enable a better understanding of psychosomatic difficulties in this population.

ACCEPTING FOREIGN NURSES IN JAPAN AND FUTURE CHALLENGES – MATTERS MAINLY CONCERNING THE NATIONAL BOARD EXAM FOR NURSES–

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Objectives: The acceptance of foreign nurses started in Japan from 2008 under the Economic Partnership Agreements. Over 400 nurses have come to Japan from Indonesia and the Philippines thus far. If they do not pass the exam within 3 years, they basically have to return to their countries. They can work in Japan as nurses if they pass the Japanese national board exam for nurses within 3 years after coming to Japan and they will be paid the same or more as Japanese nurses. Passing the national board exam for nurses is the main issue for the foreign nurse candidates. So far, the rates of foreign nurse candidates passing the national board exam were 0% in 2009, 1.2% in 2010, 4.0% in 2011, and 11.3% in 2012. Though the pass rate is gradually increasing, realistically, passing the exam is very challenging for them considering the fact that the overall pass rate for Japanese applicants is approximately 90%.

Methods:

1. Study on the practice national board exam for nurses

We conducted a study on the practice national board exam targeting Filipino nurse candidates and Indonesian nursing students in Japan. We requested them to take the Japanese national board exam translated into English and Indonesian and analyzed the exam results.

2. Interviews regarding countermeasures taken for the national board exam

The subjects were foreign nurses assigned to a hospital as well as trainers at the hospitals that accepted foreign nurses. We asked about the methods that they used to study for the national board exam and any support they received, etc.

Results: The percentage of correct answers was low even though the practice national board exam for nurses was written in English or Indonesian. Based on the interviews we conducted, we discovered that the government does not provide much support with regard to preparation for the national exam and foreign nursing candidates and their hospitals have to prepare for it on their own. Candidates who passed the national board exam for nurses received study support from people inside or outside the hospital.

Conclusions: Because the percentage of correct answers was low in the study on the practice national board exam for nurses, we believe that there is a difference in the nursing training curriculums and nursing itself in each country. It is necessary to compare and study the differences in nursing training curriculums in each country as soon as possible. We believe that the government needs to provide more study support and similar education to all foreign nurse candidates equally.

EARLY TRAUMA IN PSYCHIATRIC PATIENTS OF A GENERAL HOSPITAL

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Objective:

To determine the prevalence of early traumatic events in patients with a variety of diagnoses of complex mental health problems, in the Psychiatric Outpatient Service of the Regional Hospital in Talca, Chile

Purpose:

To assess the relationship between early trauma and chronic symptoms comparing GAF and CGIs.

Method:

In 2012, all patients (586), during routine clinical control were assessed for previous trauma using the Marshall Scale. CGIs and GAF were also used.

The DSM IV-tr was the reference for all the psychiatric diagnoses.

The interviews and the scales were administered by the respective attending psychiatrists of each patient.

In order to compare the mean in genders and in the diagnostic groups, ANOVA was used. To compare the rates of cases contingency tables and residual analysis were used.

Results:

The prevalence of prior trauma was found to be 52 % in the study sample. When scores of the Marshall test were considered the prevalence of trauma was found in 42.1% of the study sample, of which, 51.3% was sexual trauma (abuse or rape). The prevalence of sexual trauma in women (51.4%) was similar as it was in men (50%).

The principal diagnoses of the sample were depressive disorders (74,2%), bipolar disorder (13,2%) and anxiety disorders (7,1%). The rest of the study sample had other diagnoses such as, drug abuse, schizophrenia, personality disorder and other less frequent ones.

The prevalence of sexual trauma was highest in bipolar disorder (72%) and was lowest in depressive disorders (45,5%).

The GAF rate in patients with depression with early trauma was 58,7 and without early trauma 61,57. The CGIs rate were 3,72 and 3,47 respectively.

Discussion

The prevalence of early trauma was frequent in the sample, as well as sexual abuse.

The sexual abuse events for women occurred more often by close relatives and for men by unknown people.

The most frequent diagnosis of the sample was depression but sexual abuse occurred most often in bipolar disorder.

The GAF of the sample, with and without trauma, did not show any substantial difference.

The CGIs score in patients with or without early trauma also showed no difference, except in depression in which the CGIs was higher in patients with early trauma (3,72) than in those without it (3,47).

THE EFFECT OF AN INTERNET-BASED ANGER MANAGEMENT PROGRAM IN SCHOOL-AGED CHILDREN

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Educational Objectives: The development of an Internet-based anger management program for school-aged children to prevent school violence.

Purpose: This study aimed to investigate the effectiveness of an Internet-based anger management program for school-aged children.

Methods: Twenty elementary school students took part in an anger management training program consisting of 12 sessions (each 15 minutes long); subsequently, participants, their parents, and their teachers answered questionnaires assessing the participants' anger, aggressiveness, and other emotional/behavioral problems pre- and post-training. The program, based on the cognitive behavioral therapy (CBT) model, was developed for improving children's ability to control their emotions, and for enhancing empathic capacity to prevent school violence. It consists of four modules, and each module is divided into three levels: (1) emotion recognition (e.g., recognizing various emotions, detecting the physiological changes accompanying anger, and learning when their anger is harmful versus when it is beneficial), (2) anger control (e.g., learning more appropriate ways for expressing their anger such as relaxation techniques), (3) cognitive-behavioral changes (e.g., searching for strategies for managing their anger, including positive self-talk and assertiveness training), and (4) empathy training (e.g., training in cognitive and emotional empathy, and conversation skills including the consideration of others' feelings).

Results: At the post-training self-assessment, the participants showed significant reductions in their "anger-out" tendencies and a slight improvement in anger controllability. In addition, the teachers rated the participants' hostility/defiantness and peer-relational problems as having decreased after the training. However, parents' ratings showed no significant differences between pre- and post-training.

Conclusions: The proposed Internet-based anger management program had a significant effect on school-aged children's abilities to control their anger.

THE STUDY OF PRECEDENT CHILD ABUSE'S RELATION WITH MISUSE OF SUBSTANCES IN ADULTHOOD

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Objectives: The purpose of this research is study of the effect of child abuse on misuse of substances in adulthood. The examinees of this research are persons that were engaged to misuse of substances.

Methods: The examinees that have conditions according to DSM-IV and international diagnostic interview (CLDL) organization of therapeutic services title of aim groups in individuals and groups form were selected .for normal study of scores distribution of Colomugro of Smirnouf for study of relationship between researches variables of Pearsonian and for comparison and for comparison between groups of Levins test analysis variance test and suable Bunfroni test has been used.

Results : the results of the investigation show that $P < 0.036$ and $r = 0.617$) in arrangement : affective child abuse: $P < 0.029$, $r = 0.669$ neglect child abuse : $P < 0.045$ and $r = 0.587$ physical child abuse: $P < 0.022$ and $r = 0.694$ sexual child abuse $P < 0.012$ and $r = 0.797$).also the results of this research show that the relationship between child abuse and time of substances use was $P < 0.043$ and $r = 0.555$ in arrangement: affective child abuse : $P < 0.046$ and $r = 0.521$, neglect child abuse : $P < 0.027$ and $r = 0.681$ physical child abuse , $P < 0.041$ and $r = 0.575$ sexual child abuse : $p < 0.032$ and $r = 0.634$ only between sexual child abuse and species of substances was meaningful ($P < 0.000$) in sum ,

Conclusion: the results of this research show that the existence of precedents child abuse is important cases that individuals in adulthood inclined to the addiction.

Key words: affective child abuse , neglect child abuse, physical child abuse, sexual child abuse , narcotic materials misuse of substances inventories child abuse

SURVEY RELATIONSHIP BETWEEN HISTORY OF CHILD ABUSE AND MENTAL HEALTH IN ADULTHOOD

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Introduction: The present study with aim predicted adult mental health based on experiences of child abuse during childhood was conducted.

Methods: In this study 294 patients (164males and 130 females) students with sampling randomly and with using random numbers table were selected. To measure the variables of the questionnaires Goldberg general health (GHQ) , Cooper smith self-esteem and Beck depression were used .Data analysis using person correlation test and multiple regressions were performed simultaneously .

Results: findings showed that there is significant relationship between histories of physical, emotional child abuse and neglected with mental health and adults with a history of Physical, emotional abuse and neglected in terms of mental health are much lower. between sexual abuse and mental health , there is no significant relationship and only emotional child abuse and neglect are able predict significantly mental health scores also showed there is no significant relationship and only emotional child abuse and neglect are able to significantly predict depression scores.

Conclusion:based on the findings of this study was found between physical emotional abuse neglect and anxiety there is significant relationship while between sexual child abuse with anxiety there is no significant relationship and just emotional child abuse is able to significantly predict anxiety scores. In sex factor results showed that there is significant relationship between mental health of male and female victims and physical, emotional child abuse and neglect aspects while between sexual child abuses.

SOCIOECONOMIC STATUS AND BECOMING STREET CHILDREN IN IRAN: A SYSTEMATIC REVIEW ON STUDIES IN RECENT DECADE

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Educational Objectives: Presence of millions of children in the world streets is an important social problem in most of the major world cities, especially in developing countries. In order to finding socioeconomic situation of street children in Iran and whether its related to becoming street child, we tried to classify and evaluate studies on this issue in recent decade according to their strengths and weaknesses.

Purpose: The results will be helpful in policy making and planning for this group.

Method: We used systematic review method in this study. By searching Iranian and international databases, many universities and related organizations in Iran, and after evaluating their quality by a researcher made quality evaluation form, findings of 40 researches were classified, described and analyzed.

Findings: Street children of Iran belonged to crowded, low-income families; many of them were rural-urban migrants and Afghans with families immigrated to Iran; most of their parents had under-high-school education and many of their fathers were unemployed or had low income jobs; majority of these children were unskilled workers who should work many hours of the day for negligible incomes. Besides, great majority of them were connected to their families.

Conclusion: According to research results, we found that low socioeconomic status was prevalent among street children families in Iran and seems to be an important factor for street-connectedness of children. This finding could be used by policy makers in programming for preventing of becoming street children.

IS AGGRESSION IN ADOLESCENT SEXUAL EXPRESSION INFLUENCED BY FAMILY ENVIRONMENT AND MORAL EMOTIONS?

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This study aimed at measuring the impact of moral emotions and family environment in the development of aggression in adolescent sexual expression. Two psychometric instruments were applied. Kidscreen-52© is a measure of quality of life and family environment of adolescents which has been used in several portuguese studies. RMGI measures behavior according to the dimensions of sex guilt, hostility, conscience and morality and was adapted in this study to a random sample of 92 Portuguese youths, 35 boys and 57 girls between 12 and 18 years of age. Results showed girls felt more guilt in all dimensions-sex guilt, hostility, guilt and morality-conscience than boys. Adolescents living with both parents tended to feel more guilt with hostility, less general mood and less values at positive perception of themselves. Older adolescents with more education felt less sex-guilt.

GENDER TRAITS OF PERSONALITY AND AGGRESSIVE MANIFESTATIONS IN ADOLESCENTS-OFFENDERS

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Educational Objectives: Analysis of literature shows that gender differences influence coming-to-be, course and demonstration of aggression. In recent decades, we observe high level of serious crimes among young women. They have begun to commit such “male” crimes associated with violence to personality as robberies and homicides. Data about differences of manifestations of aggression in deviant male and female adolescents indicate difference of social roles, conditions corresponding to various types of behavior. To monitor and prevent effectively manifestations of aggression in girls and boys it is necessary to study their interrelationship with personality traits.

Purpose: Study of personality traits and manifestations of aggressiveness in boys and girls under-age offenders.

Methods: Experimental-psychological examination was administered for 116 male adolescents at the age from 15 to 19 years (mean age $17,1\pm 0,9$ years) at corrective institution for under-age offenders and 110 female adolescents at corrective institution (mean age $17\pm 0,73$ years). For assessment of personality traits, we used experimental-psychological methods “Mini-Mult”, “Hand – test”, Buss-Durkey Inventory.

Results: Girls had reliably higher than boys did indices of hypochondria and depression (Hs, De). Boys had reliably higher indices of hysteria and psychopathy (Hy, Pd). According to scales Pa (rigidity) and Shk (individualistic), we have not found significant differences. We may suppose that affective, sensitive, stubborn, sullen, closed, with special judgments and non-predictable deeds adolescents pursue to major extent criminal behavior. Data obtained with Buss-Durkey Inventory showed reliably higher level according to all forms of aggression in girls. Research of traits of aggressive trends with Hand-test allowed revealing of higher indices of communication and activity in boys. In addition, boys significantly more often gave environmental answers and total number of answers was larger. All this testifies to that boys have larger reserve of role variants and larger potential of adjustability.

Conclusions: Our investigation has shown that girls being at corrective institution for under-age persons perceive themselves physically and mentally not protected as compared with boys and manifest heightened aggressiveness. This may be associated both with the process of adaptation at places of confinement where we observe heightened aggressiveness and with behavior of under-age offenders as a whole in whose environment we observe considerable gender “imbalance”, girls cultivate forms and ways of aggressive behaviour traditionally attributed to masculine ones.

ASSOCIATION BETWEEN PARENTAL INVOLVEMENT IN SCHOOL AND CHILD CONDUCT, SOCIAL AND INTERNALIZING PROBLEMS: TEACHER REPORT

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Educational Objectives: The present study shows that parents of children with conduct problems have more frequent contact with teachers as compared to other parents. Further, parents of children with high levels of social competence are, according teachers view, more involved in their children's learning at home. These findings add to existing knowledge in the field.

Purpose: In the present study we have examined whether different kinds of child socio-emotional and behavioural problems are differently associated with parental involvement with school. Teachers report is used.

Methods: The present study examined the factor structure of the Teacher Involvement Questionnaire (Involve-T) by means of exploratory factor analysis and examined the association between children's socio-emotional and behavioural problems and teacher-reported parental involvement in school, using structural equation modelling (SEM). The study was conducted with a Norwegian sample of schoolchildren in grades 1–3 (N=287).

Results: Results of the factor analysis supported the use of three separate scales of Involve-T, as suggested by the scale author ($\chi^2 = 148.10$, $df = 87$, $p < .001$, $\chi^2/df = 1.70$; $RMSEA = .049$ [CI .035 .063]; $CFI = .98$; $TLI = .97$); However, a number of items in each scale was reduced and two dimensions of parental involvement remained: “communication with school” and “learning at home”. Furthermore, the results showed that teachers had higher levels of bonding in terms of more frequent contact initiatives with parents of children with conduct problems, and that parents of children with high levels of socio-emotional competence were more involved in their children's education at home, than other parents.

Conclusions: Teachers more frequently make contact with parents of children who exhibit conduct problems. This finding is quite surprising and contradicts findings of previous research, where co-operation between parents and teachers with children who display conduct problems has been found to be more complicated. Another conclusion is that parental involvement in children's learning at home is associated with greater social competence of their children. Our finding indicates that we need to know more about the precise content of the contact between teachers and parents, and how parents react to the teacher's initiative in making contact because positive and proactive contact between teacher and parent could enhance parental involvement and decrease child conduct problems.

EARLY CO MORBIDITY OF LEARNING DISORDERS WITH SOCIAL AND EMOTIONAL DISORDERS IN THE DEVELOPMENTAL HISTORY OF ADULTS WITH PSYCHIATRIC DISORDERS. A RETROSPECTIVE ANALYSIS.

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Educational Objectives: Through the current presentation, we seek to demonstrate: i) the importance of the co-occurrence and continuity -from childhood to the adulthood- of specific factors, in the history of psychiatric patients and, ii) the utilization of that knowledge in the early diagnosis and treatment of learning disorders.

Purpose: The main purpose of the current study is to investigate the plausible existence and complexity of correlations between the following groups of factors and psychiatric disorders: learning disabilities, poor family, developmental, social and psycho-emotional disorders.

Methods: The current study was carried out at the Psychiatric Clinic of the University Hospital of Ioannina in Greece, where adult psychiatric patients had been referred to either as external patients or to be hospitalized.

A retrospective study was applied for a period of one year and 835 developmental records have been analyzed content analysis method.

The examination of the early (co)occurrence of specific disorders was based on the classification of the mental disorders according to the ICD-10 and, a scale including the above groups of variables was applied.

Results: Log Linear analysis showed that all models retained 2nd or 3rd order effects with p-values >0.8 for all estimated likelihood ratios. The models did not differ significantly between them and obtained similar AKAIKE'S Information Criterion (AIC) values. Patients with learning disabilities, growing in a socially disturbed environment, including behavior problems/ aggression/ alcoholism/ isolation or scuttle from home, were found to be more frequently associated to schizophrenia than to any other mental disorder. The profile of these patients in some cases also included family problems such as parental loss or alcoholism.

Conclusions: Through the results analysis, a significant association has been pointed out between learning and other disorders in the adult psychiatric patients' developmental profile. Furthermore, the fundamental contribution of the current study is the association between learning disorders and schizophrenia; association which is corroborated by the condition of the continuity or complexity of these disorders in higher developmental stages.

Finally, the above results could be utilized in the study of the causes of mental disorders, contributing to the investigation of the question whether the early treatment of the learning and/or other disorders could suspend or eliminate the mental disorders in the adulthood.

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**FAMILIES OF CHILDREN AND TEENAGERS WITH AUTISM:
PERCEPTIONS REGARDING THEIR REALITY AND IDENTIFICATION OF
DEMANDS THROUGHOUT THE DEVELOPMENT.**

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Objective: This study has aimed in identifying the perception of families of individuals with autism regarding their demands and support sources in face of the reality of caring for their children with autism during different phases of their development.

Methodology: Twenty families with children of teenagers suffering from autism have participated of this study. There have been used semi structured interviewing questionnaires.

Results: Among the main results, it has been identified that the regular educational context has been marked by difficulties in the three studied phases. Concerns regarding the future of their children are present in parents of the three families groups. And, mainly in the earlier phases, there is by the parents a strong hope for their children to be more independent and able of having a decent life, which decreases in intensity in the third group.

Final Remarks: The strategies of interventions are verified in many situations of the family routine, where arrangements and possibilities are persistently explored.

Key words: autism, families of children with disabilities, child development

CARE AND PUBLIC MENTAL HEALTH POLITICS FOR CHILD AND YOUTH: PSYCHOSOCIAL CARE CENTERS FOR CHILD AND ADOLESCENT (CAPSI) AND ITS USERS

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Objective: Characterize the dynamics and users of Psychosocial Care Centers for Children and Youth of State of São Paulo, Brazil

Methods: It's a quantiquitative study that included the participation of 24 occupational therapists who work in units of CAPSi in the State of São Paulo, Brazil. The participants answered a questionnaire and data were analyzed using descriptive statistics and discourse analyses technique.

Results: The representativeness of the sample was observed in that of 26 CAPSi existing in the state of São Paulo, 18 were considered by including the participants who work in these services. The results revealed that the main programs, projects and activities offered to CAPSi's users are groups and workshops, followed by individual consultations and actions on the network; home visits are not mentioned by participants. Regarding the CAPSi user's characterization, children aged between 5 and 11 years old represent the majority of users; moreover, the results reinforce findings from previous studies which the most common diagnoses found are behavioral disorders and emotional disorders; followed by disorders of psychological development, which includes the pervasive developmental disorders. It's argued that even the most serious cases may not be the most service's users, as recommended by the goals of this equipment, it seems to respond to an existing demand, admittedly the mental health field, and who also need care and attention.

Conclusions: It's concluded that there's an effort of governmental and professionals in the field to promote the mental health of children and youth with psychological distress, but we have to move in the direction of enabling both human resources and foster continuous training of technicians, as in supporting multidisciplinary practices. Furthermore, the findings of this study reinforce the importance and need for intersectoral actions and articulations, territorial and community, since CAPSi should not and cannot be solely responsible for meeting the demands involving the different levels of attention.

IMPACT OF PIVOTAL RESPONSE TRAINING GROUP THERAPY ON STRESS AND EMPOWERMENT IN PARENTS OF YOUNG CHILDREN WITH AUTISM

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Educational Objectives: Parents of children with autism are increasingly being considered as primary agents of intervention for their children. At the conclusion of this presentation, participants should be able to recognize the importance of teaching parents of children with autism novel behavioral strategies to target social and communication deficits.

Purpose: The goal of this study was to evaluate whether participating in a Pivotal Response Treatment (PRT) group therapy program for parents of children with autism influenced related aspects of parents' lives, namely their levels of stress and empowerment.

Methods: Seventeen families participated in a 10-week therapy group designed to train parents to use PRT in a group format, with a specific focus on their children's language deficits. Parents were initially introduced to PRT through lectures and standardized video examples and then received weekly feedback about their implementation of PRT through review of home videos during group sessions. The Parenting Stress Index/Short Form and the Family Empowerment Scale were obtained at baseline and at the end of the trial.

Results: Ratings on the Parenting Stress Index/Short Form showed significant changes from pre to post treatment indication that parents felt lower levels of stress after the 10-week group program (Pre: 91.04 ± 11.25 , Post: 81 ± 24.88 , $t=2.84$, $p<0.01$), with most reduction observed in the stress related to parent-child interactions (Pre: 87.65 ± 17.36 , Post: 74.87 ± 22.06 , $t=3.89$, $p<0.01$). Higher level of empowerment was also observed after the treatment program involving the three domains of the Family Empowerment Scale: Services (Pre: 3.83 ± 0.50 , Post: 4.15 ± 0.45 , $t=-4.21$, $p<0.001$), Community (Pre: 2.84 ± 0.56 , Post: 3.27 ± 0.62 , $t=-5.4$, $p<0.001$), and Family (Pre: 3.67 ± 0.39 , Post: 4.06 ± 0.45 , $t=-5.96$, $p<0.001$).

Conclusions: As postulated, findings from this study on parenting stress and family empowerment indicate that participating in the PRT group treatment program was of benefit to the parents. Although the exact relationship between the PRT group, reduced parent stress and increased family empowerment is not explored in this study, these observations support the group model as an effective mechanism for improving parent functioning and transferring PRT skills to parents of children with autism. Additional investigations are warranted and future research should examine the longevity of the effects observed in this study, and also assess the specific contributors of these benefits.

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INFLUENCE OF SOCIO – ECONOMIC RESOURCES IN BEHAVIOR AND EDUCATIONAL ACHIEVEMENT OF STUDENTS IN FRANCISCO DE ARRUDA SCHOOL

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In this study we sought to develop a correlation between socio - economic of the families with the behavior and academic success of students attending Primary School 2.3 Francisco de Arruda, Lisbon.

For this purpose we used biographical records, list of students with social and economic aid (ASE), disciplinary incidents and final evaluation of the academic year. This study consists of a group of 648 students of both sexes, aged between 9 and 17 years to attend since the 5th to 9th grade.

Of the total sample, 360 students (56%) benefit from the ASE, which is an indicator of economic difficulties existing in this population with a direct influence the academic success of our students.

THE NURSING FACULTY' EXPERIENCES WITH MALE NURSING STUDENTS AT CLASSROOM, LABORATORY AND CLINICS IN TURKEY

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Educational Objectives: Nursing is historically seen as feminine profession all over the world and our country. From the 2007-2008 academic years, mixed student groups began to education in nursing in Turkey.

Purpose: The aim of this study was to describe the faculties' experiences with male nursing students at classroom, laboratory and clinic.

Methods: The study was designed as descriptive and phenomenological. Data collected through focus group interview technique between 15 May 2010 and 15 February 2012 selected from the six regions of Turkey. Ten focus groups carried out at nine Faculty of Health Sciences / Nursing and / or the School of Health. 99 nursing faculty who are study with male nursing students were reached. The average duration of the 10 focus group interviews were 124.42 minutes and 307 pages data were obtained. The data were evaluated by the method of thematic analysis.

Results: Finally, five themes become apparent: (1) *Female and Male Student: Definitely different*, (2) *More comfortable with the female*, (3) *Gender-related elements in care*, (4) *Changes in routines*, and (5) *We (women) screwed up!: they save the nursing if they can*. In this study, social gender-related elements were determined in patient care through the participation of men in nursing.

Conclusions: In this study, it was determined that nursing education and practice had extremely gendered nature. The project achieved its objectives because it constituted the very first and unique data in nursing education and health care area in Turkey. Also, it contributed to related literature by adding "We (women) screwed up!: they save the nursing if they can" as a new knowledge. Based on these results; we suggest that the review of the curriculum in nursing education in terms of a gender bias, to use nonsexist language in educational activities and workplaces and to research the gender-related barriers for teaching care at various social groups (patients, their relatives, health professions members, colleagues, male students, etc.).

Key Words: Nursing, Social Gender, Male Students, Qualitative Study

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SOCIAL WITHDRAWAL (HIKIKOMORI) IN JAPANESE UNIVERSITY STUDENTS: A CASE STUDY OF FORTY-FIVE UNIVERSITY STUDENTS WITH HIKIKOMORI

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Purpose: The term Hikikomori is known as prolonged social withdrawal in Japan. “Hikikomori” has spread in the 1990s and it has attracted social attention and concern in Japan. A Japanese government funded research group established guidelines for hikikomori. The hikikomori syndrome is defined as withdrawal from society for 6 months or longer by Japanese Ministry of Public Welfare. An epidemiological study of hikikomori reported a lifetime prevalence of more than 1 % in adults in Japan. Recently, university dropouts due to hikikomori have been increasing in Japan. We examined the psychiatric background of patients with hikikomori in Japanese university students.

Methods: We have retrospectively reviewed the clinical course of 45 patients with the hikikomori syndrome from 20 years old to 28 years old through medical records for 36 months. There were 23 males and 22 females. We investigated age at first consult, gender, diagnosis during treatment, duration of social-withdrawal before treatment, history of self-harm, condition of the family relation, and condition at the end of treatment, respectively. From the standpoint of graduating university, all the patients were allocated into 2 groups, A: graduates B: dropouts. We compare each item statistically between group A and group B.

Results: Group A is composed of 30 patients. Group B is composed of 15 patients. There were no significant differences between group A and group B in gender, diagnosis, duration of hikikomori, history of self-harm, condition of family relation.

Conclusions: The factor which effects prognosis of hikikomori was early intervention. Our findings suggest that university students with hikikomori are much worse if they do not seek positive social support and appropriate treatment of psychiatric disorders. These preliminary results suggest that early intervention is important for treatment of hikikomori. It is necessary to develop more effective prevention and treatment methods for individuals with hikikomori.

STATE-TRAIT ANXIETY AND EMPATHIC TENDENCY OF FIRST YEAR MEDICAL STUDENTS IN RESPECT TO GENDER AND CAREER DECISION

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Educational Objectives: Anxiety is a kind of motivation necessary for being alive and successful. In contrary, anxiety creates future directed unpleasant, negative emotions involving physical and psychological signs. At the end of this presentation the audience should be able to recognize the relationship and the importance of state, trait anxiety and empathic tendency in medical students.

Purpose: The aim of this study was to define the average scores of anxiety and empathic tendency of medical students and to analyze them in respect to gender and career decision.

Methods: An anonymous questionnaire consisting of socio demographic questions, State-Trait Anxiety Inventory (STAI) and Empathic Tendency Scale (ETS) was applied to first year medical students of Meram Faculty of Medicine, voluntarily with ethics approval. STAI has 40 items consisting two subscales: state anxiety (STAI-I) and trait anxiety (STAI-II). In both subscales the total score ranges from 20 to 80 points. ETS consists of 20 items and total scores range from 20 to 100.

In statistical analyses categorical variables were expressed as numbers, percentages and the continuous variables expressed as means with standard deviations. The association of the dependent variables with the independent variables was determined with Student t-test and One-way Anova. Statistical significance was set at p values less than 0.05.

Results: We analyzed 180 fulfilled questionnaires representing 84.5% of first year students. The mean age of the students were 18.47 ± 0.91 years, above the half were male ($n=103$, 58.2%) and were living in a dormitory ($n=99$, 55.0%). The 36.7% of them ($n=66$) were satisfied with the city and 64.4% of them ($n=116$) were satisfied with their career decision. The STAI-I, STAI-II and ETS scores of the study group were 39.96 ± 8.29 , 44.72 ± 7.50 and 66.65 ± 7.99 , respectively. Trait anxiety and empathic tendency of female students were significantly higher than the male students ($p < 0.05$). Although not getting information about medical education and working conditions before deciding medical career seems to be creating anxiety and decreasing empathic tendency there were no significance ($p > 0.05$). Satisfaction with the career decision was also effecting anxiety and empathic tendency scores of students, significantly ($p < 0.05$).

Conclusions: Trait anxiety and empathic tendency of female students were significantly higher. In spite of the fact that informed career decision making is important, neither getting information about medical education nor working conditions before decision making seems ineffective for anxiety and empathy levels. But satisfaction with the career decision has a significant effect on students.

ON THE RELATIONSHIP BETWEEN COPING STRATEGIES AND MENTAL HEALTH OF STUDENTS

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Introduction: Mental health is a phenomenon which has been considered by psychologists, medical doctors and religious scholars and it is a combination of physical, social and cognitive factors .

Objectives: this study was done to achieve the effect of teaching coping skills in providing mental health in students of Ardabil University of medical sciences.

Aims: Due to the nature and aims of the study, the study method was experimental research method

Methods: the samples of the present study comprised all male and female students (n=112) at Ardabil university of medical sciences and gained 23 or more in GHQ-28 questionnaire at the next stage the samples were selected randomly and divided in 2 groups .then, coping skills were taught to the experimental group for 4 weeks and no variable was exposed to the control group during this period at the end, the data from 62 individuals were analyzed by independent test.

Results : the results showed that teaching coping skills effects on decreasing mental disorders symptoms especially somatization of symptoms and anxiety of students suspected to the mental disorder ($R < 0.001$) .but the teaching coping skills do not effect on decreasing depression and disorder of social functioning of students

Conclusions: this study showed that teaching coping skills is a good method in decreasing mental disorders symptoms among the students suspected to the mental disorder. Therefore it is suggested that in order to prevent and decrease mental disorders symptoms the coping skills should be taught to students

THE IMPORTANT ROLES OF MID-LEVEL MANAGERS IN MAINTAINING MENTAL HEALTH OF NEWLY EMPLOYED YOUNG WORKERS

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Educational Objectives: In Japan, young employees tend to avoid getting hurt while seeking an emotional bond. However, many mid-level managers are unable to understand such conflict, contributing to mental illness in young employees. Mutual understanding across generations is needed.

Purpose: The purpose of this study is to clarify the roles of mid-level managers in mental health of newly employed young workers.

Methods: A questionnaire survey was conducted in May 2012 involving 23 mid-level managers who work for a leading Japanese business group with approximately 600 employees. Open-ended questions were used in the survey, and they included: Things that the subjects have learned from the experience of working with newly employed young workers who developed mental disorders, strong and weak points of young employees, and the ways of nurturing them. Interviews were also performed involving 6 young employees who developed mental disorders to investigate problems they had. The subjects were informed that no personal information would be collected, and consent was obtained from all subjects prior to the study.

Results: The obtained data were analyzed qualitatively using a grounded theory approach. Most managers grew up and started working in a period of rapid economic growth, and survived in a severely competitive environment. This experience made them believe that young employees must be able to work in the same way that they did. They also considered that young employees work earnestly as they comply with the orders given to them, but, at the same time, they have little aggressiveness in work. Although many mid-level managers understood the importance of communicating with young employees, they struggled to find a way of communicating with and nurturing them. The young employees who developed mental disorders were suffering from a problem that they cannot ask their boss questions, because they were afraid of getting hurt although they sought an emotional bond. They had ambitions and eagerness to contribute to the company, but, they tried to hide it. They were also confused about building interpersonal relationships. However, many mid-level managers did not understand such inner conflict.

Conclusions: The results showed that there is a gap between the ideas of many mid-level managers and newly employed young workers. The mid-level managers had aggressive ideas based on their successful experience, whereas the young employees had passive attitudes toward interpersonal relationships. Such a gap caused stress on both sides, and contributed to developing mental disorders especially among young employees. Mutual understanding across generations is needed.

BURN OUT IN HEALTHCARE PROVIDERS WORKING IN MARRAKECH UNIVERSITY HOSPITAL

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Objectives: Burn out syndrome consists in physical and mental exhaustion observed in professionals whose work involves continuous contact with other people in response to chronic stress. Healthcare providers are exposed to this risk. Our objective is to assess the prevalence and identify risk factors of burn out among the medical and paramedical staff in university hospital of Marrakech.

Methods: A multicenter analytical cross-sectional study was conducted among practitioners in Marrakech University Hospital. The Maslach Burn out Inventory and a general questionnaire on demographic and professional variables data were used.

Results: will be presented on meeting.

Literature Reference

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POLYSOMNOGRAPHIC PREDICTORS OF RESPONSE TO MILNACIPRAN IN DEPRESSION

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Educational Objective-At the end of this presentation, the participants should be able to recognize the patients suffering from depression who can be treated with milnacipran.

Purpose: In this study, the authors sought to study and compare the polysomnography (PSG) predictors of Milnacipran on sleep architecture and its response in drug naïve/free patients with depression.

Method: In this study, patients (N= 15) with ICD-10 clinical diagnosis of unipolar depression (N=7) or recurrent depressive disorder (N=8) and normal controls (N= 15) were enrolled. After two consecutive night PSG recording patients were administered 25mg of milnacipran 4 hour prior to PSG recording on day 3. One week after starting milnacipran at a dose of 25mg BD, the dose of milnacipran was be hiked to 50mg twice daily. Patients were assessed with Hamilton depression rating scale (HAM-D) and Hamilton anxiety rating scale (HAM-A) and WHO QOL- BREF (Field trial version) at four and eight weeks after starting milnacipran.

Result: Analysis of the sleep parameters at baseline and 4 hours after milnacipran treatment revealed significant increase in REM latency. Post medication analysis of the stage 2 sleep power spectral values shows an increase in power in the delta region in the left frontal region($p=.010$); left parietal region ($p=.033$); and left temporal region($p=.018$). Post medication analysis of the REM sleep power spectral values revealed an increase in the left parietal delta band ($p=.043$); left parietal theta; right parietal delta band ($p=.037$); and left temporal theta band ($p=.043$). Of the 15 patients who completed the study, 13 were responders to 8 weeks trial of milnacipran in a fixed dosage schedule. Significant changes were found in terms of improvement in both HAM-D as well as HAM-A scores post treatment with very good effect size (For HAM-A; Pillai's trace F-265.8, Effect size-0.978). Significant changes were also found in all four domains of WHO-QOL-BREF.

Conclusion: The present study revealed that an increase in REM latency, and increased hyperactivation of cortical areas like left frontal, parietal and temporal as shown by increase in power spectral values, may predict acute antidepressant effect of Milnacipran. Therefore patients of depression with increase REM latency and increase hyperactivation of cortical areas are good candidates of milnacipran use.

INVESTIGATION OF EPISTATIC INTERACTIONS BETWEEN *GRIA2* AND *GRIA4* VARIANTS ON CLINICAL OUTCOMES IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER

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Educational Objectives: This research for epistatic interactions between different candidate genes could contribute to the understandings of the association between the glutamatergic system and antidepressant response.

Purpose: We investigated the existence of epistatic interactions possibly influencing antidepressant response between genetic variants within *GRIA2* and *GRIA4*, two genes encoding for two different subunits of the glutamatergic AMPA receptors in a sample of 145 Korean patients with major depression treated with different antidepressants.

Methods: The main outcome measure of the present study was the existence of possible epistatic interactions between rs4260586 within *GRIA2* and rs10736648 within *GRIA4* and improvement in depressive symptoms measured by change in MADRS total scores from baseline (admission) to the endpoint (discharge). Secondary outcome measures included the investigation of epistatic interactions between the same two SNPs and other clinical and socio-demographical variables included in the present study. The two SNPs mentioned above were selected among SNPs available in our dataset¹³ and we chose 1 SNP for each gene that tagged the largest number of SNPs within the same gene, so as to cover a portion of the gene as high as possible.

Results: No significant epistatic interaction between rs4260586 within *GRIA2* and rs10736648 within *GRIA4* on improvement depressive symptoms measured by the change in MADRS total scores from baseline (admission) to the endpoint (discharge) was observed. In the analysis of secondary outcome measures (total score on MADRS at baseline and discharge, response, remission, subtypes of MD, age, gender, age at onset, family history of MD, past history of suicide attempt, duration of admission, antidepressants, and concomitant anxiolytics), no significant epistatic interactions between rs4260586 within *GRIA2* and rs10736648 within *GRIA4* were observed as well.

Conclusions: No significant epistatic interaction between the two SNPs and MADRS improvement scores was observed. A possible explanation for this negative finding could be related to the moderately small sample size of our sample that could not allow us to detect subtle differences that are usually associated with single genes or gene-gene interactions in complex disorders.

QUALITY OF LIFE ASSESSMENT IN POSTMENOPAUSAL WOMEN DEPENDING ON THE SEVERITY OF DEPRESSIVE SYMPTOMS AND CHANGING MOODS

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Objectives. Menopause is the last menstruation in a woman's life. The average age for menopause in Poland is 50 years, so about 30% of a woman's life is spent in the postmenopausal period. This is the time when most women perform new social roles and take up new challenges often associated with attempts to improve their quality of life so that the climacteric period is not a negative experience. And yet, menopause brings many complications, especially psychoemotional problems. The aim of this study was to assess quality of life in postmenopausal women depending on the severity of depressive symptoms and changing moods.

Methods. The study involved 349 healthy women from West Pomeranian Province (Poland) who had their last menstrual period at least one year prior to the study. The authors used a diagnostic survey method to assess: depressive symptoms (the Beck Depression Inventory), mood (UMACL – UWIST Mood Adjective Checklist), anxiety (STAI – State-Trait Anxiety Inventory) and quality of life (SF-36), and to exclude psychiatric disorders (PRIME-MD – Primary Care Evaluation of Mental Disorders). Statistical analyses were done with Statistica for Windows.

Results: The average age of the respondents was 55.5 years. The majority of them (70.2%) did not show any depressive symptoms, however, severe depressive symptoms were diagnosed in 3.4% of the women. The mood assessment revealed unmatched mood dimensions in 47.6% of the respondents, stable mood in 30.1%, and low mood in 11.6%. The women with state and trait anxiety were the least numerous: 25.4% and 21.8%, respectively. The highest quality of life scores were related to physical, emotional and social functioning. Severe depressive symptoms had considerable effects ($p < 0.05$) on the quality of life in all eight domains (the more severe depressive symptoms, the lower quality of life). There was a significant correlation between the quality of life scores in eight domains and the scores of the three UMACL sub-scales. The authors also noted a significant correlation between quality of life scores in all domains and the levels of state and trait anxiety according to the STAI. Higher anxiety levels were accompanied by lower quality of life in the eight domains.

Conclusion: Depressive symptoms, anxiety and changing moods occurring in postmenopausal women significantly worsen their quality of life.

LOW SELF-RECOGNITION AND AWARENESS OF PAST HYPOMANIC AND MANIC EPISODES IN THE GENERAL POPULATION

E. Regeer

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Educational Objectives: The participants became aware of the difficulties in diagnosing bipolar disorder and became familiar with tools to improve recognition.

Purpose: Population-based and clinical studies report that bipolar disorder is often underdiagnosed and undertreated. Since most patients with bipolar disorder will present with depressive symptoms, making a correct diagnosis highly relies on the report of past hypomanic or manic episodes. We investigated the recognition and awareness of past hypomanic and manic episodes in a sample of respondents with bipolar disorder selected from a general population study, thus avoiding the bias of help-seeking behavior, as would be the case in clinical populations.

Methods: In a reappraisal study from the Netherlands Mental Health Survey and Incidence Study (NEMESIS) we further investigated 40 respondents with lifetime bipolar disorder confirmed by the Structured Clinical Interview for DSM-IV (SCID). Respondents were asked about awareness of past depressive, manic and hypomanic episodes, illness characteristics and treatment history.

Results: Most respondents (82.5%, N=33) recognized that they had experienced a depressive episode while 75% (N=30) had consulted a health professional for a depressive episode. Only a minority (22.5%; N=9) recognized that they had experienced a hypomanic/manic episode and only 17.5% (N=7) had consulted a health professional for a hypomanic/manic episode. Only 12.5% (N=5) of the respondents reported having received a diagnosis of bipolar disorder and only these 5 respondents used a mood stabilizer. Recognition of previous (hypo)manic episodes was not related to severity of bipolar disorder.

Conclusions: In routine clinical practice history-taking on a syndromal level, i.e., only inquiring whether a patient presenting with depression ever experienced a hypomanic or manic episode or received treatment for such an episode, is not sufficient to confirm or exclude a diagnosis of bipolar disorder. Other efforts, such as the use of self report questionnaires or (semi-)structured interviews may be needed to recognize previous manic symptoms in patients with depression. In addition, an interview with a significant other may be indispensable in the diagnostic process of bipolar disorder. Our results furthermore stress the importance of psychoeducation once a bipolar disorder has been diagnosed, especially on the nature of manic symptoms to improve awareness.

COMPARISON OF ATTITUDE TOWARD LONG-ACTING INJECTABLE ANTIPSYCHOTICS AMONG PSYCHIATRISTS AND PATIENTS

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Educational Objectives: This study aimed to investigate the reasons for the low frequency of LAI use in Korea. We hypothesized that the extremely low rate of LAI use in Korea could be attributed to the negative attitude of the psychiatrists toward this method of administration.

Purpose: This study aimed to investigate the reason for LAI underuse by surveying the attitudes toward LAI among psychiatrists and patients receiving LAI.

Methods: A total of 173 psychiatrists and 99 patients receiving LAI participated in the survey. Participating psychiatrists were divided into two groups according to experience with prescribing LAI to at least 10 patients.

Results: The two psychiatrist groups did not differ significantly in terms of sociodemographic characteristics and clinical practice patterns. However, the group with higher experience more frequently provided explanations regarding LAI to their patients and was more satisfied with the use of LAI than the group with less experience. Acceptance rates of patients to the recommendation for LAI treatment and satisfaction of psychiatrists with the outcome of LAI were also significantly higher in the group with higher experience. Psychiatrists with less experience with LAI were more negative toward LAI than patients receiving LAI as well as psychiatrists with higher experience.

Conclusions: In conclusion, attitudes of psychiatrists toward LAI were closely related to the use of LAI. The negative attitude and reluctance of psychiatrists, rather than patient resistance, may contribute to the underuse of LAI.

A STUDY OF HUMAN RIGHTS AND PSYCHOSOCIAL CONSEQUENCES IN FEMALE WITH SEVERE MENTAL ILLNESS (SMI) IN REMISSION

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Educational Objectives: To find out: 1) The demographic characteristics of females with severe mental illness in remission, 2) Frequency of human rights and psychosocial consequences, 3) Relationships of socio-demographic characteristics and human rights and psychosocial consequences.

Purpose: To study human rights and psychosocial consequences in female with SMI in remission.

Methods: In this hospital based cross sectional study 43 consecutive female subjects currently living in the community and who came for follow up at Dept. of Psychiatry, JSS Hospital were recruited by purposive sampling method after obtaining informed consent if they met study criteria from January 2012 to December 2013. Inclusion criteria were female patients aged 18-65 years, history of hospitalization for mental illness (Severe Mental Illness). Subjects were excluded if there was a significant chronic physical illness, having any syndromal psychiatric disorder, presence of moderate to severe disability. Initially all subjects were examined by a psychiatrist and those without a syndromal diagnosis were further assessed with socio-demographic and clinical proforma designed for the study, presence of psychosocial and human rights issues as per International Classification of Functioning Disability and Health, Hamilton Rating Scale for Depression, Young Mania Rating Scale, Brief Psychiatric Rating Scale, Indian Disability and Assessment Scale. Group difference for categorical variables were examined with the chi-square test, whereas an independent 't' test was used for continuous variables.

Results: In the sample 11.6 % experienced difficulty in exercising their human rights, while 18.6 % experienced psychosocial consequences. Common human rights affected were right to equality, cultural and educational right, right to freedom of expression, right to freedom of religion. Commonly experienced psychosocial consequences were changing /loosening of support, relationships and attitudes (of immediate & extended family members, acquaintances, peers colleagues, neighbours and community members). Socio-demographic variables had statistically significant relation with most of human rights and psychosocial issues.

Conclusions: Human rights and psychosocial consequences are prevalent in female with SMI in remission and appear to be inter-related with socio-demographic variables.

Literature Reference -Nil

INFLUENCE OF ETHNICITY ON DURATION OF UNTREATED PSYCHOSES, SEVERITY OF ILLNESS AND PROGNOSIS :- A RETROSPECTIVE STUDY IN SINGAPORE

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Background-One of the most consistent findings in the epidemiology of schizophrenia is the high incidence of the disorder among migrant and ethnic minority groups. ⁽¹⁾ Many studies have mentioned the influence of ethnicity on duration of untreated psychosis, severity of symptoms at first contact with treatment services, prognosis and outcome. In this retrospective study, we sought to investigate this issue on a large group of patients with first episode psychosis. The ethnic groups were Chinese, Malay, Indians and Others (Filipino, Indonesians, Thais, Burmese, Bangladeshis, Caucasians etc)

Methods- All patients presenting to a tertiary mental health service in Singapore over a period of three years were selected. All patients fulfilled one of the diagnoses in the psychotic spectrum disorders and were all first episode psychoses patients. Data relating to duration of untreated psychosis (DUP) and clinical and sociodemographic characteristics were collected from patients, relatives and case-notes. PANSS and GAF scores at baseline and at 1 and 2 year periods were rated to obtain information on severity of illness. Information on employment status and functioning was obtained at baseline and at 1 and 2 years of follow up.

Results- The mean DUP were four months and there was no evidence of influence of ethnicity on duration of untreated psychoses or severity of illness. However, certain ethnic groups showed better return to pre morbid level of functionality.

Conclusion- Ethnic differences play no role in DUP but do influence Functional levels of patients with first episode psychoses.

Keywords- Ethnicity, psychoses, duration of untreated psychoses

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PREFERENCE FOR LONG-ACTING INJECTABLE ANTIPSYCHOTICS OF COMMUNITY-DWELLING PATIENTS WITH SCHIZOPHRENIA AND THEIR CAREGIVERS IN KOREA

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Objectives : The prescription rates of long-acting injectable antipsychotics are very low around 1 % in Korea. This study was aimed to explore the preference of long-acting injectable antipsychotics in patients with schizophrenia, who are currently living in community, and their caregivers.

Methods : The patients who were diagnosed with schizophrenia and were registered in the 31 mental health centers of Gyeonggi province and their caregivers were inquired the knowledge of the long-acting injectable antipsychotics. The questionnaires contained informations such as demographic characteristics, history of psychiatric treatment, and knowledge and preference of long-acting injectable antipsychotics and so on. The case managers working in community mental health centers explained to the patients and their caregivers about the survey and requested to fill up the questionnaires voluntarily.

Results : About 8,960 subjects were registered in the community mental health centers of Gyeonggi province in February 2012. Among them, 5,318 patients were diagnosed with schizophrenia. A total of 980 subjects (614 of patients and 365 of caregivers) answered the questionnaires. The mean ages (SD) of patient responders (n=604) and caregiver responders (n=352) were 42.0 (\pm 10.2) and 62.2 (\pm 13.4) years old respectively. A considerable number of patients (44.6% of patient responder and 43.6% of caregiver responders) have experienced discontinuation of medications without doctor's consent. Only 35.9% of patient responders (n=605) and 27.1 % of caregiver responders (n=358) did know about the long-acting injectable antipsychotics. Tentative preference for long-acting injectable antipsychotics were 35.2 % and 46.8 % for the patients and caregivers, respectively. More analyzing results will be represented in the poster.

Conclusion : There is the huge discrepancy between the preference and the real prescriptions of long-acting injectable antipsychotics in Korea. Both patients and their caregivers registered in the CMHCs have a strong commitment to live in the community. The obstacles against the benefits of long-acting injectable antipsychotics need to be resolved.

“MICHAEL’S GAME,” A TOOL FOR A BETTER DISSEMINATION OF COGNITIVE THERAPY FOR PSYCHOTIC SYMPTOMS?

Yasser Khazaal

Geneva University Hospitals

Educational Objective:

Learning about a game-based therapy for psychotic symptoms called “Michael’s Game”.

Purpose:

The “Michael’s Game” is a training module for hypothetical reasoning. It is a game-based treatment inspired by cognitive therapy (CBT) of psychotic symptoms. It was conceived as a tool to promote the spreading of CBT in natural clinical settings. A randomized controlled study on the impact of the game is presented.

Methods:

One hundred and seventy-two patients with psychotic disorder were randomly assigned to either (Michael’s Game plus Treatment as usual) or (Waiting List plus Treatment as usual). Participants were assessed at inclusion, at three months (after “Michael’s Game Training) and at six months follow-up. The assessments include the Beck Cognitive Insight Scale (BCIS), the Peters Delusion Inventory-21 items (PDI-21) and the Brief Psychiatric Rating Scale as well as measures of belief flexibility from the Maudsley Assessment of Delusions Schedule (MADS).

Results:

Better improvements were observed on some of the main measures in favor of the group allocated to the Michael’s Game intervention. It was particularly observed an improvement in measures of belief flexibility and a reduction of the degree of conviction, preoccupation and distress as assessed with the PDI-21.

Conclusions: The present study supports the positive impact of the “Michael’s Game” for patients with psychotic symptoms. The game seems useful in naturalistic settings. Games are possible new ways for the dissemination and the development of treatments for mental health.

ENVIRONMENTAL RISK FACTORS AND CLINICAL PRESENTATION OF SCHIZOPHRENIA

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Introduction: Schizophrenia is a neurodevelopment disorder with genetic and environmental risk factors. The role of viral and bacterial infections during pregnancy and conception, early trauma, use of cannabis in adolescence are studied.

Objective: To study the impact of severe influenza during pregnancy and other environmental risk factors on the risk of development and clinical presentation of schizophrenia spectrum disorders (F 20 - F 29) in the offspring.

Method: We investigated 104 cases of schizophrenia spectrum disorders (F20 - F 29) aged 19 to 35 years whose mothers endured during pregnancy severe cases of influenza. The control groups account for 50 healthy individuals with cases of prenatal infections in mothers during pregnancy and 105 patients (F20 - F 29) whose mothers during pregnancy were not ill. Archival medical documents, the results of semi-structured interviews with parents of randomized patients were investigated. Other environmental risk factors for schizophrenia, including the availability of social deprivation and psychological trauma in early childhood, consuming alcohol and drugs by the mother during pregnancy and by the father in the year of conception, using drugs during life before the disease by randomized patients also were studied. Assessed the impact of risk factors on the age of the first symptoms appearance, severity of the clinical presentation (hallucinatory, delusional and negative symptoms and their dynamics during the first five years of disease, the severity of social disadaptation).

Results: Influenza disease and use of antiviral drugs does not correlate with an increased risk of schizophrenia, but correlates with early age of manifestation, and more severe clinical presentation. The relationship between influenza and schizophrenia spectrum disorders were found only when an infection had been experienced during the first trimester of pregnancy. In the more than half of cases of schizophrenia mothers received the antiviral drugs during incidence of influenza. Psychological trauma in childhood, drug use and alcohol in adolescence are correlated with greater severity of hallucinatory, delusional, and affective symptoms and early social disadaptation in schizophrenia.

Conclusions: Prenatal exposure influenza to fetus associated with risk of occurrence and malignant course of schizophrenia in the offspring. Discussed the possibility prevention strategies for schizophrenia spectrum disorders.

A SURVEY OF POST- SCHIZOPHRENIC DEPRESSION AND THE IMPACT OF DEMOGRAPHIC FACTORS ON THE PATIENTS IN TABRIZ

Etnaz Rezaei Ghalechi, Reza Kazemi, Maryam Yaghoubi
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Introduction: Our goals in this study are determining the rate of post-schizophrenic incident in hospitalized patients, determining the impact of demographic factors on the depression intensity and determining the impact of the type of schizophrenia on the depression intensity.

Methods: the present study is an analytical prospective one. We selected 187 patients suffering from chronic schizophrenia and completed the demographic questionnaire and Beck depression test and analyzed the data using the statistical software SPSS and the descriptive statistics (frequency-percent) and the deductive statistics (Chi square-variance analysis). P value<0.05 is assumed meaningful.

Results : the average age of the patients was 38.3+10.1 and %46.6 of them suffered from depression , among whom %50 of the females %71.8 of the males suffered from depression .considering P=0.162 .the relation between the patient's age and the depression intensity was P=0.07, marital status was P=0.09, the different levels of education was P=0.3, the residence was P=0.5, and the previous record of depression was P=0.5 .there was a previous record of depression with P= 0.002 and .the relation of schizophrenia among the nearest relatives was P=0.7 the record of depression in the nearest relatives was P=0.4 the age was P=0.065 hospitalization with P=0.42 and suicide with P=0.18 also the relation between the schizophrenia type with the depression intensity was P= 0.346

Conclusion: Our study showed that just the relation between the patient's age and the depression intensity, a previous record of depression patients and suicide whose relations with depression intensity were meaningful.

Keywords:

Schizophrenia, depression, post-schizophrenic depression, suicide, depression intensity.

CAPSCINE – THE USE OF CINEMA AS A THERAPEUTIC RESOURCE IN THE TREATMENT OF INDIVIDUALS DIAGNOSED WITH SCHIZOPHRENIA

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Educational Objectives: At the conclusion of this presentation, the participants should be able to identify community resources (such as movies and movie theatres) as therapeutic options to be used in psycho-social rehabilitation treatment of individuals diagnosed with schizophrenia and treated in Community Mental Health Centres.

Purpose / Objective: The purpose of this project is to evaluate the use of a community resource (movies and movie theatres) as treatment options for individuals diagnosed with schizophrenia.

Methods: The therapeutic resource called CAPSCINE is an open group that has taken place weekly over the last eight years in the Community Mental Health Centre Prof. Luís da Rocha Cerqueira, located in the central region of São Paulo, SP – Brazil, near one of the most cultural neighbourhoods of the city.

Before each session, along with 4 coordinators, 30 to 35 individuals diagnosed with schizophrenia take part in choosing two movies to be watched, listing participants and organizing post-session snacks. The group walks to the movie theatre and is given sponsored tickets; after watching the movies, participants discuss their plots, meanings, impacts, and repercussions on them.

The group dynamics is based on the psycho-social approach: horizontality in the relation between mental health professional and patient and co-responsibility for tasks interrupt the formal therapeutic characteristic of both the intervention and the professional, allowing the ‘patient’ stigma to be surpassed.

Results: Through the years, CAPSCINE has played different parts, mostly due to its perennial characteristic: broadening of cultural repertoire and interest in cultural goods, sensibilization towards artistic manifestations, sociabilization, simbolization of traumatic events through identification with characters and stories.

During each session, participants are spectators and movie critics. This approach has allowed resolution of crisis regardless of diagnostic, psychopathological state, educational level or social status. Crisis interventions in these situations are not only performed by professionals, but also by group participants.

Conclusions: CAPSCINE is an activity that aims psycho-social rehabilitation, based on a broad action configured as a group of strategies directed to increase the ability of exchanging and to give value to subjectivity, providing bigger ‘contractuality’. Understanding the individual as the lead character of his/her treatment, makes rehabilitation come from interventions and attitudes based on relational and dialogical aspects through bonding and availability to listen: the user embracement. Therefore, an activity initially planned to increase the use of exterior resources and to promote deinstitutionalization gained other characteristics, such as group embracement and reduction of stigma.

IMPACT OF ANTIPSYCHOTIC ADHERENCE ON THE RELATIONSHIP OF SYMPTOMATIC AND PSYCHOSOCIAL REMISSION IN OUTPATIENTS WITH SCHIZOPHRENIA

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Purpose: To assess the relationship between symptomatic and psychosocial remission and adherence to antipsychotic treatment in schizophrenia.

Methods: This was an epidemiological, cross-sectional, non-interventional, and multicenter study conducted in 1787 outpatients with schizophrenia (65.5% men, mean age 43.4 years). In a single clinical visit, sociodemographic, clinical, socio-familial variables, and occupation/ autonomy-related data were recorded. Adherence to antipsychotic medication in the previous year was categorized by the clinician, based on self-reported information from patients, as adherent (compliance $\geq 80\%$) and non-adherent (compliance $< 80\%$.) for all patients. Symptomatic remission was assessed with the Remission in Schizophrenia Working Group criteria and psychosocial remission with the Psychosocial Remission in Schizophrenia Scale (PSRS). Community integration was a composite variable that included symptomatic and psychosocial remission.

Results: Symptomatic remission was recorded in 28.5% of patients and psychosocial remission in 26.1%. A total of 60.5% of patients were classified as adherent to antipsychotic treatment and 41% as adherent to non-pharmacological treatment. According to the route of administration, the rate of adherence was 77.1% for long acting treatments, 56.1% for the daily oral route, and 60.6% for the combination of daily oral and long acting treatments. During the index visit, treatment was changed in 28.4% of the patients, because of lack of efficacy in 39.6% of cases and low adherence in 31.1% (8.8% of the total population). The percentage of patients with symptomatic remission was significantly higher among patients adherent to antipsychotic medication (30.5%) than among non-adherent (25.4%) ($P < 0.05$). The probability of symptomatic remission was significantly higher among women, patients with paranoid schizophrenia, adherent to medication, and in the categories of CGI-S “normal” and BPSR “absence of disorder”. Psychosocial remission was also significantly higher in the adherent group (32% vs 17%, $P < 0.001$). Differences in the percentages of psychosocial remission for all individual items of the PSRS scale were also significant in favor of patients adherent to antipsychotic medication. Independent factors associated with psychosocial remission were adherence to treatment and in the categories of CGI-S “normal” and BPSR “absence of disorder”. Only 3.5% of the patients showed an adequate level of community integration. A statistically significant association was found between community integration and adherence, $P < 0.05$).

Conclusion: There is a strong association between continued treatment (determined by the level of adherence) and symptomatic and psychosocial remission. The best clinical status correlated significantly with higher levels of psychosocial remission. Only 3.5% of patients showed an adequate level of community integration related to adherence to treatment.

UNDERSTANDING CRIME IN SCHIZOPHRENIA – RISK FACTORS AND PREVENTION

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Objectives

Only a minority of schizophrenia patients shows criminal behavior, but in comparison with the general population, they are at increased risk of incurring in criminal acts. The objectives of this study are, by reviewing the literature, to conclude about the relationship between crime and schizophrenia and explain the mediators of this association. A second aim is to discuss the prevention of criminality in schizophrenia patients.

Methods

Searches involved three electronic bibliographic databases (MEDLINE, SCOPUS and ISI WEB OF KNOWLEDGE) and other selected literature in psychiatry. The keywords used were (“schizophrenia” [MeSH Terms] OR “schizophrenia” [All Fields]) AND (“crime” [MeSH Terms] OR “crime” [All Fields]); “violence”; “criminality”; and “aggression.” The search was limited to articles published between January 2000 and December 2012.

Results

There is an increased prevalence of crime among schizophrenia patients compared with the general population. The explanation for these criminal acts does not contain unique factors, but a variety of variables that are often intertwined and operate before, during, and after the active disease stage. It is noted that certain perinatal, childhood, or family history characteristics, as well as personality traits, conduct disorder/antisocial personality, and early onset of substance abuse are examples of factors that operate before the onset of the disease. The vulnerabilities acquired during active disease are the acute psychotic symptoms and other clinical features of the disease. Family and/or social dysfunction, substance abuse, unemployment, and lack of adherence to therapy are coincident or subsequent to active disease. Other factors such as victimization and criminal history may arise in any period and contribute equally to the increase in crime among schizophrenics. Males and younger individuals are the major demographics that are at risk of criminal acts.

Conclusion

The prevention of the occurrence or recurrence of the criminal act must be specific to the patient, adapting to the more substantial etiological factors, with a reminder that in most cases, more than one factor is involved. Substance abuse, the vulnerabilities of the individual personality, and the social context, need, if not on equal priority with controlling symptoms, be at least a relevant part of the management process.

PSYCHOSOCIAL DIFFICULTIES EXPERIENCED BY PATIENTS WITH SCHIZOPHRENIA

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Objectives: 1) To determine the most relevant psychosocial difficulties (PSDs) experienced by patients with schizophrenia. 2) To identify the most important determinants of those PSDs.

Methods: The study was conducted as part of the project PARADISE (Psychosocial Factors Relevant to Brain Disorders in Europe) funded by the European Union (Grant Agreement 652 no. HEALTH-F2-2009-241572). PSDs were defined according to the biopsychosocial approach found in the World Health Organization's International Classification of Functioning, Disability and Health (ICF) as disabilities, in particular impairments of mental functions, activity limitations and participation restrictions. Based on literature reviews, focus groups and consultations with experts, a pilot data collection protocol aiming to document PSDs and determinants relevant for people with various psychiatric and neurological conditions was developed. A total of 80 patients with schizophrenia (ICD-10 F20) from different mental health services in Warsaw were interviewed using the protocol.

Results: The most frequent PSDs reported by patients with schizophrenia were: not feeling rested and refreshed during the day (86.4% of the sample), feeling lonely (82.7%), feeling sad, low or depressed (81.5%), worry or anxiety (80.3%), problems with driving (80.3%), lack of interest and motivation (79.0%), difficulty finding and understanding words (74.1%), sleep problems (72.8%), problems with thinking clearly (71.6%), and reading books, instructions or newspapers (71.6%). The most commonly reported positive determinants of PSDs were: care from health professionals (87.6%), help and assistance received from family (87.4%), attitudes of health professionals (82.7%), help and assistance received from friends (81.4%), and other forms of treatment (but medications) (80.3%). The most relevant negative determinants of PSDs were: received medications (70.3%), health problems of family members (67.5%), weather or climate (65.1%), awareness of schizophrenia that people around have in general (59.3%), and attitudes of family (42.3%).

Conclusions: The results of this study provide preliminary insights into the wide range of psychosocial problems experienced by people with schizophrenia in daily life and their perception of the factors influencing these problems. Although the findings only reflect the subjective perspective of the participants, they may be useful in planning interventions aiming to alleviate schizophrenia-related PSDs.

SOCIO-DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PATIENTS INVOLUNTARILY REFERRED TO A PSYCHIATRIC EMERGENCY SERVICE OF AN HOSPITAL IN NORTHERN PORTUGAL

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Educational Objectives: Recognize the profile of patients involuntarily referred to a psychiatric emergency service.

Purpose: Characterize the profile of patients involuntarily referred to the psychiatric emergency service in Viana do Castelo district, Portugal.

Methods: Descriptive, cross-sectional, retrospective study of all patients involuntarily referred to the psychiatric emergency service of *Unidade Local de Saúde do Alto Minho*, in Viana do Castelo, Portugal, between January 2007 and December 2009. Socio-demographic and clinical data were collected from electronic medical records. Statistic analysis was performed using Microsoft Office Excel 2010.

Results: 290 patients were involuntarily referred to the psychiatric emergency service during the study period. 75.5% of the patients were male, the mean age was 44 years and most patients were single (49.3%).

Within the considered years, 2009 recorded the highest number of cases (42.4%). There was a uniform distribution of the episodes along the year, with the least number of cases being reported during the summer months.

The predominant diagnosis was schizophrenia and other psychotic disorders (41.4%), followed by alcohol-related disorders (26.6%). Most admissions to the emergency setting were followed by hospitalization in a Psychiatric unit (61.7%). Only a minority of cases (16.2%) was followed as outpatients, post discharged from the psychiatric emergency service. From the patients assessed, 13.8% were involuntarily referred more than once to the psychiatric emergency service.

Conclusions: In Portugal, there is still a lack of information regarding this subject. The recognition of the profile of patients involuntarily referred to psychiatric emergency service, namely through prospective design studies, may help in outlining strategies to improve the psychiatric assistance. It would also be interesting to evaluate the follow-up of these patients, concerning the therapeutic guidance and the regularity of the attendance in psychiatric care units.

DISAPPROVAL RATE FOR THE CONTINUING HOSPITALIZATION FOR MENTALLY ILL IN-PATIENTS IN GYEONGGI-DO, KOREA

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Educational Objectives: The participants should be able to understand the current status of the Mental Health Review Board and the Mental Health Tribunals in Korea.

Purpose: This study was to explore the judgment system for the continuing hospitalization of long-term mentally ill in-patients and was to improve the care systems of hospitalization for chronic psychiatric patients.

Methods: From the twenty-three judgment committees of continuing hospitalization in Gyeonggi-do, the final decisions made by twenty-two judgment committees in August, 2010 were gathered for the analysis. The total numbers of requests and the disapproval rate of continuing hospitalization and the request for better services and discharge were also explored.

Results: The total number of patient requested for the judgment of continuing hospitalization was 1,805 in August 2010. One hundred and forty-three patients were disapproved for the continuing hospitalization so that disapproval rate was 7.9 percentages. The number requested for better services was sixteen of which eleven were turning down. Out of 159 patients requested for discharge, only 5 patients were approved for discharge.

Conclusions: Since the judgment committees for continuing hospitalization in metropolitan governments had been subdivided into those in local governments in 2009, the disapproval rate for continuing hospitalization were showed the trend of increment. This suggests that more novel and efficient system for reviewing and decreasing the long-term hospitalization be required.

PATHOLOGICAL GAMBLING: IS THERE A DIFFERENCE IN GAMBLERS WHO GAMBLE WITHIN THE STRUCTURES PROVIDED AND THOSE WHO GAMBLE ONLINE?

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Objectives: Being able to gamble without moving from home could be a factor that would significantly differentiate between the two groups of players. We intend to trace the profiles of those who gamble in casinos, hippodromes and other structures and those who gamble as well as online in order to reflect on the differences in therapeutic and preventive interventions.

Purpose: 1. To trace the profiles of gamblers who gamble within the structures provided for this purpose (casinos, hippodromes, PMU, FDJ) and 2. Compare them with players who gamble in these structures as well as online (Mixed gamblers).

Method: Players were recruited in casinos and hippodromes as well as from various poker websites. Participation was voluntary and individuals could pull out from the study at any point. The questionnaire consisted of five parts: 1. Socio-demographic data (gender, age, number of children, marital status, education...). 2. Measures of gambling (SOGS, CPGI, excessive debt). 3. Personality variables (impulsivity-UPPS, BFI-Fr, Self Esteem) and anxiety and depression (HAD). 4. Consumptions (Alcohol, Cigarette and energy drinks) and 5. Cognitive variables (Cognitive distortions-CRGS, Self-Confidence-DTCQ-8). Statistical analyses were performed using SPSS 19.

Results: A total of 608 players responded to the questionnaire (39% men, 60% women, average age: 53 years, min age: 17 years, max age: 91 years, S.D.: 15.97). 55% were married or living together. Majority of these have children. Only 23.7% (n = 144) reported playing both online as well as in gambling structures. With respect to consumption, 31.5 % (n=191) people have problems with alcohol and 17.3% (n = 108) people smoke more than 11 cigarettes per day. 19.6% (n =109) are at moderate risk of pathological gambling whereas 9% (n = 55) are pathological gamblers. Mixed gamblers are significantly younger, play more, have higher scores on problematic gambling, are more anxious and have higher alcohol consumption. However, these individuals also indicate a higher self-esteem. They are also more impulsive (lack of perseverance, premeditation, and sensation seeking). Mixed players have significantly higher scores on cognitive distortions (illusion of control, interpretative bias, predictive control and expectations). They have significantly less confidence in being able to cope in high-risk situations. Detailed results will be presented on the poster.

Conclusion: We wanted to show the different profiles between casino gamblers and mixed gamblers in order to provide differentiated preventive and therapeutic interventions. We intend to continue this study while taking into account non-gamblers as well as those who uniquely gamble online.

HEALTH AND PSYCHOSOCIAL FUNCTIONING OF OPIOID ADDICTS INCLUDED IN THE METHADONE PROGRAMME IN THE YEARS 1997-2011

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Drug abuse, which merely one hundred years ago was a marginal phenomenon in Poland, at present is regarded as one of the most dangerous hazards of civilization. After our country had acceded to the European Union, all psychoactive substances became commonly available. It is typical of Poland that we often meet patients addicted to many psychoactive substances in our practice. Drug users, especially those addicted to opioids, not only seriously fail in health, but also have social problems. Treatment of opioid addicts is a complex, long-lasting and multistage process. One of the principles of the National Programme for Counteracting Drug Addiction is to limit the range of health damages through improving educational programmes, exchanging needles and syringes, and substitution treatment. Methadone Maintenance Treatment is a key component of a comprehensive treatment and prevention strategy for opioid dependence and its consequences. The principal effects of methadone are: relief of narcotic craving, suppression of abstinence syndrome, and the blocking of euphoric effects caused by opiates. Substitution treatment is recognized as an effective part of biomedical prevention and one of the main tools of HIV/AIDS and HCV epidemic control among injecting drug users. Therapeutic actions are supposed to prevent pathological behaviours, especially crime-generating ones, prostitution, and a return to using drugs. The aim of the substitution treatment is to cut down on illegal use of drugs, to reduce mortality rate, so-called co-occurring disorders and a risk of blood-transmitted infections among addicts, to improve patients' psycho-physical and emotional health as well as the quality of life of both addicts and their families, and last but not least, to diminish patients' tendency to resort to criminal or indecent behaviour. Methadone maintenance treatment improves physical and mental health, social functioning, quality of life, and pregnancy outcomes. For pregnant women who are dependent on opioids, receiving methadone maintenance treatment combined with adequate prenatal care, decreases obstetrical and foetal complications. Consequently, methadone maintenance treatment has the potential to benefit not only people receiving treatment, but also those who are involved in delivering treatment, as well as the wider community and society as a whole. In Poland, MMT programmes have been implemented since 1997. At present, in Poland there are about 2,100 drug users included in 21 MMT programmes, which only satisfies eight per cent of the demand for this type of treatment.

DRUG RELATED MORTALITY IN PATIENTS ATTENDED IN A LOCAL POPULATION ALONG 25 YEARS (1986-2010)

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Objectives: 1. To calculate data on mortality of the population of opioid users from 1986 to 2010 in a local setting in Galicia-Spain for drug addiction, and relate these on HIV infection. 2. To compare these data on mortality rates on general population. 3. Trends in the mortality of the drug users attended.

Methods: 1. Was used data from the registered case history of each patient attended: number of deceased patients, age at event. 2. To compare mortality rates of patients related to the general population of the area. 3. Related mortality in patients infected with HIV with non infected (Mantel Cox, Wilcoxon test).

Results: Early mortality rate is higher than in the general population of this area. HIV is related on half of patients died, both groups show no difference on mortality rates.

Conclusion: Mortality in our patients along these years stands high. This fact it's the same whether or not infected with HIV, with a trend declining mortality. Nevertheless the occurrence of mortality in this population is lower than in another similar studies related with drugs users population, this fact we argue as a more stable addition population, with a better opportunity for their care.

Reference: European drug related mortality in Europe- a seemingly intractable public Health issue. Giraudon I., Vicente J., Matias J., Mounteney J., Griffiths P. European Monitoring Centre for drugs and Drug Addiction (EMCDDA). EDITORIAL, Adicciones, vol. 24, nº1, 3-8, 2012.

THE HIERARCHICAL MODEL OF EXERCISE DEPENDENCY: THE DEVELOPMENT OF THE PATHOLOGICAL PRACTICE OF PHYSICAL ACTIVITY SCALE

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Educational Objectives: Exercise dependence is a maladaptive pattern of excessive exercise behavior that manifests in physiological, psychosocial, and cognitive symptoms. There exist many scales to measure this phenomenon. However, the two scale scales widely used are anchored in different approaches (The EDS-R is based on the DSM-IV whereas the EDQ takes into account the motivations behind the physical activity).

Purpose: The purpose of this article is to create a scale measuring the pathological practice of physical exercise (PPPE-Scale) by combining two assessment tools already existing in the field of exercise dependency but anchored in different approaches (EDS-R and EDQ).

Methods: This research consists of three studies carried out on three independent sample populations. The first study (N = 341) tested the construct validity (exploratory factor analysis); the second study (N = 195) tested the structural validity (confirmatory factor analysis) and the third study (N = 104) tested the convergent validity (correlations) of the preliminary version of the PPPE scale. The analysis was performed using Monte Carlo software PCA for Parallel Analysis 2.0.3 and SPSS 17.

Results: Exploratory factor analysis identified six distinct dimensions associated with exercise dependency. The dimensions have a satisfactory internal consistency as their Cronbach's alpha varies from 0.67 to 0.85. Furthermore, confirmatory factor analysis validated a second order hierarchical model consisting of 25 items with six dimensions and four sub-dimensions. The goodness of fit indices were satisfactory. (IFI= 0.90; CFI =0.90; RMSEA=0.05; RMR= 0.07, Chi²/df= 384/256). The convergent validity of this scale with other constructs (GLTEQ, EAT26, and BFI) is satisfactory.

Conclusions: The aim is to provide researchers and clinicians an assessment tool which could help them to identify the different motivations towards PA which in turn, may indicate possible co-dependences. This study did not take into account test-retest reliability. The preliminary version of the PPPE must be administered to a large population of refine its psychometric properties and develop scoring norms.

Literature Reference:

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MISSED APPOINTMENTS IN ADDICTION AND MENTAL HEALTH CLINICS FOR ABORIGINAL AND GENERAL CANADIAN POPULATIONS.

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Objective: To compare missed appointments in some mental health and addiction practices in Ottawa, Canada, in particular for a Canadian Aboriginal population.

Method: No shows and cancelations rates for appointments were tracked in the following settings of Ottawa, the capital of Canada, between February 2012 and January 2013: an addiction medicine in the principal Aboriginal health care center, the general medicine practice of the same health center, an addiction medicine practice at a major general hospital and the outpatient mental health practice at the same institution. Appointment reminders are similar in all practices.

Results: The total no shows and cancelation rate is highest at the addiction practice of the Aboriginal center (26%), followed by the general medicine rate of that center (19%). This is also greater than the missed appointments of other community health centers of the capital city. The addiction practice missed appointments rate at the Aboriginal health center is also greater than that of the same practice at the general hospital (15%). The addiction practice missed appointments rate is greater than that of the psychiatric practice of the same hospital (10%).

Conclusion: Psychiatric and addiction populations are known for a greater absenteeism of appointments. However this is magnified in the Aboriginal population. A variety of factors for this case are discussed including cultural issues.

FACTORS ASSOCIATED WITH MENTAL WELL-BEING OF HOMELESS PEOPLE IN JAPAN

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Educational Objectives:

It is well-known that there is a high prevalence of mental disorders and low mental health-related quality-of-life in homeless individuals. Previous studies have often focused on psychiatric symptoms of this population. However, data regarding subjective mental well-being can often be more meaningful and useful when determining appropriate interventions.

Purpose:

The study aimed to determine the frequency of low mental well-being and associated factors among homeless people in Japan.

Methods:

A community-based cross-sectional study was conducted. Data were collected through in-person interviews of 423 homeless persons living in two areas of Tokyo. We assessed mental well-being with the World Health Organization-Five Well-Being Index (WHO-5-J) and collected information regarding demographics, living situation, and subjective perception of health.

Results:

The overall sample comprised 392 (92.7%) males and 31 (7.3%) females. Average age \pm standard deviation was 60.6 ± 11.9 years. The mean score \pm standard deviation on the WHO-5-J for the 396 participants who had no missing values was 11.81 ± 5.35 . Based on a cutoff criterion of 12/13, the frequency of low mental well-being among the participants was 57.1%. In multiple linear regression analyses, inadequate dwelling and low economic status, insufficient emotional social support, and poor physical health status were associated with low mental well-being in this population.

Conclusions:

Findings suggest that comprehensive interventions programs that provide supportive housing, financial assistance, emotional social support, and healthcare services might be needed to improve the mental well-being of homeless people.

The frequency of low mental well-being in this study (57.1%) was almost twice that of community dwelling older individuals in Japan found in our previous study. However, insufficient social support and poor health status were common factors in both populations. Indeed, other studies have found similarities between the needs of those who are homeless and older adults. It is clear that problems encountered by homeless individuals are not unique to that group. Thus, the present findings have implications for development of effective interventions that address needs not just of the homeless population, but of other socially vulnerable groups as well.

THEM AND US – COMPARING THE CONCEPT OF WELL-BEING MENTAL HEALTH PROFESSIONALS HAVE FOR THEMSELVES AND FOR SERVICE USERS

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Background: Well-being is both an important outcome in the context of recovery from mental illness and an everyday concept used by individuals, regardless of whether they have suffered mental health problems or not. The views of mental health professionals on well-being and possible ways to attain it (a) for themselves and (b) for their clients have not been explored, and may impact on the professional's ability to support recovery.

Objectives: This qualitative study aimed to explore how mental health professionals conceptualise and believe they can improve well-being for themselves compared to what they identify for people with psychosis.

Methods: Semi-structured qualitative interviews were conducted with 14 mental health service staff members who had experience with working with people with psychosis. The purposive sample included occupational therapists, clinical psychologists, social workers, and psychiatrists at different career stages and responsibility levels. Transcripts were analysed using thematic analysis.

Results: Mental health service staff held similar conceptualisations of well-being for themselves and for their clients. Views that stressed a distinction between "them and us" were expressed only cautiously. Differences were identified in relation to specific factors and strategies suggested to improve well-being. It was also questioned whether improving well-being should be a focus of mental health care.

Conclusion: Participating mental health professionals overall held consistent views on the concept of well-being for themselves compared with mental health service users with psychosis. They acknowledged differences in the attainment of well-being that may arise from mental illness. However, regardless of the general importance of well-being, mental health professionals did not consistently agree that the improvement of well-being should be the aim of mental health care.

NEGLECTED RESEARCH OF PSYCHOSIS IN IMMIGRANTS: A CRITICAL REVIEW OF THE SPANISH LITERATURE.

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The aim of this study was to examine the relationship between openness to experience, sexual attitudes and sexual behavior. It intends to better understand their possible relationships that can carry on the weight between them.

The sample consisted of 181 students of both sexes, 42 males and 139 females, from two schools of the Polytechnic Institute of Leiria (IPL).

We used the Revised NEO Personality Inventory (NEO-PI-R), the Cowart-Pollack Scale of Sexual Experience and the Brief Sexual Attitudes Scale (BAES).

The results suggest that the context in which the young man finds himself, is a determining factor in sexuality at the expense of personality dimension openness to experience ($t=2,931$; $p\leq 0,01$), since we found statistical differences between students of Peniche, rural area ($n=75$; $X=121,1$) and Leiria, non-rural ones ($n=106$; $X=115$).

Conclusions:

We think that openness to experience contributes to the maintenance of care behaviors regarding eventual risks and to maintain emotional relationships more consistent and durable ($\rho=0,264$; $p\leq 0,01$).

THE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA OBSERVED AT CARE FACILITIES FOR THE ELDERLY

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Educational Objectives: On existing instruments for the evaluation of behavioural and psychological symptoms of dementia (BPSD), there tend to be a much greater number of psychological symptoms than behavioural symptoms. However, staff at elderly care facilities indicate that behavioural symptoms have greater frequency and strength.

Purpose: The purpose of this study is to investigate BPSD which the staffs actually see in an elderly care facilities, in developing a BPSD evaluation standard scale.

Methods: We made a questionnaire consisting of 228 BPSD items (behavioural symptoms: 122, psychological symptoms: 106) drawn from existing dementia evaluation instruments and BPSD evaluation instruments. The questionnaire asked staff at elderly care facilities whether each symptom was seen during care duties. When the symptom was seen, we requested the staff rate the symptom on a five-point scale for strength and on a three point scale for frequency. We got cooperation from of the Nagasaki Association of Geriatric Health Services Facilities and the Nagasaki City Council of Senior Citizens Welfare Service. We sent 1,820 copies of the questionnaire to 96 facilities and received responses from 485 people. This trial has been granted ethical approval by Nagasaki University Graduate School of Biomedical Sciences Health Science Ethics Committee (Approval number: 12032296).

Results: Of the 20 most frequent symptoms, 14 were behavioural and six psychological. The 20 least frequent items included 9 behavioural and 11 psychological symptoms. Of the 20 symptoms ranked as strongest, 19 were behavioural. In contrast, of the 20 weakest items, 14 were psychological. Behavioural symptoms were higher in both frequency and strength. When frequency and strength were combined, behavioural symptoms were significantly higher than psychological symptoms.

Conclusions: The existing BPSD evaluation standards focus on psychological symptoms rather than behavioural or active symptoms. However, our questionnaire suggests that better evaluation of behavioural symptoms is necessary given the frequency and strength of behavioural symptoms in the real care scene.

SEXUAL DYSFUNCTION IN PEOPLE RECEIVING METHADONE

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Purpose: Use of opiates/opioids is associated with hypoactive sexual desire, erectile and orgasmic dysfunction.

The aim of our study is to investigate the sexual function in men receiving methadone.

Methods: A total of 18 men followed up in the addictions center of Casablanca were evaluated using the International Index of erectile function (IIEF).

Results: 50% of patients had an erectile dysfunction, 39% had an orgasmic dysfunction, 89% had a dysfunction in the sexual desire, 100% are unsatisfied of their current sexual relationships and 50% are globally unsatisfied of their sexual life.

There is no established link between the erectile dysfunction and the Methadone dose and the duration of treatment.

Conclusion: Practitioners should screen for sexual dysfunction in men receiving opioid replacement treatment. Our study was biased by the use of psychotropic medication by the most of patients.

THE IMPORTANCE OF MONITORING RISK FACTORS FOR DEMENTIA IN WOMEN IN THE INVOLUTIONAL PERIOD

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Introduction: Dementia is a syndrome characterized by progressive memory loss and the development of multiple cognitive defects that include at least one of the following cognitive disturbances: aphasia, agnosia, apraxia and disorders of executive functions.

Dementia arise as a consequence of the expression of different etiological factors. The majority of dementias in the initial stages does not appear as an intellectual deficit, but in the form of behavioral and affective disorders. Risk factors include: age, family history, gender, head injury, education, cardiovascular disease and the presence of Down syndrome. Involutional period covers the period from 45 to 65 years of age. In this period, women undergoing through multiple changes-physical, social, economic, and emotional. This period includes the menopause. It is very difficult to separate the signs related to menopause compared to the signs of aging.

Purpose: the aim of this paper is to highlight the importance of monitoring the various parameters that increase the risk of developing dementia in women in the involutional period.

Methods: A retrospective analysis of the case

Case report: Z. DJ., 59 year old woman, was first examined by a psychiatrist 5 years ago because of problems in terms of insomnia, depressed mood, intense anxiety, ideas of persecution. During the outpatient treatment she was treated under the diagnosis of acute psychotic reaction. Anxiolytic and antipsychotic drugs were prescribed in therapy. Applied to the therapy there was a slight improvement of mental condition. 11 months ago she was hospitalized in the neurology department in a comatose state caused by drugs intoxication. After that there were problems in the sense of disorientation, memory loss, emotional numbness, poor verbal production, inability to perform daily activities, walking difficulties, incontinence. Hospitalization at a psychiatric clinic was followed to assess mental state of the patient and the definitive diagnosis. Based on somatic examination, neurological examination, neuropsychological testing and CT scan everything indicated that it was dementia.

Conclusions: This case highlights the importance of monitoring risk factors for the development of dementia in women in the involutional period, with the aim of early diagnosis, treatment and prevention of complications.

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THE SEXUAL DOUBLE STANDARD REVISITED BY MALES: TOWARDS A NEW PORTUGUESE SOCIETY?

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This investigation analyzed the evolution of the sexual double standard from a male perspective, and its relations with sexual satisfaction, concerning the Portuguese context. The present study is transversal, quantitative and non-experimental, comparative, correlational and descriptive. Two distinct groups were formed, of appreciably identical dimensions, totaling n= 262 subjects. Group 1 consisted of persons aged ranging 20-30 years (N1=132), Group 2 formed by individuals aged within 40-50 years (N2= 130).

Two self-response questionnaires were administered: The Questionnaire for the Evaluation of the Sexual Double Standard - QADPS (Milhausen and Herold) and the Index of Sexual Satisfaction - ISS (Hudson; Hudson, Harrison and Crosscup). For statistical data processing, SPSS version 17.0 for Windows© was used.

Hypothesis A: The degree of sexual satisfaction of men who personally advocate the Sexual Double Standard will be significantly lower than the degree of sexual satisfaction of men who do not personally advocate it.

Hypothesis B: Group 1 will reveal a personal commitment to the Sexual Double Standard significantly lower than the Group 2;

Hypothesis C: The Sexual Double Standard will continue to exist at a social level, but it won't exist at a personal level.

Results

Hypothesis A : The average values obtained in the Index of Sexual Satisfaction by different groups based on their score in terms of the dimension "Personal Acceptance of Sexual Double Standard" do not differ significantly, therefore not corroborating Hypothesis A.

Hypothesis B : The results were statistically significant, showing greater personal commitment to the Sexual Double Standard by the Group 1. Hypothesis B was not corroborated.

Hypothesis C : The variable "Social Perception of Sexual Double Standard" has, indeed, a positive mean value, but also the variable "Acceptance of Personal Sexual Double Standard". Hypothesis C was only partially corroborated.

Conclusion

The results show that sexual satisfaction is not correlated with the personal acceptance of the sexual double standard, and that younger men are more attached to the sexual double standard than the older ones. We emphasize the need of a new clinical approach that takes into account these new realities, and we must consider the social impacts of these changes. Are men being sexually "ultraconservative"? What is happening to them and to their contexts?

EFFECT OF ROUTINE SPIRITUALITY PRACTICE ON MENTAL HEALTH OF OLDER POPULATION IN 3 OLD AGE HOMES IN KOLKATA, INDIA.

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Objective : To assess the effectiveness of Spirituality Practice on Mental Health of a Geriatric Population selected from 3 different old age homes.

Study Domain: Mental Health of an Elderly group of population after exposure to spiritual practice.

Participant - Inclusion Criteria 60 Geriatric Inmates, 20 each from 3 different old age homes in North Kolkata, India.

1. Age 65 yrs. - 75 yrs.
2. Gender - 30 Male & 30 Female (10 each from 3 Centers).
3. Existence of an Informed Consent of each participant of the study.

Participant - Exclusion Criteria 1. Blindness/Deafness.

2. Dementia (excluded by MMSE screen, although old age related Minimal Cognitive Impairment-MCI could not be excluded).
3. Any Psychological /Neurological problem by detailed thorough examination.

Methods: 3 old age homes were selected randomly in the northern part of the city of Kolkata, India. 30 Male inmates, 10 each from each Center and 30 Female inmates, again 10 each from each Center were selected, meeting the inclusion and exclusion criteria.

Trained Spirituality practitioner was introduced who advocated daily Spirituality practices in the form of Yoga, Meditation and regular Prayers. The chosen participants were served with religious books in consistency with their own personal religious beliefs.

Assessment: Periodic Assessment was done at 0, 6 weeks & 12 weeks from the date of commencement of the study, using WEMWBS (Warwick - Edinburgh Mental Well-being Scale).

Result The baseline WEMWBS score improved considerably after third assessment in about 70% of the participants which is quite significant because none of the participant had been regular follower of spirituality practices in their lives before being enrolled into the present study.

Statistically there was overall marginal increase in WEMWBS score among the female participants, male candidates over and above the increase in score although the significance of which is beyond the purview of the present study.

Conclusion: It is an well established fact that spiritual practice helps in mental well being. The present study reinforces this belief. Routine and regular spiritual practices, even if pursued at a later age in life, can have a demonstrable positive effect on mental well being. So it could be concluded with reasonable certainty that in a society stiffened with stress, spirituality should be a regular practice.

DROP-OUT AT THE PSYCHOSOCIAL REHABILITATION SERVICE OF HOSPITAL MAGALHÃES LEMOS FROM 2010 TO 2011

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Educational Objectives: To give an insight about the drop-out problem and the underlying reasons in a Portuguese Rehabilitation Service.

Purpose: To determine the reasons for dropping out and to characterize clinically and demographically the sample in order to prevent future cases.

Methods: In this descriptive study we have selected all the patients who were discharged for abandonment of the Psychosocial Rehabilitation Service (PRS) of Hospital Magalhães Lemos (HML) between 01/01/2010 and 31/12/2011. We have excluded the patients who did not get to attend any session. We have created a form for the sociodemographic characterization of the sample and we have searched up this information on the clinical files. Each element of the sample or a close relative was called and answered to a brief telephonic interview about the expectations as to the PRS and the reason for dropping out. The data were submitted to statistical treatment.

Results: From a total of 333 patients who enrolled the PRS list, we have obtained a drop-out rate of 21.9% (n = 73), representing 4% of the Day Care Center and 87% of the Therapeutic Club.

Most patients were male (60%), single, used to live with their parents and were unemployed. About 50% of patients had psychotic disorder (295/297- ICD-9), 16% had depressive disorder (309/311), 11% had mental retardation (317/318), 11% had bipolar disorder (296) and 11% personality disorder (301)

Most patients left the service for clinical worsening, or because the activities did not meet their expectations. A minority reported health problems, getting a job or other reasons. Most patients expected to fulfill time, to socialize or to have physical practice. About 20% had no expectations.

Conclusions: About 1/5 of the patients who attended the PRS during the study period dropped out. In order to minimize drop-out, it will be important to fit the occupational activities to the expectations of the patients and to promote motivation and sense of belonging.

PROJECT UNIT FOR PSYCHIATRIC REHABILITATION – IMPLEMENTATION AND EVALUATION OF A RECOVERY ORIENTED PROGRAM

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Educational Objectives: In 2009, a psychiatric rehabilitation unit for people with severe mental illness was established in the Department of Psychiatry and Mental Health of Centro Hospitalar Lisboa Norte, EPE - Hospital de Santa Maria. In a department with little tradition and few resources for rehabilitation, we describe the scope, objectives, methodology, difficulties and results of the work of this new unit.

Purpose: In this project we present the Project Unit for Psychiatric Rehabilitation of the Department of Psychiatry and Mental Health, Centro Hospitalar Lisboa Norte, EPE - Hospital de Santa Maria and the results of the three first years after implementation.

Methods: We review some notions of psychiatric rehabilitation that were the basis for the development of this new team. We describe the procedures and activities of the unit. We then characterize the patients participating in the program according to several dimensions – socio-demographic, clinical and occupational – and in three different moments – admission, discharge and 6 months follow up. We also present some clinical vignettes.

Results: The patients who were admitted to the unit were mainly diagnosed with long duration schizophrenia, with a moderate cognitive deficit, with no occupation and no previous rehabilitative treatment. The evolution at discharge was mostly assessed as “good” or “very good”, with a subjective feeling of improvement and changes in the level of occupation.

Conclusions: The results of this three first years of activity show that the work of this team may be useful in the network of care provided by our department. We discuss some of the difficulties found in this start of its activity.

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PSYCHOTHERAPEUTIC SUPPORT GROUP IN MOURNING

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Objectives: Working in Centro Hospitalar Psiquiátrico de Lisboa, Portugal's biggest psychiatric hospital, showed growing need to find an effective solution, using scarce resources, to a specific problem – the death of a loved one. With this work, authors intend to characterize the “Psychotherapeutic Support Group in Mourning”, in function since 2010.

Methods: To collect data about the group and individual patients the authors consulted hospital processes and clinical notes. Social, demographic and clinical data was collected.

Results: The “Psychotherapeutic Support Group in Mourning” is a semi-open group with biweekly frequency and session duration of 1 hour and 15 minutes. Maximum number of patients admitted is 10. Initially different types of loss were included in the same group, but experience showed that patients had greater improvement when similar losses were included in one group. Maintenance rate in the group is about 80% congruently with a clinical stabilization of most patients.

Conclusion: The group has clinical importance because improvement has been seen in most patients, particularly in managing their daily lives, with better quality of life, less isolation and the successful acceptance of the event. Therapeutic techniques allowed to approach emotional feelings of loss, management of negative emotions manifested as crying, anger, anxiety, guilt and sadness; restructuring the family with acceptance of new roles after the loss. Other studies will be addressed regarding this population.

MEASURES TAKEN BY MAJOR JAPANESE CORPORATIONS AT THEIR TOKYO HEADQUARTERS TO COPE WITH THE GREAT EAST JAPAN EARTHQUAKE DISASTER

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Objectives: Protecting the lives and safety of its employees is not only essential for continuing a corporation's activities but also for ensuring that its employees do not incur psychological trauma after a disaster. The Great East Japan Earthquake Disaster that struck on March 11, 2011, also greatly impacted Tokyo.

In order to investigate what kinds of measures were actually taken for employees, this survey was conducted on the actions major corporations with their headquarters in Tokyo took after the earthquake struck.

Methods: Questionnaires requiring written responses describing the kinds of measures companies took within their headquarters premises were sent to 867 corporations with their headquarters in Tokyo from among major corporations (those listed in the first section of the Tokyo Stock Exchange) registered in Japan.

The questionnaires were sent out on February 3, 2012, and asked to be returned by the end of March.

Results: Responses were received from 38 companies (response rate of 4.4%). Twenty-five companies (65.8%) had made preparations for a disaster in advance by storing food and water, blankets for over-night stays, and/or prepared disaster response manuals. Twenty-eight companies (73.7%) immediately took company-wide measures, such as setting up emergency task forces. Thirty-three companies (86.8%) took measures for individual employees, such as confirming the safety of employees and their families, providing food to stranded employees, etc.

One year after the disaster, 22 companies (57.9%) had revised their disaster response manuals, contact methods, evacuation procedures, and so on. Twenty-five companies (65.8%) had increased emergency provisions of food, blankets, etc. Nine companies (23.7%) responded that the measures taken at the disaster in 2011 was adequate and that no particular changes in their preparedness had been made.

Conclusion: Many of the companies (65.8%) that responded had developed disaster countermeasures in advance. Moreover, over half of the companies (57.9%) reviewed or revised their countermeasures after the disaster. Many of the companies (65.8%) enhanced their measures in practical ways, such as by increasing necessary food and water stocks. These kinds of safety measures taken by corporations can be considered as not only protecting substantially the safety of employees but also exerting a favorable impact on the psychological health of employees when a disaster strikes and on a daily basis before one occurs.

“The capability to cope with the situation” on an individual and an organizational basis is important for maintaining this “health.” A company that can appropriately cope when faced with difficult situations is a healthy company. Enhancing preparations beforehand to more effectively cope with disasters that may occur in the future is of clear importance for companies.

(This work was supported by JSPS KAKENHI Grant Number 23530443.)

RISKY BEHAVIOURS AMONG PEOPLE WITH MILD MENTAL RETARDATION

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Objectives: The 20th century brought new hazards associated with individual lifestyles and preferences, among them HIV, easier access to psycho-stimulants, an interest in extreme sports and hazard games, an increasing crime rate, and a decreasing motivation for pro-health behaviours. Thus a risk has become an important element of the young generation's life and the subject of scientific research.

The aim of this study was to assess the incidence of risky behaviours among people with mild mental retardation depending on their lifestyles as well as socioeconomic and psychological situation.

Methods: The study involved 400 secondary school students from Poland within the age bracket of 14–20. The respondents have been divided into two groups: the study group (A) consisting of 200 adolescents with mild mental retardation attending basic vocational special schools, and the control group (B) comprising 200 high school students at the normal level of intellectual development.

This survey-based study was performed using the author's original tool – the Youth Risky Behaviour Questionnaire.

Results: The study results show that people with mild mental retardation demonstrate risky behaviours far more seldom than those at the normal level of intellectual development. The difference is statistically significant ($p < 0.0001$). The analysis of socioeconomic situation and the tendency to take risk proved that the adolescents with mild mental retardation who assessed their family situation as 'very good' took risk significantly rarer than their healthy counterparts (22.2% and 58.1% respectively). The influence of family relations and intellectual development on risky tendencies has been observed. As many as 60% of the study group members with parents uninterested in their matters admitted to taking risk 'very seldom', while in the control group the same answer was only provided by 8.3% of the respondents. The respondents who described their family relations as 'good', 'none', or 'bad' (55.5%, 53.4%, 50% respectively) usually selected the answers: 'very seldom' and 'never', while the answer 'very frequently' was the least common. The study results confirmed the influence of gender on risk taking. Both in the study group (A) and the control group (B) the males showed a greater tendency to risky behaviours.

Conclusions: 1. There are differences in risk tendencies between adolescents with mild mental retardation and those at the normal level of intellectual development (those disabled take risk less often). 2. There is the correlation between risky behaviours and such variables as: the family structure, the parent-child relationship and physical fitness.

MORAL DELIBERATION: BUSINESS AS USUAL IN SOCIAL PSYCHIATRY

Astrid Vellinga
Arkin

Educational: After this lecture participants will be able to recognize moral dilemmas in their daily work and deliberate structurely about them

Purpose: To present a model for moral deliberation in the daily practice of psychiatry

Method: A literature search was done with respect to the effect of structural moral deliberation in medical practice. A model of moral deliberation was implemented in a large psychiatric institution in Amsterdam. The experiences of this five year project will be presented.

Results: Literature reveals that structural multidiciplinary moral deliberation improves care for the patients as well as the labor satisfaction of health care workers. Experiences of implementation of a moral deliberation model shows that moral deliberation can become an important and enriching part of our daily practice.

Conclusion: Structural moral deliberation should become a part of our daily practice. Especially in social psychiatry which enfaces multiple moral dilemmas in daily practice (like forced treatment).

SOCIAL VALUES AND ATTITUDES TOWARD BIOGENETIC EXPLANATION OF A MENTAL DISORDER IN JAPAN AND FRANCE: THE PERSPECTIVES OF THE INDIVIDUALS, THEIR FAMILIES AND PSYCHIATRISTS.

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Purposes: This study aimed to explore (1) how biogenetic explanation of an illness affects the attitude of individuals with schizophrenia/bipolar disorder, as well as their close family members and psychiatrists and (2) the social values related to biogenetic explanation through the comparison of two culturally different countries, Japan and France.

Methods: Semi-structured intensive interviews were conducted in urban areas of Japan and France. The grounded theory approach was adopted for data analysis.

For Japanese cases, 8 individuals with schizophrenia, 13 family members, and 8 psychiatrists participated in this study from July to November 2011. For French cases, 1 individual with schizophrenia and 2 with bipolar disorder, 9 family members, and 7 psychiatrists participated in this study from May to December 2012.

Results:

1. In Japan, individuals with the illness tended to leap to the conclusion that they would be tested for new medications upon hearing the word “gene/genetic,” and reacted with fear to trying advanced genetic technology. Contrastingly, in France, they simply expected the most advanced genetic technology to lead to the development of better medications with fewer side effects.
2. Regarding genetic predisposition, Japanese families possessed a responsibility for undertaking the care of the affected child, which was not observed in French families. French families thought parents should only be responsible for intentional actions on their children and that biogenetic information ensured a non-responsibility of parents for their children’s illness.
3. Japanese psychiatrists tended to avoid talking about the biogenetic causal aspect of illnesses in order to prevent the individual from blaming their parents. Contrastingly, French psychiatrists did not hesitate to give this information, rationalizing that biogenetic explanation of the illness exempted the individual and their parents from feeling responsible for the illness.

Conclusions: The sharing of biogenetic explanation of an illness is treated differently in Japan and France. Japanese society’s sense of value, which acknowledges the importance of blood relationships among kin, makes the sharing of biogenetic information a taboo since it assures the responsibility of the parents for their children’s illness. Thus, the individuals, family members, and psychiatrists have difficulty communicating this information to each other. However, in France, the belief that biogenetic explanation assures the non-responsibility of the individual and their parents results in this information being shared more easily. For this reason, the French participants readily approved of the continuing development of new genetic technology.

ADMISSIONS - AS DIFFERENT AS DAY AND NIGHT

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Objective

On July 2011, the Psychiatric Services of Thurgau started a new service called “Clearance and Admission Center” (CAC) as a model project of the canton Thurgau/Switzerland. The CAC is an easy-access portal for both non-professionals and referring physicians requesting psychiatric treatment. The CAC’s main function is to professionally set the course for further treatment. The CAC is open on workdays from 8 a.m. to 8 p.m. During this time, it is responsible for all stationary admissions into the psychiatric hospital Münsterlingen (PHM), which is the major psychiatric hospital in canton Thurgau with about 200 beds for adult psychiatric patients. During the night and at the weekend, the assistant physician on duty is responsible for the admissions.

The referring physicians judged the first year of the CAC very positively. One feedback said it was “as different as day and night”, thereby appreciating the professional competence of our CAC team. However, there might also be a huge difference between patients admitted during working hours and patients admitted during the weekend or at night. Thus, we investigated the differences of patients admitted on workdays, on weekends, and at night and examined whether these differences have changed since the start of the CAC.

Method

We analyzed all patients admitted into the adult psychiatry of the PHM from 1st of January 2010 to 31st of December 2012 (18 months before to 18 months after the opening of the CAC at 1st July of 2011) clustered by day and time of admission. Group 1: admission on workdays between 8 a.m. to 8 p.m.; Group 2: admission on weekends between 8 a.m. to 8 p.m.; Group 3: admission during the night between 8 p.m. and 8 a.m. We examined social and clinical data including ICD 10 diagnosis, global assessment of functioning (GAF) and clinical global impression (CHI) gathered from the basic documentation of every admission.

Results and Conclusion

At present, we are still analyzing the data. We are going to present the results of our study on the poster in Lisbon and we are looking forward to discussing it with you.

TREATMENT IN HOMELESS PATIENTS WITH PSYCHIATRIC DIAGNOSIS

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1. Parc de Salut Mar, Barcelona, Spain.

Educational Objectives: At the end of the presentation the participants should be able to comprehend the homeless population who is admitted at a psychiatric hospital.

Purpose: Describe the homeless population admitted at our monographic hospital during one year.

Methods: It has been performed a cross-sectional retrospective study which includes all consecutive admissions (n = 29) that meet the criteria for Category 1 of homeless person by HUDHRE in the psychiatric unit of Centre Forum in 2011. It has been collected demographic, clinical and social data.

Results: Results show that the most frequent nationality was the Spanish, despite of being only the 31% of the admitted homeless patients. Schizophrenic disorders were the most prevalent diagnosis (48%) and together all psychotic disorders reached the 79%. From the sample, 31% had also comorbid substance use disorder (especially alcohol). Nonetheless, 37.9% of patients did not consume any addictive substance.

The 93.1% of the patients received treatment with antipsychotics, which were the most prescribed drugs. The 44.8% of the sample received depot treatment although only the 10.3% received depot exclusively. Benzodiazepines were less prescribed (20.7%), ahead of antidepressants and mood stabilizers (10.3%, each).

Conclusions: Due to the comorbidity between schizophrenia and substance abuse one third of patients had dual diagnosis; alcohol was the most usual consumed substance, similar to other studies. Antipsychotics were the most prescribed drugs, specifically the atypical ones.

The homeless population represented a minority of the admissions. However, it is foreseen an increase of homeless population in the coming years. Estimations of future requirements are uncertain due to the lack of studies in this population.

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CHARACTERIZATION AND COMPARISON OF THE POPULATION ADMITTED TO TWO PSYCHIATRIC DAY HOSPITALS IN CENTRO HOSPITALAR PSIQUIÁTRICO DE LISBOA

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Objectives: The authors of this study intend to characterize the population of patients admitted to two different day hospitals of the Lisbon Department of Centro Hospitalar Psiquiátrico de Lisboa, Portuguese biggest Psychiatric hospital, and compare the data between the two. This is the first step of a larger study which aims to evaluate the effectiveness of the treatment in day hospital.

Methods: All patients with discharge dates from January of 2010 to December of 2012 were included in the study. Social-demographic and clinical data was collected from the hospital processes and statistically treated.

Results: A total of 212 patients were studied (137 from day hospital A and 75 from hospital B). The following information was collected: demographic and social data such as gender, age, marital status, years of study, professional status, clinical information such as diagnosis and previous medical history, and information about the period of treatment in the day hospital, including way of admission and duration. Special attention was paid to differences between periods prior and following treatment in day hospital.

Conclusion: With this work the authors were able to identify the population to be used in a following study about the treatment in psychiatric day hospital. Differences between both day hospitals concerning inclusion and exclusion criteria, as well as duration of treatment, are debated, and a tentative relation between this data and the therapeutic orientation of each service is discussed.

PSYCHIATRIC ACUTE ADMISSIONS IN THE SETTING OF THE ECONOMIC CRISIS. WHAT CHANGED?

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Educational Objectives: After the Lehman Brothers scandal in 2008, an international financial crisis ensued, and still endures, with particular consequences in Portugal. The effects of crisis have been subject of many studies, being the Psychiatric patients at greater risk.

Purpose: The purpose of this study is to assess eventual changes in the pattern of inpatient admissions to the Service of Mental Health in the Community of Matosinhos – Hospital de Magalhães Lemos, in the years of 2006, 2011 and 2012.

Methods: The authors reviewed all inpatients admissions to the service mentioned above in the years of 2006, 2011 and 2012. Variables considered included total number of admissions, the number of readmissions, the number of admissions of new cases, the number of readmission of new cases in the same year, the diagnostic distribution and length of inpatient treatment. The data analysis was performed with the use of the IBM® SPSS® Statistics Version 20.

Results: Authors found statistic significant results in number of readmissions of new cases in the same year, length of stay and diagnostic pattern. They found a significant decrease in the number of hospitalizations of patients diagnosed as Schizophrenic Disorder.

Conclusions: The global economic crisis associated with factors such as the creation of a communitary team may be the cause of the difference in results between the years studied. More studies on the difference in the pattern of acute admissions, as well as the causal factors of the same are essential to the definition of priority targets aid to better mental health services.

SOCIAL CRISIS AND FORMS OF THE SOCIAL ACTIVITY: A COMPARATIVE STUDY OF STABLE AND TRANSITIONAL SOCIETIES

T. Ivanova

Theoretical Framework

Existing studies of different dimensions of human activity are focused mainly on developed Western industrial countries. (Easterlin 2009). And the last researches on the basis of European Value Surveys, which use, for example, survey data from post-Socialist countries, are cross-sectional (Welzel and Inglehart, 2010) is the task of future studies still.

The main task of this study is the research of correlation between social involvement and total life satisfaction. One of the consequences of the former Soviet Union internal policy is an increased level of citizens' social passivity of, which is manifested in the unwillingness to take responsibility for social issues. People prefer to await solution from the Government and officials though very often the problem could be solved by community organizations. This behavior can be explained by using the theory of learned helplessness. Learned helplessness is a disorder of motivation as a result of uncontrolled situation experienced by an individual, i.e. inconspicuousness of the result and given efforts. According to the learned helplessness theory, depressive disorders and mental diseases are caused by the lack of control over the results of the situation the person has got (Abrahamson, L. Y., Seligman, M. E. P., & Teasdale, J. D. , 1978).

Nowadays despite the changes (economic, political, and partly - moral) that have happened in the post-Soviet countries, the behavior associated with learned helplessness, is still reflected and goes out through the passive social behavior.

However, studies show that highly developed democracy institutions and the ability to influence the situation are an important condition for the formation of a positive attitude to reality (B. S. Fray, A. Stutzer, 1999).

Social activity can be considered on two levels - a mandatory, which is activated by economic reasons (wages) and social norms. Another form of social activity is a participation in public organizations and associations, which suggests, first of all, personal activity of the individual (the search of the association or its personal creation), then, the structuring of his/her free time, self-organization. The result of such activity forms participation is not only a sense of one's involvement in the social life, but also a total life satisfaction.

The hypothesis of the study.

Crisis leads to a decrease in social activity. The citizens of the post-socialist countries do not have the skills to institutionalized social activity. This leads to a deformation of the social values and excessive growth of social passivity.

Some discrepancies may exist between the actual actions of the individual and the declared values. That's why the degree of respondent participation in various public organizations is to be used as an evaluation criterion of social activity.

It is planned to use the results of European Values Study (EVS) - 3 and 4 waves.

The planned criteria to make the measurements

- Country (post-Soviet countries (Ukraine, Russia and West European countries with high level of life satisfaction)

- Perceptions of Life

Parameters

social organization affiliation (women, youth, sport, etc.)

The total life satisfaction, estimation of one's health, depression.

- Politics and Society

Parameters

view government: very bad-very good

view political system in past: bad-very good
 political system: strong leader
 government maintain order vs. respect freedom individual
 democracy: causes bad economy
 democracy: best political system
 - Demographic characteristics –
 Age, sex, education, income level

At the level of analyses and modeling in order to test my question, since my research is quantitative, I am going to use Correlation Analysis (taking into account specificity of the scales of the variables) and Regression Analysis.

Expected results.

It is assumed that the level of life satisfaction is associated with the level of individual involvement in the various forms of social activity. This interrelation will be absent in the countries of the former Soviet Union. Besides, the level of social activity of the respondents from the countries of the former Soviet Union will be much lower than the level of the respondents from the East European countries. Low level of social life involvement, in addition to reduced level of subjective well-being will be correlated with an increased critical attitude to the authorities and to democracy in general.

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TRANSCULTURAL ACTIVITIES IN GERMANY

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Transcultural Psychiatry and Psychotherapy for immigrant patients at the Psychiatric University Clinic of Charité at St. Hedwig Hospital in Berlin M.Schouler-Ocak.

Transcultural Psychotherapy for Psychic ill Refugees at the Clinic for Psychosomatic Medicine and Psychotherapy of Heinrich-Heine University in Düsseldorf L. Joksimovic.

Best practice: integration of patients with migration background into general mental health care services.

I.Callies

How to treat psychic ill Migrants ? Transcultural Psychiatry and Psychotherapy at the Psychiatric University Hospital in Zurich.

B.Küchenhoff

SELF-COMPASSION AND EMPATHIC TENDENCY: A pilot study

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Educational Objectives:

Self-compassion which is a term derived from the word compassion means to be aware of the others grief and understanding people making mistakes. Empathy is the ability to understand other's emotions. For understanding the others', being empathic and compassionate needs being aware of oneself and showing self-compassion to oneself. Self-compassion is a way of transforming negative emotions into positive via accepting negative experiences as a part of human experience and could be the first step of empathy. The decrease in the empathy levels of medical students maybe the result of low level of self compassion. By this pilot study we should be able to recognize the relationship between self compassion and empathy in medical students.

Methods: In this cross-sectional study, an anonymous questionnaire consisting of gender, hometown, reason for being a doctor, Empathic Tendency Scale (ETS) and Turkish translation of Self Compassion Scale (SCS) was applied to every volunteer first year student. ETS consists of 20 items and total scores range from 20 to 100. Turkish translation of SCS is a 24-item scale and 11 of them are reverse.

In statistical analyses categorical variables were expressed as numbers, percentages and the continuous variables expressed as means with standard deviations. The association of the dependent variables with the independent variables was determined with Student t-test and One-way Anova. Statistical significance was set at p values less than 0.05.

Results: We analyzed 80 fulfilled questionnaires representing approximately one third of the first year students. Above the half of the students were female (n=46, 57.5%) and most of them (n=60, 80.0%) were coming from other cities. The SCS and ETS scores of the study group were 75.61 ± 15.61 and 67.16 ± 9.19 , respectively. There were no difference in SCS and ETS scores in respect to gender and hometown ($p > 0.05$). There was a significant positive correlation between SCS and ETS scores ($p = 0.001$).

Conclusions: There were no difference in empathic tendency and self compassion in respect to gender. The significant positive correlation between self compassion and empathy favors our theory that they support each other. Self compassion may be an effective way of coping with negative experiences for future doctors

ALGERIAN FIGHTER AND PSYCHOTRAUMATISM, FIFTY YEARS AFTER THE INDEPENDANCY.

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Objectifs

The elaborated objectives through this inquiry(investigations) are of two orders

Value the prevalence of psychotraumatism within a representative samples of ex service men

Define the morbidity of psychotraumatism with the other psychiatric troubles

The consequences of the Algerian war concerning mental health are important because of the duration and the intensity of the conflict

Methodology

This is a prospective study that began in march 2010 and lasts longer

The study population is represented by ex service men who were oriented to the psychiatry service by the moudjahidines guidance of the wilaya of Constantine city for an eventual revision of their rates of IPP

The diagnosis is clinically exposed by the psychiatrist of the service and confirmed through the evaluation according to Horowitz scale that allows the subjective measure of the fact impact

The score threshold= 42

The score \geq 42 (95% psychotraumatism)

The score \leq 42 (100% of controlled cases)

A succinct explanation of the work objective is being prodigal by the doctor who precises the objectives of the research leading to his primordial verbal agreement

Finally, the population is estimated to be 60 patients

Results

Sex: we have counted 55 men and 5 women

The average of age is about 70 years old with the extreme of 65 to 80 years old

The Horowitz score: 28 ex service men have shown signs of evaluated psychotraumatic (score \geq 42) with avoiding behavior (82%) a syndrome of repetition (75%) and sleep disturbance (78%) and all of them are males

This cohort of traumatized represent 47% for our general population

We have found an associated motion handicap at 57% of ex service men presenting a psychotraumatism

Concerning the previous personal under psychiatric care, 57% of the cases presenting a psychotrauma, have already been under treatment for at least two years, but were irregular and non precise

All patients have shown a recrudescence of their symptoms during these last ten years of violence associated with depressive diseases (36%), a generalized anxiety (29%) and panic trouble (18%) and only 21% have actively participated in the anti-terrorist fight

Lastly, a demanding paranoid function is found at 43% of ex service men developing under sinister mode having been able to structural altering of the secondary personality of psychotraumatism

Conclusion

- *to conclude, some remarks deserve to be stated*
- *the psychotrauma is not rare at the old cases (unrecognized, misunderstood, comorbidity)*
- *to think of psychotrauma in front of anxio-depressive symptomatology at an ex service man*
- *to know how to link his personal story to his present symptomatology*

RELATIONSHIP BETWEEN ANXIETY SENSITIVITY INDEX-REVISED AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PANIC DISORDER: PRELIMINARY RESULT

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Objectives: Panic disorder is a common anxiety disorder and often leads to chronic and disabling condition. Many studies have reported low health-related quality of life (HRQOL) and significant impairment in patients with panic disorder. Several factors such as panic-related symptoms, worry, and education are related to the HRQOL in panic patients. However, several studies have repeatedly shown that the limited relationship between those factors and HRQOL in panic disorder. Thus, we sought to examine the relationship between anxiety sensitivity which is known to be panic-specific anxiety trait and HRQOL.

Methods: Thirty panic patients were recruited consecutively from the outpatient setting. Anxiety sensitivity and HRQOL were assessed using anxiety sensitivity index-revised (ASI-R) and WHO Quality of Life Scale Abbreviated Version (WHOQOL-BREF), respectively. Pearson correlation coefficients were used to designate the relationships between ASI-R and each subdomains of the WHOQOL-BREF.

Results: There was significant negative correlation between the ASI-R total score and WHOQOL-physical health ($r=-0.532$, $p=0.004$). The ASI-R total score also negatively correlated with the WHOQOL-psychological health ($r=-0.417$, $p=0.03$). However, there were no significant correlations between the ASI-R total score and WHOQOL-social relationship ($r=-0.179$, $p=0.361$) nor WHOQOL-environment ($r=-0.321$, $p=0.095$).

Conclusions: The present study shows that individuals with higher anxiety sensitivity show lowered WHOQOL-physical and psychological health domain whereas anxiety sensitivity is not related to WHOQOL-social relationship and environment.

ACTIVELY SEEKING HELP FOR PSYCHIATRIC ISSUES WITHIN ONLINE COMMUNITIES ON THE INTERNET - A DESCRIPTIVE STUDY

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Background: Internet is now the omnipresent media of communication and information retrieval. The number of specialized medical websites delivering health information is increasing by the minute. But when it comes to asking specific question for personal issues, the patients or their relatives tend to prefer using more interactive websites such as forums, message boards, and online communities because of the accessibility and the more likelihood to have fast or immediate feedback since professional and specialized websites are for the main part only information display media that lack interactivity.

Objectives: Through this study we want to have some insight about psychiatric issues information seeking behavior within the online communities. Are the questions accurate and well postulated? Is the person seeking help satisfied at the end of the discussion? How often the answers are appropriate? How often do professionals intervene? ...

Methods: In this descriptive study, we evaluate 1000 queries concerning psychiatric issues that were initiated during the year 2012 on online communities' platforms. We prepared for this a data form to analyze each inquiry according to our objectives for this study. We used the main search engines "Google, Bing and Yahoo" and 50 English keywords for common psychiatric symptoms and well known diseases. We chose the inquiries that show on the top results because our objective is not to evaluate the amount of feedback a query gets but rather the quality of the feedbacks when it's actually answered.

Results: Preliminary results over 176 queries made within 23 different websites show the following: 78.98% of the inquiries were well explained, 55.11% of the enquirers already went to a specialist and the askers expressed that the discussion was helpful in only 7.39% of the queries. The total of answers is 853 of which only 60.84% are appropriate while 33.53% are inappropriate or not really helpful, the rest is made of trolls and banned posts. Professionals intervened in only 1.29% of the answers. 14.3% of the answers advised to see a specialist, 11.14% mentioned a similar case and when an opinion was to be made about the psychiatrist approach 98.32% of the answers were favorable.

A CLOCKWORK ORANGE –MEDIA AND THE SOCIETY

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In this article are studied some tendencies of modern media and their influence on the consciousness of the society and psychics of separate individuals.

In the novel of an English writer, Anthony Burgess, A Clockwork Orange, is shown the society where there is no place for repentance, forgiveness, love, morality - the basic norms of social functioning. Aggression can be controlled and manipulated easily, especially by means of mass media. The more intensive the attempt to ruin a person's positive social energy, the easier it is for negative – destructive and violent energy to develop in its place. On the one hand, the majority of people condemn violence and cruelty. On the other hand, there is an attempt to justify them as inevitable. We witness the introduction of new technologies and methods of manipulating with people's conduct and opinion. These new techniques make it possible for particular groups to program thoughts, ideas, emotions and the psychic state of the masses. One of the most influential and "privileged" symbols which makes it easy to penetrate the collective unconscious and manipulate with it is death. You can take away hope and faith from people. One effective way of doing this is by making death everyday, common and simple psychological and social phenomenon. Such conditions may cause many destructive emotions from neurotic reactions to deep psychic disorders. All these are the basis for ruining social connections and ultimate destruction of a person. Any culture is based on the system of positive values. But the leading role while overcoming frustration caused by solitude, anxiety or depression is taken by religion. It forms positive models, coordinates of moral and ethical conduct, gives a person the sense of stability and facilitates adequate perception of the real world. Psychological manipulations and tricks of mass media, the process of formation of "A Clockwork Orange"-type way of thinking may show one alarming facet of modern society.

ACTUAL CONDITION SURVEY ON OUTREACH ACTIVITY OF MULTIPLE-DISCIPLINARY TEAM IN JAPAN.

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Educational Objectives: In Japan, some agencies have begun to provide multiple - disciplinary outreach team for people with severe mental illnesses. And some studies suggested that multiple - disciplinary outreach team in Japan had positive effect on clients' satisfaction for services and diminish of length of stay^{1,2}. However such activity in Japan is not adequately institutionalized and these agencies only receive medical fee for their activities. However system of medical fee which is specially-designed to outreach team has not be developed, so existing fees cannot cover all activities of outreach team. This undeveloped legal system for outreach team and disadvantaged condition in finance is main obstacle to dissemination in Japan. 31 clients of outreach team in 3 community participated this study. They have severe mental illness (e.g., Schizophrenia, Bipolar Disorder, and Depression)

Purpose: In order to estimate and realize valid medical fee system for multiple - disciplinary outreach team, we described financial condition of such activities in Japan.

Methods: We collected data from the services for clients of 3 multiple – disciplinary outreach team from December 2011 to December 2012. Subjects of this study were people with severe mental illness (n=31). We recorded every face to face contact with clients by using service-code checklist for 1 month. And we described what part of services is not covered by medical fee.

Results & Conclusions: As at January 2013, we are currently in analysis on collected data. The details would be reported on the day of the conference. However, our interim data suggests that the existing medical fee system will not be enough to cover the activities of outreach team. Particularly, the current system for activities of social workers is not appreciated.

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ADVERSE EFFECT OF IN-UTERO ALCOHOL EXPOSURE ON CHILDHOOD ACADEMIC ABILITY: A PARENTAL COMPARISON ANALYSIS SUPPORTING A CAUSAL INFLUENCE

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Educational Objectives: Our findings demonstrate an intrauterine effect of episodic drinking consistent with 2 small glasses of wine or beer on lower academic ability, a pattern of alcohol use most people would consider moderate.

Purpose: This study will test the hypothesis that low-to-moderate maternal alcohol use in pregnancy is associated with lower school test scores in offspring aged 11 via intrauterine mechanisms.

Methods: We used data from the Avon Longitudinal Study of Parents and Children (ALSPAC), an observational birth cohort study based in the South West of England. Analyses were conducted on 7062 participants who had complete data on the following measures: - maternal and paternal patterns of alcohol use in the first trimester and at 18 weeks' gestation; child's academic ability measured at age 11, gender, maternal age, parity, marital status, ethnicity, household crowding, home ownership status and parental education. We compared maternal – offspring and paternal – offspring associations of alcohol consumption with child's National Curriculum Key Stage 2 (KS2) test scores. We used multivariable linear regression to estimate mean differences and 95% confidence intervals [CI] in KS2 scores across the exposure categories and computed f statistics to compare maternal and paternal associations.

Results: Our approach compares the association of offspring outcomes with maternal and paternal alcohol consumption, on the assumption that only maternal alcohol use will influence intrauterine processes. Drinking up to 1 unit a day during pregnancy was not associated with lower test scores. However, frequent prenatal consumption of 4 units (equivalent to 32 grams of alcohol) on each single drinking occasion was associated with reduced educational attainment in a parental comparison analysis.

Conclusions: This pattern of alcohol use in pregnancy may adversely affect childhood academic ability via intrauterine mechanisms. The project has achieved its objectives in that we aimed to demonstrate that low levels of alcohol consumption in pregnancy were detrimental to cognitive development in childhood. This study presents some of the most compelling evidence to date that this pattern of alcohol use consumed by mothers in early pregnancy may influence academic abilities in their offspring at age 11, via intra-uterine effects. Hence we believe our study has produced new important knowledge. We have used one of the most robust research designs, parental-offspring comparison analysis, to test whether drinking during pregnancy is causally linked to child's cognitive abilities. Our results implicate that even moderate amounts of alcohol consumed during pregnancy can lead to academic problems in childhood.

LIVING CONDITIONS, PSYCHIATRIC MORBIDITY, MENTAL HEALTH CARE AND PHENOMENOLOGICAL OBSERVATION IN A SAMPLE OF HOSPITALIZED FEMALE FOREIGN DOMESTIC WORKERS IN LEBANON: A PROSPECTIVE, COMPARATIVE STUDY

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Educational Objectives: This poster presentation aims to present the findings of a prospective study about the mental health situation and psychiatric conditions of female foreign domestic workers in Lebanon.

Purpose: The main purpose of this project is gather preliminary findings of the psychiatric admissions, presentation, diagnosis, and management of hospitalized female domestic workers as compared to hospitalized Lebanese female patients.

Methods: 33 female foreign domestic workers and 14 female Lebanese were enrolled. The Brief Psychiatric Rating Scale (BPRS) and the Clinical Global Impression scale (CGI) were administered on admission and discharge and socio-demographic, living conditions, mental health care data and phenomenological observations were collected. SPSS 20.0 was used to for data analysis.

Results: Sexual, physical, and verbal abuse were detected in the foreign domestic workers group (12.5%, 37.5%, and 50.0%. respectively). 66.7% of them were diagnosed with Brief Psychotic Episode. The mean duration of hospital stay (13.1 days) was significantly lower in the foreign domestic workers group. The mean cumulative antipsychotic dose of the foreign domestic workers group was 337.1 mg of chlorpromazine equivalent and the mean BPRS total pre-score of the foreign domestic workers group was 66.4 with a *much improved* state on the CGI global improvement scale, all of which were non-significantly different from the control group. Striking phenomenological findings among the foreign domestic workers group were acute anorexia (39.4%), nudity/exhibitionism (30.3%), catatonic features (21.2%), and delusion of pregnancy (12.1%).

Conclusion: Inpatient foreign domestic workers are more diagnosed with psychotic than affective disorders and receive approximately similar treatment as controls in spite of the trend to rapidly discharge and deport the worker to limit the costs. Both groups presented with similar severity, although the foreign domestic workers had peculiar phenomenological observations. The small sample size, lack of socio-culturally tailored assessment, language barriers, absence of structured diagnostic interviews, heterogeneity in the nationalities representing the foreign domestic workers group constitute major limitations in this study.

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Topic

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Bio-psycho-social confluence of psychiatric sciences

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THE STUDY OF CAUSES OF THE PSYCHOLOGICAL AND PHARMACOLOGICAL ANORGASMIA IN AFFECTED WOMEN IN ARDABIL

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Introduction: many factors affect orgasmic function, age, education, job, folklore (taboos) religious beliefs, drugs, psychological disorders and gynecological surgery. Our main goal was the study of causes of the psychological and pharmacological of anorgasmia in affected women in Ardabil

Methods: The present study is a descriptive-cross sectional one. a total of 500 married women were selected and they completed the demographic and female sexual function index (FSFI) questionnaire. orgasm was assessed according to the relevant questions in the FSFI questionnaire. 122 women were anorgasmic and they completed the SCL-90 questionnaire. the data were analyzed using the statistical software SPSS and the descriptive statistics (frequency-percent) and the deductive statistics (Correlation-t test). P value < 0.05 was assumed meaningful.

Results: the prevalence of anorgasmia among women in Ardabil was 24.4% and the average age of th anorgasmic women was 31.1%. The relation between the obsession -compulsion disorder and the anorgasmia with P=0.000 was meaningful. The relation of depression with P=0.91 and using the SSRI drugs with P=0.28 and using the three cyclic anti-depression drugs with P=0.09 and using the ACE-I drugs with P=0.63 with the anorgasmia wasn't meaningful.

Conclusion: The prevalence of anorgasmia in Ardabil women is at its high level and psychological factors influence this disorder so the diagnosis of this disorder and control of effective factors will help reducing of family fade and its impacts on society.

Keywords: anorgasmia, depression, anxiety, OCD, SSRI, ACE-I, TCA

THE STUDY OF PERSONALITY COMPONENTS STYLE IN ORDINARY WOMEN AND WOMEN SACRIFICED BY TH HOME INDELICACY

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Introduction: The aim of this study is the comparison of attachment styles and personality sides between women who are victims of domestic violence and ordinary women.

Methods: this research included all of them who had complained to family court at first 150 people were randomly studied amid mentioned community by domestic violence questionnaire that 50 people were selected as main annoyed ones were examined in terms of population variable for analysis of data descriptive statistics and k2 and multi-variable variance analysis were used

Results: Achievements expresses that there is a difference between annoyed and ordinary women in terms of attachments styles also it was unfolded that annoyed women vary with those who are ordinary in terms of characteristic sides and it means that annoyed women got higher marks than ordinary ones at aggression point of view and it is mentionable that the difference between 2 groups is significant.

Conclusion: accounts of unsafe attachments styles at annoyed women is one of the reasons which cause reluctant interaction in sexual affairs , then lessens loyalty and kindness levels in joint life and finally leads to disruptive behaviors as violence annoyed women with high aggression low desired level , lack of flexibility and low extrovert personality decrease enjoyment of joint life and satisfaction level in sexual life and with a continues contradictions justify the account of domestic violence

A TWO-LAYERS BIO-PSYCHO-SOCIAL MODEL OF MEDICINE AND PSYCHOTHERAPY

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The bio-psycho-social model relates to a person as one system, with biological, psychological and social components in constant interaction. The model so far tends to objectivize the human experience of life and ignores a central component, existing exclusively in humankind, the subjective component of meanings, narratives, images, and dreams that are central in psychotherapy. This presentation proposes a two-layer bio-psycho-social model: an objective-rational layer and a metaphorical-spiritual layer. This model explains how physical state of the body corresponds with subjective-metaphoric state represented in imaginations, metaphors, and dreams, and how, on the other direction, metaphor therapy corresponds to physical health of people. The model is based on the assumption that people process and experience their stresses in two ways: an objective-rational way, typical of the left hemisphere of the brain, and a metaphorical-spiritual way, typical of the right hemisphere. Every medical, psychological, or social intervention, whether tending to use objective or metaphorical devices, will eventually activate both layers of the system. Some illustrative cases with physical or psychological symptoms will be presented.

Keywords: *Bio-psycho-social, system, psychosomatic, dream, psychotherapy, metaphor, narrative, hemisphere.*

RELATIONSHIP BETWEEN RESILIENCE AND SOCIAL SUPPORT, COPING STYLE OF CHILDREN IN MIDDLE SCHOOL

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Abstract: Objective To explore the relationship between resilience and social support, coping style of children in two middle schools for providing an evidence for improving childrens' resilience.

Methods Six hundred childrens were surveyed with the Connor-Davidson resilience questionnaire(CD-RISC), perceived social support scale(PSSS)and coping style questionnaire (CSQ).

Results ①Resilience had significant difference between male and female children. ②The resilience was positively correlated with social support and two factors of coping style:seeking help and solving problem, but negatively correlated with the other factors in coping style questionnaire.

Conclusion ①Children with high score in Connor-Davidson resilience questionnaire are more tend to the positive coping style. ②Social support is an important factor of resilience in children.

Key words: children;resilience;social support;coping style

TIME TO READMISSION AND IT'S PREDICTORS IN FIRST-ADMITTED PATIENTS WITH A DEPRESSIVE DISORDER

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Educational Objectives: Depressive disorders belong to the most common mental health problems. Worldwide about 350 million people are affected. To prevent chronicity, depression necessitates adequate treatment. Psychiatric readmission indicates a relapse and an insufficient response to outpatient treatment after discharge. It might be preventable in some cases by knowing the risk factors.

Purpose: Due to limited evidence concerning depression and psychiatric readmission, this study aims to analyse probable predictors (e.g. types of antidepressants) of the time to readmission in this patient-group.

Methods: We used routine health data of a German health insurance covering the years 2007-2010 and N=1918 with a depressive episode or recurrent depressive disorder. Patients were aged between 18 and 65 years. We applied multivariate time-hazards models (survival analysis) by SAS to examine the predictors of the time to readmission within 24 months. Probable predictors included patient-, admission-specific and clinical characteristics.

Results: More than 40% of the patients experienced readmission within the observation period, many of them in the first few weeks. Preliminary findings showed that the risk of readmission increased with a co morbid substance disorder or more severe depression. Employment and different types of antidepressants reduced the risk of readmission. The risk of readmission was about 50% less likely in patients taking medication.

Conclusions: Our results indicate that adequate use of medication might prevent from readmission in depressive patients. This does not correspond to all previous findings. More research is needed in this area.

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MENTAL HEALTH AND POLYGAMY: THE SYRIAN CASE

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In the Middle East, one risk factor for poor mental health among millions of women may be found in the practice of polygamy. Although accurate data regarding its precise prevalence are not readily available, polygamous marriage is known to be a common family structure in the Middle East. Previous studies found that women in polygamous marriages report low self-esteem and less life satisfaction than women in monogamous marriages. To the best of my knowledge the present study is the first to examine the psychological, self-esteem, family function, marital satisfaction, life satisfaction and degree of agreement with the practice of polygamy among polygamous women with a control group from monogamous women in Syria. At the conclusion of this presentation, the participants should be able to recognize the psychological, familial and economic effects of polygamy in Syria. A convenience sample of 136 women, 64 of whom were wives in polygamous marriages and 72 were wives in monogamous marriages participated in this study. A snowball method of sampling was used, conducted by undergraduate local female students trained to collect data according to culturally competent methods. The following research instruments were deployed: the Symptoms Checklist (SCL-90), the Rosenberg self-esteem (SE), the Life Satisfaction (SWLS), family function (FAD) and marital satisfaction (ENRICH). Findings revealed that women in polygamous marriages experienced lower self-esteem, less life satisfaction, less marital satisfaction and more mental health symptomatology than women in monogamous marriages. Many of the mental health symptoms were different; noteworthy were elevated somatization, depression, hostility and psychoticism and their general severity index (GSI) was higher. Furthermore, "first wife syndrome" was examined in polygamous families, comparing first with second and third wives in polygamous marriages. Findings indicated that first wives reported on more family problems, less self-esteem, more anxiety, more paranoid ideation, and more psychoticism than second and third wives. These results are best understood through consideration of the socio-cultural and economic realities facing these women. Practitioners and policy makers need to be aware of the psychological, familial and economic effects of polygamy on women and their children. As the results point out higher marital distress in a polygamous family may in turn exacerbate the negative role modelling and impede children's growth and achievements. Further research is required to compare women in polygamous marriages based on their order (first, second and third etc.).

PERSONALITY RISK FACTORS AND READINESS TO CHANGE IN MANDATED AND VOLUNTARY COLLEGE STUDENTS ENROLLED IN AN ALCOHOL PROGRAM

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Educational Objectives: This study demonstrates the value of utilizing theoretical models in research design and provides salient information for designing alcohol intervention programs. Students who violate the college/university alcohol policy are required by the dean of students or are *mandated* to attend an alcohol intervention programs The Transtheoretical Model (TTM) has been effective in studies of high risk behaviors including alcohol abuse. In the present study, an adaptation of the TTM, the Brief Readiness to Change Questionnaire was used to assess Precontemplation, Contemplation and Action stages of the TTM. Recent studies have suggested personality factors may predispose college students to excessive alcohol drinking. In the present study the following personality risk factors were assessed: Introversion/Hopelessness, Anxiety, Sensation Seeking, and Impulsivity

Purpose: The purpose of this study was to examine personality risk factors and readiness to change drinking behavior between mandated and volunteer groups of college students.

Methods: Participants were 583 freshman students (148 mandated group) and (436 voluntary group) enrolled in the campus MI program. Participants completed at baseline, 3 and 6 months three measures: the Daily Drinking Questionnaire, the Brief Readiness to Change and the Substance Use Risk Profile Scale, a personality measure. Substance Use Risk Profile Scale values at baseline were compared using MANOVA. Linear mixed models were used to determine an association of continuous outcome variables (Substance Use Risk Profile Scale subscales) with covariates overtime.

Results: Descriptive statistics, frequency tables, and summary graphs were used to summarize the study variables. (Table1). Participants in the Action stage had lower impulsivity scores. The number of volunteer participants in the Precontemplation stage decreased between baseline and 6 months and increased in the Action stage. The mandated group had a greater probability than the volunteer group of being in the Action stage over time. In the analysis of the scales, all personality dimensions were fairly similar both groups. Gender was significant, with females showing the highest anxiety and lowest sensation seeking. (Tables 2, 3).

Conclusions: The results provided solid data that alcohol intervention programs need to address the dimensions of readiness to change behavior and personality risk factors. In addition, gender factors should be considered in intervention programs. Further studies of personality factors and readiness to change are recommended.

HOMOSEXUALITIES AND ADOLESCENCE IN A BRAZILIAN SOCIO-CULTURAL CONTEXT: MENTAL HEALTH AND PSYCHOSOCIAL IDENTITY

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Educational Objectives and Background: This research is a cross sectional study that was carried out between 2009 and 2012. It was based on adolescence, homosexuality and mental health in the Brazilian social-cultural context. Empirical data about this area are still rare in Latin America. The first aim of the study was the investigation and comparison of prevalence of mental disorder, and of search for mental health services between a group of homosexual adolescents and its heterosexual control group. The second one was to investigate the impact of discrimination and prejudice on homosexual adolescents' mental health, and on the development of their psychosocial identity.

Purpose: The main purpose of this research was the production of empirical data about a population in Brazil that has not been investigated in terms of mental health and psychosocial identity yet.

Methods: "Snowball sampling" was used in order to form the two groups, matched according to gender, age and educational degree. Each adolescent was interviewed individually. Data were obtained by using the Brazilian version of MINI Plus and two specific questionnaires on the search for mental health services and on psychosocial identity. Statistical analysis identified frequencies, associations, and made comparisons concerning the dimensions that were investigated.

Results and Conclusion: When compared to the control group, the homosexual adolescents presented a higher prevalence of mental disturbance and attendance at mental health services. These results suggest that prejudice and discrimination in the Brazilian socio-cultural context may have an impact on the mental health of the individuals studied, affecting the development of their psychosocial identity.

BAYESIAN EXPLORATION OF DELUSION IN PATIENTS WITH SCHIZOPHRENIA

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Objective:

The aim of the present investigation was to investigate whether the delusion in the schizophrenic patients was influenced by “jumping to conclusion” according to a Bayesian lack of posterior probability inclusion in deduction.

Methods:

40 patients who had received the diagnosis of schizophrenia were randomly selected from two hospitals in Isfahan city. They were matched with a sample of normal people mainly according to sex and age. Both of the groups were presented with a task including two bottles, each of them consisted of black and white marbles in different proportions. The proportion of black and white marbles in the first bottle was 80 to 20, and in the second bottle was 60 to 40. Both of the groups were not aware of the proportion of marbles in different bottles. They were then asked to decide about the color of the next marble, after some trials.

Results:

There was a significant difference between schizophrenic patients and normal people ($p < 0.05$). The patients have been more eager to draw conclusion rapidly after two or three trials, and hence they have shown a tendency to jump to conclusion, in comparison to normal subjects.

Conclusion:

The findings confirmed the hypothesis that delusion can lead the patients to “jump to the conclusions”, after only a few trials. The findings are also concordant with the previous studies suggesting jumping to conclusion may occur in delusions, and that reasoning in delusional patients can be modeled according to Bayesian probability theory.

Keywords: schizophrenia, information processing, delusion, Bayesian theory.

A RANDOMIZED CONTROLLED PILOT STUDY OF COGNITIVE BEHAVIORAL SOCIAL SKILLS TRAINING (Korean ver.) FOR MIDDLE- OR- OLDER-AGED PATIENTS WITH SCHIZOPHRENIA: A PILOT STUDY

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Objectives: Cognitive behavioral therapy and social skill training has been proposed as a promising treatment modality in schizophrenia patients. The objective of this study was to evaluate the effectiveness of CBSST (Cognitive Behavioral Social Skill Training) in patients with chronic schizophrenia. **Methods:** 26 middle- or older-aged hospitalized patients with schizophrenia were selected in a mental hospital. 11 participants were randomly assigned to CBSST treatment and 15 participants were assigned to usual treatment. CBSST was administered over 12 sessions for 6 weeks in single group and the participants were assessed by blinded raters for baseline, 6 and end of treatment. **Results:** Compared to patients with usual treatment, those with CBSST treatment showed a significant reduction of HAMD score, although scores for other psychiatric symptoms did not differ significantly. In terms of QoL (Quality of life) analysis, scores of overall quality of life was more significantly increased in CBSST group than usual treatment group. According to ILSS (Independent Living Skill Survey), patients receiving CBSST performed social activities significantly more than the patients in usual treatment group. **Conclusion:** Psychosocial intervention for chronic schizophrenic patients is very important not only for the management of primary psychiatric symptoms, but also for QoL and social rehabilitation. The results of this study suggest that CBSST could be an effective way for them, such as improvement of depressive mood, overall life quality and social activities. This study is a pilot study performed in inpatient treatment setting. The further studies are required to clarify the advantage of CBSST on chronic schizophrenic patients, esp. under outpatients setting.

Key Words: *Schizophrenia, Social Rehabilitation, CBSST, Cognitive Behavioral Social Skills Training*

EXPLORING THE PATHOGENETIC ASSOCIATION BETWEEN SCHIZOPHRENIA AND TYPE 2 DIABETES MELLITUS DISEASES BASED ON PATHWAY ANALYSIS

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Abstract Background: Schizophrenia (SCZ) and type 2 diabetes mellitus (T2D) are both complex diseases. Accumulated studies indicate that schizophrenia patients are prone to present the type 2 diabetes symptoms, but the potential mechanisms behind their association remain unknown. Here we explored the pathogenetic association between SCZ and T2D based on pathway analysis and protein-protein interaction. **Results:** With sets of prioritized susceptibility genes for SCZ and T2D, We identified significant pathways (with adjusted p -value <0.05) specific for SCZ or T2D and for both diseases based on pathway enrichment analysis. To explore the pathway crosstalk, we constructed a pathway-based network including all of those significant pathways. Our results revealed that some pathways are shared by both SCZ and T2D diseases through a number of susceptibility genes. With 382 unique susceptibility proteins for SCZ and T2D, we further built a protein-protein interaction network by extracting their nearest interacting neighbours. Among 2,104 retrieved proteins, 364 of them were found simultaneously interacted with susceptibility proteins of both SCZ and T2D, and proposed as new candidate risk factors for both diseases. Literature mining supported the potential association of partial new candidate proteins with both SCZ and T2D. Moreover, some proteins were hub proteins with high connectivity and interacted with multiple proteins involved in both diseases, implying their pleiotropic effects for the pathogenic association. Some of these hub proteins are the components of our identified enriched pathways, including calcium signaling, g-secretase mediated ErbB4 signaling, adipocytokine signaling, insulin signaling, AKT signaling and type II diabetes mellitus pathways. Through the integration of multiple lines of information, we proposed that those signaling pathways, such as AKT signaling, that contain susceptibility genes for both diseases, could be the key pathways to bridge SCZ and T2D. AKT could be one of the important shared components and may play a pivotal role to link both of the pathogenetic processes. **Conclusions :** Our study is the first network and pathway-based systematic analysis for SCZ and T2D, and provides the general pathway-based view of pathogenetic association between two diseases. Moreover, we identified a set of candidate genes potentially contributing to the linkage between these two diseases. This research offers new insights into the potential mechanisms underlying the co-occurrence of SCZ and T2D, and thus, could facilitate the inference

of novel hypotheses for the co-morbidity of the two diseases. Some etiological factors that exert pleiotropic effects shared by the significant pathways of two diseases may have important implications for the diseases and could be therapeutic intervention targets.

Keywords

pathogenetic association, schizophrenia, type 2 diabetes mellitus, pathway crosstalk, protein-protein interaction

ANXIETY PREVALENCE AND SLEEPING HOURS-----RESULT FROM MACAO HEALTH SURVEY

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Objective: Anxiety is a common mental disorder in the modern society. It could cause sleeping problems but also can be affected by sleeping disorder. This report will explore the relationship between anxiety and sleeping hours based on the regional household random sampling data in Macao.

Methods: A household randomly sampling health survey was conducted in Macao 2006. The questionnaire, physical exam and lab tests were used for data collection. A total 2930 adults were included for the analysis. Anxiety was defined by answering “yes” for the question that “if a doctor told you that you had anxiety”. The sleeping hours also based on a questionnaire. In some analyses the sleeping hours were divided into two groups by 6. SPSS (17.0) was used for data analysis.

Results: Anxiety prevalence was 2.5%. After adjusting the effect of age and sex, the adjusted rate was 2.3%, more female than males had anxiety (3.2% vs. 1.4%). Compared with those without anxiety, people with anxiety were more in divorced or widowed (11.1% vs. 3.7%), lower individual income (50.7% vs. 34% below the median), unemployed (43.1% vs. 28.5%), sleep less than 6 hours (26.4% vs. 10.8%). However, no age and education difference between two groups. In a logistic regression model with all significant independent variables listed above by a forward method, only sex, employment status and sleeping hours were significantly related to anxiety.

Conclusion: Anxiety prevalence was 2.3% after adjusted other effects, the risk of anxiety is 2.15 between females and males, 1.64 between unemployed and employed and 2.67 between sleep less than 6 hours and those sleep 6 hours or more.

BRINGING THE FAMILY INTO FOCUS: NEW WORK AT A THERAPEUTIC COMMUNITY FOR PRIMARY SCHOOL AGED CHILDREN

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Objectives

When children are sent away from home or taken into care, the burden of responsibility for change can sometimes lie too heavily and somewhat unfairly on their shoulders. This paper will use two case studies to describe the work of the new Therapies and Networks Team at the Mulberry Bush School in Oxfordshire and how this work is integrated into the therapeutic milieu of the school.

Method

Qualitative: case studies

Results

The work of the team aims to bring the focus for change more firmly onto the family as a whole in order to share with the child the responsibility for change and emotional development. The case studies will look at how we assess children and their families, whether birth, adoptive, or fostered, and how these assessments inform the range of interventions we offer alongside the milieu therapy in which the children are immersed.

Conclusions

Through these case studies, the paper will briefly describe these interventions which include a range of individual therapies, family work or therapy, foster care support, and Family Weekends, in which the whole family is given an experience of the therapeutic milieu.

SALIVARY ALPHA-AMYLASE REACTIVITY TO PSYCHOLOGICAL LAB STRESSORS: A META-ANALYTIC REVIEW

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Educational Objectives: Participants will understand the state of the current literature with regard to salivary alpha-amylase (sAA), a proposed correlate of sympathetic nervous system (SNS) activity, as it relates to the human stress response. Importantly, participants will learn about the methodology and results of this meta-analysis, which have implications for biopsychosocial stress research.

Purpose: This meta-analysis reviews 53 laboratory studies and tests whether psychological laboratory stress protocols elicit sAA response in adults.

Methods: As a comprehensive literature search, I reviewed sAA articles from PsychInfo and PubMed, as well as conference abstracts. The selection of studies was restricted to those that utilized acute laboratory stressors and an assessment of sAA before the stressor and at least one assessment after the stressor. Each study was coded for moderators, including stressor type, study methodology, and method of saliva collection.

Results: Psychological stressors significantly increased sAA within 5 minutes ($d = 0.51$, $p < 0.001$) and at 10 minutes ($d = 0.16$, $p < 0.001$), post-stressor, with recovery occurring 15-20 minutes post-stressor. The effect sizes varied, however, depending on the nature of the stressor. Specifically, there was a significant rise in sAA if the stressor had elements of social-evaluative threat (SET; e.g., risk of negative social evaluation) and uncontrollability (UC; e.g., obstacles to attaining a goal). Meta-regressions indicated that, the higher the SET-score, the greater the difference in sAA concentrations from pre- to post-stressor (beta = 0.28, $p < 0.001$). This was also the case for the UC-score (beta = 0.52, $p < 0.001$). Furthermore, stressors characterized by SET resulted in longest recovery times, which occurred at 25-35 minutes post-stressor. With regard to saliva collection, salivette collection ($d = .61$, $p < 0.001$) resulted in a significantly larger increase in sAA than passive drool ($d = .24$, $p = 0.08$).

Conclusions: Results indicate that sAA increases in response to acute laboratory stressors. Recovery time is longest for SET-characterized stressors, indicating that researchers may want to measure sAA within 5 minutes post-stressor through to 35 minutes post-stressor to capture response and recovery. In addition, salivette extraction produced larger effect sizes. It is possible that passive drool is not capturing an accurate read of sAA. Findings support the *social-preservation system* theory in relation to the SNS. Specifically, threat to important goals, such as social approval, elicits sAA response as a means to mobilize energy and reduce threat. Sympathetic arousal during times of uncontrollable social-evaluative threat can be adaptive in order to perform optimally, thereby preserving social status.

PSYCHOECONOMIC NOSOLOGY

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In our exchange society, appropriative behavior is not only restricted to the appropriation of production but also to psychic appropriation, on which tendencies and possible hierarchical orders of domain and appropriation of manifest economy will be based. Our ultimate goal is to inaugurate a new approach in an attempt to create a new Psychoeconomic Nosology.

We intend to assemble medical, psychological, sociological and macroeconomic knowledge in order to initiate and channel psychosociological procedures from a medical and social perspective.

Community life involves supply and demand, appropriation and disappropriation. Human behavior, its dysfunctions, and the physiopathological disorders resulting from such appropriation have been theorized, classified and legislated, but the driving nature of the social psyche-soma has not been understood or subject to an interdisciplinary classification from the point of view of a psychoeconomic pathology.

In this sense, physiological functions are somatic-social, while psychoeconomic functions are psychosocial functions.

From now on, our intention is to derive psychoeconomic variables from a psychobiosocial approach, and to develop devices through health-disease variables for an understanding and therapy.

Key words:

Greedysis (*afanosis*) – Psychophagic – Exophagic – Social Crepuscular State – Sociomatic Medicine – Somatic-Social Illness – Social Vegetate Structure –

Possessive Obsession Disorder – Possessive Expectation Disorder – Paterfiliation – Filialpathy – Hyperegomia, Anegomia, Psychomatic Introjection, Possessive Neurosis, Somatosis, Sociosis, Encophoria, Anegomic Depression,

MENTAL HEALTH, EMPLOYMENT STATUS AND PARENTHOOD: THE IMPACT OF THE ECONOMIC DOWNTURN ON PORTUGUESE YOUTH MENTAL HEALTH

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Educational Objectives: To recognize the impact of the actual Portuguese economic downturn and unemployment on the health behaviour and mental health of parents and children.

Purpose: To identify links between unemployment, distress and its impacts on family interactions and adolescents' psychological well-being, school expectations and risk behaviours.

Methods:

Study 1 Collected data from the Portuguese Health Behaviour in School-aged Children Survey/WHO was analysed to explore the links between parental employment status and adolescents' low mood, irritability/bad temper and educational aspirations. The subjects were 4541 Portuguese adolescents with a mean age of 14 years old (DP=1.85).

Study 2 A cross-sectional paper-based survey of at least 300 unemployed adult participants (Lisbon/Portugal). The variables measured include demographic factors, mental health (GHQ-12), perceived deprivations of latent and manifest benefits due to unemployment (LAMB scale) and perceived family conflicts and adolescents' health and behaviours.

Results:

Study 1 Parental employment status influences adolescents' low mood and irritability/bad temper. Girls with non-employed fathers showed higher frequencies of low mood and irritability, whereas boys only irritability/bad temper. The mother's employment status had no effect. Parental employment status moderates leaving school aspirations. This is true for boys and girls, but determined by the gender of the parent. Age was found to be an important moderator. Younger adolescents showed higher frequencies of feeling low and irritability/bad temper.

Study 2 Work in progress hypothesis: Higher deprivation in both manifest and latent benefits will account for higher levels of distress among the sample; higher distress is expected among the long-term unemployed people, males, older people, and people with children; adolescents from unemployed parents are perceived to have higher emotional distress and behaviour problems and parents of such adolescents perceive higher rates of interpersonal conflicts within the family. Partial results should be available.

Conclusions:

This study provides evidence for the influence of employment status in adults and adolescents' psychological well-being and health behavior.

The evidence is relevant given the current economic recession and the high rates (16%) of unemployment in Portugal and can be useful to acknowledge the need to support non-employed parents to better cope with the situation and prevent distress among their children.

Taking action may improve the attainment of sustained benefits in health, economic growth and the reduction of prospective health demands by future ill-adults.

Investing in the populations' health and education may allow countries with financial strains to obtain the human capital boost necessary to increase nations' economic growth.

COMMUNICATION ATTITUDE AND EMPATHY LEVELS OF PRECLINICAL MEDICAL STUDENTS IN RELATION WITH THEIR LONELINESS, ANXIETY AND DEPRESSION LEVELS

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Educational Objectives: Although most of medical students enter medical school with a desire to care for people while they are becoming lonelier, anxious and depressive during education their humanistic values like communication and empathy decrease. At the end of this presentation the audience should be able to recognize the correlation between loneliness, anxiety, depression and communication attitude and empathy.

Purpose: The aim of this study was to analyze social features of preclinical medical students in respect to their mental well-being.

Methods: In this cross sectional study socio demographic questions, University of California Los Angeles Loneliness Scale (UCLA), Hospital Anxiety and Depression Scale (HADS), The Communication Skills Attitude Scale (CSAS), Empathic Tendency Scale (ETS) were applied randomly to the first and third year students voluntarily in an anonymous questionnaire with ethics approval. UCLA has 20-items with ten reverse items and the total score ranges from 20 to 80 points. HADS consists of 14 items, seven for anxiety and seven for depression. Each item was rated on a scale from 0 to 3. CSAS consists of 26 items with two subscales: positive attitudes (PAS), negative attitudes (NAS). The total score ranges from 13 to 65 for each subscale. ETS consists of 20 items with eight reverse items. Scores of the scale range from 20 to 100. Student's t-test, one-way ANOVA and correlation tests were applied. Statistical significance was set at p values less than 0.05.

Results: The mean age of the 252 students was 19.57 ± 3.01 and 64.3% of them were first year students. Above the half were female ($n=131$, 52.2%), 8% ($n=20$) were smoking, 10.4% had suicidal ideation in the past six months and 11.2% were always feeling lonely. The UCLA, Anxiety, Depression, PAS, NAS and ETS scores of the study group were 37.20 ± 12.31 , 8.25 ± 3.91 , 6.21 ± 3.80 , 49.84 ± 8.34 , 33.03 ± 5.84 and 68.01 ± 10.26 , respectively. There were no difference between academic years ($p > 0.05$), female students had higher PAS, ETS scores and lower NAS scores ($p < 0.05$). There were negative correlation between UCLA, Anxiety, Depression scores and PAS and ETS scores.

Conclusions: Loneliness, anxiety and depression levels of medical students were in negative correlation with PAS and ETS pointing out the importance of well being for medical practice. Female students had more empathic tendency and PAS.

POSSIBLE THERAPEUTIC ROLE OF INSULIN- LIKE GROWTH FACTOR-1 IN DEPRESSION.

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Objectives: Etiology of mood disorders (i.e. depression) still remains uncovered, and many theories attempting to explain the mechanisms of the onset of such psychiatric conditions have emerged. Up to date researchers have succeeded in drawing distinctions between the levels of numerous factors in depressed patients and healthy volunteers. Among them Insulin-like Growth Factor-1 (IGF-1) has been shown to be decreased in brains of animals with experimentally introduced depression, and antidepressant treatment restores its the physiological level. Moreover, it has been suggested that IGF-1 may have a putative antidepressant and anxiolytic activity.

Purpose: The aim of present work was to determine, if IGF-1 brain administration may reverse behavioral changes evoked by prenatal stress (widely used as an animal model of depression) and whether the IGF-1R antagonist JB1 can block this effect.

Methods: Pregnant Sprague- Dawley rats were subjected to stress sessions from 14th day of pregnancy. After weaning, male rats were housed for 3 months and afterwards were tested for behavioral changes. Some animals were killed two days after the behavioral test and the brain structures were rapidly dissected. The level of IGF-1 and expression of total and phospho-IGF-1 receptor were determined. The remaining animals were administered *icv* IGF-1(1µg) alone or after the IGF-1R antagonist (JB1- 20 µg) . Three days later animals were tested again in a behavioral study.

Results: It has been demonstrated that prenatally stressed rats showed depression-like behavior: an increase in immobility time in the Porsolt test and a decrease in the time spent in the open arm of the maze. In biochemical study, the level of IGF-1 and expression of total and phospho-IGF-1 receptor in the hippocampus and frontal cortex were decreased. In prenatally stressed animals, *icv* administration of IGF-1 produced an antidepressant and anxiolytic effects. Moreover, IGF-1R antagonist completely blocked those effects.

Conclusion: We report that behavioral changes in rats evoked by prenatal stress can be reversed by intracerebral administration of IGF-1, and this type of action is mediated by IGF-1R. We have demonstrated that when the level of IGF-1 in the CNS is increased both anxiolytic and antidepressant-like effects can be observed, and thus providing data supporting the possible use of IGF-1 for future therapy of affective disorders.

Acknowledgements: This work was supported by the Operating Program of Innovative Economy 2007-2013, grant No. POIG.01.01.02-12-004/09.

MOTIVATION AND RELATED FACTORS IN PATIENTS WITH SCHIZOPHRENIA

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Educational Objectives: This study attempted to elucidate the characteristics of motivation in schizophrenia patients.

Purpose: The purposes were to investigate differences in motivation between patients with schizophrenia and healthy controls using the General Causality of Orientation Scale (GCOS; Deci and Ryan, 1985) and to reveal the relationships between motivation, psychiatric symptoms, and social functioning in the patient group.

Methods: Sixteen outpatients with schizophrenia (13 men, 3 women; mean age 43.2 years) and 24 healthy controls (13 men, 11 women; mean age 33.6 years) were recruited. Following previous studies, 3 items from the Quality of Life Scale (sense of purpose, motivation, and curiosity) were used to assess their state of motivation. The GCOS was used to evaluate the strength of three orientations of motivation (Autonomy: A; Controlled: C; Impersonal: I). Orientations A, C, and I correspond to concepts of intrinsic motivation (IM), extrinsic motivation, and a tendency to lose motivation, respectively. Psychiatric symptoms were measured using the Brief Psychiatric Rating Scale (BPRS). The Japanese version of the Social Functioning Scale (SFS-J) and the Global Assessment of Functioning (GAF) were used to assess the patients' social and global functioning. The institutional review board approved the study protocol.

Results: The mean scores on the GCOS subscales in the patients and controls, respectively, were as follows: orientation A, 32.8 and 33.3; C, 27.4 and 22.4; and I, 27.4 and 22.7. The scores for C and I were significantly higher in the patients than in the controls ($P < 0.05$). Regarding the correlations between the GCOS and psychiatric symptoms in the patients, the score for A was significantly correlated with depression ($r = -0.489$, $P < 0.05$), while the score for I was significantly correlated with tension ($r = -0.615$, $P < 0.05$) on the BPRS. Regarding the correlations between the GCOS and the SFS-J or GAF, the score for A was significantly correlated with social withdrawal ($r = 0.654$, $P < 0.01$) and interpersonal relations ($r = 0.585$, $P < 0.05$). The score for C was significantly correlated with interpersonal relations ($r = 0.544$, $P < 0.05$), recreation ($r = 0.495$, $P < 0.05$), pro-social activities ($r = 0.510$, $P < 0.05$), and the total score ($r = 0.544$, $P < 0.05$).

Conclusions: Schizophrenia patients were motivated by extrinsic rewards to a greater degree than healthy people. On the other hand, they lost their motivation easily. Their social functioning was correlated with their motivation.

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PSYCHOPATHOLOGY IN POSTMODERNITY

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Objectives

Late Modernity or Postmodernity has been characterized by some specific features from sociology. In rich countries, some examples related with Postmodernity are constituted by: the technological development and extension and generalization of their applications, the outsourcing of the labour market, the abstraction of job, the manufacturing relocation, the privatization of public space, the generalized reflexivity, the change in the way that individuals interact to each other because of the relationship virtualization, the legislation/regulation of more areas of life, among others.

These rapid changes developed in the second half of the 20th century, influence and determine the way in which people suffer a mental disease and its expressions.

Methods

A review of sociology texts (A.Giddens, Z.Bauman, K.Gergen), extraction of some concepts and categories, and their application to the psychopathological field in the light of referenced articles.

Results

The reviewed authors analyse the social processes that have led to a decrease in the external anchorage of the individuals' life. With the technological development, the modern forms of production, the new labour relationship and the new forms of diffuse authority, among other factors, there has been a process of reflexivity and individualization in all areas that carry consequences on the psychopathological field.

Some examples are the identity fluidization (according to the author, diffusion, liquidity, multiphrenia), the identity shift to the body support (with the promotion of diets, exercise, body-art, cosmetic, plastic surgery, as samples of it) and the rise of a kind of 'pure relationship' or normative regulations of the individual conduct based on ideals or examples rather than on the possibility of punishment (regulation by shame against regulation by guilt). The sociological contributions in the borderline personality disorder, anorexia or alteration in the expression of the depressive symptoms according to culture or historical moment are interesting in psychiatry.

Conclusion

Psychopathology, as a tool that tries to make intelligible the experiences and behaviours of the subject, should not be isolated from sociology as a discipline that is responsible for studying the societies and their changes.

Concepts and categories from sociology are useful in the interpretation and understanding of psychopathological phenomena. The social changes of the last century have conditioned the way in which subjects as individuals and as a community think, live and relate. The increase observed in some types of personality disorders or anorexia or depressive disorders may depend on social changes, at least partly.

IS PERSONALITY RELATED TO TRAIT (24-HOUR-AMBULATORY) HRV?

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Background: Heart rate variability (HRV) is protective of coronary heart disease, and is positively related to emotional regulation and well-being. Lower HRV is associated with depression, bipolar disorder, many anxiety disorders, and schizophrenia, as well neurological symptoms and syndromes.

Objectives: The current study aimed to measure trait HRV and relate it to a comprehensive personality profile in healthy older adults, in order to explore the relationship between personality, emotional regulation, and well-being.

Methods: 75 adult community volunteers, 20-80 years of age, completed an online comprehensive personality self-report which included the TCI, the Big Five, the Toronto Alexithymia Scale, the DS14, and the Positivity scale. They then had a 24-hour ambulatory heart recording. The resulting autonomic action reports (AAR's) were sent to the participants for personal use, and the HRV parameters were entered into a data file which included the personality data. The personality measures were then used as independent variables in a multiple regression analysis for the dependent variable HRV; in addition personality traits were dichotomized to above and below the median to produce personality profiles, and thus to identify combinations of traits that conferred an advantage or disadvantage for HRV.

Findings: Personality traits explained a significant portion of the variance of HRV. Combining different personality models allowed for constructing risk and resilience personality profiles for minimizing and maximizing HRV. In addition, personality traits were systematically related to subjectively reported sleep quality, but not to objective measures of sleep quality, including day/night HRV delta.

Conclusion: Trait HRV is systematically related to personality. The personality profiles derived in the current study are extensions of profiles that were identified in previous studies as associated with subjective health, well-being and happiness. They are of particular interest because they derive from different approaches to the measurement of personality and have implications for psychopathology and physical health. The intersection of personality, emotion, and heart activity is central to the psycho-bio-social understanding of well-being.

APATHY IN NURSING HOME RESIDENTS WITH DEMENTIA: WHO CARES?

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Objectives: While apathy may be considered less problematic for professional carers than overt behavioural and psychological symptoms of dementia, it merits attention because it is associated with adverse outcomes such as reduced functional level, decreased response to treatment, poor illness outcome, and caregiver distress. Apathy may be misinterpreted by professional carers as resistance to care. A recent review concluded that non-pharmacological interventions are able to reduce apathy in dementia, particularly if the activity is an individual one. Others have taken person-centred prescriptions of non-pharmacological interventions further by assessing pre-morbid personality and tailoring stimulation activities on that basis.

Nevertheless in practice apathy is often neglected in nursing home residents with dementia, both at the assessment and care planning stages of care. Our objective was to describe the prevalence of apathy in a sample of residents living in nursing homes, and examine the association between apathy and lifestyle activities.

Methods: We surveyed apathy among residents with dementia living in seven nursing homes in Melbourne, Australia. Of 710 residents, 310 had a diagnosis of mild to moderate dementia and a random sample of 90 agreed to participate in the study (ethics approval was provided). Apathy was measured using the Apathy Evaluation Scale which can be used to quantify and characterize apathy in dementia patients. In addition we documented participation in lifestyle activities and demographic information.

Results: The mean Apathy score for these residents was 51 (90, SD 13.3, range 18-72), which indicated moderate levels of apathy. Males had higher apathy scores than females. Residents were involved in 6 ± 3 lifestyle activities. Multiple regression analysis indicated that age, cognitive status, ADLs and number of activities were predictors of apathy levels. Depression and length of stay were not statistically significant predictors of apathy scores.

Conclusion: We found significant levels of previously-unassessed apathy in this sample of residents, and residents with high apathy tended not to participate in activities. Residential care staff need advice on how to assess apathy in people with dementia and how to use lifestyle activities to improve outcomes for these residents.

SLEEP DISTURBANCES, AWARENESS AND ATTITUDE TO THE HEALTH IN FEMALE POPULATION AGED 25-64 YEARS IN RUSSIA (EPIDEMIOLOGICAL RESEARCH ON THE BASIS OF PROGRAM WHO "MONICA-PSYCHOSOCIAL")

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Purpose: To explore the prevalence of sleep disturbances (SD) and its relation with awareness and attitude towards the health in female population aged of 25-64 years in Russia (Novosibirsk).

Methods: Under the third screening of the WHO "MONICA-psychosocial" (MOPSY) program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. The response rate was 72.5%. Awareness and attitude towards the health and preventive measures and also estimation of sleep were assessed by the questionnaire "Awareness and attitude towards the health". Chi-square test (χ^2) was used to assess the statistical significance.

Results: The prevalence of SD in the female population aged 25-64 years was 65.3%. Women with SD more likely to have negative self-rated health as "sick» - 36.5% ($\chi^2=82.32$ df=16 p<0.001). More than 90% persons with SD had health complaints but taking care of their health was insufficient (77.3%; $\chi^2=18.28$ df=8 p<0.05). In relation to cardiovascular prevention there were some tendencies: person with high grade of SD more likely to report the possibility of high chance to be ill with serious disease within next 5-10 years; they tend to mistrust the doctor's opinion and therefore check their health more often. With increasing levels of SD women more likely continue to work if caught a cold previously (poor sleep-56.5%, good sleep-37.5%; $\chi^2=15.91$ df=4 p<0.05). There was a lower rate of "never smokers" and higher rates of those who made unsuccessful attempts to quit smoking in women with SD (poor sleep-63.4% and 5.6%, a good sleep-67.1% and 0.7%, respectively; $\chi^2=41.38$ df=20 p<0.001). There was higher share of women with SD who fail in following the diet (poor sleep-34.1%; good sleep-22.6%, respectively; $\chi^2=33.88$ df=16 p<0.01). There was 2-fold decrease in physical activity the last year in women with SD (poor sleep-33.8%, good sleep-15.4%; $\chi^2=20.76$ df=8 p<0.01).

Conclusions: The prevalence of SD in female population 25-64 years is high and it is 65.3%. Women with SD more likely have a negative self-rated health and health complaints but aware that taking care of their health is insufficient. SD is associated with adverse behavioral profile: unsuccessful attempts to have a diet, to quit smoking and low physical activity.

EARLY DETECTION AND INTERVENTION PROJECT FOR YOUNG PEOPLE AT RISK FOR DEVELOPING PSYCHOSIS IN UCHINADA

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize a significance of the early intervention service for at risk mental state.

Purpose: Intervention in the prodromal phase of schizophrenia may prevent or delay onset of psychosis, reduce severity of illness, or improve long-term outcome. Promoting efficacious intervention requires implementation of optimal services, as well as developing better diagnosis and treatments specialized for at risk individuals.

Methods: The Outpatient clinic for Assessment, Support and Intervention Services in Uchinada (OASIS-Uchinada) for at risk mental state (ARMS) is a newly-established specialized clinical setting to study and treat young people (aged 15-30 years) at risk for developing psychosis. The OASIS-Uchinada was launched in October 2012 by the Kanazawa Medical University Hospital in cooperation with the Ishikawa Prefectural Mental Health Centre. We opened a website on the Internet (<http://www.kanazawa-med.ac.jp/~psychiat/oasis/>). Specific aims of the service are: (i) to provide young people suspected at risk with opportunities of being assessed by specialists and receiving specific intervention, (ii) to reduce the delays for persons already psychotic in accessing evidence-based treatment, (iii) to contribute to elucidation of the biological basis for risk of schizophrenia, and (iv) to develop innovative and optimized approaches for diagnosing and treating people at risk for psychosis.

Results: The number of referrals to the OASIS in the first half year was 2 (1 women, 1 men; age 16 years). They are not individuals with ARMS and have problem in completing the developmental task.

Conclusions: All referrals were help-seeking, distressed and would otherwise have had difficulty accessing mental health services. It may be possible that amelioration of prodromal symptoms aborts or defers the onset of psychosis.

Literature Reference: none

DOMESTIC VIOLENCE IN CHILE AND ITS IMPACT ON HEALTH.

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Educational Objectives: At the end of this presentation, the participants should have gained a general understanding of the research status on the relationship between domestic violence in Chile and its impact on health.

Purpose: To review the literature that describes the relationship between domestic violence and health in Chilean population with emphasis in mental health.

Methods: We conducted a systematic review with MeSH terms "Chile", "Mental Health", "Health" and "Domestic Violence", in PubMed, Scielo and Liliacs. 108 papers were found. By abstract reading we selected 9 articles that fulfilled the inclusion criteria: 1) focus on Chilean population and 2) that includes some type of standardization for the assessment of violence and / or health.

Results: Domestic violence is associated with physical and mental detriments of health. Physical violence is associated with increased morbidity during pregnancy and poor health outcomes for the neonate, up to one year of follow up¹. Violence is associated with more depressive and anxiety symptoms, with higher frequency of thoughts of death, and with post-partum depression. High monetary income of women or their partners is a protector factor for domestic violence. Only three out of nine studies were prospective.

Conclusions: Domestic violence is a prevalent problem in Chile. The presence of any type of violence is associated with poor outcomes in mental health and medical comorbidity. However, the amount of information and analysis regarding the relationship between violence and health is still insufficient. Most of the literature has focused on community samples. There are few longitudinal studies, and none of these have studied the impact of any intervention. There is no literature concerning violence against men. The literature regarding violence and mental health is particularly rare: there is no information on specific psychiatric diagnosis, or targeting risk and protective factors for the presence of violence, or the mediators between violence and health outcomes (such as social support, higher education, etc.). Future studies must address these problems.

Literature Reference 1:[Social and familial determinants of anxiety and depressive symptoms in middle to low income women]. Illanes E, et al Rev Med Chil. 2007 Mar;135(3):326-34

2: [Impact of domestic violence on reproductive and neonatal health]. Arcos E, et al. Rev Med Chil. 2001 Dec;129(12):1413-24

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY (MMPI) FACTOR ANALYSIS REPORT FOR CHINESE DEPRESSION

PATIENTS

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Educational Objectives: Demonstrate the effectiveness and advantages of using MMPI factor analysis method to provide a basis for the diagnosis of depression patients. Recognize the mental conditions of the Chinese depression patients through MMPI evaluation.

Purpose: Use the MMPI factor analysis method to conduct psychological assessment of the Chinese depression patients, simplify the MMPI analysis method, and provide a basis for the diagnosis of depression patients.

Methods: Randomly select 200 depression patients as participates. The depression diagnosis is based on The Chinese Classification of Mental Disorders (CCMD-3), and diagnostic criteria edition three. Using the MMPI translated by Weizhen Li, Institute of Psychology, Chinese Academy of Science. The test is carried out through the Psychological evaluation instrument developed by Professor Wendong Hu, Fourth Military Medical University, which contains 399 questions, 3 validity scales and 10 clinic scales. The analysis method is based on principal component analysis, extracting six factors and varimax rotation. The six extracted factors are: Psychoticism factor P; Neuroticism Factor N; Extroversion Factor I; Masculinity-Femininity Factor M; Anti-society Factor A; Pretend for positive-negative Factor F.

Results: According to the factor loading matrix (table 1), the MMPI results from the Chinese depression patients, Psychoticism factor P shows a relative high positive load in F, Pt, Sc and Ma category; while has a high negative load in K and L. Factor N has high negative load in Hs, Hy, D, Pt. Factor I has a high positive load in Si and D, while has a high negative load in Ma. Factor M has a relative high positive load in Mf-m. Factor A has a high positive load in Pd, Pa. And factor F has a high positive load in L. The structural condition of the six factors reflecting the Chinese depression patients is as follows: 42% of participates score high in the Psychoticism factor P, 25% score low. In the N Neuroticism factor, 16% score high, and 60.5% score low. For I Extroversion factor, 43.5% score high, and 19.5% score low. For M Masculinity-femininity factor, 29.5% score high, and 18.5% score low. For A Anti-society factor, 42% score high, and 20 score low. And for F Pretend for positive-negative factor, 42.5% score high, and 23.5% score low.

Conclusions: The MMPI factor analysis method has good construction validity within Chinese depression patients, and could be used to show the psychoticism, neuroticism, social traits, and social adaptation models in a standardized form, which facilitate the interpretation of the MMPI analysis results. According to the results among the participated Chinese depression patients, a large number of participants showed an abnormal high score in the N (Neuroticism) factor, manifested as depression, anxiety, and insomnia; those participates usually have introverted personalities, and face difficulty with social adjustment. Based on this study, MMPI factor analysis method shows a certain value in providing a basis for the diagnosis of depression.

FACTOR STRUCTURE OF MOTHER AND INFANT CORTISOL REACTIVITY INDICES: STABILITY AND CONGRUENCE

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Educational Objectives: Our review of 130 studies revealed the use of 20 different cortisol indices. This heterogeneity is likely related to minimal psychometric knowledge of cortisol indices, a problem magnified when studying associations between mother and infant cortisol. This study provides knowledge of the psychometric properties of mother and infant cortisol measurements.

Purpose: The purpose of this study is to assess the factor structure of commonly used cortisol indices, as well as the stability of these structures across participant (i.e., infant and mother), time, and challenge.

Methods: A community sample of 276 mother-infant dyads participated in two differentially challenging sessions (Toy Frustration and Strange Situation) at infant ages 16 and 17 months. Infant and maternal cortisol was collected during each challenge at baseline, +20 and +40 minutes. Several cortisol indices were computed: baseline, +20, +40, percent change at 20- and 40-minutes, reactivity, peak, slope from baseline to 40-minutes, slope from baseline to peak, area under the curve with respect to ground (AUC_G), increase (AUC_I), baseline (AUC_B), and above baseline (AUC_{AB}). To examine how cortisol indices interrelate, Pearson correlations and principal component analyses (PCA) were conducted. Similarity of factors across time and participant were assessed with Tucker's coefficient of congruence.

Results: Initial correlations revealed multicollinearity, which was resolved via exclusion of highly correlated variables. Four PCAs, with oblique rotation, were conducted for infants and mothers, at both time points. For each factor analysis, two components emerged (eigenvalues > 1.0), explaining 74% to 83% of the variance. Components 1 and 2 represented total cortisol production and change in cortisol levels, respectively. Factor structures proved congruent across time, challenge and participant, with the exception of the 16-month infant factor structure.

Conclusion: PCA consistently revealed a two-factor structure representing total cortisol output and cortisol change. This factor structure is stable across time for mothers but not for infants. The factor structure was congruent across infants and mothers at 16 months, but not at 17 months. This likely reflects the fact that the challenge at 17 months was stressful for infants but not mothers, while the challenge at 16 months was not stressful for either infant or mother. Therefore, factor structure likely depends on the degree of challenge. Component loadings indicate that AUC_G and AUC_{AB} best exemplify total cortisol secretion and cortisol change, respectively. Results inform the homogenous use of cortisol indices, which is fundamental for progression in stress research.

FROM THE FAMILIAR TO THE UNCANNY: TOWARDS AN UNDERSTANDING OF SCHIZOPHRENIA

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Purpose: The goal of our poster is to shed some light into the psychotic phenomena and the schizophrenic experience.

Methods: We've gone into analysing familiarity and its loss from within different conceptual frames. Psychiatric phenomenology has drawn inspiration from Husserl's and Heidegger's works in order to conceptualize the experience of alienation, especially in schizophrenia. As much as estrangement experiences have been described in psychiatric disorders, we can find them as well in non-pathological situations, in which this feeling blooms. We have revised some of these situations thanks to Freud. Furthermore, our aspiration to find significant links between neuroscience and the lived experience has brought us to the salience hypothesis. The latter has an affinity with some of the aspects we have enhanced from the revised authors during the article.

Results: We have synthesized a conceptual common ground between different traditions in order to have a better understanding of the schizophrenic experiences.

Conclusions:

- There's a continuity between normal and schizophrenic experience
- The different perspectives reviewed point to a common feature: schizophrenic experiences entail changes in the prereflexive and preconceptual dimension of experience.
- The neurobiological salience hypothesis is compatible with the phenomenological and psychodynamic perspectives reviewed.
- Biological research models of schizophrenia could benefit from phenomenological and psychodynamic descriptions of normal and pathological experience.

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INCOME AND MENTAL HEALTH

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Educational Objectives: Scientific literature has indicated the importance of social determinants in the aetiology and course of mental disorders and suicide. The goal of this presentation is to identify the state-of-the-art regarding the associations between mental health and individual low absolute income, individual relative income, neighbourhood median household income and income inequality.

Purpose: I present the results of my literature review on the relation between socioeconomic status and mental health, with a special focus on the role of income.

Methods: A document search strategy was conducted on the topic of income and income inequality as determinants of mental health. Search was opened to studies from any region of the world, written in English, French, Portuguese or Spanish and published between January 1991 and September 2011, as well as older studies frequently cited in the literature. A total of 719 documents was extracted. According to pre-established criteria, 337 documents were excluded and 382 were accepted.

Results: The body of evidence shows that exposure to a wide range of psychosocial risks, such as low income, limited education and low occupational status, increases the likelihood of mental health problems. Differences in health follow a social gradient, with worsening health as the position in the social ladder decreases.

I summarize the literature on the role of context in producing health inequalities beyond individual characteristics. Of special interest is the potential health effect of relative income and the importance of income distribution as a health determinant.

I outline the possible mechanisms for health disparities associated with socioeconomic status, including access to health care, residential characteristics, environmental exposure, physiological processes, health and cultural behaviours and psychosocial factors.

Conclusions: Tackling health inequalities has become a public health priority and it is necessary to establish their causal pathways in order to implement effective interventions and policies. This literature review suggests that exposure to several forms of social disadvantage may play an important role in the aetiology of mental health problems. Further empirical studies on social inequalities in health are needed to make sense of some mixed research findings, to better understand the pathways through which they influence health and to find out ways of reducing their magnitude. The implications of this knowledge go beyond the strict scope of health and the solutions may encompass more equitable distribution of resources.

PRELIMINARY STUDY ON THE EFFICACY OF A PSYCHOEDUCATIONAL PROGRAM FOCUSING ON MEDICATION ADHERENCE IN CHILDREN WITH ADHD

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Educational Objectives: This presentation describes a method of intervention for improving adherence when children with ADHD are taking medication, as well as the efficacy of the intervention.

Purpose: Our research group undertook the development of a group psychoeducational program aimed at improving medication adherence in pediatric patients with ADHD. In our research, we are conducting a preliminary study using the program that was developed, and investigating the efficacy of the program, as well as issues encountered.

Methods: The research began in December 2012 and will be completed in March 2013. The subjects comprise five children with ADHD (age range, 10 to 12 years) who are currently undergoing medication therapy, and their parents. For data collection and analysis, we are using a psychoeducational program that we developed ourselves, and carrying out qualitative analysis of changes in the speech and behavior relating to taking medication among the program participants. Also, using existing scales, we are evaluating adherence to the medication regime, ADHD symptoms, family functionality, degree of satisfaction with the program, and other factors. In terms of ethical considerations, after an overview of the research was explained to the children who would be subjects in the study, and to their guardians, and it was made clear that participation would be on a voluntary basis, signed consents were obtained from both the children and their parents. This study was approved by the Ethics Committee of the Graduate School of Biomedical Sciences, Nagasaki University.

Results: Even from a global perspective, psychoeducational programs designed to target children with ADHD are quite new. We report here on the current state of the children and on changes that have been observed in the course of implementing the program.

- The first time, four of the five children attended as ordered by their parents, but starting from the second time, all of the children participated under their own initiative. Also, proactive behavior was observed; some children brought a booklet containing information about their medication, and some brought the medications they were taking.
- One of the parents expressed the following in a report: "Up until now, my daughter didn't take medication on her own, but after participating for the first time, she started taking the medication independently, although not always consistently."

Conclusions: We began to see clear changes in the children's proactive behavior with respect to treatment and taking medication as a result of participating in the program.

ALEXITHYMIA IN LATE- VERSUS EARLY-ONSET GERIATRIC DEPRESSION

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Objectives. Alexithymia is a style of thinking characterized by difficulties in recognizing or verbalizing emotions. Depression has been associated with alexithymia; however, little research has specifically focused on depression in late life. In the current study, we evaluated alexithymia in: 1) early-onset depression (first episode prior to 60 years of age; EOD), 2) late-onset depression (first episode at minimum 60 years of age; LOD), and 3) healthy comparison subjects free of psychiatric illness (HC). We hypothesized that both EOD and LOD groups would have higher levels of alexithymia than HCs. Further, given its predominant somatic presentation, LOD would be associated with greater alexithymia than EOD. To exclude overall deficits in emotional processing and cognitive function, we also administered measures of affective symptomatology, facial emotion recognition, cognitive appraisal styles, and cognitive abilities including language and perceptual abilities.

Methods. 26 older adults with major depressive disorder (11 EOD; 2 M, mean age 67 years (SD6.8); 15 LOD; 6 M, mean age 74 years (SD7.2)), and 13 HC (4M, mean age 69 years (SD4.4)), all free of psychotropic medications, were studied. Subjects completed the 20-Item Toronto Alexithymia Scale (TAS-20), a self-report measure assessing difficulty in identifying feelings (DIF), difficulty describing feelings(DDF), and externally oriented thinking(EOT). Participants additionally completed a facial emotion recognition task, the Geriatric Depression Scale(GDS), Spielberger State-Trait Anxiety Inventory(STAI), Dysfunctional Attitudes Scale(DAS), and Automatic Thoughts Questionnaire(ATQ), and a standard neuropsychological battery.

Results. Groups differed on the TAS-20, with LOD participants scoring in the alexithymic range, compared to EOD and HC (mean TAS-20 scores: LOD, 62.3 (SD 9.58); EOD: 49.1 (SD 13.1); HC, 47.8 (SD 8.0); $p=.001$). Specifically, group differences were found on the TAS-DIF only (LOD>EOD>HC; $p<.001$). Ability to recognize facial emotions did not differ across groups (LOD: 71.7%, EOD: 77.7%, HC: 81.9%; $p=.079$). Both depression groups scored higher on the GDS, STAI, ATQ and DAS, relative to HC, with no differences between EOD and LOD. Groups performed similarly on Wechsler Abbreviated Scales of Intelligence (WASI) Vocabulary, Boston Naming Test, letter and category verbal fluency, visuospatial abilities (WASI Block Design).

Conclusions. Depression in unmedicated older adults report greater difficulty in identifying feelings, with greater dysfunction in late- versus early-onset, in the context of preservation of ability to recognize facial emotions and language function. These findings are consistent with evidence of aberrant activity in the anterior cingulate in alexithymia and in LOD, which may potentially disrupt fronto-temporal networks involved in linguistic processing.

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THE INFLUENCE OF CIGARETTE SMOKING ON THE PROGNOSIS OF SCHIZOPHRENIA.

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Educational Objectives: The prevalence of cigarette smoking is known to be higher in patients with schizophrenia than general population. Nicotine has been found to be effect on cognitive function and negative symptoms in patients with schizophrenia. Although, it has been reported that schizophrenia patients are at elevated risk for cardiovascular disease due to high rates of cigarette smoking and they have approximately a 20% reduced life expectancy compared with general population, so smoking cessation in patients with schizophrenia is important. This study examined whether cigarette smoking affects the prognosis of schizophrenia.

Purpose: We examined the rate of rehospitalization by comparing smoking with no-smoking schizophrenics.

Methods: Total of 153 patients with DSM-IV schizophrenia who discharged from April 2010 to June 2011 were recruited from 4 hospitals. Follow-up began at their discharge, and participants were censored at rehospitalization or the end of follow-up of 600 days, whichever came first. We tested the association between smoking status and the prognosis of schizophrenia using a Cox proportional hazards regression model adjusted for age, sex, number of hospitalization and score of Global Assessment of Function (GAF) .

Results: Thirty four (54.8%) of 62 s moking schizophrenics and 30 (33.0%) of 91 n on-smoking schizophrenics were rehospitalized during the research period. Smokers with schizophrenia had significantly higher rate of rehospitalization. The hazard ratio for time to rehospitalization was 1.87 (95% CI=1.15-3.10, p=0.011).

Conclusions: This study suggested the possibility that cigarette smoking adversely affects the prognosis of schizophrenia. Even for the positive effects of cigarette smoking on cognitive function and negative symptoms in patients with schizophrenia, it seems that smoking cessation in patients with schizophrenia is important.

ARTTHERAPY OF AUTOAGGRESSION IN PERSONS OF DANGEROUS PROFESSIONS

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Educational Objectives: Currently, there are a lot of researches in the field of autoaggression, however, the optimal methods of treatment are still being looked for. Persons of dangerous professions are the most vulnerable category of patients with autoaggression.

Purpose: The aim of our study is to develop comprehensive treatment of autoaggression among persons of dangerous professions. This treatment based on identified predictors' autoaggression. The first stage of our study was the identification of predictors' autoaggression. It was found that the high level of personal anxiety and the associated high levels of alexithymia are predictors' autoaggression. The second stage was the development of comprehensive treatment of autoaggression which included psychopharmacotherapy and psychotherapy (including arttherapy). The use of arttherapy was determined by the need to work with a high level of personal anxiety and alexithymia. First of all we use the modelling of the plasticine, because it is the best way to overcome aggression. Then we used art – the best way to decreasing high level of personal anxiety and alexithymia. To achieve the goal in the study were included 157 miners (who was the victims of accidents at coal mines) - as an example of persons of dangerous professions. Anxiety-depressive syndrome was the main one. 92 miners (group A) were conducted comprehensive treatment psychopharmatherapy and psychotherapy (including arttherapy). While 65 miners (group B) were assigned psychopharmatherapy and psychotherapy (excluding arttherapy).

Methods. Evaluating the effectiveness of treatment based on the dynamics of psychopathological symptoms in accordance with the clinical diagnostic scale Montgomery-Asberg Depression Rating Scale (MADRS), Clinical Anxiety Scale (CAS), Hospital Anxiety Depression Scale (HADS) at 0, 7, 14, 28, 42 and 56 day of treatment. The data was processed with the help of standard statistical methods.

Results. Studies have demonstrated that the efficacy of combination of PPT and PT with arttherapy in the complex treatment of autoaggression among persons of dangerous professions higher efficiency PPT and PT (excluding arttherapy). Reduction of core psychopathological symptoms among the miners – group A was seen already at day 7 of treatment. In group B of miners it was seen at 14 day of treatment only. In addition, the frequency and severity of symptoms in the group B were higher than in the group A. Significant improvement was noticed on the 14 day of treatment in the group A and on the 28 day of treatment in group B.

Conclusions: In conclusion, the identified predictors autoaggressive behavior improved approach to psychotherapeutic treatment. Arttherapy accelerates the reduction of high level of anxiety and alexithymia and helps to achieve greater clinical effect in treating autoaggression among persons of dangerous professions. It was because of the fact that the art has a unique feature: it brings to the surface (a piece of paper, for example) the latent aggression.

THERE IS A PLEASURE SURE IN BEING MAD: THE EVOLUTIONALLY ADVANTAGEOUS ASPECTS OF AFFECTIVE DISORDERS AND AFFECTIVE TEMPERAMENTS

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Background: One great paradoxon in psychiatry is that psychiatric illnesses and genes encoding for vulnerability towards them do not become extinct over time with evolution. The most investigated and accepted explanation for this is that the same genes encoding for the increased risk of the development of a psychiatric illness also encode for traits determining greater adaptational and evolutionary success. This adaptive characteristic is most easily observed in healthy first-degree relatives of psychiatric patients, sharing overlapping genotypes and exhibiting attenuated manifestations of relevant endophenotypes. Besides the burden associated with affective illness, the advantage of genes and related (endo)phenotypes is observable on the individual and group/social level aiding several aspects of survival and reproduction. In order to gain deeper insight into the advantageous and disadvantageous sides of mood disorders as distinct integral entities, decomposing illnesses into smaller and more easily characterizable phenomena such as their affective temperamental bases may reveal how these disorders carry possibly adaptive aspects.

Purpose: We aimed investigating the distribution of dominant affective temperaments in 6 large-scale national studies representing different cultural and geographical areas.

Methods: We included six large-scale national studies measuring distribution of affective temperaments and compared dominant affective temperament frequencies using chi square tests.

Results: We found a significant difference in the frequency of affective temperaments among different studies in case of the Cyclothymic, Hyperthymic and Irritable temperaments. Furthermore, we found important parallels between the frequency of dominant affective temperaments and cultural dimensions described by Hofstede. Characteristics encompassed by the Depressive temperament show considerable similarities with Hofstede's Individualism-collectivism dimension, while those of the Hyperthymic temperament seem to be similar to Uncertainty avoidance, and the Irritable temperament shows similarities with Hofstede's Power distance. Furthermore, relative frequency of these dominant temperaments in case of the different national samples paralleled the relative scores of these countries on the corresponding cultural scales.

Conclusions: Our findings indicate an important relationship between affective temperaments and cultural dimensions suggesting that these phenomena may be manifestations of the same genetically determined predispositions in different forms. What's even more interesting and possibly in line with the above phenomena, is that the frequency of the s allele of the 5-HTTLPR, reported to be associated with affective temperaments, also shows a characteristic geographic distribution difference, with possibly similar cultural consequences. All the above indicate how the genetic make-up may be involved in cultural adaptation, possibly through the mediation of the emergence of temperamental traits.

SUBTHRESHOLD PSYCHIATRIC SYMPTOMS AND POST-PARTUM MOOD DISORDERS

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Objectives: During puerperium several mood disorders may occur, classified in: 1) Maternity Blues, 2) Postpartum Depression (PPD) and 3) Puerperal Psychosis. Psychiatric symptoms in pregnant women are significantly undetected, and treatment rates are very low (1). Research shows that risk factors related to PPD are a history of depression before and during pregnancy, prior maternity blues, marital distress, lack of social support and last stressful events (2-3). Aim of this research is to investigate possible relationships among subthreshold psychiatric symptoms during pregnancy and postpartum mood disorders.

Methods: The study was conducted in the Obstetric Unit of the University Hospital of Messina on a sample of 110 women recruited during the third trimester of pregnancy. The following instruments were administered to each subject: Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI), and General Five Spectrum Measure (GSM-V). Moreover, the Kennerley's Blues Questionnaire (BQ) and the Edinburgh Postnatal Depression Scale (EPDS) were administered for measuring postpartum affective disorders respectively at day 3 and at month 3 and 6 after delivery.

Results: Statistical analysis (Pearson correlation) showed the following positive correlations: 1) BDI = BQ ($p < 0.0001$), EPDS month 3 ($p < 0.0001$), EPDS month 6 ($p = 0.005$); 2) STAI = BQ ($p = 0.008$), EPDS month 3 ($p = 0.045$); 3) GSM-V/Panic = EPDS month 3 ($p = 0.003$), EPDS month 6 ($p = 0.002$); 4) GSM-V/depressive = BQ ($p = 0.036$), EPDS month 3 ($p = 0.010$), EPDS month 6 ($p = 0.013$); 5) GSM-V/obsessive compulsive = EPDS month 3 ($p = 0.017$); 6) GSM-V/social phobia = BQ ($p = 0.013$); 7) GSM-V/anorexia-bulimia = BQ ($p = 0.037$), EPDS month 3 ($p = 0.004$), EPDS month 6 ($p = 0.024$).

Conclusions: Our findings suggest that subthreshold psychiatric symptoms should be considered as risk factors in predisposing and in maintaining postpartum mood disorders. A screening aimed to the early identification of subthreshold symptoms could play an important role in preventing postpartum mood disorders by structured psychological supportive treatment.

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PSYCHOSOCIAL VULNERABILITY TO POSTPARTUM DEPRESSION

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Educational Objectives: Maternity blues and postpartum depression (PPD) are affective disorders affecting women in the postpartum period. Many authors agree that about 10-15% of women develop PPD in the first months after delivery. The main symptoms are affective lability, anxiety, restlessness, sleep disturbance, diminished concentration or indecision, frequent thoughts of death or suicide, feelings of worthlessness or inappropriate guilt. Recent evidence highlights that psychological factors and personality traits, such as neuroticism, self-criticism and lower self-esteem play an important role in postpartum-onset depression (1-2).

Purpose: The aim of this study was to identify a range of psychosocial vulnerability factors, possibly increasing the risk of maternity blues and PPD.

Methods: 110 women, consecutively recruited from the Obstetric Unit at the University Hospital of Messina, were assessed by the following psychodiagnostic instruments: Big Five Questionnaire (BFQ), Toronto Alexithymia Scale (TAS 20) State Trait Anger Expression Inventory (STAXI-2). All enrolled subjects further completed the Kennerley's Blues Questionnaire (BQ) on day 3, and the Edinburgh Postnatal Depression Scale (EPDS) for measuring postpartum affective disorders on month 3 and 6 after delivery.

Results: Statistical analysis (Pearson correlation) shows the following positive correlations among the subscales of the STAXI 2 and BQ and EPDS questionnaires: 1) T/A = BQ ($p=0.001$), EPDS month 3 ($p=0.006$), EPDS month 6 ($p=0.036$); 2) AE/OUT = BQ ($p<0.0001$); 3) AE/IN = EPDS month 3 ($p=0.004$), EPDS month 6 ($p=0.038$).

Conclusions: Our findings suggest that, more than specific psychological profiles, the experience and the expression of anger can be considered as antenatal vulnerability factor of PPD onset; therefore, already during pregnancy, the detection of this emotional dimension and specific psychological approaches aimed to cope with this negative emotion may be useful for preventing post-partum affective disorders.

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UNWANTED PREGNANCIES AND PRECARIOUSNESS AMONG WOMEN WITH CHRONIC MENTAL DISEASES IN CASABLANCA, A FIVE CASE REPORT.

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Objectives : The women facility of Casablanca University Psychiatric center regularly receives relapsed patients, that have recently given birth in hard conditions, whose pregnancies have been totally unplanned and undesired and who end up alone, with very few support, and, in many cases, with housing problems. Our objective is to get closer to these women's profile and specificities in order to be able to discuss relevant and realistic contraception strategies as well as adapted ways of managing parenting difficulties among fragilized mentally ill mothers.

Method : In this five case study, recruited patients have been admitted at the Casablanca university psychitatic center from year 2011 to 2012. Sociodemographic and health information included age, education, marital status, psychiatric diagnosis, psychiatric follow-up, lifetime length of time homeless, number of pregnancies, date of last pregnancy, whether they had previous unintended pregnancies, and contraception methods used. We did also collect data about parenting difficulties and whether babies were looked after by their mothers, relatives or by professionals in child protection structures.

Results: None of the five women were married. They were all houseless with no contact with their families. Three of them suffered from schizophrenia. In all cases, women did not have a regular follow-up and had hardly access to medication. One of them was raped, two of them have had previous unwanted pregnancies. None of the five women used contraceptive methods and, in all cases, babies have been placed in child protection structures.

Conclusion: Being mentally ill is a risk factor for unwanted pregnancies. Symmetrically, an undesired pregnancy exposes a mentally ill mother to relapse. This vicious circle raises complex issues such as the management of contraception for women with chronic disabling psychiatric disorders, the indication of abortion and/or tubal ligation in such cases and the management of parenting difficulties.

CLINICAL AND THERAPEUTIC INTEGRATION – THE EXPERIENCE OF THE REFERENCE GROUPS IN THE TREATMENT OF INDIVIDUALS DIAGNOSED WITH MAINTENANCE-PHASE SCHIZOPHRENIA

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Educational Objectives: At the conclusion of this presentation, the participants should be able identify the advantages of using a reference group in the treatment of individuals diagnosed with maintenance-phase schizophrenia.

Purpose / Objective: The objective of this project is to describe the experience of the reference groups in the Community Mental Health Centre Prof. Luís da Rocha Cerqueira in São Paulo (SP), Brazil, and the advantages they may bring to the treatment of individuals diagnosed with maintenance-phase schizophrenia.

Methods: The reference groups were created and work as alternatives of clinical and therapeutic integration in the treatment of individuals diagnosed with maintenance-phase schizophrenia in the Community Mental Health Centre Prof. Luís da Rocha Cerqueira, the first of its kind in Brazil. Their aim is to offer a new approach, with benefits to patients, families and to the service.

Over the last 18 months, eight reference groups coordinated by two mental health professionals have been taking place monthly, with 60 minutes duration and participation of 8 to 12 patients and their families. During this period, parameters such as presence and participation in groups' sessions, adhesion to treatment, symptoms agudization, drug prescription (alterations of daily dosage), hospitalization, sociabilization and engagement in activities inside and outside the Community Mental Health Centre have been evaluated through observation and interviews.

Results: So far, the rates of adhesion have not changed significantly when compared to those of individual consultations, there were two cases of symptom agudization and two hospitalizations (1,8%) whereas the social and support network of patients and families increased significantly. Patients have engaged in different activities inside and more often outside, which is an important objective of the Community Mental Health Centre bio-psycho-social approach.

Conclusions: The reference groups seem to promote optimization of treatment adhesion, diversification and strengthening of the bond with the service and expansion of social network for the patients; for families, they offer the possibility of increased participation in their relatives' treatment, besides the creation of a new support network; and for the service they present a viable alternative concerning resources to be used.

CLINICAL FEATURES OF SEVERE SOCIAL WITHDRAWAL: A PILOT CROSS-NATIONAL STUDY OF HIKIKOMORI

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Educational Objectives: At the conclusion of this presentation participants should be able to: 1) define hikikomori and its core features; and 2) describe the psychopathology and treatment desires associated with hikikomori.

Purpose: Researchers have suggested that hikikomori—an emerging form of social withdrawal—may exist globally, but no study has evaluated hikikomori cross-nationally.^{1,2} This pilot study aimed to assess for and describe the features of hikikomori in multiple cultures.

Methods: Subjects were recruited from clinical and community sites in India, Japan, Korea, and the U.S. between December 2011 and November 2012. Hikikomori was defined as a 6-month period of spending most of the day and nearly every day at home, avoiding social situations, and avoiding social relationships, associated with significant distress/impairment. Psychiatric diagnosis was determined by the SCID I, SCID II, and Young Internet Addiction Test. Subjects completed several self-report measures including the UCLA Loneliness Scale (Version 3), Lubben Social Network Scale – 6 (LSNS-6), Sheehan Disability Scale (SDS) and modified Cornell Treatment Preferences Index (CTPI).

Results: 36 adult subjects with a current or past history of hikikomori were identified. Just 7 were female and 4 lived alone. 28 subjects desired treatment for their social withdrawal: 15 desired pharmacotherapy, 21 desired psychotherapy, 11 desired treatment by a primary care physician, and 26 desired treatment by a mental health professional. Subjects scored a mean of 55.4 (SD=10.5) on the UCLA Loneliness Scale, 9.7 (SD=5.7) on the LSNS-6, and 16.5 (SD=7.9) on the Sheehan Disability Scale. Of subjects who completed all diagnostic assessments, the common disorders associated with hikikomori were: avoidant personality disorder (11/26), paranoid personality disorder (8/26), and major depressive disorder (9/26). Five subjects had no history of any psychiatric disorders. The idiopathic hikikomori reported lower levels of loneliness, desire for treatment, and functional disability.

Conclusions: Hikikomori exists across cultures and is associated with substantial disability, desire for treatment, and psychopathology, especially when hikikomori co-occurs with psychiatric disorders. Future studies should include larger samples of hikikomori and compare them to control groups.

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THE ROLE OF PSYCHOSOCIAL FACTORS IN SCHIZOPHRENIA WITH UNFAVORABLE EVOLUTION

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Educational objectives: To emphasize the psychosocial risk factors in patients with long-term schizophrenia and unfavorable evolution.

Purpose: To highlight the role of psycho-stress and HPA axis hyperactivity (Bradley, 2010) in decrease of neuroprotection associated with brain structural alterations and social cognition deficits.

Methods: We have monitored a group of 10 patients diagnosed with schizophrenia according to DSM IV TR criteria, with unfavorable long-term evolution (over 15 years). The quality of evolution was assessed by Positive and Negative Syndrome Scale (PANSS) and Clinical Global Impression – Improvement Scale (CGI-I), and psychosocial factors were evaluated using Social Stress Indicators (SSI) (Turner et al, 1995), Personal and Social Performance (PSP) and Burden Assessment Scale (BAS). The level of neuroprotection reduction was investigated through Computed Tomography (CT) and cognitive level was assessed by Mini Mental Scale Evaluation (MMSE).

Results: All patients in the study group showed a significant decrease in cognition (MMSE \leq 23) and persistent negative symptoms (PANSS scores for N1, N4, N6 negative items >3) compared with positive symptoms of schizophrenia (PANSS scores for P1, P2, P3 positive items ≤ 3). CGI-I scores were between 3 and 4, while CT showed frontal atrophy predominantly on the left lobe, and calcifications of choroid plexus and pineal gland in all patients. For all patients were highlighted intense psychostress factors at personal and family (caregivers) level associated with multiple hospital admissions. PSP scores ranged between 39 and 21 for all patients of our study lot, revealing an impairment of social cognition. Psycho-stress was obvious correlation with hypercortisolemia (Brenner et al, 2009), fact that can be emphasize by the presence of weight gain in all patients.

Conclusions: Cognitive impairment may be related to persistent negative symptoms, atrophy of the left frontal cortex and calcifications of the pineal gland choroid plexus. Psycho-stress factors and social disabilities amplify HPA hyperactivity and hypercortisolemia; weight gain may be a clinical indicator for prediction of psychosocial and neurobiological vulnerability in schizophrenia.

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THE PATHWAYS TO CARE OF ACUTE PSYCHOSIS IN A DEPARTMENT OF MENTAL HEALTH IN NORTHERN ITALY: A RETROSPECTIVE STUDY.

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Educational Objectives: To study the pathways to care for patients affected by acute psychosis in the Department of Mental Health (DMH) of Modena (Northern Italy).

Purpose: To describe the pathways to care of patients presenting with acute psychosis in the Department of Mental Health (DMH) of Modena during the year 2011 and to examine the demographic, clinical and social factors influencing routine integrated treatment for acute psychosis.

Methods: Through both retrospective charts review and interviews to specialists working in the 8 out-patient clinics of the DMH of Modena, we collected demographic, clinical and social characteristics of all patients who presented with an episode of acute psychosis (affective and non affective) from January 1st to December 31th of 2011 at the DMH of Modena. We compared patients who underwent NON psychopharmacological intervention (psychotherapy, social inclusion, supported employment, psychoeducational and family intervention) versus subjects who did not.

Results: 47 subjects, 68% males, 77% single, with a mean age of $27 \pm 5,4$, were included in our analysis. 40 patients (89%) received a psychopharmacological treatment as a part of usual care; 19 (41%) received a NON psychopharmacological treatment. We observed that subjects with lower education and foreign nationality were less likely to receive a NON pharmacological treatment, with a statistically significant difference ($p=0,036$ and $p=0,013$ respectively).

Comparing Italian patients (29, 62%) vs foreigners (18, 38%) no differences were observed in terms of numbers of admission to the psychiatric hospital and in terms of disengagement from the out patient clinic.

Conclusions:

- According to literature, our data confirm that psychopharmacological treatment is the predominant treatment in acute psychosis attending MHD but 41% of the total sample attended non pharmacological treatment as well.
- Our findings are consistent with international and national guidelines for interventions in acute psychosis: pharmacological treatment is the first line intervention, whereas non pharmacological ones are strictly related to the stage of illness, particularly indicated when acute psychosis symptoms are decreased.
- Foreigners and subjects with lower level of education were less likely to attend non pharmacological interventions, this may be due to social, linguistic and cultural barriers.
- Our findings are preliminary data and more analysis are needed to explore pathway of care in the different local and national mental health systems.
- Our study, despite its limitations of a small sample and the retrospective design, could be useful to achieve a higher quality of service through specific patient-centered programs, that should take into consideration cultural, social and linguistic features.

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PROPOSED LINKAGES BETWEEN PUBLIC OPEN SPACE AND MENTAL HEALTH: A REVIEW OF CURRENT LITERATURE

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Educational Objectives: To facilitate participant understanding of current evidence concerning the protective effects of public open space (POS) for mental health and wellbeing, and of the psychosocial and behavioural mechanisms that might explain such relationships.

Purpose: The aims of this project are to synthesise theoretical perspectives and empirical evidence on the psychosocial and behavioural mechanisms by which neighbourhood POS is related to mental health and wellbeing, and to propose a conceptual model for future testing.

Methods: A scoping review was conducted in October 2012. A broad range of empirical and conceptual articles were reviewed on the relationships between the accessibility and characteristics of neighbourhood POS and the mental health of local residents. Potential explanatory mechanisms were identified and a conceptual model was developed based on the literature relating to urban design and contextual influences on health and communities, human experiences with nature, and psychosocial stress processes.

Results: There is growing evidence suggestive of a protective effect of residential accessibility to POS on mental health. POS has been linked to better self-reported mental health, lower stress levels, and lower prevalence of depression and anxiety disorders, after controlling for individual sociodemographic characteristics. However, studies to date are limited by their almost exclusively cross-sectional design. Longitudinal evidence to support a causal relation is lacking. Positive outcomes, such as quality of life, have largely been ignored in favour of adverse symptomology, despite indications that pathways between neighbourhood attributes and positive vs. negative dimensions of mental health may differ.

By affording opportunities to meet and engage, and augmenting place attachment, POS may facilitate development of local social networks and contribute to a sense of community and mutual trust, thereby enhancing the availability of social support from personal networks and the greater local context. POS may provide opportunities for stress reduction, restoration of directed attention, and reflection, in turn allowing residents to think clearly and more effectively cope with daily stresses. Finally, POS provides accessible space for exercise, and may encourage physical activity for leisure or commuting purposes. The characteristics of POS, such as size, amenities, and aesthetic value, may influence its potential to activate each mechanism. Only a handful of studies have empirically tested these potential causal pathways. Loneliness, social support, social coherence, and recreational walking have been found in cross-sectional studies to mediate relationships between POS accessibility or neighbourhood 'greenness' and mental health. No study thus far has investigated whether residents' ability to cope with stress might explain the relationship.

Conclusions: While there is evidence that supports an association between neighbourhood POS and mental health, there is a clear need for causal investigations

based on longitudinal data to evaluate the temporal basis of such relations, as a requisite basis for causal inference. In addition, further research is needed to establish the causal pathways underlying this relationship. We present a conceptual model of proposed pathways, aspects of which will be tested longitudinally in an upcoming research project within a large, metropolitan psychiatric epidemiological catchment area.

BIO-PSYCHO-SOCIAL EXPLANATORY FRAMEWORK IN THE BACKGROUND OF CROSS-CULTURAL DIFFERENCES IN MAJOR DEPRESSION

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Objectives: Cross-cultural differences in unipolar major depression are in the focus of attention, but a thorough and complex explanatory model is still needed to unravel the background of these phenomena.

Purpose: Synthesising data from work previously published papers our aims were to draft a common framework to explain cross-cultural differences in major depression, by pointing out important candidate variables.

Methods: We searched the literature for papers investigating societal, psychological and biological-genetic factors associated with cross-cultural diversity in unipolar major depression, evaluating and incorporating the most important factors acting into a complex model.

Results: Among societal factors cross-country differences in GDP and Gini coefficient of income inequality should be considered. Closely linked to this societal level but as individual-level psychological-societal variables, gender, socioeconomic status (SES) and education level also have to be included. Important psychological background factors include cross-country differences in coping, social support, external health locus of control orientation (Stephoe and Wardle, 2001), and autobiographical memory. Genetic factors, acting in gene sets mediating the effects of environmental factors, including the 5-HTTLPR, BDNF, HTR2A and COMT are also crucial parts of such a model.

Conclusion: A complex bio-psycho-social explanatory model is indispensable to gain a better understanding of the etiopathology and cross-cultural diversity of depression.

THE IMPACT OF ONCOLOGISTS' COMMUNICATION SKILLS ON THE EMOTIONAL DISTRESS OF THEIR PATIENTS WITH ONCO-HEMATOLOGICAL DISEASES DURING THE INITIAL CHEMOTHERAPY

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Objective: Poor doctor-patient communication skills may lead to psychological distress including increased anxiety and depression and poorer psychological adjustment to cancer (Thorne et al, 2005). This study aims to identify the interrelation oncologists' communication skills and level of emotional distress of their patients with onco-hematological diseases.

Methods: 30 newly diagnosed patients with hematologic malignancies, and 15 oncologists were invited to participate in this study. Each of the doctors treated two patients. The following psychological measured instruments were used to identify the level of emotional distress of patients: The Beck Depression Inventory (BDI), State-Trait-Anxiety Inventory (STAI), Multilevel Personality Inventory "Adaptivity" (the modification of MMPI) and The Lüscher color test. The L. Michelson communication skills test was administered to examine the physicians' communicative competence and communicative dispositions scale (KOC-1) was given to assess physicians' affiliation. In addition to the psychological questionnaires, semi-structured interviews were conducted with each physician to determine the duration and structure of clinical consultations with patients held before the initial chemotherapy.

Results: The study showed that anxiety is a major component of the emotional background of patients, and the mental condition characterized by instability, lack of energy resources for coping with the situation and asthenia. The level of communicative competence oncologists was high despite the low rate of affiliation. The results confirmed the negative correlation between level of oncologists' communication skills and emotional distress of their patients; the reduction of patient's state anxiety correlated with high communicative competence of doctors. The patients created positive images of the doctors if the oncologist had a developed communication skills. Analysis of oncologists' verbal reports showed that physicians tended to concentrate on response to treatment and types and severity of side effects and how to treat them, while trying to avoid the topic of psychosocial well-being of patients.

Conclusion: Our findings underscore the importance of development of communication skills training for oncologists in Russia in light of the impact of oncologists' communication competency on emotional distress among hematological cancer patients.

Keywords: cancer, hematology, anxiety, depression, communication skills, communicative competence, patient-physician communication, clinical consultation

LIFE EVENTS RESEARCH IN PORTUGAL: A TRIBUTE TO PROFESSOR GEORGE BROWN

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Educational Objectives: To recognise the role of life events on physical and mental health.

Purpose: To present data of different research projects on life events and physical and mental health in Portugal.

Methods: LEDS (Life events and difficulties schedule) from Brown' methodology was used in a psychosocial framework including coping and social support studying the effects of life events in different groups of patients.

Results: We will show the outcomes life events in the beginning and relapse of patients with peptic ulcer, bowel inflammatory disease, irritable bowel syndrome, dysphasia and oesophageal motility disorders, multiple sclerosis, rheumatoid arthritis, lupus erythematosus and depression.

Conclusions: We concluded for the important role of life events in functional, "psychosomatic" and mental diseases and the respective specific role of different mediators.

TOWARDS HOLISTIC CARE USING A BIOPSYCOSOCIAL MODEL: PROFILE OF DISABILITY AMONG INDIVIDUALS WITH BIPOLAR AFFECTIVE DISORDER IN A NIGERIAN MENTAL HEALTH HOSPITAL

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Educational Objectives: At the end of this presentation, the participants should be able to recognise the problem of disability seen among individuals with Bipolar Affective Disorder (BAD) despite symptoms remission and plan evidence based rehabilitative intervention in order to achieve best overall outcome.

Purpose: This study is aimed at assessing the profile of disability among individuals with BAD and explores the associated factors.

Methods: A total of one hundred consecutively enrolled study participants made up of clinically stable, adult outpatients with BAD were interviewed. The participants were subjected to questionnaire to inquire about demographic and illness related variables. Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID) was used to confirm diagnoses of BAD in them. Both *Young Mania Rating Scale (YMRS)* and *Hamilton rating scale for depression (HDRS)* were used to rate the severity of symptoms and lastly the *World Health Organisation Disability Assessment Schedule II (WHODAS II)* was used to assess disability in participants. The data were analysed using Statistical Package for Social Sciences version 15. The hypotheses for testing was the null hypotheses that individuals with BAD do not experience disability following symptom control and the identified socio-demographic factors have no relationship to the severity as well as pattern of disability among individuals with BAD.

Results: The mean WHODAS score and range for the participants were 24.93(±2.2) and 21.11-32.20 respectively. The WHODAS mean score in domain 3 [self care —2.39 ±0.30] was least, while domain 6 [participation in the society —7.55 ±1.18] had the highest mean score. Participants that were single ($t = -2.016$, $p= 0.047$) and unemployed ($t=-2.306$, $p=0.023$) were more disabled, while those that earned money were less disabled ($t= -2.898$, $p=0.005$).

Conclusions: Based on the findings of this study, people with BAD experienced varied degrees of disability in spite of symptoms' control and the severity of disability differed across the measured domains of functioning. The severest level of disability was observed in the aspect of society participation while self care was least affected among the participants. Both unemployment and absence of confiding relationship seems to define worse level of disability, while individuals with financial security were less disabled. Therefore, proactive multidisciplinary intervention (preventive, treatment and rehabilitative) approaches using bio-psychosocial model to address disability in individuals with BAD for better outcome and to mitigate the indirect socioeconomic cost are implied.

Keywords: *Associated factors; Bipolar Affective Disorder; Disability; Socio-economic*

CHRONIC NON ONCOLOGIC PAIN IN ELDERNIN

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Educational objectives: Promoting knowledge and strategies to deal with chronic pain – Stimulating self-evaluation and control of one's own pain. Social interactions between patients who share the same condition – Chronic Pain Disease.

Purpose: Social integration improving the quality of life and pain control in non-oncological chronic pain patients over the age of 80.

Methods: Selecting 8 non-oncological patients of chronic disease over the age of 80. These patients must have their cognitive functions intact, to be mobile, and accompanied by their caregivers. They should come to our unit every fortnight, seven times in total. On the first and last meetings, they go through:

- Medical consultation
- Functional evaluation by a physiatrist
- Psychological testing: Geriatric Depression Scale (GDS-15); Geriatric Anxiety Inventory (GAI); Quality of Life (QOL).
- Evaluation of the daily and social activity of the patients and their caregivers by the nursing staff: Brief Pain Inventory (BPI); Barthel Index; Lawton Index; Braden Scale

In the remaining sessions, the patients get group support meetings with a psychologist, as well as nutritional counseling. Muscular relaxation and breathing training, by the nursing staff to the patients and caregivers, family reunions with a nurse for daily caretaking habits. Rehabilitation sessions for posture training and exercises..

Results: The program accomplished a reduction in the administration of analgesics (NSAID) to our patients.

The patients learn techniques to reduce their pain, like postural correction, muscle relaxation, and respiratory techniques.

The psychological tests didn't show significant changes, yet, after the seven group sessions, we observed the creation of a positive social interaction between the patients, who also learned coping strategies to deal with pain.

Conclusion: This kind of program promotes the learning of means to both control and improve non-oncological chronic pain in the elderly population.

It also proves that pain can be reduced when physical and psychological conditions that contribute to the patients' wellbeing are met.

None of the family members showed signs of caregiver exhaustion.

THE LIVES GIVEN FOR LIVING: HOW MUCH WE ARE (DIS)COMFORT !

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Objectives: This paper reports on comfort concept which is an important outcome for the patients with cancer and nursing care. Comfort is an important concept desired life span by the people. It has a different value and meaning from people to people.

Methods: This paper is a review article.

Results: Comfort is defined as a satisfaction of basic human needs for relief, ease, or transcendence that arise from stressful healthcare situations. Comfort is complex by its very nature, encompassing physical, psychospiritual, social, and environmental dimensions (1). The experience of illness has increased expectations and desires of the patients and their relatives who are suffering from this illness. Whereas comfort is a concept central to nursing care and essential to the healing process. But this issue has been sometimes neglected, unspoken or hasn't been real valued (2). In this meaning, comfort is an important field of caring to patients with cancer and their nurses who are especially lived dense and very complex feelings. The patient is very restless and disorder because of his limited life with a corridor, a room and a bed. The patients shall entrust themselves and their own lives to doctors and nurses who are directly responsible for their care and considered to be safe. In this process, comfort is the most important thing expected and desired by individuals (2).

Conclusion : In accordance with the appropriate and realistic targets, that determined with the participation of the individual and the family, the comfort of the individual will increase, and its adjustment will be strong for behaviors to improve health (1). Meet the needs of the patients, finding a realistic and sincere answer to his/her questions, the perception of being interested himself as an individual, provide a real sense of comfort for him/her, relief, soothe his/her concerns, get strength his/her coping, nourish his/her hopes (2,3). All of these activities are directly related to the nursing care and it will provide satisfaction, motivation and will strengthen self for patients and nurses

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PROJECT CASE MANAGER IN MENTAL HEALTH AND PSYCHIATRY -FROM HOSPITAL TO COMMUNITY

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Educational Objectives: In 2010 the Department of Psychiatry and Mental Health of Centro Hospitalar Lisboa Norte, EPE – Hospital de Santa Maria implemented an innovator project, directed to people with severe mental disabilities, decreased autonomy, no social and family support but still needing assertive and continuous care.

Purpose: The authors will share their Project, which main goal is to insure the long term of mental care, to individuals with severe mental disabilities in order to maintain treatment adherence, creating and reinforcing community relationships, promoting the environment adaptation and other previous projects.

Methods: Working in the community, three case managers in full time in articulation with the individuals psychiatrist. The individual project has been built with the patient and his family in his community. The proximity work included: domiciliary visits, individual and family psychoeducational interventions and community interventions. The individuals in the program were characterized according to several dimensions (socio-demographic, clinical, occupational) and in different moments: zero, six, twelve and eighteen months of Projects beginning.

Results: The eighteen months of evaluation showed: a decrease on hospital admissions - number and time; improvement of life satisfaction (symptomology, medication adherence, autonomy, occupation and/or work); decreased level of family burnout and improvement of alliances with the community.

Conclusions: Case Managers soon became an important (sometimes the only one) mediator on monitorizing individuals with severe mental disabilities. The proximity work prevented the medication discontinuity and consequent relapses and hospital admissions. The partnership between Case Managers and family, allowed problems resolution in real time. We strongly believe that proximity work is an asset to individuals with severe mental disabilities and their families, their community and the health system.

THE PREVALENCY OF MENTAL ILLNESS AT THE CHILDREN IN REQUEST OF SOCIAL REINTEGRATION IN MARRAKECH.

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Educational Objective: the objective of our study is to discern the most frequent psychiatric disturbances at the children in difficult situation and who belong in search of means of social reintegration within the associative frame to Marrakech.

Purpose: the role of environment in the happening of mental illness at the child and the importance of the means of support in case of social risk factors in the prevention of mental illness.

Methods: they gathered a sample of sixty children in difficult socioeconomic situation, taken care in the associations of protection of the child in Marrakech. The valuation of these children was based on the data of clinical maintenance and signing of Kiddie-SADS (Kiddie-Schedule for Affective Disorders and Schizophrenia).

Results: we extracted 10 publications having an experimental dynamics, concerning the development of the well brought up children in a context of violence and we compared them with the results of our study. Results will be introduced in the congress.

Conclusions: disadvantageous socioeconomic environment has an impact mattering on the psychological development of the child, as it constitutes a risk factor of several pictures psychopathologiques. The means of social support allow to ameliorate the forecast of these children, on the condition of insert them into a multiple-subject therapeutic plan.

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GENDER DIFFERENCES DURING THE ACUTE TREATMENT PHASE OF A FIRST EPISODE DEPRESSION

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Educational Objectives: At the end of this presentation, participants should be able to recognize gender differences in the acute treatment phase of a first episode depression.

Purpose: This study examines gender differences among individuals treated in primary care for a first episode of a major depression on: (1) illness representations and self-stigma; (2) coping strategies and social support; (3) care received in the three months following a first diagnosis.

Methods: Participants were recruited through advertisements in newspapers, posters in medical clinics and drugstores, and information pamphlets distributed by primary care physicians and mental health caregivers. Inclusion criteria were: (1) ≥ 18 years old; (2) being English or French-speaking; (3) having a first episode depression as diagnosed by a physician in the previous eight weeks; (4) having received a medical prescription for an antidepressant or following psychotherapy; (5) having a PHQ-9 result (Spitzer et al., 1999) equal to or greater than 10 while starting their participation in the study. Participants completed self-administered questionnaires three months after their depression diagnosis.

Results: The sample included 80 participants (42 men and 38 women). Few gender differences were observed in illness representations: females attributed their depression more to psychological causes than males and they perceived more negative consequences to it. There is no gender difference in self-stigma. Females are more frequently seeking emotional support than males, but it is the only differences in coping strategies. Even if males reported having discussed depression with less family members or friends than females, they did not perceive having received less support. In the first three months after depression diagnosis, females report one more visit with their physician than males, but there is no difference in the therapeutic alliance. There are more females consulting a psychologist than males.

Conclusions: Males and female have more similarities than differences in their experience of a first episode depression. However, men received less care than women in the acute treatment phase of depression and this inequality could hinder their recovery. More researches are needed to understand the barriers to care for depression by men.

THE EFFECT OF A PSYCHO-EDUCATIONAL PROGRAM "PROFAMILLE" ON MOOD AND PSYCHOLOGICAL BURDEN OF SIX GROUPS OF FRENCH FAMILY CAREGIVERS OF SCHIZOPHRENIC PATIENTS

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Background: Psycho-educational intervention for families of schizophrenic patients, like Profamille program, concurrently to pharmacological and psycho-educational strategies for patient, becomes obvious for a better management of schizophrenia. The last updated version of Profamille program includes one module of fourteen weekly sessions followed by a second module of eight sessions distributed over two years.

Objective: To assess the effect of Profamille on mood, on psychological and physical burden of family caregivers of schizophrenic patients. The outcome variables examined also the impact of Profamille Program on both patient medical condition and financial economic consequences.

Material & Method: Our study is related to Alsace teams assessing the effect of Profamille program among 6 consecutive groups (from the 20th to the 25th group) of family members during years 2009, 2010, 2011 & 2012. The evaluation was performed by the administration at the beginning, at intermediary endpoints and at the end of this program of self-questionnaires assessing depressive symptoms (CES-d), the knowledge, acceptance of diagnosis, coping, satisfaction of participants, the social validity of the program and the beneficial effect on patient's condition.

Results : Our results showed a significant and clear-cut positive effect on knowledge, coping, mood of participants and stabilization of patient condition. We performed additional CES-d analysis focusing on only participants with a baseline score greater than 16 (equivalent to suspicion of depressive symptoms): The overall analysis confirmed that there is a statistically significant improvement in the participants' mood at different endpoint of the program. The intermediary assessment of the mood showed a trend effect on mid-program, whereas the final evaluation showed a statistically significant improvement at the end of 14 sessions. These results showed the interest of achieving the entire program to observe the maximum effect. Regardless of a slight deterioration in the mood, one year after the 14th session, the improvement is significantly maintained on the long term.

Conclusion: The psycho-educational program PROFAMILLE can reduce the impact on mood and psychological and physical burden of family of schizophrenics; it has also beneficial effect on patient outcome and reducing the cost of management of schizophrenia. Despite the economic cost gain of this psycho-social strategy and despite its proved efficacy in the improvement of schizophrenia, its dissemination is not sufficient. Our encouraging findings may have implications in light of generalization of this program in clinical routine practice

SEX DIFFERENCES IN INTERGENERATIONAL TRANSMISSION OF MENTAL HEALTH PROBLEMS: ADOLESCENTS AND PARENTS IN A COMMUNITY POPULATION (THE HUNT STUDY)

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize mental health problems that are transmitted between generations and how parent and offspring sex influence the transmission.

Purpose: The purpose of the study was to examine the role of both parental and offspring sex in intergenerational transmission of mental health problems, as very little research in this area distinguish between both mothers and fathers and daughters and sons.

Methods: The study was cross-sectional and based on data from a large, Norwegian community study (the HUNT study). The sample consisted of 5732 adolescents who had one (N=2503) or both parents (N=3229) participating. In adolescents, subjective well-being, self-esteem, and symptoms of anxiety, depression, and social anxiety were measured. In parents, mental distress, symptoms of anxiety and depression, alcohol abuse, and maternal eating problems were measured. Data were analysed by structural equation modelling using the WLSMV method (completely saturated model).

Results: When testing the measurement model, findings indicated a good model fit (CFI=.963, TLI=.962, RMSEA=.021). The chi²-statistic was significant, but that is to be expected with large sample sizes. The most prominent findings indicate that parental, and especially paternal, mental distress was associated with several mental health problems in both daughters and sons. Paternal mental distress was the parental mental health problem associated with the most adolescent latent variables. Symptoms of anxiety and depression in both daughters ($\beta=-.170$, $p<.001$) and sons ($\beta=-.116$, $p=.030$) and low subjective well-being in daughters ($\beta=-.099$, $p=.030$) were related to paternal mental distress. Also, paternal alcohol abuse was related to low subjective well-being ($\beta=.098$, $p=.057$) and self-esteem ($\beta=-.090$, $p=.058$) in sons. Quite surprisingly, neither parental anxiety symptoms nor adolescent social anxiety symptoms were transmitted between the generations.

Conclusions: In order to advance current knowledge on the role of sex in intergenerational transmission of mental health problems, the present study examines both parental and offspring sex in a large community sample. The findings indicate that transmission from mothers versus fathers indeed is different for daughters versus sons. The results show paternal mental health to be especially important for adolescent well-being. The fact that several areas of adolescent functioning are affected is a reason for caution. It probably indicates that mental health professionals should be especially aware of evaluating the mental health status of adolescent children when meeting parents who display mental distress.

COGNITIVE REHABILITATION IN SCHIZOPHRENIA: PRELIMINARY RESULTS

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Educational Objectives: Several studies documented the presence of cognitive deficits in patients with schizophrenia. This is a central issue for many authors because they can affect many areas of life of the patient, including interpersonal and occupational ability. Recently, the implementation of rehabilitation programs focused on increasing cognitive skills, like attention, memory, speech, spatial orientation, among others, were one of the interventions with more impact on this patients.

Purpose: This work aims to realize the benefits of computerized cognitive rehabilitation program (RehaCom) for these patients.

Methods: The sample consists of 8 male patients diagnosed with schizophrenia, evaluated by a neuropsychological test battery before and after 50 sessions of cognitive rehabilitation (approximately 30 minutes each).

Results: Although the statistical analysis is not fully completed, preliminary results seem to indicate an improvement of skills in different areas.

Conclusions: An individual plan of cognitive rehabilitation, seems to be an improvement on cognitive abilities, quality of life and psychopathology.

IMMIGRANT MENTAL HEALTH, FAMILY STRUCTURE AND PSYCHOSOCIAL STRESS: LONGITUDINAL ASSOCIATIONS FROM A NATIONAL DATABASE

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Educational Objectives: To illustrate that Canadian immigrants show declining rates of mental health across the first 4-years post-immigration. The challenges faced by new immigrants may be even more burdensome when children are present, as rates of mental health problems amongst immigrant-parents are even higher after accounting for other psychosocial stressors.

Purpose: To model post-immigration trajectories of self-reported mental health problems, using the nationally representative Canadian Longitudinal Survey of Immigrants in Canada (LSIC), as a function of family structure and psychosocial risk.

Methods: The LSIC followed a representative sample of 7716 immigrants across 3-waves of data collection (6 months, 2 years and 4 years post-landing). To be eligible, participants must have been 15-years of age at baseline and have landed between Oct. 1, 2000 and Sept. 30, 2001 from abroad. Data on a variety of constructs were collected in person or by telephone using computer-assisted interviewing in 1 of 15 possible languages. Using multilevel mixed-effects logistic regression, a single response assessing emotional and mental health problems was modelled as a function of family structure (single-parent, two-parent, non-parent), psychosocial risk (low income, refugee status), demographic covariates and ethnicity. Model fit was selected based on the Likelihood Ratio Test and the Akaike Information Criterion. Odds ratios (OR) are reported.

Results: At each wave the odds of reporting a mental health problem increased by approximately 50% (OR=1.48). Female (OR = 1.36), refugee (OR=1.53), Latin American (OR=1.52) and Filipino (OR=1.30) respondents had higher odds of reporting mental health at landing. The odds for women and low-income immigrants increased over time, respectively (OR=1.14, OR=1.06). Finally, two-parent (OR=1.25) and single-parent (OR=1.41) immigrants have higher odds of mental health problems at landing, and these effects are maintained over time.

Conclusions: Amongst Canadian immigrants, the prevalence of mental health and emotional problems is greater for those who are parents (especially single parents). Additionally, these effects were evident after controlling for psychosocial risk and demographics, suggesting that this may be an effect caregiver strain, and not simply an effect of financial burden or pre-immigration hardship. Immigrants with children appear to be particularly susceptible to the risks and challenges associated with the immigration process.

CUMULATIVE PSYCHOSOCIAL RISK, DIFFERENTIAL PARENTING AND THE MODERATING ROLE OF IMMIGRATION HISTORY: A WITHIN- AND BETWEEN-FAMILY ANALYSIS

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Educational Objectives: The current study illustrates that cumulative psychosocial risk factors threaten parent-child relationships, not only by making parents more negative and less positive for all children in a family, but also by increasing the amount of differential treatment siblings receive (Jenkins et al., 2003). This relationship, however, functions uniquely among immigrant families.

Purpose: The parent-child relationship is an important influence on early child mental health; accordingly, this study demonstrates that psychosocial risks predict *changes* in family dynamics and parenting at family-wide and individual levels, and is moderated by immigration history.

Methods: Families were from the Kids, Families, and Places Study in Ontario, Canada (N=501, 50% immigrants). Outcome measures include self-reported parental positivity and negativity for both parents (*Parenting Practices Scale*), and observed mother-child interactions (*Coding of Attachment Related Parenting*). Predictor variables include a composite of cumulative risk (CR), comprising of income level, maternal depression, parental education, maternal abuse history, and neighbourhood safety. Parenting was examined as a function of CR and immigrant status using multilevel modelling to account for the nesting of children within families. Random variance functions were used to examine within-family variance (differential treatment) in parenting.

Results: Overall, fixed effects reveal that the CR composite and immigrant status were significantly associated with increases in family-average negativity and decreases in positivity. There was a significant decrease in maternal positivity and increase in negativity under high CR for Canadian-born parents. However, a significant interaction revealed that, among immigrants, parenting did not change as a function of low or high CR. The random effects indicate that increases in within-family differential positivity and negativity are highest under settings of high CR. In high-risk, however, immigrant parents increase in differential positivity and decrease in differential negativity. It appears that significant effects differ as a function of parenting constructs, observational methods and respondents.

Conclusion: Greater levels of psychosocial risks threaten parents' mental health and well being, thus affecting the ability to provide warmth and sensitivity to their children, and also increase negative reactions. However, in support of a *mental health advantage* that exists among immigrant families (Beiser et al., 2002), this parent-child relationship is uniquely affected by CRs (in low- and high-risk) at the family-wide and individual level compared to Canadian-born parents. Findings suggest that the impact of psychosocial adversity interacts with socio-biological processes, elucidating unique factors, such as social mobility and resilience, among immigrant families that may outweigh the negative impact of contextual risk.

CHARACTERIZATION OF THE POPULATION IN THE LONG ACTING INJECTABLE ANTIPSYCHOTIC PROGRAM IN CENTRO HOSPITALAR SÃO JOÃO - PORTO

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Educational Objectives: In November 2010 the Long-acting Injectable Antipsychotic Program of Psychiatry Department of Centro Hospitalar São João, Porto (CHSJ) implemented PsychCare, a web-based electronic medical record to manage data, prescriptions and administrations. The goals of using PsychCare are: effective monitoring of therapeutic adherence; automatic alerts for patients, carers and team members through SMS and email; easy access and updating of demographic, clinical and prescription data and electronically scheduling patient visits. Moreover PsychCare data allows a better understanding of socio-demographic and clinical characteristics of these patients.

Purpose: To characterize patients on the Long-acting Injectable Antipsychotic Program in Psychiatry Department in CHSJ.

Methods: Cross-sectional study of socio-demographic and clinical variables of the population on Long-acting Injectable Antipsychotic Program in Psychiatry Department in CHSJ.

Results: Preliminary results show that there are currently 295 patients on the Long Acting Antipsychotic Program. Mean age of the patients is 45±12 years. Male/female ratio is 2:1 (200 males and 95 females). Most patients are single (67%). Most patients are retired (60%) or unemployed (30%), and only 10% are actively employed. 34% completed more than 9 years of education. 35 (12%) patients are on Compulsory Treatment according to Portuguese Law. The most common diagnosis according to ICD-10 is Schizophrenia (71%), followed by Schizoaffective Disorder (7%) and Persistent Delusional Disorder (7%). The most commonly prescribed long acting injectable antipsychotic is haloperidol decanoate (67%), followed by long acting risperidone (28%). The remaining patients are on flufenazine decanoate or flupentixol decanoate.

Conclusions: Results allowed a better characterization of the patients included in the Long-acting Injectable Antipsychotic Program of our unit. Socio-demographic and clinical results are consistent with the literature. A longitudinal study is now needed to evaluate the efficacy of PsychCare in improving adherence, which is a major issue in preventing relapse in serious mental disorders.

MULTIDISCIPLINARY ASSESSMENT OF PATIENTS IN PSYCHIATRY DAY HOSPITAL – EXPERIENCE OF CENTRO HOSPITALAR SÃO JOAO, PORTO

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Educational Objectives: A multidisciplinary assessment protocol was designed to provide an individualized care plan, in order to promote psychosocial rehabilitation in patients admitted to Psychiatric Day Hospital (DH) of our Department.

Purpose: To characterize patients admitted in Day Hospital in between January 2009 and June 2012

Methods: Longitudinal retrospective study. Analysis of socio-demographic and clinical data at admission and discharge from Day Hospital was conducted. Assessment of quality of life, psychopathology and functionality was performed using The Short Form Health Survey (SF-36), Brief Symptom Inventory (BSI) and Occupational Self Assessment (OSA). Patient satisfaction was also assessed.

Results: 250 patients were identified. The most frequent category of diagnosis was Schizophrenia, schizotypal and delusional disorders (F2) from ICD-10. We found higher quality of life scores a lower number of psychopathological symptoms at discharge. Functionality assessment showed that self-care and problem solving skills were important issues for patients in their recovery process.

Conclusion: Results allowed a better characterization of the patients admitted to Psychiatry Day Hospital of our Department. At discharge patients there were improvements in quality of life and psychopathology. The identification of functionality areas perceived as relevant for recovery by the patient is important to the individualized care plan.

MENTAL HEALTH OF SLUM RESIDENTS IN MUMBAI

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Objectives: The primary aim of the study is to assess the mental health of urban Indian slum residents in Mumbai. Slums in Mumbai are characterized by crowded tenements lacking basic amenities and very high population density.

Method: A sample of 491 adults residing in a slum and 380 middle class adults living in apartments were administered the GHQ 28 as an indicator of mental health to be able to understand the effect of social class on mental health.

Results: The results of the 2 groups on the GHQ subscales were compared. The impact of contextual factors, such as housing on mental health indicators were considered. The results are currently being analyzed.

Conclusion: The role of individual level and context level variables in mental health would be considered. The findings would have implications for designing mental health interventions from a public health perspective.

SOCIAL SUPPORT AND ATTACHMENT IN SLE PATIENTS

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Purpose: To study the role of social support and attachment in SLE patients. And to explore the relationships between social support, attachment and quality of life.

Methods: 70 sequential SLE patients were observed in a faculty ambulatory specialized consultation, with an average age of 41.41 and 88.6% were female. These patients were first evaluated by the medical doctor, and then were interviewed by the psychiatrist, and at the end they underwent a interview with the psychologist. All patients fulfilled the self-reported questionnaires: Social Support Satisfaction Scale (Social Support), AAS (Attachment) and SF-36 (Quality of Life).

Results: We found that SLE patients perceived an adequate social support, particularly from their friends and close relationships.

In what concerns attachment, we found that anxiety was negatively correlated with social support, and depend was positive associated with social support.

We found significant statistical positive associations between social support and some quality of life dimensions, namely social functioning, physical role, mental health and vitality.

Attachment dimensions were correlated with some quality of life dimensions, namely mental health and physical role.

Conclusions: Social support and attachment is strongly correlated with quality of life dimensions, influencing the way SLE patients experience their disease and life. This result highlights the importance of considering the social network of these patients, as well their close relationships.

We should empower SLE patients to strengthen their social network and to improve their close relationships with family members, and with close friends, to provide a emotional container for the negative emotions these patients experience in the course of their disease.

Educational Objectives: Health professionals should recognize and evaluate the social network and close relationships of SLE patients.

Health professionals should empower the involvement of the social network in these patients daily life, and in dealing with the disease.

Also, we should learn to help these patients deal with social isolation, and help them promote better close relationships.

LATITUDES AND LONGITUDES OF MENTAL ILLNESS STIGMA: A QUALITATIVE STUDY.

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Educational Objectives: At the end of this presentation, the participants should be able to: understand the advantages and limitations of targeting Mental Illness Stigma in a psychiatric day-hospital; understand the lived experience of this phenomenon and what was revealed in our therapeutic setting; acknowledge the advantages of qualitative research in the comprehension of this experience.

Purpose: To study the subjective experience of mental illness stigma in a group of subjects attending a psychiatric day-hospital.

Methods: An open support group, where the subjective experience of stigma associated with mental illness could be shared and discussed by clinically stable subjects, was created in our institution's day-hospital. From October to December 2010, a sample of 18 subjects attended the group. Seven sessions covering pre-selected topics about mental health stigma were video-recorded and transcribed *ad verbatim*. Data was coded and analyzed thematically, using a modified grounded theory approach.

Results: The experience of mental illness stigma mostly appears in the relational dimension, in which we can identify two main categories: the experience of disclosure, and the spatiality of the interpersonal relation. The first experience, although momentary and associated with different levels of agency, defines the subject's self-concept in relation to the illness through the other, creating a power asymmetry between the subjects. The second experience is essentially passive and refers to the impossibility of controlling interpersonal distance, perceived as either too close or distant, which seems to reinforce the above-mentioned relational power asymmetry.

Conclusions: While acknowledging the pervasive nature of the experience of mental illness stigma, it's in the relational dimension that it becomes more prominent, appearing in this group as "what is most at stake for sufferers and their social world" (Yang, 2007). What seems to be more important is the fundamental difference in the quality of the relation, not necessarily an experience of exclusion or marginalization but an impossibility of positioning towards Otherness, where both proximity and distance are lived rigidly with discomfort and suffering. This, in turn, carries on a loss of agency and relational power. Approaching the experience of stigma in a clinical setting allows a better understanding of the phenomenon in its local "moral world" (Yang, 2007) and appears to carry therapeutic benefits (Yannos, 2011), which fall out of the scope of the present study.

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COMMUNITY PSYCHIATRY: WHAT ARE THE CLINICAL CASES REFERRED?

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Educational Objectives: The intervention of Community Psychiatry provides the close link with primary health care services, being one of several areas of intervention the orientation of requests for assessment by specialty, either through the guidance of requests for outer query or by consultation in the health center. Thus, the aim is a true multidisciplinary teamwork, allowing a bio-psycho-socio-cultural perspective of each patient, being fundamental to know the main reasons for referral of patients.

Purpose: The authors propose to present the characteristics of requests for outpatient Psychiatry, namely clinical cases frequently referred by general practitioner to one of the most popular Psychiatric hospitals in the country. At a later stage, we intend to compare the results with data from a Psychiatric service of a general hospital.

Methods: Descriptive analysis of statistical data obtained by collecting several variables of a sample of requests for outer query Psychiatry. The requests were made over a period of 3 months and addressed to one of the sectors of Centro Hospitalar Psiquiátrico de Lisboa.

Results: A total of 109 requests for consultations, 66% were referred for an appointment of Psychiatry and 34% of applications were returned to the doctor. Regarding clinical cases most frequently forwarded to the query, it was found mostly depression (25%), patients with psychotic disorders (bipolar affective disorder or other) (22%) and Geriatric Psychiatry cases (17%). With respect to applications returned to the physician, there was a predominance of depressive conditions (24%), anxiety (14%), addictions (14%) and cases where it was not possible to identify the psychopathology (14%). In 40.5% of cases refused, the reason was the lack of clinical information by general practitioners, followed by 24.3% of cases where, in addition to the scant clinical information, it was suggested referral to the emergency service for psychiatric evaluation. In 19% of cases, the applications were returned with therapeutic suggestions before forwarding to the query.

Conclusions: With the first results, we can conclude the importance of services of Community Psychiatry, in close relationship with the general practitioners, which often require the evaluation of patients by the psychiatrists. It is essential that requests contain information about the clinical psychopathology as well as therapeutic aspects, so that each patient is directed in the most appropriate and timely. It is important to develop the team work between family doctors and psychiatrists, for example by monitoring some clinical cases or the jointly discussion about patients.

BRIEF CHARACTERIZATION OF THE CRISIS INTERVENTION OUTPATIENT CLINIC

D. Maia, D. Sousa, V. Rocha, S. Fonseca, R. Curral, A. Roma Torres

Educational Objectives: Crisis intervention is an active brief intervention, focused on current problems and oriented to reality. It aims to recover the previous level of functioning.

The Crisis Intervention Outpatient Clinic in our Department was created in August 2009. Its purpose is brief intervention in individuals that need urgent psychological support due to emotional and behavioral disturbances occurring in the context of stressful life events that lead to failure of coping mechanisms.

Purpose: To characterize patients admitted in the clinic between August 2009 and December 2012.

Methods: Cross-sectional study based on clinical records.

Results: During this period, 240 patients were referred. Most patients were female (73%) and mean age was 40 ± 14 years. Emergency Department was the source of referral for 62% of the patients. The remaining 38% were sent from Primary Care Units. Several life events were identified. Divorce was one of the most prevalent. Most patients (52%) were referred to General Practitioner after intervention. Nevertheless 38% needed follow-up by a psychiatrist in our Outpatient Clinic.

Conclusion: Results allowed a better characterization of the patients referred to Crisis Intervention Outpatient Clinic of our Department.

CANNABIS AND PSYCHOSIS: ANALYSIS OF THE EVIDENCE

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize that cannabis use in adolescence is associated with an increased risk of psychosis later in life and the model that better explains this complex interaction is gene x environment interaction.

Purpose: To examine critically the evidence that cannabis is associated to psychosis using criteria of causality.

Methods: We identified four studies that included a well-defined sample drawn from population-based registers or cohorts and used prospective measures of cannabis use and adult psychosis; and one systematic review of cannabis use and risk of psychosis.

Results: Cannabis use in adolescence is associated with an increased risk of psychotic symptoms and psychosis later in life. The earlier the onset of cannabis use, the higher the risk of psychosis and worse prognosis. Cannabis use appears to be neither a sufficient nor a necessary cause for psychosis. It is a component cause, part of a complex constellation of factors leading to psychosis. The model of gene x environment interaction is the one that better explains the complex interactions between cannabis and psychosis. Multiple variations in multiple genes, instead of a single genetic polymorphism, may promote an individual vulnerability for the development of psychosis.

Conclusions: Cases of psychotic disorder could be prevented by discouraging cannabis use among vulnerable youths. The model of gene x environment interaction is the one that better explains the complex interactions between cannabis and psychosis. Further studies of the biological mechanisms underlying the gene x environment interaction and multiple genes and environmental factors interactions are needed in cannabis/psychosis.

WHAT IS THE CONTRIBUTION OF SCIENCE TO THE FUTURE OF PSYCHOPATHS?

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Objectives: To emphasize the role of neurobiological mechanisms in the prevention and treatment of psychopathy in the future.

Methodology: To describe the neurobiological mechanisms of psychopathy based on online *Pubmed* research.

Results: Psychopathy is a serious personality disorder, being present in approximately 15% to 20% of criminal offenders. Psychopaths tend to lack feelings of empathy, guilt, and remorse. Additional common traits are often lack fear of punishment, impulsivity, difficulty in emotional regulation, and displays of antisocial and violent behavior. Psychopaths may also use superficial charm, conning, and manipulation to take advantage of others. For this people there is no evidence of successful treatment, and this is one of the reasons why this subject has been a big concern in Neuroscience. A lot of brain structures, hormones, neurotransmitters and neuronal networks have been being identified as responsible for these anti-social traits of personality.

Discussion and Conclusion: In future research, it will be important to identify how these systems work together to produce the unique compilation of traits and behaviors characteristic of psychopathy. Finally, by considering the similarities and differences between psychopathy and other disorders of emotion, we may be able to gain insight into possible mechanisms that produce and maintain the disorder, as well as potential methods of treatment and prevention of violent behaviors. However, what is the limit of human behavior manipulation?

VIRGINITY CONCEPT IN THE MOROCCAN SOCIETY

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Introduction

Virginity concept including its multiple meanings or functions remains clearly unexplored. This Greek, Roman and Egyptian concept is believed to be older than religions.

The importance given to virginity is not a marginal phenomenon, It is widely reported from Africa to Japan with relays in Europe and North America (Prejean, 1994).

In the Moroccan society, it appears to be more a social and cultural concept rather than related a religious one.

Indeed, what is the perception of virginity in the Moroccan society in the 21st century? And what is its ranking in the societal conditioning and what are the consequences on the sexual education of the future generations?

Objectives

The ultimate goal is to rise the controversies and to assess the need of establishing a sanitary and school sexual education. Our aim is also to deepen the reflection on virginity by developing the social and anthropological components in order to distinguish amalgams between religion and tradition.

Methodology

The study was conducted at two separate clinics sites which are the Centre Hospitalier Universitaire IBN ROCHD and Private practice clinics.

It is a cross-sectional descriptive study and the analysis was performed using the Epi-info 6 fr software.

Results

Results reported female sex predominance.

Preservation of virginity until marriage is advocated in our sample for 67% of those who believe it is important in our society.

Discussion

The results are conclusive in favor of social conditioning which is still very present.

Thus, it is interesting to notice how women who believe that virginity is not a principle to teach to their children longer think it is more a choice, not a taboo to exceed and therefore do not reject it any way, unlike men.

Conclusion

This descriptive cross-sectional study deals with a social taboo in our society, although increasingly abandoned in favor of Western values remains a controversial issue in Morocco. North africa and the Arab world which retain an impression of the sacredness of virginity in monotheistic religions but also as a symbol of tribal honor for millennia.

PSYCHIATRIC ANALYSIS OF THE PATIENTS HOSPITALIZED IN A GENERAL HOSPITAL BY SUICIDE ATTEMPT

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Educational Objectives: Although it's important role for ER in the general hospital to treat the patients who performed suicide attempt, at the conclusion of this presentation, if the psychiatric unit exists in the hospital, it will become an entrance to psychiatric treatment for the patients.

Purpose: To clarify the meaning of existence of the psychiatric unit in the general hospital.

Methods: We analysed the psychiatric characteristic of the patients who consulted Japanese Red Cross Narita Hospital with total 700 beds and 50 psychiatric beds by suicide attempt for 5 years of 2008 to 2012 retrospectively.

Results: The number of patients who consulted our hospital by the suicide attempt in five years was 662 and 407 of them were hospitalized. 310 patients hospitalized to the ward for emergency patients and 22 of them admitted to ICU of the ward directly. 41 patients hospitalized to psychiatric ward directly and 48 patients transferred to psychiatric ward from the emergency ward. The patients, not hospitalized and hospitalized to emergency ward without ICU, were mainly occupied (over 60%) with F4 and F6 domain and the patients hospitalized psychiatric ward were mainly occupied (over 60%) with F2 and F3 domain.

Conclusions: Most of the patients who need psychiatric treatment immediately, such as schizophrenia or major depression, were hospitalized or transferred in the psychiatric ward, on the other hand most of the patients of adjustment disorder or personality disorder were not hospitalized or stayed only one night in the emergency ward. It turned out that existence of the psychiatric ward in the general hospital has screening and entrance function to psychiatric treatment for the patients who performed suicide attempt.

Literature Reference: Kirsi Suominen, Jouko Lönnqvist. Determinants of psychiatric hospitalization after attempted suicide. *General Hospital Psychiatry* 2006; 8(5) : 424-30

CONSUMPTION OF NONCOMMERCIAL ALCOHOL AMONG ALCOHOL DEPENDENT PATIENTS

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Background: The problem of the consumption of noncommercial alcohol in the Commonwealth of Independent States (CIS) countries has attracted the attention of researchers and specialists in the public healthcare field after the epidemic of poisonings by surrogate alcohols in 2006. Despite the extreme urgency of the problem, our knowledge with respect to the prevalence of the consumption of surrogates in CIS, as well as the style and motives of their consumption remains fragmented.

Purpose: The goal of this study was to some extent to fill this gap by studying the prevalence of the consumption of noncommercial alcohol among alcohol abuse clinic patients.

Methods: A study was conducted in the Belarusian city Grodno in 2012 with 223 alcoholics admitted to narcological clinic to explore noncommercial alcohol drinking using structured interviews. Types of surrogates consumed and reasons for their consumption were investigated.

Results: The most popular unlicensed alcoholic beverage among persons dependent on alcohol is moonshine (*samogon*), which 52.9% of patients consume at least one time a month while 14.3% do so at least one time a week and 8% do so 2-3 times a week, and 2.1% on a daily basis. These data suggest that at least 20.2% of patients regularly consume moonshine. According to the results, 11.8% of patients use surrogates (industrial spirits, medications containing alcohol: Hawthorn tincture, Motherwort tincture). Answers to the question regarding the reasons for consuming moonshine are distributed as follows: “moonshine is chemically a purer product than state vodka” – 41.4%, “the cheapness of moonshine” – 27.6%, “moonshine is a traditional alcoholic beverage” – 18.4%, and “physical availability of moonshine” – 10.3%. The majority of patients (77.4%) believe that moonshine is a chemically pure, “natural” product, and only 22.6% believe that moonshine is a chemically “dirty” product, hazardous to health.

Conclusions: The results of this study suggest that every fifth alcoholic regularly consumes moonshine, and every tenth of respondents periodically consumes surrogates, the most popular among which are medications with a high percentage of ethanol and industrial spirits. The belief that, according to quality criteria, moonshine exceeds state vodka is the main motive for its consumption. In this regard, it is urgent to inform the population about the potential risk to one's health from consuming moonshine and surrogate alcohols. The complex of these measures will allow the level of alcohol-related problems in society to be reduced.

PSYCHOSOCIAL DISTRESS AS A RISK FACTOR OF ISCHEMIC HEART DISEASE MORTALITY

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Background: Ischemic heart disease (IHD) is the leading cause of morbidity and mortality in the industrialized world. Recent research evidence suggests that psychosocial distress has been implicated as both a precursor to IHD and significant risk factor for death in those with established IHD. According to WHO, psychosocial distress will be the most harmful risk factors for the development of IHD in the near future. Some experts have underlined the importance of the psychosocial distress of economic and political reforms as the main reason for the IHD mortality crisis in Russia in the 1990s.

Purpose: The aim of the present study was to estimate the effect of psychosocial distress on IHD mortality rate in Russia.

Methods: Trends in age-adjusted, sex- and age-specific suicide (as an integral indicator for psychosocial distress) and IHD mortality rates in Russia from 1980 to 2005 were analyzed employing a distributed lags analysis in order to assess bivariate relationship between the two time series.

Results: Time series analysis indicates the presence of statistically significant association between the two time series for males and females at lag 0. The estimated effects of psychosocial distress on the age-specific IHD mortality rates for men were positive for all age groups ranging from 0,52 (15-29 age group) to 0,77 (45-59 age group). The estimated effects of psychosocial distress on the age-specific IHD mortality rates for women were positive for age groups 15-29 (0,29), 30-44 (0,62), 45-59 (0,63) and 60-74 (0,44). As expected, middle age men had the strongest association between psychosocial distress and IHD mortality rates

Conclusions: These findings indicate that psychosocial distress is an important contributor to the high IHD mortality rate in Russian Federation. The results from present study also suggest that the Russian IHD mortality crisis in the 1990s is most likely to have been precipitated by the psychosocial distress imposed by rapid societal transformation. The experience of Russia should serve as an example of how societal-level change can influence the health of a population.

THE MYTH OF GLOBALIZATION: THE REALITY OF THE STRUGGLE OF KINSMEN OF PERSONS WITH SCHIZOPHRENIA

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Globalization has led to the rapid rural-to-urban migration, diminishing social support, increasing prevalence of nuclear families and an imbalance in rural-urban distribution of need-based services to persons with schizophrenia. These kinsmen caregivers face greater burden among all 'functional disorders', yet there is low recognition of the role of kinsmen burden hailing from rural, semi-urban and urban areas.

Purpose: To estimate the effects of globalization on burden of kinsmen caregivers hailing from rural, semi-urban and urban areas

Methods: Data for this descriptive cross-sectional study was collected from a tertiary care centre in Bangalore, India. 2,680 in-patients records were initially abstracted for chronic mental illness information and 1,917 (71.53%), patients with diagnosis other than schizophrenia, were excluded and 764 (28.47%) persons with schizophrenia who were above the age of 20 years and a first degree relative, were eligible. However, a further 451 (both patient and kinsmen caregiver) did not meet the study criteria. A final sample of 200 (7.46%) kinsmen, who consented to participate, was recruited using multiphase, purposive random sampling. They were assessed on constructed socio-demographic and Burden Assessment Schedule.

Results: Tests included descriptive statistics, correlation and two-way ANOVA, using SPSS version 16 (SPSS Inc, Chicago, Ill). Severity of burden was experienced by kinsmen caregivers. Correlation was significant on education, type of employment and income ($p < 0.01$). Two-way ANOVA revealed that burden was significant in children ($p < 0.001$), 30 - 40 years age group ($p < 0.05$) and support of patients ($p < 0.001$) from rural areas; spouses ($p < 0.001$) and kinsmen with low profile jobs ($p < 0.01$) from semi-urban areas and uneducated ($p < 0.05$) and unskilled labourers ($p < 0.0$) from urban areas.

Conclusions: Study findings suggest that place of residence can be a crucial factor affecting kinsmen burden. The study supports the role of Psychiatric Social Workers in addressing the issues of kinsmen burden in the community, whose needs need to be met, as they are the major resource and backbone of the non-institutional care of persons with schizophrenia. This gains importance, as India is in the process of making amendments to the various Disability Acts in the country.

Key words: Burden, Globalization, Kinsmen relationships, Place of residence

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QUALITY OF LIFE IN SCHIZOPHRENIC INDIVIDUALS: 5 YEARS OUTCOME

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Aims: Schizophrenia is a long-lasting disease that affects life quality. Actually life quality is accepted to measure wellness and function of schizophrenic stabilized patients (1). This study follows to evaluate variables that can influence life quality measured through the course of disease.

Material and methods: Observational 5 years follow up study including 45 individuals with paranoid schizophrenia in outpatient specialized psychiatric, psychological and occupational clinical treatment. We assessed life quality using Quality of Life Scale (QLS) in 4 cut points.

In statistical analysis we used ANOVA mix design 4x2 looking for the relation between QLS scores in the four cut points and dichotomy variables: gender, intelligence quotient, illness duration and age of onset of schizophrenia.

Results: The relation between QLS score and independent variables on the inter-subject factor in each of the 4 evaluation cut off periods show a statistically significant association: women and total QLS score, QLS-Interpersonal relations score, QLS-Instrumental role ($p < 0.05$) and illness duration and total QLS score.

Conclusions: In our sample, life quality improves throughout the period measured (2), interestingly as the interpersonal relations rate increases (3). Women have better life quality than men (4) as others studies that emphasized gender importance had reported before.

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PREVALENCE OF PSYCHIATRIC DISORDERS IN MINOR DELINQUENT GIRLS INDOOR IN SOCIAL CENTER

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Background :

Violence, delinquency and psychiatric disorders are mostly connected. The relation between these three components is insignificantly evoked while the social authorities continual demand.

Objectives:

The goal of this study was to establish sociodemographic profile, delinquency and psychiatric evaluation of the minor delinquent girls.

Methods:

This transverse study was realized in the center for child protection of Fez, Morocco (CCPF). Fifty minor girls between 12 to 18 years living in (CCPF) were studied. A heterogeneous questionnaire containing the sociodemographic data, the impact of violence and delinquency was used. The psychiatric scales of evaluation such the MINI, for diagnosing the existing psychiatric disorders, the Hamilton's scale for assessing the severity of anxiety, and Beck's depression inventory were all used.

Results:

Most of the girls presented a generalized anxiety that has manifested as a major anxiety in 54 % of cases, with a score greater than 15 in the Hamilton scale. The depression scale found a severe depression in 40 % of cases. The post-traumatic stress disorder represented 38 %, and the panic disorder was recorded in 28 %. The drugs usage was found in 40 % of the investigated girls, while physical violence was practiced on 58 % of cases.

Conclusion :

This descriptive study noticed an important occurrence of psychiatric disorders among minor delinquent girls of this sample. A consideration of the diagnostic and therapeutic modalities of psychiatric complications is critical for the responsible authorities.

DUAL DIAGNOSIS IN GALICIA MIGRANT GROUP: FOLLOW-UP STUDY OF 12 MONTHS LIFESPAN.

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Educational Objectives: Immigration in Spain appears from the 90s and reaches nowadays about 14.1 % of the Spanish population. (0). Among the most important problems that present this population is unemployment, exceeding the 26.02% of the workforce in Spain. This coupled with the problems of the overseas population: cultural change, uprooting, etc., causes increased vulnerability present both to addictive disorders, like other psychiatric co morbidities, which is now called as Dual Diagnosis. The challenge of the care teams is to detect this condition and achieve effective approaches within the problematic of this population.

Purpose: To evaluate the prevalence of dual pathology and its evolution over the 12 month follow-up among the migrant population served in units of addictive behavior in the health area of A Coruña.

Methods: Longitudinal follow-up study for 12 months

1). - **SAMPLE:** migrant patients who started treatment in the two units of addictive behaviors (UCAS) of A Coruña (Galicia) in 2010. We studied a total of 123 subjects, 59 drug users from UAD and 64 of alcoholism.

2). - **INSTRUMENTS:** for registration of Dual Diagnosis, we have taken into account the information available in the medical records of two centers, based on the DSM-IV TR. And we select a set of variables that describe the patient profile and also unified the criteria for care intervention.

The data analysis was performed stratification of different subtypes of migrants (immigrants, returnees-born outside Spanish territory-, and nationalized.), as well as, according to their origin and situation (documented and undocumented).

RESULTS PREVIEW: In the group treated migrant, the prevalence of dual diagnosis amounted to 48% of the population. They represent 50.9% of those affected by drug and 44.2% of those affected by alcoholism.

1. On Axis I, in both UCAs predominate T. mood, but more pronounced in the drug (60%); in both centers, in this diagnostic category highlights the presence of bipolar disease in around 10%.
2. On axis II, we observed significant differences in both care units: in alcoholism unit predominates T. antisocial personality, compared to the limits unspecified drugs unit.

Conclusions:

The immigrant population has a high vulnerability. This makes recommended careful look out of this population. This could monitor for a health care process improvement

and encourage higher quality care for this group of patients, since they are highly stigmatized and socially marginalized.

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21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

2

Life-Span perspectives of mental health

Posters Session

CHARACTERISTICS OF “HEAVY USER” IN A PSYCHIATRIC DEPARTMENT IN VIENNA

Petra Pröglhöf, Vera Pfersmann,
SMZ Otto-Wagner Spital mit Pflegezentrum, Vienna

Objectives

Readmission rates can be seen as quality indicator in the psychiatric health care system. The risk of readmissions depends not only in the severity of illness but also on other factors like the accessibility of ambulant care, the inpatient duration of stay and coercive treatment. The aim of this study was the analysis and discussion of sociodemographic factors which may influence the frequency of readmissions at a regional psychiatric department in Vienna.

Methods

In a retrospective study within a 5-year period (2007-2011) all consecutive admissions have been analysed (n=4455 admissions/n=2325 patients) in a first step. 64 patients (2,8% of the sample) with $n \geq 5$ admissions/year have been analysed regarding to the following variables:

Characteristics of patients

- Diagnose (ICD 10)
- Comorbidity
- Age
- Sex
- Number of admissions (pre-study)
- Lodging situation (homeless, apartment, assisted living)
- Medical Care system outside hospital
- Trustee / Power of attorney
- Income and social situation

Characteristics of the admissions

- Length of stay
- Length to readmission
- Number of admissions within study period
- Involuntary/voluntary admission
- Situation of discharge (planned/aborted by patient)

Results

In the study period of 5 years 2,8% of all patients have been identified as “heavy user”. This small group of the cohort accounted for 18% of all admissions at the department. Results of a first analysis of patients of the acute admission ward (n=36) show that factors like controlled habitation situation and/or a functioning care system outside the hospital are likely not as strong factors as assumed. Risk factors like involuntary admission or the discontinuation of treatment by the patient have been over-represented in the sample. Further results will be presented and discussed.

Conclusion

In the future optimized treatment-concepts will be necessary for this patient group, which obviously doesn't profit sufficiently from the current health system opportunities. This group of patients with severe psychiatric illness brings up ethic considerations between self-determination/autonomy on the patients' side and the mandate/duty of care on the institutional/ legal side.

INFORMATION AND ATTITUDES OF THE RELATIVES OF INDIVIDUALS WITH MENTAL ILLNESSES ON NON-MEDICAL APPLICATIONS THEY USE FOR THEIR PATIENTS

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As the frequency of the psychiatric diseases is incontrovertibly high in the society, knowledge, attitude and behaviors of the society for the mental diseases and their treatment have gained more importance (1). Behavior of seeking help that can be handled with in multi-phased model such as recognizing and accepting any problem, understanding the medical /psychiatric quality of the problem, contacting the therapists for help and accepting and adjusting to the suggested help/ treatment methods is perceived within the social/cultural context the person lives in in every phase (2).

Aim: The inclination to the non-medical applications and attitudes to the mental diseases and their treatments in our society have led us to make a research in this subject. This study was carried out to determine the information and attitudes on non-medical applications of the first degree relatives of individuals with mental illness and the factors influencing this condition.

Material Method: First degree relatives of the patients monitored in psychiatry polyclinic participated in the research between January 2012 - May 2012. (n=80). Data of the research were collected through “Descriptive Information Form”, “Information and Attitude Data Form for Non-medical Applications” and “Help Seeking Attitude Scale”.

Results: 60% of participants have resorted to the applications regarding non- medical treatment for their patients whom they present care, 34.3% of those have stated they have applied to these practices as these persons are in desperation and hopelessness and 26.5% due to their personal belief. 89.1% of participants have sought religious/spiritual application but 67.5% have indicated that they do not want to keep on this application, 78.7% said that application has not affected well-being status. It has been found that help seeking attitudes of the individual who use non-medical applications. However, considering the characteristics of care providers, it is seen that the features such as being woman, being mother, living in the same house with patient, bringing to hospital forcibly, existence of financial income support increase the desire and attitude of help seeking.

Conclusion: As use of non-medical applications is at high rates in psychiatric cases, health workers should raise their awareness on this subject and give information about the importance of the continuance of medical treatment. The sustainability of communication with the family members in charge of patient care may be supporter for prevention of the side effects (drug interactions etc.) and the chronicity of diseases.

SOCIAL, DEMOGRAPHIC AND HEALTH OUTCOMES IN THE TEN YEARS FOLLOWING ADOLESCENT DEPRESSION: EVIDENCE FROM A NATIONAL CANADIAN COHORT

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Educational Objectives: To be able to recognize the social, demographic and health consequences of teenaged depression.

Purpose: To determine and describe the social, demographic, and health outcomes of adolescent depression during a 10-year period of transition into early adulthood, using a population-based cohort of Canadian teenagers.

Methods: Depression status on 1027 adolescents aged 16-17 years was ascertained from the National Population Health Survey. Social and health outcomes (i.e., employment status, marital status, personal income, education, social support, self-perceived stress, heavy drinking, smoking, migraine headaches, adult depression, antidepressant use, self-rated health and physical activity) were measured every two years until the ages of 26-27. Logistic regression was combined with a generalized linear mixed model approach to determine the odds of health and social outcomes in depressed versus non-depressed adolescents.

Results: Proximal effects of adolescent depression were observed (at ages 18-19) on all outcomes with the exception of physical activity. Significant effects that persisted after 10 years included depression recurrence, higher severity of symptoms, migraine headaches, poor self-rated health, and low levels of social support. Adolescent depression did not appear to significantly affect employment status, personal income, marital status or educational attainment.

Conclusions:

The transition from adolescence to adulthood is a particularly vulnerable period due to educational, employment and social changes that may be occurring. The results of this study indicate that the onset of depression during adolescence may be indicative of problems of adaptation that persist at least a decade into early adulthood.

PERCEPTIONS OF REMINISCENCE THERAPY AMONG DEPRESSED CHINESE AND WESTERN OLDER ADULTS

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Educational Objectives: Depressive symptoms are one of the leading health issues nowadays and as the number of older adult population are increasing globally and the percentage of older adults with depression and depressive symptoms is also increasing.

Reminiscence is one of the psychological therapies used to treat depression and depressive symptoms.

Purpose: The aim of this study is to review the effectiveness of reminiscence in treating older adults with depression or depressive symptoms among western and Chinese culture.

Methods: This study had adopted a meta-analysis approach of the present literature available using Effect Size (ES) calculation that were published before September, 2012. The inclusion criteria of the literature is that the sample of the studies should older adults aged 60 or above presenting with depression or depressive symptoms.

Results: Three (Chiang et al., 2009; Wang, 2005; Wang et al., 2005) of Chinese older adult depressive symptoms therapy studies were using reminiscence therapy to treat Chinese older adult depressive symptoms and it was compared against the Effect Size (ES) value of one western older adult depressive symptoms that had used reminiscence therapy to treat depressive symptoms (Jones, 2003).

From the above ES value, it was noted that reminiscence therapy is relatively more effective and applicable to Chinese older adult with depressive symptoms (Chiang et al., 2009) with an ES value of 1.06.

Scholar name and publication	Population	Assessment tool	Cohen's <i>d</i>
Wang, 2005	Chinese	GDS	0.60
Wang et al., 2005	Chinese	GDS	0.22
Chiang et al., 2009	Chinese	CES-D	- 1.06
Jones, 2003	Western	GDS	0.08

Conclusions: The results from the analyse shows that western older adults (ES=0.08) comparatively score lower in the effectiveness of using reminiscence in treating depression and depressive symptoms. This may be due to culture difference as Chinese older adults are always thinking and recalling on past experience and as an exposure of learning from the experience that had been taught by their ancestors.

EFFECTIVENESS OF COGNITIVE BEHAVIORAL THERAPY (CBT) AMONG CHINESE AND WESTERN OLDER ADULTS

B. Kaur¹

¹. Nursing, The Open University of Hong Kong

Educational Objectives: Studies stated that depression was the fourth highest source of Disability Adjusted Years (DALYs) in 1990, and it is estimated to rise to be the second most common cause of DALYs in 2020. CBT is described as an “active directive, time-limited, structured approach” in the sense of treating depressive symptoms.

Purpose: The aim of this study is to evaluate whether CBT is effective to be used to treat depression or depressive symptoms present in western and Chinese older adults.

Methods: A meta-analysis methodology will be adopted in this study to evaluate the studies that had been published using Cognitive Behavioral Therapy (CBT) to treat depression or depressive symptoms of older adults in western and Chinese population from June, 2012 to December, 2012.

Results: From the above ES value, it is noted that CBT is relatively more effective and applicable to western depressed elderly population (Cook, 1998).

Scholar name and publication	Population	Assessment tool	Cohen's <i>d</i>
Gallagher-Thompson et al., 2007	Chinese	CES-D	0.11
Cook, 1998	Western	GDS	- 0.62
Thompson et al., 2001	Western	BDI-LF	0.26
Thompson et al., 2001	Western	Ham-D	0.38

Conclusions: Cognitive Behavioural Therapy (CBT) is more effective to be used to treat Western older adults with depression or depressive symptoms which may be due to the personality and culture factor that is present in western older adults. Westerner is often more free and open to express their feelings which are one of the crucial factors in CBT to be successful or not.

TAI CHI AS TREATMENT FOR CHINESE AND WESTERN OLDER ADULTS DEPRESSION

B. Kaur¹

¹. Nursing, The Open University of Hong Kong

Educational Objectives: Practicing Tai Chi also enhances and improves the psychological health of individual as well. Brown et al (1995) and Chen and Sun (1997) had stated that individual who practice Tai Chi had a reduced and lower level of anxiety, depression and mood disturbance.

Purpose: The aim of this study is to evaluate whether CBT is effective to be used to treat depression or depressive symptoms present in western and Chinese older adults.

Methods: A meta-analysis methodology will be adopted in this study to evaluate the studies that had been published before September, 2012 that uses Cognitive Behavioral Therapy (CBT) to treat depression or depressive symptoms of older adults in western and Chinese population .

Results: From the above ES value, it is noted that Tai Chi is relatively more effective and applicable to Chinese older adult with depressive symptoms with a ES value of 2.44.

Scholar name and publication	Population	Assessment tool	Cohen's <i>d</i>
Chou et al., 2004	Chinese	CES-D	2.44
Fuzhong et al., 2001	Western	CES-D	0.922

Conclusions: Western older adults score comparatively lower than Chinese older adults when using tai Chi to treat depression and depressive symptoms. Tai Chi is a common form of exercise practiced among Chinese older adults. Thus, this helps in their adaptation in the exercise and feels more comfortable thus they can express themselves more freely.

A CONTINUUM MODEL OF CARE SYSTEMS: CAREGIVERS VS. CARETAKERS

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Educational Objectives:

To develop a continuum model of care systems for people with psychiatric disability, the psychoeducation program was more essential for the caretakers (well sibling carers) than the caregivers (parents), especially in training them coping with the psychiatric symptoms.

Purpose

The purpose of the study explored the continuum model of care systems for individuals with psychiatric disability that could be provided by their well siblings.

Methods:

The quantitative method was utilized to analyse the collected data. A total of 213 family members composed of an individual with psychiatric disability and his/her carer were recruited from three psychiatric hospitals and two community rehabilitation centres for ten months. A questionnaire that was administered to participants included questions regarding socio-demographic characteristics, level of involvement, control attribution scale, role identity, impact-on-family scale, self-mastery scale, stigma, self-esteem scale, family attitude scale and CES-D. T-test and F-test were employed to analyse differences between the groups.

Results:

There were 130 well siblings (mean age=50.37) care for the ill sibling (mean age=48.52), and 83 aged parents (mean age=66.17) provided care systems for their ill children (mean age=40.86). Compared with the caretakers, more caregivers tended to be the female taking care responsibility than the male. The well siblings having a stable socioeconomic status presented greater capacities in acting as caretakers. The caregivers had less alternatives to decide the role of care playing. There were significant differences in gender, education level, household income, the self-involvement of caring system, and illness attribution between the caregivers and caretakers. The caregivers believed that the ill family members had higher self-control abilities than the perceptions of the caretakers had ($t=2.24$). The self-esteem and the role of care identity of caregivers were higher perceived than the caretakers ($t=4.04$ vs. $t=2.48$). The moods ($t=-2.8$) and health conditions ($t=4.02$) of the caregivers were more strongly influenced by the severe mental illness than the caretakers. The caregivers and caretakers exhibited significant differences in their belief of a positive future ($t=2.60$) toward the family member with psychiatric disability.

Conclusions:

The well siblings are likely to be an important resource in the continuum model of care for individual with psychiatric disability. Clinicians need be aware of the essential roles of well siblings playing in the life courses of patients and to help their patients to develop more reciprocal relations with their well siblings and provide psycho-education programs to cope with the disturbances of psychiatric symptom.

PROGNOSIS OF THE EMOTIONAL AND BEHAVIORAL PROBLEMS OF THE JAPANESE YOUTH

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Purpose: The purpose of this study is to make clear the prognosis of the emotional and behavioral problems concomitant with mental disorders of the Japanese youth.

Methods: Retrospective data analysis of the medical charts was done to the patients who had been under the first author's treatment at Kita-no-Maru clinic. Forty youngsters below the age of nineteen at the first interview who had sufficient medical information and received treatment at least six months were chosen as objects of the study. The data at the first visit contained demographic factors, psychiatric diagnosis, behavioral problems, and mental status evaluated by GHQ28(=general health questionnaire), CBCL(=child behavior checklist) and YSR(=youth self report). The patient's adjustment or recovery levels were followed by GAF(=global assessment of functioning) scales at the first visit, 6 months later, 1 year later, 3 yrs later and 5 yrs later, respectively.

Results: 1) There were 22 males and 18 females and their average ages at the first visit was 15.6 years old ranged from 11 yrs to 18 yrs old. The psychiatric diagnoses were composed of *schizophrenia*(n=22), *depression*(n=14), *neurosis*(n=14), *psychogenic reaction*(n=11) and *developmental disorders*(n=7). The problems were *nonattendance at school*(n=30), *social withdrawal*(n=9), *self harm or wrist-cutting*(n=8), *communication problems*(n=7), *suicide attempt*(n=6), *delinquency*(n=5), *domestic violence from child toward parent*(n=4), *child abuse*(n=4), *bullying*(n=4), *eating disorders*(n=2) and *sleep disorders*(n=2).

2) The general mental health at the first visit was assessed by four subscales[0~7] of GHQ28[0~28]; *depression*(3.8), *social activities*(3.8), *anxiety/sleep problem*(4.4), *physical symptom*(3.6) and total GHQ28 score(15.6). The CBCL scores were; *withdrawn* 67.7*, *somatic complaints* 64.0, *anxious/ depressed* 68.6*, *social problems* 59.4, *thought problems* 64.5, *attention problems* 60.5, *delinquent behavior* 57.5, *aggressive behavior* 58.8, *Internalizing* 68.4**, *Externalizing* 60.2*, *Total CBCL score* 67.1** (normal range, borderline range*, clinical range**). Follow-up of objects by GAF[1-100] showed; 40.6(first visit, n=40), 55.4(6 months later, n=39), 59.7(1 year later, n=23), 65.5(3 yrs later, n=11), 85.0(5 yrs later, n=1), which were statistically different between each point of assessment.

3) A multiple regression analysis was made to find out factors affecting treatment outcome. Recovery rate at 1 year later was better for females than for males. Adjustment level at the first visit assessed by GAF was most significant to the recovery rate. Psychiatric diagnoses were significant for schizophrenia, depression and neurosis. Problems were significant for domestic violence, child abuse, suicide attempt and self-harm. Questionnaires(GHQ, CBCL, YSR) at the first visit had little significance.

Conclusions: There were three major factors at the first visit which related significantly to the treatment outcome. 1) Violence or violent aggressiveness which could be divided into two types. One is IntraFamily violence, such as child abuse(violence from parent toward child) and domestic violence of the Japanese type(violence from child toward parent). The other is IntraSelf violence which includes self-harm and suicide attempts. 2) Psychopathology inherent in psychosis, depression, neurosis and psychological reaction. 3) Social adjustment level assessed generally by GAF at the first visit.

Educational Objectives: The participants will recognize the importance to have the outlook with clinical evidence for the prognosis of the problematic youngsters.

THE IMPACT OF GENDER ROLE AND TRADITIONALISM-MODERNITY ON PATERNAL MENTAL HEALTH PROBLEMS AMONG HONG KONG EXPECTANT FATHERS: A LONGITUDINAL STUDY

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Educational Objectives:

At the conclusion of this presentation, the participants should be able to identify the high-risk expectant fathers and recognize the significant impact of gender role and traditionalism-modernity on paternal mental health problems. With the knowledge they should be able to design better prevention and interventions for paternal mental health problems, particularly catered for fathers with different personality traits.

Purpose:

The present study aims at identifying psychosocial risk factors and to examine the significance of gender role and traditionalism-modernity as personality traits for paternal anxiety, depression and psychosomatic symptoms in the perinatal period.

Methods:

622 expectant fathers were recruited in early pregnancy and were followed up at 36 gestational week and six week postpartum. Psychosocial (unplanned pregnancy, marital dissatisfaction, self-esteem, social support, work family conflict) risk factors were assessed. Gender Role and Traditionalism-modernity, risk factors and the outcome variables including paternal anxiety, depression and psychosomatic symptoms were assessed using standardized and validated psychological instruments in all 3 time points.

Results:

Expectant fathers with poor self-esteem, poor social support and high level of work family conflict were at particular risk of developing anxiety and depression and reported higher occurrence of psychosomatic symptoms across the perinatal period. Marital distress showed the strongest association with higher level of anxiety and depression among masculine fathers in late pregnancy. Marital distress had the strongest association with psychosomatic symptoms among feminine fathers in late pregnancy. However, at six weeks postpartum, the strongest association between marital distress and psychosomatic symptoms was found among undifferentiated fathers. For fathers who adopted traditional values, marital distress had the stronger association with higher level of anxiety and depression in late pregnancy and postpartum period compared to modern fathers. Poor self-esteem, poor social support and high level of work family conflict were associated with higher occurrence of psychosomatic symptoms in traditional fathers in the postpartum.

Conclusions:

The present study addressed the current research gap and points to the need for greater research and clinical attention to paternal mental health problems, particular in the context of changing societal expectations on gender role and fatherhood. The significant psychosocial risk factors identified the present study will be useful in guiding the screening of high-risk fathers. The present findings contributed to theoretical basis of the relationships among personality traits, risk factors and mental health problems and have clinical implications for the designing different identification, prevention, and interventions for fathers with different gender roles and adherence to traditional values.(398 words)

RECOVERY WITHIN THE PSYCHIATRIC MENTAL HEALTH AREA: NURSES' OPINIONS

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Recovery is identified as “a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness” (Antony, 1993) Symptomatic improvement may play a role in a person's recovery, but personal recovery is specifically based on self-help or self-management and empowerment. Therefore the recovery approach requires a different relationship between service users and professionals. Recovery brings user involvement and person-centered care. Nurses should be aware of their beliefs to implement recovery-oriented service.

Educational Objectives: The participants should be able know:

- The recovery concept and the nurses' opinions about it
- The importance of recovery-oriented service

Purpose: This study presents a thematic analysis to examine the nurses' opinions about recovery in mental health area.

Methods: The methodology of the study is based on a qualitative descriptive design. The nursing group as participants of the study were various grades and experience currently working in inpatient mental health services. Four following themes being asked to nurses and written statements was used for data collection and thematic analysis was used for data evaluation:

What is “recovery”?

Is recovery possible for people with mental health problems ?

What the things that provide recovery?

What are the indicators of recovery?

Results: Recovery was identified as personal and social rather than the medical definition of absence of symptoms which could be referred to as clinical or complete recovery. However, nurses also expressed that recovery is not possible for everyone and recovery is depend on the type of illness, social sources that service users have.

-The factors that provide recovery were listed as related to life conditions and strengths of service users, treatments and health teams.

-Indicators of recovery are identified as meeting own individual needs, adopting to the social life, managing the illness process and having expectation from futures.

Conclusion: Nurses should be sensitive about recovery and need to understand what it means to support its implementation across services. Therefore, recovery should be included in both the curriculum of nursing education and in-service education programs.

Literature Reference

-Anthony WA. Recovery from mental illness: the guiding vision of the mental health system in the 1990s. *Innovations and Research* 1993; 2:17-24.

ADDICTIVE BEHAVIORS AMONG TEENAGERS: THE NEED TO IMPLEMENT EFFECTIVE PREVENTION PROGRAMS

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The effects of the developing teenage brain – poor impulse control, favoring low-effort yet thrilling experiences, and heightened sensitivity to the social benefits of intoxication – may contribute to an initial decision to use drugs or begin pleasurable behaviors and make the experience rewarding enough to repeat it ignoring the negative consequences of such conducts. Therefore, adolescents are more vulnerable than any other age group to developing nicotine, alcohol and other drug addictions. As substance and behavioral addictions share common neurobiological mechanisms as well as characteristic clinical patterns, the present study aimed to assess the prevalence of behavioral addictions and psychoactive substances consumption in an adolescent population.

Five hundred high school Italian students were assessed in order to evaluate the prevalence of conducts referable to behavioral addictions including pathological gambling, physical exercise use, eating disorders and compulsive Internet use, and substances use and misuse: nicotine, alcohol, hashish, marijuana and ecstasy.

Seventy-five percent of the students consumed alcohol occasionally (one time a week or less) while 13.2% drank it frequently (almost one time a day). An occasional consume of psychoactive substances was found in 20.2% of students; 6.8% of the sample took frequently illegally compounds: the most used was marijuana. The majority of sample used Internet daily with an important percentage of students showing difficulties to manage time on web. 5.8% showed problematic gambling and 9.6% compulsive buying behaviors. For what concern eating, 22.8% of students reported some problems in this area.

Compulsive behaviors seem to be very frequent among adolescents as well as substance use and misuse. The strong presence of different forms of addiction, whether induced by psychoactive substances and behaviors, is in line with the hypothesis of a common psychopathological dimension underlying these phenomena. Procedures and instruments for detecting not only substance abuse but also behavioral addictions among adolescents should be predisposed with the aim to develop and implement effective prevention programs.

References:

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PHYSICAL ACTIVITY AT 11 YEARS OF AGE AND INCIDENCE OF MENTAL HEALTH PROBLEMS IN ADOLESCENCE: PROSPECTIVE STUDY

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Educational Objectives: Display results about the association between physical activity practice and the incidence of mental health problems from 11 to 15 years of age using data from a birth cohort study in Brazil. At the conclusion of this presentation, the participants should be able to recognize the direction and magnitude of this association.

Purpose: The influence of physical activity practice on mental health is still unclear. The aim of this study was to evaluate the association between physical activity practice at 11 years of age and the incidence of mental health problems from 11 to 15 years of age using data from a birth cohort study in Brazil.

Methods: Mental health was assessed using the Strengths and Difficulties Questionnaire (SDQ). We excluded from the prospective analyses the 1.333 adolescents who presented mental health problems at 11 years. At 15 years, the continuous SDQ score was used as the outcome variable. The main analysis included 2.886 adolescents. Leisure-time physical activity was assessed via self-report, and individuals were categorized into three groups based on the weekly score.

Results: The incidence of mental health problems was 13.6% (95%CI 12.4; 14.9); it was higher among girls (15.3; 95%CI 13.5; 17.1) than boys ($p=0.006$). At 11 years, 35.2% of the adolescents achieved 300 minutes per week of physical activity; boys (46.0%; 95%CI 43.3; 48.7) were more active than girls ($p<0.001$). In the unadjusted analysis, physical activity practice was inversely related to the incidence of mental health problems ($p=0.043$). After adjustment for confounders, the association was no longer significant in the whole sample, but was significant among boys ($p=0.044$).

Conclusions: Physical activity appears to be inversely related to mental health problems in adolescence, but the magnitude of the association is weak to moderate.

DEPRESSIVE SYMPTOMATOLOGY AND ATTACHMENT REPRESENTATION DURING IMPATIENT PSYCHOTHERAPY

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Insecure attachment and maladaptive relationship patterns are meaningful risk factors for the development and perpetuation of Depression. Previous studies have reported associations between negative attachment experiences in childhood and depression in adulthood (Dozier et al., 2008). Attachment theory (Bowlby, 1980) offers empirically testable explanatory models of how negative attachment experiences (separations, losses) yield insecure attachment representations involving maladaptive relationship patterns. So far, little is known about the changes of attachment representations through psychotherapeutic inpatient treatments and their relationship to depressive symptomatology.

In order to better understand causes and factors for treatment of depression, an empirical examination of potential associations between changes in depressive symptomatology and attachment representations is urgently required.

The present sample consisted of 20 women aged 20-48, who were recruited from the inpatient unit of the Clinic for Psychosomatic Medicine and Psychotherapy, University Medical Centre Mainz. Inclusion criteria were the diagnosis of Depression and/or Dysthymia (SKID-Interview). Pregnant women and patients with Borderline-Personality or eating disorders were excluded. Average length of hospital stay was 8 weeks. Depressive symptomatology was measured via self-report by means of the PHQ-9 (Patient Health Questionnaire depression module (Loewe et al., 2002) at time of admission (T1) and discharge (T2). Attachment representation was also assessed at T1 and T2 with the Adult Attachment Interview (AAI, George et al., 1985). All Interviews were verbatim transcribed and afterwards coded with the four-way (secure, insecure dismissing, insecure-preoccupied and unresolved state of mind) coding system according to the Main et al. (2002) by trained and reliable coders. In line with findings of Roisman et al. (2007) the 'Coherence of Mind' Scale (range 1-9) was used as dimensional interpretation of Attachment Security. The study was approved by the local scientific ethics committee and written informed consent was obtained from all participants.

To present, data analyses are still running. We expect (1) insecure attachment to be overrepresented in our clinical sample (compared to nonclinical populations) (2) a significant decrease in depressive symptomatology after inpatient treatment (3) a significant increase in attachment security after inpatient treatment. We further hypothesize that decreases in depression are significantly associated with increases in attachment security.

Our study underlines the importance of incorporating patients' representations of early attachment experiences in the treatment of depression.

LIVING WITH MENTALLY ILL PARENTS: THE CHILD PERSPECTIVE

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Educational Objectives: It is known that health care workers are seemingly deprived of awareness to understand the experiences of the children have a parent with mental disorder. There is an obvious lack of relevant studies in Turkey investigating the emotions, thoughts and experiences of these children.

Purpose: This study aims to define the emotions, thoughts and experiences of children who live with parents have a mental disorder.

Methods: Phenomenological method was chosen and the study sample included 15 children according to the “data saturation”. Written statements of the participants were collected with a questionnaire form and analyzed suggested by Colaizzi.

Results: The study sample included eight girls and seven boys. Six of the participants were attending primary schools and nine were high school students. While 13 children had mentally ill mothers, both parents of two children were diagnosed with a mental disorder. Five main themes emerged: “everything has changed”, “do you call mine a life?”, “milestone”, “these days too shall pass”, “mother, come to your senses and pull yourself together already!!”

Conclusions: Living with a parent with a mental disorder adversely influenced the children’s interfamily relations as well as their school life which, as a result, urged children to undertake a considerable burden to cope with these problems. It is suggested that a series of intervention programs be implemented and a special manpower be trained in order to inform the children and other family members, strengthen their coping skills and facilitate the access to services provided.

Literature Reference

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THE ASSOCIATION OF ATTENTION DEFICIT HYPERACTIVITY DISORDER WITH SOCIO-ECONOMIC DISADVANTAGE: ALTERNATIVE EXPLANATIONS AND EVIDENCE.

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Educational Objectives:

To discuss possible explanations for association of childhood attention deficit hyperactivity disorder (ADHD) and socio-economic disadvantage.

Purpose:

Studies throughout Northern Europe, the USA and Australia have found an association between a childhood attention deficit hyperactivity disorder (ADHD) and socio-economic disadvantage. This presentation reports further evidence for the association and reviews potential causal pathways that might explain the link. Proposed mechanisms draw on models from health inequalities literature, health economics, disability studies, genetics and psychiatry.

Methods:

Secondary analyses of a large UK dataset (the Millennium Cohort Study, n=19,519) was used to assess the association of ADHD with socio-economic disadvantage and related evidence for several of the potential pathways.

Results:

Both parent-reported diagnosis of ADHD at age 7 (n=187), and parent/teacher report of ADHD symptoms (using the 'probable hyperactivity disorder' algorithm) were strongly associated with a range of indicators of social and economic disadvantage.

Socio-economic status (SES) measures that were associated with ADHD included poverty, OR=0.50, (95% CI 0.12- 0.88), housing tenure, maternal education, income OR=14, (95% CI 20-5), lone parenthood OR= -0.731 (-0.35- -1.11) and younger motherhood OR=-.063, (-0.091--035). There was no evidence to support reverse causality theory, as income of parents of a child with ADHD did not drop compared to controls. Family breakdown was not more likely after identification of a child's ADHD. The prevalence of ADHD was equally elevated in socio-economically disadvantaged groups for both clinical diagnosis of ADHD and parent-teacher report of symptoms, suggesting there is not an additional clinical bias to label ADHD in low SES groups. The strength of association between ADHD and measures of SES was reduced after adjustment for the effects of tobacco use in pregnancy and poor parental attachment measures; two risk factors for ADHD previously identified in the literature. These results did provide some evidence to support critical period and/or life course models that suggest differential exposure to risk factors may moderate the relationship between SES and ADHD.

Conclusions: The development of childhood ADHD cannot be divorced from the context of the child. The aetiology is influenced by socio-economic situation, although genetic and neurological determinants are likely the primary predictors of outcome. The results do suggest health inequalities model are the most promising analytic framework to explain the high prevalence of ADHD in disadvantaged groups. More rigorous examination of the various mechanisms that may link ADHD to SES would be welcome.

THE PSYCHOLOGICAL COPING MECHANISM AGAINST DESPAIR IN PORTUGAL IN COMPARISON WITH JAPAN

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Educational Objectives: At the conclusion of this presentation, the participants should be able to take opportunity to consider about their own country's coping mechanism against despair and get the way to investigate the mechanism.

Introduction: One of the issues to be fought in psychiatric patients is despair. In Japan, there is the desperate situation of the damage caused by the earthquake, in Portugal there is severe situation of economics to make people despair. Therefore, the investigation about the mechanism against despair in Portugal and Japan is expected to have significance.

Purpose: To investigate the psychological coping mechanism against despair in Portugal in comparison with Japan, through the structure analysis of therapeutic factors on psychiatric patients and the people who have some connection to psychiatric patients.

The Materials and Methods:

Subjects (Persons): Psychiatric patients (21), patients' families (5), volunteers (6).

Research periods: Nov.2012~ Jan 2013

Methods: Individual semi-structured interviews (for patients and families) and focus group interviews (for patients and volunteers) using the group therapeutic factors investigation inventory (Sugiyama, 2012) and Antonovsky's sense of coherence scale (SOC). We did pre-test to check the procedure and uniformity of interviewers. All subjects did informed consent and all interviews were recorded by IC-recorders in case of subject's agreement.

Results: 1. The interviews: All groups discuss about negative things (attempting suicide, helplessness, "closed door", the burden) as well as positive things (gratitude they feel for being able to help others, positive qualities of persons, "opened window"). The factors mentioned as most important to have and keep hope are psychological balance, keeping faith in the future believing/expecting better, faith in God and the support they receive from others. 2. The questionnaires: The Portuguese data is higher than Japanese in the selection rate of the group therapeutic factors investigation inventory, and total points of SOC. The group therapeutic factors investigation inventory: Portuguese have higher meaning to help the others, having hope for future and thinking about family. The results of the cluster analysis show that those in close relation to "hope" were "interpersonal learning" for all subjects, "accept a hopeless matter" for patients, "family understanding" for families, and "to have own role" for volunteers. In Japanese data, "advice" is useful to "accept a hopeless matter". Therefore, in Portuguese data, "hope" is useful to "accept a hopeless matter" directory. SOC subscale: Meaningfulness is higher than comprehensibility and manageability.

Conclusions: The results of this research suggest that the Portuguese can still have hope for the future after, even having recognized that there is a hopeless situation.

From the results of SOC, meaningfulness is highest, and in the interview investigation, the importance of believing that the future will be better is talked about. In the therapeutic factors investigation, to have interpersonal relationship in the group is useful to have hope for future. The results of patients and families show that the group helps the acceptance of the despair situation. A meaning of mutual support was also found in the results of interviews.

From these results, it is suggested that the Portuguese use the coping strategy, which they simply believe hope for future and continue having hope, by acceptance and change of cognition of the despair situation with meaningfulness and the mutual support. We'll discuss more details about a comparison with Japan and structural analysis at the presentation.

MENTAL HEALTH PROBLEMS IN YOUNG ADULT HOMELESS

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Objectives The goal of this study is to describe mental health problems in young adult urban homeless people and to assess the impact of developmental trajectories on profile of psychiatric symptoms.

Methods In-depth face to face interviews were conducted with 75 young adult homeless living in Prague (age 18 through 26, mean 22.7, sd 2.3 years). Beside the interview each of the subjects has been asked to fill in a structured questionnaire. Brief Symptom Inventory (BSI) was used to assess psychiatric symptoms.

Results The mean values of the homeless group were statistically higher compared to normative data in all dimensions of the BSI. However the homeless group was not homogeneous and based on developmental trajectories three types were identified: type A characterized by pathological family of origin, type B represented by those who were placed into institutional care in early childhood, and type C which consisted of persons with conduct problems and grow up in conflicting family. Persons belonging to type B were highly hostile, at the same time they reported depressive symptoms, paranoid ideations and psychoticism. Given the developmental trajectory of this type, we may speculate about the impact of long-term psychological deprivation, which is typical for development outside the family.

Conclusion Accumulations of mental health problems in this type indicate that the impact of institutional care is worse than the effect of development in the family, even a severely disturbed. It is a type B, which would require most the professional psychiatric help. Without adequate treatment the successful social reintegration is hardly imaginable.

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

3

**Natural
Disasters/Man-made
(including Fukushima)
and mental health**

Posters Session

A REAPPEARANCE OF OCD DUE TO THE GREAT EAST JAPAN EARTHQUAKE.

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Educational Objectives: The participants should be able to recognize the fear of radiation contamination and harmful rumours may lead to the reappearance of obsessive-compulsive disorder. In case of great natural disaster, mentally-ill patients, even though they do not live in disaster area, are apt to fluctuate in complicated and various ways.

Purpose: We would like to clarify the influence of Great East Earthquake in Japan on mentally-ill patients such as OCD patients living in non-damaged area as well as damaged area.

Methods: A 40-year old male patient has visited our clinic two months after Great East Earthquake with the complaint of fear of radiation contamination at the beginning of May 2011. He was diagnosed as OCD twenty years ago and it achieved a remission after 6 months pharmacotherapy. Working as engineer with his family and living in northwest area in Japan where damage of earthquake did not occur, news reports on the explosion of Fukushima-1 nuclear power plant made him afraid of radiation contamination. He can not eat any fresh vegetable, fish and other food even after washing them many of times. Due to these symptoms, he quit his job and his family moved to Kansai area, however obsession of radiation contamination and compulsion of washing food still continued though he recognized them excessive and ridiculous. He was diagnosed as OCD and admitted to our hospital in the middle of May to have pharmacotherapy and cognitive behavioural therapy.

Results: After admission, paroxetine 10mg per day was prescribed to decrease depressive mood and OCD symptoms. At first, we proposed his to get a lot of rest and then paroxetine was gradually increased to 40mg per day. After confirming motivation for cognitive behavioural therapy, the patient wrote a sheet of anxiety hierarchy and we set it in train from easy problems to difficult theme. His score of the Yale–Brown Obsessive Compulsive Scale (Y-BOCS) improved from 32 point to 10 point (68% improvement). The patient was able to stay overnight outside hospital without reappearance of OCD symptoms and was discharged from hospital at the end of June. After discharge, he returned for follow up visit to continue CBT and found a new job as engineer in Kansai area. He is able to eat fresh vegetable, fish and seafood now after reading newspaper article about earthquake. Paroxetine was gradually decreased to 20mg per day and having a comfortable daily life in 2012.

Conclusions: Sensational news reports on the explosion of Fukushima-1 nuclear power plant may lead to provoke anxiety about radiation contamination. As a result of those reports, mental disorder would develop among people in non damaged area as well as damaged area. Therefore, in case of natural disaster, it is important that medical experts pay attention to non damaged area, too. Inaccurate reports on disaster include potential risk for the appearance of mental disorder and work both ways.

Literature Reference: Yutaka K, Hiroyuki U, Masaru M: Mental Health and Psychosocial Support after the Great East Japan Earthquake. Keio Med 61(1):15-22, March 2012

THE FLOOD OF OCTOBER 1 - 2009 IN MESSINA AND GIAMPILIERI, PSYCHOPATHOLOGY AND MENTAL DISORDERS

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The psychological-psychiatric implications represent an important aspect of the environmental disasters. A team consisting of psychiatrists and psychologists (Complex Operative Unit of Psychiatry of the 'AOU Policlinico "G. Martino "of Messina and the Department of Mental Health South of Messina ASP Messina) traveled for three years in the various hotels where refugees were housed, offering their psychological and psychiatric support. From this experience it is then developed an epidemiological survey focused on psychopathological aspects of a significant sample of people involved in the flood that hit tragically Messina, Giampileri and surrounding towns (33 victims). The team of volunteers conducted structured interviews using as a tool the Mini International Neuropsychiatric Interview MINI which was designed as a short interview structured for psychiatric disorders are most relevant from the statistical viewpoint, both for the 'Axis I DSM-IV both for the ICD-10. We did three evaluations: 1) immediately after the catastrophe, 2) after 5-6 months and 3) after more than one year, the disorders most recorded are: Post-Traumatic Stress Disorder PTSD (42%), Major Depressive Disorder (34%), Disorder Panic Attacks (DAP 32%), Generalized Anxiety Disorder GAD (14%). Following these disorders in one year it was found that PTSD and DAP undergo to a significant reduction, Major Depressive Disorder, although slightly reduced, remains stable, while the DAG tends to increase significantly. The frequency of pathological conditions is the same reported in the literature. From these data it is possible to do some significant reflections: in the months immediately following the catastrophe the disorders most represented were those of the "acute phase" as depression and crisis of anxiety while in the following months these disorders tend to fade sharply and instead we observed an increase of "basic anxiety" which can be seen as "chronic phase". On the other hand, it was also noted that the presence of major depression in anamnesis may be a risk factor for the development of a new depressive episode. In terms of comorbidity subjects who developed PTSD showed in the three observations also significant levels of major depression.

FUNCTIONAL IMPAIRMENT AND EXACERBATION IN PSYCHIATRIC OUTPATIENTS AND THEIR ASSOCIATED FACTORS AFTER THE 2011 GREAT EAST JAPAN EARTHQUAKE

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Objective: To examine the functional impairment and exacerbation of the psychiatric conditions of patients with mental disorders and their associated factors after the 2011 Great East Japan Earthquake and the Fukushima nuclear accident.

Method: Seven hundred and one patients who lived in the area next to the most severely affected area and who visited our outpatient unit regularly were examined 1–4 months after the disaster. We evaluated the Global Assessment of Functioning function subscale (GAF-F) and the Clinical Global Impression of Change (CGI-C) before and after the disaster. Posttraumatic stress symptoms were assessed with the Japanese-language version of the Impact of Event Scale-Revised (IES-R). The examination also included questions covering background characteristics and disaster exposure.

Results: Patients with schizophrenic, mood, and neurotic disorders accounted for 87% of the participants. Statistical analyses were thus performed for these three groups. We found that 17% of the patients declined in function after the disaster and the psychiatric conditions of 19% of the patients were exacerbated after the disaster. Functional impairment and exacerbation of psychiatric condition after the disaster were more severe in patients with neurotic and mood disorders than in those with schizophrenic disorders. Twenty-eight percent of the patients scored higher than the IES-R cut-off score. The total IES-R scores of patients with neurotic and mood disorders were higher than those with schizophrenic disorders. We also found that having anxiety disorders, scoring higher on the IES-R, and having a lower level of function pre-disaster were associated with functional impairment and exacerbation of psychiatric condition post-disaster in patients with neurotic disorders. The factor associated with functional impairment in patients with mood disorders post-disaster was high total score on the IES-R. Factors associated with the exacerbation of psychiatric condition in mood disorders were high total score on the IES-R and proximity to Fukushima. We did not identify any factors that were associated with post-disaster functional impairment in patients with schizophrenic disorders. On the other hand, factors associated with the

exacerbation of psychiatric condition in patients with schizophrenic disorders were high total score on the IES-R and proximity to Fukushima.

Conclusion: Functional impairment and exacerbation of psychiatric condition were prevalent among psychiatric patients living close to the most severely affected area within 4 months after the disaster. The factors found to be associated with functional impairment and exacerbation could be helpful in planning effective early intervention for patients with psychiatric disorders.

CAR ACCIDENT PRONE PERSONALITY: AN ISRAELI NATION WIDE SURVEY

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This three-year longitudinal study examined the relation among the big five of personality, sensation seeking behavior, impulsivity and involvement in car accidents in a representative 1,500 participant sample of the Israeli Jewish adult population during 2009-2011.

Methods: Participants were interviewed over the phone, using a comprehensive demographic and health questionnaire, a shortened Hebrew version of Costa and McCrae's (1992) NEO-PI, and Zuckerman's (2008) ImpSS. They were also asked about their involvement in car accident before the study, and after one and two years.

Results: The results validate the concept of accident proneness, as participants who had been involved before the study were more involved in accidents than those who had not been involved in accidents before the study. No one of the pedestrians who perceived himself as responsible of the accidents, which had happened before the study, was involved in accidents during the study (although this tendency has not reached statistical significance because of the small number of pedestrians, who participated in all the three interviews). However, no significant accident differences were found among drivers between those who perceived themselves responsible and those who have not perceived themselves responsible for the pre-study accidents. In accord with previous studies, men were significantly more involved in accidents than women, but the negative relation between accident involvement and age has not been as strong as found in those studies. Two personality traits are included in the final predicting model. Among men impulsivity predicts accidents, while openness to experiences additionally predicts accidents: The higher the level of the authoritarianism factor, as a part of the openness to experience scale, the lower the accident risk among women. This finding is of special interest, given the negative connotations authoritarianism usually has (e.g., blind obedience to authority or rigidity which hurts psychological adjustment). At least as far as car accidents are concerned, authoritarian obedience seems to play a role of a safety factor in women. ADHD has been also found as a predictor of involvement in car accidents.

Conclusions: Results are discussed in light of the structure of both openness to experience and impulsivity, the latter being inherent to ADHD.

- The positive effect of authoritarianism among women is of special interest, given the negative connotations this trait usually has (e.g., blind obedience to authority or rigidity which hurts psychological adjustment). At least as far as car accidents are concerned, authoritarian obedience seems to play a role of a safety factor in women.
- Psychiatrists are called to consider reporting ADHD patients to the authorities.

Literature Reference:

Costa, P. T., Jr., & McCrae, R. R. (1992). *NEO PI-R: Professional manual*. Odessa, FL: Psychological Assessment Resources.

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PSYCHIATRIC SYMPTOMS REPORTED BY PRIMARY SCHOOL CHILDREN AROUND TAHRIR AREA SUBJECTED TO ONGOING THE TRAUMATIC EVENTS OF 25TH JANUARY REVOLUTION

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Purpose: to find out the effect of repeated traumatic events on children whose schools are situated in the area of down town surrounding Tahrir Square-right at the heart of a series of traumatic events since the beginning of the Egyptian revolution of the 25th of January and if patterns of responses will differ according to sex and socioeconomic status.

Method: A descriptive cross sectional study. The study sample consisted of 515 Egyptian school children attending governmental, tagreebya, and private language school. 55.6% (n=285) were boys and 44.1% (n=226) girls. The majority 53.4% (n=275) was attending governmental schools, 26.0% (n=134) tagreebya schools and 20.6% (n=106) private language schools (Lycee and Frere). A specially designed questionnaire was applied to assess psychiatric symptoms in these children. The questionnaire covered symptoms of depression, post traumatic stress disorder, anxiety and aggression.

Results: Girls had higher rates of almost all symptoms of depression, PTSD anxiety and aggression compared to boys. Lower social class children (those of governmental and tagreebya schools) had higher rates of depression, PTSD, anxiety and aggression than those of the higher social class (private language school). Children who viewed their lives as worse after the revolution had higher rates of all the symptoms of depression, PTSD, anxiety and aggression.

BEHAVIORAL AND EMOTIONAL PROBLEMS IN CHILDREN ONE YEAR AFTER LOSING A PARENT IN VIOLENT EVENTS DURING THE EGYPTIAN 25th OF JANUARY REVOLUTION

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Purpose: To assess the behavioral and emotional problems of children 1 year after they lost a parent in one of the violent events during the 25th of January revolution.

Methods: Subjects were 17 children who lost one of their parents in one of several violent episodes during the early days of the Egyptian 25th of January revolution. Children were examined, one year after the loss, using child Behavior Check List (CBCL)/6-18, parent version (Achenbach, 1992), which comprises 8 syndrome scales, Internalizing and Externalizing Behaviors Scales and Total Score and six DSM- oriented scales including Affective Problems, Anxiety Problems, Somatic Problems, Attention Deficient/Hyperactivity Problems, Oppositional Defiant Problems, and Conduct Problems.

Results: Age ranged from 6 to 15 years (Mean±SD = 9.7059 ± 3.21). 58.8% (n=10) were females. 88.2% (n=15) of the participants lost their father while 11.8% (n=2) lost their mother. After one year of losing a parent, a high percentage of children scored within the clinical range (i.e. needing psychiatric help): 70.6% on the Internalizing scale, 58.8 % on Externalizing scale and 76.5% on the Total Score. This was reflected in the higher percentages of children who obtained scores within the clinical range on the DSM oriented scales of Affective Problems (47.1%) and Anxiety Problems (41.2%) compared to Conduct Problems (17.6 %) and Oppositional Defiant Problems (11.8%). The most frequent CBCL syndrome scales within the clinical range were: Anxious/Depressed subscale (52.9%), Withdrawn/Depressed subscale (47.1%), Aggressive Behaviors subscale (47.1%) and Somatic Complaints subscale (23.5%). No significant correlations were present between age and any of CBCL subscales, and no significant differences were found between boys and girls nor older (above 10) and younger children.

Conclusion: Losing a parent in a violent event could be a risk factor for emotional and behavioral problems in children one year after the loss and warrants close monitoring and follow up. Internalizing problems were more frequent than externalizing problems. Age and gender of the children did not have an impact on the type and the severity of the problems.

DEVELOPMENT OF DISASTER MENTAL HEALTH GUIDELINES THROUGH THE DELPHI PROCESS IN JAPAN

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Educational Objectives: The participants will be able to identify the agreed on items on disaster mental health guidelines in Japan.

Purpose: To develop the guidelines based on experience and knowledge acquired by Japanese mental health professionals through systematic consensus building the Delphi process

Methods: After a thorough literature review and focus group interviews, 96 items regarding disaster mental health were included in Delphi Round 1. Of 100 mental health professionals experienced in disaster response who were invited to participate, 97 agreed. The appropriateness of each statement was assessed by the participants using a Likert scale (1: extremely inappropriate, 9: very appropriate) and providing free comments in three rounds. Consensus by experts was defined as an average score of ≥ 7 for which $\geq 70\%$ of participants assigned this score, and items reaching consensus were included in the final guidelines.

Results: Overall, of the 96 items (89 initially asked and 7 added items), 77 items were agreed on (46 items in Round 1, and 19 positive and 12 negative agreed on items in Round 2). In Round 2, three statements with which participants agreed most strongly were: 1) A protocol for emergency work structure and information flow should be prepared in normal times; 2) The mental health team should attend regular meetings on health and medicine to exchange information; and 3) Generally, it is recommended not to ask disaster survivors about psychological problems at the initial response but ask about their present worries and physical condition. Three statements with which the participants disagreed most strongly in this round were: 1) Individuals should be encouraged to provide detailed accounts of their experiences; 2) Individuals should be provided with education if they are interested in receiving it; and 3) Bad news should be withheld from distressed individuals for fear of causing more upset.

Conclusions: Most items which achieved agreement in Round 1 were statements described in previous guidelines or publications, or statements regarding the basic attitude of human service providers. In addition, the revised guidelines were developed based on the collective wisdom drawn from Japanese practitioners'

Literature Reference:

Suzuki Y, et al., Development of disaster mental health guidelines through the Delphi process in Japan. *Int J Ment Health Syst.* 2012 Jul 2;6(1):7

EARTHQUAKE IN CHILE: EVOLUTION OF THE GLOBAL CLINICAL IMPRESSION AND POST-TRAUMATIC SYMPTOMS IN A COHORT OF WOMEN IN TREATMENT FOR SEVERE DEPRESSION IN A PUBLIC HOSPITAL, WHO CONFRONTED THE EARTHQUAKE ON FEBRUARY, 27TH 2010.

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Educational Objectives: At the end of this presentation the participants should be able to recognize the evolution of posttraumatic symptoms post earthquake in women with severe depression who continued in treatment as usual in public mental health service

Objective. To reveal the impact on the global clinical status and post-traumatic symptoms evolution in women in treatment for severe depression in a public hospital who confronted the F-27 earthquake

Methodology. 75 women in treatment for severe depression were evaluated from the first working day after the catastrophe. According to the ICD-10, acute stress (AS) and post-traumatic stress disorder (PTSD) were clinically determined. The routinary use of the Clinical Global Impression scale (CGI) allowed the monitoring of the clinical status before and after the earthquake. The eight-item treatment-outcome post-traumatic stress disorder scale (TOP-8) was applied twice, the first and sixth months.

Results. AS: 58.7 %, PTSD: 53.3%. Significant deterioration in CGI was observed one month post-event ($\chi^2 = 3.88$; $p < 0.05$) and an ostensible improvement six months later ($\chi^2 = 4.65$; $p < 0.04$). The post-traumatic symptoms did not improve significantly. More severe CGI immediately after the earthquake was significantly associated to AS ($\chi^2 = 13.794$; $p < 0.008$) and to the subsequent development of PTSD ($\chi^2 = 16.437$; $p < 0.002$). More severe CGI after six months was correlated significantly with previous AS ($\chi^2 = 15.849$; $p < 0.003$), with PTSD ($\chi^2 = 17.780$; $p < 0.001$) and with records of childhood trauma ($\chi^2 = 18.431$; $p < 0.01$).

Conclusions: After a significant clinical deterioration observed immediately post disaster, at six month it improved the CGI, but it did not improve post-traumatic symptoms. This treatment did not prevent that those patients with a history of childhood trauma aggravate significantly the CGI six months after the earthquake. These results suggest that in these clinical groups it is necessary to research the effectiveness of already validated specific interventions, focused on trauma and implemented early after the event

This study was developed in a public mental health service, in the natural conditions of the real world, but with the exceptional ability to be performed in the middle of a massive experience

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NATURAL DISASTERS AND THE ROLE OF GIS IN EVALUATING POST-DISASTER MENTAL HEALTH PROBLEMS DEVELOPMENT

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Introduction

A natural disaster has been generally defined as an event of nature, which overwhelms local resources and threatens the function and safety of the community. Extreme precipitation events such as heavy rainfall and flooding can have serious effects not only on people and property, but also on essential services, infrastructure and the environment. Population exposure to natural disasters has been associated with psychological distress and more in particular with post-traumatic stress disorder development. On this context, extreme precipitation event analysis based on geographic information system (GIS) may help to study natural disaster characteristics, being a valuable tool to describe and locate the phenomenon. A GIS lets us analyze and interpret extreme events and population data to reveal relationships, patterns and trends.

Objectives:

The aim of this study is (i) to characterize a precipitation extreme event that occurred in Almeria (SE of Spain) and (ii) try to explore the link between this extreme event characteristics and mental health problems using GIS technology.

Method:

Historical climatic records from about 30 meteorological stations were used to characterize Almeria precipitation patterns from about 1950 to 2012. All this information was later incorporated on a geographical information system using GvSIG program. Moreover, a sample of 52 individuals were screened with a socio-demographic questionnaire, 12-item General Health Questionnaire (GHQ-12) and the Questionnaire to rate Traumatic Experiences (TQ) in December 2012/january2013. We also counted the distribution of stress exposure among people with various kinds of exposures (physical risk or/and economical losses). Extreme precipitation events and information from questionnaires was analyzed searching for relationship and patterns.

Results:

Historical climatic records study showed that an extreme precipitation event occurred in 2012. Also, Preliminary results demonstrated that there is an important relationship between extreme precipitation event location occurred in 2012 and psychological distress. Mental health problems tent to be related with population and locations receiving extreme rainfall events and flooding.

Conclusion:

We concluded that the distribution of mental health problems is related to the precipitation event extreme characteristics and that this relationship can be evaluated using GIS methodology.

References:

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The effects of flooding on mental health: Outcomes and recommendations from a review of the literature PLoS Curr. 2012 May 30

THE MENTAL HEALTH STATUS OF FILIPINO NURSES LEAVING FOR JAPAN THREE MONTHS AFTER THE GREAT EAST JAPAN EARTHQUAKE

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Educational Objectives:

At the conclusion of this presentation, the participants will be able to:

1. Identify the degree of worries about the aftermath of the Great East Japan Earthquake of Filipino nurses.
2. Identify the indicators of mental health of Filipino nurses leaving for Japan a few months after the Great East Japan Earthquake.

Purpose: This study aim to find the predictor of the mental health status of the 3rd batch Filipino nurses coming to Japan under the Japan-Philippine Economic Partnership Agreement, a few months after the Great East Japan Earthquake.

Methods: A four-page-long English questionnaire was developed and distributed to the 3rd batch Filipino nurses, who wished to go to Japan under the above agreement, at the venue of Pre-departure Orientation held in Metro Manila, Philippines in May 2011. GHQ (General Health Questionnaire) was used as a marker of mental health status.

Results: A total of 70 respondents answered the questionnaire, with a respondent rate of 100%. Eighty-six per cent of the respondents were females. The average age was 27.8(SD2.8) years old. Forty-seven per cent of the respondents answered that they were worried about the aftermath of the Great East Japan Earthquake very much/ much.

The Multiregression model indicated that the biggest factor significantly associated with the GHQ score was 'I was jobless at the time when I applied for this program' (beta=-.316, p<0.01), followed by 'Degree of knowledge about Japanese perceptions toward Filipinos' (beta=.313, p<0.05) and 'I want to utilize my experiences in Japan for my future work at the hospital in other countries' (beta=.304, p<0.01). No significant association was found between degrees of worries about aftermath of the earthquake with GHQ score.

Conclusions: The multiregression model indicated that degree of motivation to fulfil the financial and migratory needs, and knowledge about Japanese people, which augurs for their successful life condition in Japan for the next few years, is a major indicator of mental health of the candidates, but not the worries of earthquake.

THE EXPERIENCE OF SUPPORTING CHILD CARE SYSTEM AFTER THE TOHOKU EARTHQUAKE IN JAPAN

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Educational Objectives: The participants should be able to know the actual situation of the psychological changes in the state of the victims of the Tohoku earthquake and learn how people made efforts to support child care system after the disaster

Purpose:

The purpose of this study is to clarify future problems by looking back on a process of the psychological support for the child care support system of the disaster area.

Methods:

Subjects : Child care supporters working at the disaster area, victims, local supporters of the neighborhood of the disaster area.

Research periods: May.2011~May 2012

Methods: Investigation of the process of support: period, places, contents, subjects, issues of the support.

Results(The summary of process): 1. The Early Period (After a disaster until four months (March 2011-July 2011)) Place: The disaster area. Content: Workshop regarding the psychology of victims (including children), group work for networking. Needs: to understand psychology and to make new network. The worry to children was the opportunity of the support request, but there was really needs to support the supporters. The feelings of victims were sadness of loss, denial, and helplessness. In the area with relatively little the damage, a sense of guilt became the problem.

2. The middle Period (August 2011-December2011) The support request spread through from the neighborhood where many parents and child evacuated. Subgrouping by the degree of the damage has begun to happen in the seat of the damage. The support of the neighborhood area was very polite and kind. The feelings of the refuge inhabitants for it were seen in anxiety and the sense of separateness with thanks. Fatigue, anger, a sense of guilt and a feeling of ineffectualness were seen in the victim who stayed in the stricken area, and the problem of alcoholic and physical disorders increased. The anxiety to the damage caused by radiation by the nuclear plant accident was increased, and subgrouping of the inhabitants who denied damage and the inhabitants who expressed anxiety became deepened.

3. The "One year later" (January 2012- May 2012) Main contents of the support looked back on the rearranging of feelings toward the first year, and examination toward the future. The symptoms of serious PTSD including the flashback were frequent. The denial for the nuclear power generation damage and the opposition of the anxiety deepened it. Elation disappeared in the area of the neighborhood and began to show fatigue, and a prospect was necessary for support not to be over. However, in the serious area of the damage, the people began to accept the present conditions, and some movement to recover by themselves was begun.

Conclusions: The recovery of the victim is still at the beginning phase, and the nuclear plant accident does not converge, too.

For the future, it goes without saying that systems construction for realistic revival is necessary. Psychologically, at the first, the effort to solve opposition and separation between various levels subgroups is important. Also, it is necessary to establish a system that can be effective individual support.

THE TUNISIAN REVOLUTION: WHICH PSYCHOLOGICAL AFTERMATH?

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Educational Objectives: At the end of this presentation, participants should be able to recognize the variety of psychiatric disorders that might occur following man-made disasters.

Purpose: This study aims to outline the different mental disorders directly linked to the events of the Tunisian Revolution and to scrutinize the social, demographic and clinical features associated with these disorders.

Methods: A cross-sectional study was undertaken. We included all patients who first presented at the outpatient clinic at Razi hospital with psychiatric symptoms directly linked to the Tunisian Revolution between January 15th and October 15th, 2011. Data were collected by the means of a form detailing social, demographic and clinical characteristics (these included gender, age, job, marital status, family and personal history, chief complaint, management, outcome). Diagnoses were made on the basis of DSM-IV-TR criteria. Data were entered and analyzed using SPSS version 20 for Windows.

Results: Our population consists of 107 subjects: 28 women (26.2%) and 79 men (73.8%), with an average age of 40+/-12. The majority (66.4%) were married. Most (57.9%) patients had a secondary education level. Agents of order represented the largest occupational group accounting for 36.4% of the population. The most prevalent psychiatric disorders included major depressive disorder (30.8%), adjustment disorders (30.8%), PTSD (27.1%) and acute stress disorder (7.5%). Other conditions were diagnosed namely panic disorder (3.7%), schizophreniform disorder (3.7%), conversion disorder (2.8%) and alcohol dependence (2.8%).

Conclusions: Although man-made disasters are associated with a high prevalence of several mental disorders, most studies emphasize on posttraumatic stress disorder (PTSD). This study emphasizes the diversity of psychiatric disorders that can occur following a psychological trauma, in this case during the Tunisian Revolution.

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THE IMPACT OF DISASTERS IN MENTAL HEALTH: A REVIEW

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Objective:

Disasters do have implications in mental health of a significant proportion of the communities that experience them.

The authors pretend to review the trajectory of mental health responses to disasters, how to identify people who are at high risk for subsequent disorder and how does the ongoing stressors work.

They also explore the differences between survivors and rescue workers, different types of disasters and differences between developing and developed countries.

Finally, factors that foster resilience among population affected by these phenomena are also addressed.

Methods:

The authors review reports and literature about disaster mental health.

Results:

The prevalence of mental disorder is higher among victims than rescue workers.

Posttraumatic stress disorder is the most common identified mental disorder followed by depression and complicated grief. Anxiety disorders, maladaptive substance use and interpersonal conflicts are also reported.

Surveillance of early markers and ongoing stressors will allow the institution of target interventions in order to prevent long term problems.

The risk of impairment is higher in countries with worse systems of post-disaster care and when malicious human intent and mass violence are present.

Maturity and experience associated with the construction of a meaning as an active process can affect positively the outcome of a traumatic experience.

Conclusion:

Most survivors will eventually adapt after disasters. The access to mental health care is one of the major determinants of good prognosis, so mental disorders and their risk factors should also be addressed by early intervention teams.

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

4

Co-morbid mental and physical illnesses

Posters Session

COMORBIDITY BETWEEN MENTAL AND PHYSICAL ILLNESSES AND THEIR RISK FACTORS IN EARLY ADOLESCENCE

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Educational Objectives: Our results provide knowledge about a wide range of deleterious factors associated with mental and physical illnesses and have to be monitored in early adolescence.

Purpose: To assess the impacts of socioeconomic factors, alcohol/tobacco/cannabis/hard drugs uses, repeating a school-year, sustained physical/verbal violence, sexual abuse, depressive symptoms, and involvement in violence on suicide attempt among boys and girls in early adolescents.

Methods: The sample included 1,559 middle-school students from north-eastern France (mean age 13.5, SD 1.3), who completed a self-administered questionnaire including gender, birth date, father's occupation, parents' education, nationality, family structure, income, last-30-day alcohol/tobacco/cannabis/hard drugs uses, low-school-performance (last-trimester-grade<10/20), lifetime sustained physical/verbal violence (20-item scale), lifetime sexual abuse, lifetime involvement in violence (11-item scale), last-12-month suicide ideation, and social relationship, living environment, mental and physical illnesses (measured with the four WHOQoL-Bref domains, score<10th percentiles). Data were analyzed using logistic regression models.

Results: Mental and physical illnesses affected respectively 14.4% and 9.7% of adolescents. They were strongly linked: gender-age-adjusted odds ratio gaOR 7.07. They were linked with most socioeconomic factors: female (vs. male, gaORs 1.79 and 1.67), increasing age (1.25 and 1.28, per year), reconstructed family (2.25 and 2.34, vs. intact family), separated/divorced parents (2.46 and 2.35), non-significant (ns) for single-parent, other family categories (3.36 and 2.36), craftsman/tradesman/firm-head offspring (1.70 and 1.70, vs. manager/professional offspring), intermediate-professional offspring (1.84 and 1.70), manual-worker offspring (1.54 (ns) and 2.30), unemployed/retired offspring (2.88 and 3.11), European immigrants (1.39 (ns) and 2.28, vs. French), non-European immigrants (1.32 (ns) and 3.29), insufficient income (1.76 and 1.72). Mental and physical illnesses also related to low-school-performance (gaORs 2.13 and 3.80), alcohol use (1-5 times: ns; 6+ times: 3.85 and 2.23), tobacco use (1-5 times: 2.67 and 3.30; 6+ cigarettes/day: 4.41 and 3.82), cannabis use (1-5 times: 1.91 (ns) and 2.25; 6+ times: 2.55 and 2.06), hard drugs use (4.50 and 4.05), no regular sports/physical activity (2.09 and 3.49), obesity (2.00 and 1.68), sexual abuse (8.25 and 6.22), suicide ideation (10.3 and 5.61), physical/verbal violence (score 1-3: 1.37 and 1.42; score 4+: 3.08 and 2.76, vs. score 0), involvement in violence (score 1-5: 2.44 and 2.05; score 6+: 4.86 and 5.70, vs. score 0), altered social relationship (4.16 and 8.95), and altered living environment (9.59 and 11.7).

Conclusion: This study has achieved our aims to identify factors associated with mental and physical illnesses in early adolescence. These original findings provided knowledge which may help public policy promoting adolescent mental and physical health.

Keywords: Adolescents, mental illness, physical illnesses, co-morbidity, risk factors.

Type of contribution: Oral presentation

Topic: 4. Co-morbid mental and physical illnesses

PSYCHOPATHOLOGY AND DRUG ADDICTION: AN OVERVIEW ON E.T. OF COIMBRA PATIENTS

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Educational Objectives: Evidence suggests that psychiatric disease and addictions have a straight connection, being defined by WHO since 1995 as dual pathology. However, there is a high occurrence of non characterized psychopathological problems, estimating a prevalence of 44% on psychiatric patients, although this value may vary from 18 to 70% concerning the variables on study. Moreover, this double diagnose causes more frequent exacerbations and worse treatment response.

Purpose: This study aimed to evaluate dual pathology's prevalence on the studied population.

Methods: Using the Brief Symptom Inventory (BSI) with Portuguese adaptation and a sociodemographic questionnaire, we studied the psychopathological dimensions of 40 drug addicted patients on ambulatory treatment at ET of Coimbra and their relationship to age, gender, age at which they have started consuming drugs, type of drug and duration of dependence.

Results: The psychopathological profile of the sample stands between that of the general population and of people with emotional disturbance, exception being made for sub-dimensions anxiety and obsessions-compulsions which presented slightly lower than general population values. Statically significant differences were found between age, age at which they have started consuming drugs and the sub-dimensions somatization ($p<0,001$), interpersonal sensibility ($p=0,037$ e $p=0,032$, respectively) and fobic anxiety. Concerning gender, type of substance and duration of dependence it was only possible to establish relations with somatization ($p<0,001$) and regarding duration of dependence we could also relate to interpersonal sensibility ($p=0,019$).

Conclusions: The authors conclude that there is comorbidity between drug abuse and psychopathology, supporting the hypothesis that mood disorders, anxiety and impulse-control dysregulation are the core of addiction pathology, demonstrating the need to adequate the clinical and social interventions on this matter.

VITAL EXHAUSTION AND RISK OF CARDIOVASCULAR DISEASES AMONG MALE AGED 25 TO 64 YEARS IN RUSSIA (EPIDEMIOLOGICAL RESEARCH ON THE BASIS OF PROGRAM WHO “MONICA-PSYCHOSOCIAL”)

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Purpose. Examine the relationship between vital exhaustions (VE) symptoms and the risk development within 14 years of arterial hypertension (AH), myocardial infarction (MI) and stroke among men ages 25 to 64 years.

Methods: Within the framework of program WHO MONICA-MOPSY was examined representative sample of men 25-64 years old (1994 year). Total sample was 657 persons. VE symptoms were measured at baseline with the use of the MONICA - psychosocial Interview Vital Exhaustion scale. The incidence of news cases of AH, MI and stroke was revealed at 14-year follow-up. Cox - proportional regression model was used for an estimation of hazard ratio (HR).

Results: Prevalence of VE in cohort of men with AH was 73.7% (58% men had high level of VE and 15.7% - an average level of VE); with MI – 65.8% (an average level of VE – 44.7%; high level of VE – 21.1%); with stroke – 58.8% (an average level of VE – 41.2%; high level of VE – 17.6%). The risk development of AH within 5 years in group of men with high level of VE, in comparison with group of men with low level of VE was 3.2 times higher, within 10 years HR=1.6 times, within 14 years HR=1.4. HR of development of MI during the first 5 years of supervision in a group with VE was 2.7 times, within 10 years HR=2.25, within 14 years HR=2,1 times higher what without it. Men with high levels VE during 5 - the years period of had a higher risk of stroke compared with those with lower levels of VE (HR= 3.2), within 10 years (HR=4.9), within 14 years (HR=2.1) (p<0.05).

Conclusions: Vital exhaustion predictor the higher risk of AH, MI and stroke in middle-age men.

E-HEALTH IN DISEASE MANAGEMENT AND PSYCHOSOCIAL SUPPORT: FINDINGS FROM A FEASIBILITY STUDY

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This pilot study explored (i) feasibility of an e-health program for people with mental health and physical disease or risk factors (ii) technology interaction by patients and providers.

Methods:

Background

Better overall coordination is needed in care for people with mental illnesses. Coordination must encompass mental health and social care and physical health management. It must involve the range of health and social care providers, patients and carers. E-health technologies may be useful in collaborative care management and in engaging, informing and motivating patients. We piloted an e-health supported program designed to facilitate communication between agencies and between patients and agencies. We assessed acceptability to patients and agencies and considered strategies to overcome uptake barriers.

Intervention

An e-health supported disease management intervention was created from the Flinders ProgramTM, a disease management, coordination and self-management support program, and GoACT, a telehealth platform for disease management. The e-health platform was accessed using web-enabled mobile phone or computer and supplemented face to face and phone interactions in the chronic disease management program.

Recruitment

Patients who had severe mental illness or high psychological distress scores and also physical chronic illness or risk factors were recruited in rural South Australia. Potential participants were approached when nearing discharge from hospital or when attending a community provider for psychosocial support. We aimed to recruit 10 patients for this feasibility study.

Measures

SF36, K10, and Partners in Health Scale were measured at baseline and 6 months. Use of the e-health system was monitored. Reports of clinicians involved in recruitment and program delivery were analysed qualitatively.

Results:

Acute care priorities and hospital processes limited patient invitations. Patient decisions limited recruitment, though reasons stated were unrelated to technology. Eleven participants agreed to join, with 3 leaving before they started the program. Of the remaining 8, all had high-burden medical and social problems. Outcome measures indicated patient improvements over the course of the program. Co-ordination and patient involvement was improved. Both care coordinators and patients required extensive technical training and familiarisation to use the e-health platform. Engagement with the e-health platform was lowest in patients with multiple and acute problems, increased after new messages, and declined over the period of each patient's program.

Conclusions:

E-health technologies warrant further study in patient-inclusive biopsychosocial care coordination. Technology features, program design, provider and patient training and recruitment routes all need attention to optimise relevance, ease of use and acceptance and ongoing engagement by patients. Existing research and theories can provide guidance.

MANAGEMENT MENTAL DISORDERS IN CARDIAC SURGERY

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Educational Objectives: Mental disorders (cognitive and affective phenomena) are important factors for the quality of postoperative clinical and social rehabilitation of cardiac surgery patients. Management of mental disorders is an obligate component of clinical and statistical models of cardiac surgery outcomes.

Purpose: Based on a study of psychopathological characteristics in cardiac patients we made an algorithm of psychotherapy and psychoprophylaxis.

Methods: Clinical-anamnestic, clinical-psychopathological, neurophysiological, statistical.

Results: According to the study 231 patients with cardiovascular diseases (170 persons with surgery intervention - the main group; 61 persons - control group), it was determined that transient or permanent cognitive disorders are present in 100% of patients undergoing cardiac surgery. Preoperative and postoperative study of cardiac patients showed decreasing cognitive decline (processing, memory, storage and playback of meaningful information, volume, distribution and speed of switching attention) and increasing affective (anxiety, depression) indicators. These deviations were due mainly stress influences the operations and expectations of the surgery, rather than the severity of somatic patients. The dominant psychopathological syndromes appeared asthenic, asthenic-depressive, but most share was for anxiety-depressive syndrome. The use of psychotherapy (combining KBT and IPT) contributed to the reduction of clinical and psychopathological phenomena, adaptive changes in vital strategy patients and improve quality of life.

Conclusions: Correction of cognitive and affective mental disorders was significant component of clinical and statistical model results cardiac surgery, which causes urgency of its application in real clinical practice to improve the quality of rehabilitation patients.

RELATIONSHIP BETWEEN PSYCHOSOCIAL FACTORS AND ASTHMA MORBIDITY: A CASE-CONTROL STUDY

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Educational Objectives: To evaluate the influence of social psychic factors on the incidence of Guangxi Zhuang patients with asthma.

Methods: We performed a hospital-based case-control study on 188 cases of Zhuang patients with asthma as case group and 203 cases of healthy people as control group. Their family and socio-economic status were investigated, and psychological tests were assessed by irritability, depression and anxiety scale (IDA), trait coping style questionnaire (TCSQ) and social support rating scale (SSRS).

Results: The results show that the scores of depression, anxiety negative coping (NC) and external irritation internal irritation in the case group are significantly higher than those of the control group ($P=0.000$), whereas subjective support and utilization of support degree are lower than those of the control group ($P<0.01$). In accordance with multivariate logistic regression analysis, family history of asthma ($P=0.024$, OR=2.521), cultural level ($P=0.000$, OR=0.463), depression ($P=0.000$, OR=1.428), irritability ($P=0.030$, OR=1.180), NC ($P=0.020$, OR=1.063) and subjective support ($P=0.000$, OR=0.892) are the independent risk factors for patients with asthma.

Conclusions:

- Social psychic factors have a significant effect on asthma.
- An integrated approach, based on clinical treatment, biological, psychological factors, involving in individual level, social and family factors, should be established for prevention, intervention and treatment for the patients with asthma.

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PREVALENCE OF OBESITY AND METABOLIC SYNDROM IN PATIENTS WITH BIPOLAR DISORDER IN A HOSPITAL SETTING FROM ROMANIA

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Introduction: Bipolar patients have a high risk for somatic comorbidities that need to be treated by non-psychiatrist medics. The presence of metabolic syndrome is an important risk factor for cardiovascular disease and diabetes. Its incidence and prevalence have risen dramatically as a result of the increasing prevalence of obesity. Medications that are commonly used in the management of bipolar disorder are now known to contribute to weight gain, dyslipidemia, and diabetes.

There are limited data on the prevalence of the metabolic abnormalities in disorders other than schizophrenia in which antipsychotic medication is part of routine treatment.

Objectives. This study sought to evaluate the presence of the metabolic syndrome and to detect risk factors for the development of metabolic syndrome in patients with bipolar disorder what will allow appropriate treatment to improve their quality of life.

Methods. The study was conducted by interviewing and physical examination of a group of 57 consecutive patients who were hospitalized between 1 January to 1 March 2012 in the Clinical Hospital of Psychiatry "Socola" Iasi and were diagnosed with bipolar disorder according to DSM-IV-TR criteria. In this cross-sectional study patients were evaluated for presence of metabolic syndrome as defined by the National Cholesterol Education Program Expert Panel on Detection, Evaluation And Treatment of High Blood Cholesterol in Adults (NCEP ATP III).

Results. Patients age range was 28 to 71 years (SD 8.4 years). Of the subjects 59.6% were female and 40.4% men (sex ratio=1,47). The study shows that 61.4% of patients with bipolar disorder smoked regularly, and 43.8% consumed alcohol abusively. Patients were receiving 2.96 (SD 0.98) drugs. More than half of the sample (54.4%) met the NCEP ATP III criterion for the metabolic syndrome. Patients with the metabolic syndrome and patients endorsing the obesity criterion were more likely to report a lifetime history of suicide attempts. The most common somatic diseases associated were dyslipidemia, obesity, alcoholism, anxiety, hypertension, type 2 diabetes mellitus.

Conclusions. The prevalence of the metabolic syndrome in patients with bipolar disorder is alarmingly high, as it is for the general population. The patients with bipolar disorders showed a high proportion of alcohol abuse and smoking. Our findings are a reason for concern, considering the difficulty in implementing prevention and treatment programs in the bipolar population.

Keywords: bipolar disorder; somatic comorbidities; cholesterol; diabetes; metabolic syndrome; obesity; triglycerides

BECAUSE OCCAM'S RAZOR DOESN'T ALWAYS WORK.

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Introduction: Throughout the life of a patient, physicians find comorbidities that complicate existing diseases. Sometimes we do not think about it, attributing the symptoms to a disease known, delaying diagnosis and treatment.

In psychiatric patients it is alarmingly common, largely because of the stigma of mental illness and medication side effects.

Objectives: The purpose of this case report is to show how a poor initial evaluation could delay diagnosis and made impossible an early treatment.

Methods: We conducted a pathobiographic study of the patient, analyzing all the admissions and tests made over the years in all departments of our hospital.

Results: Female 57, diagnosed with Schizoaffective Disorder, with multiple admissions and constantly and permanently use of all devices and social welfare of the area.

In 2008 the patient arrived to the hospital after a fire at home. Minor burns were treated in the ER and she is sent to psychiatry, where first night suffered a pulmonary embolism (PE) that forced her transfer to ICU, where the PE is attributed to neuroleptics.

Since that time we see a torpid course, with multiple admissions because of behavioral disorders. In her last entry (2012) impresses as a major cognitive impairment (MMSE 16/30), too much for her age and in spite of her psychiatric disorder (which ultimately manifested itself only with serious behavioral disorders and moderate depressive symptoms, without psychotic or manic symptoms).

For this reason different tests were performed, appearing striking alterations on the NMR: bilateral symmetrical lesions in *Globus Pallidus* features carbon monoxide poisoning in chronic phase.

Given this evidence, and considering her pathobiography, it was decided the diagnosis of dementia due to toxic (F02.8)

Conclusions: We must reflect on the need for an exhaustive study in psychiatric patient. For years PE was justified as drug-induced, without considering other possibilities, like a toxic origin, which could have helped to a most appropriate therapeutic approach.

However, everything was attributed to mental illness and his treatment side effects, forgetting that psychiatric patients may also have other associated pathology.

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PSYCHIATRIC AND PSYCHOSOCIAL ASPECTS IN PATIENTS INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS

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The Infection with the human immunodeficiency virus is an object of actuality in terms of epidemiology, access to care and psychological impact. The prevalence of psychiatric disorders is high in HIV infected individuals. Antiretroviral therapy, chronicity of disease and social factors places the HIV patients at greater risk for psychiatric comorbidity than the general population. Major depression and anxiety disorders are the most frequently psychiatric disorders in HIV patients.

Objectives: the aim of this study is to explore the prevalence of major psychiatric disorders in HIV patients and identify the involvement of psychosocial factors in these disorders.

Methods: a cross-sectional study was conducted in the department of infectious diseases. Patients followed for an organic disease or a chronic psychiatric disorder were excluded. A questionnaire consisting of socio-demographic data, characteristics of the infection (beginning, mode of transmission, announcement of diagnosis, and clinical signs), treatment and socio-professional impact has been completed for all patients. We used for the study the scales for assessing psychiatric disorders: Beck Depression Inventory, Hamilton Anxiety and MINI International Neuropsychiatric Interview.

Results: forty patients with HIV + status were seen in consultation, but only thirty agreed to participate in our study. The average age was 38 years old. 76 % of patients had a low socio-economic level. Prevalence of psychiatric disorder among the study population was 73%, whose depression was in 53 % and anxiety disorders were in 46%. The impact on work was reported in 40 % of patients.

Conclusion: psychiatric disorders are more common in patients infected with HIV compared to the general population. The management must be multidimensional, involving pharmacological treatment, psychotherapy and social care.

WHAT IS THE MENTAL HEALTH PROFESSIONALS' ROLE IN THE CARE OF CANCER PATIENTS: A PROPOSED STUDY IN PSYCHO-ONCOLOGY AT THE UNIVERSITY HOSPITAL HASSAN II OF FEZ

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Educational objectives:

Psycho-oncology aims to integrate the psychosocial dimension at all stages of the management of cancer. It supports the adaptation process of the patient and his environment which may vary from a simple emotional reaction to characterized disorders or dysfunction in the family dynamics that can heavily impact on the care process.

Purpose:

To better assess the need for psycho-oncology in our cultural context and to identify areas of intervention, we propose a work study in collaboration with the oncology department in the University Hospital of Fez. It will aim first to determine the prevalence of anxiety-depressive disorders and suicidal intention in cancer patients and then analyze the risk factors for depressive disorders and factors associated with the risk of suicide.

Methods:

A cross-sectional study of prevalence of depression, anxiety and suicidal ideation.

A questionnaire developed to collect demographic data, medical and surgical history, data on the perception of the disease from the patient's point of view and objective data collected from the health care team. Then, will be presented The Hospital Anxiety and Depression scale and The Mini-International Neuropsychiatric Interview in these categories: major depressive disorder, depressive disorder with melancholic characteristics and the suicide risk. The analysis of results will be done in collaboration with the department of epidemiology at the University Hospital of Fez.

Results:

in progress.

Conclusion:

We hope through this study to have an insight of the diagnosis of the situation of psychiatric disorders in this population and determine our local specificities, and thus open the way to an effective collaboration that could lead subsequently to the establishment of this new discipline in our practice as a mental health professionals.

FIXED DYSTONIA: HOW MUCH ORGANIC OR PSYCHOGENIC?

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Mental and physical health are inextricably linked. Even so, opinions concerning the aetiology of dystonia have changed throughout times, reflecting whether the focus of the analysis is more biological or psychological. Nowadays, most dystonia cases have a defined neurobiological substrate, but functional (psychogenic) dystonia is still largely enigmatic. These patients find themselves highly disabled, often misdiagnosed, misunderstood, and mistreated.

Objectives

To present a case of fixed dystonia related to complex regional pain syndrome (CRPS), discussing both neurological and psychiatric approaches. This work expects to update and enhance the knowledge concerning dystonia and functional neurological symptoms, their assessment, management, history and outcome. These entities and its relationship with other mental and physical co-morbidities will be discussed.

Methods

One paradigmatic clinical case is described, and online search/review of the literature has been carried out, using Medline/Pubmed, concerning 'dystonia', 'psychogenic' and 'functional symptoms'.

Results

We report on a 28 year old female patient, followed at our outpatient clinics in the department of neurology, psychiatry, and pain unit, after being diagnosed with CRPS and dystonia, characterized by a fixed, flexed posture of the wrist and hand fingers, pain, and subjectively reported oedema, with spread of symptoms to the other hand 4 years later. No other accounting for the degree of pain and dysfunction could be diagnosed. Several treatments (pharmacological and physical) had been carried out by pain experts and physiotherapy, with poor success, before re-assessment and agreement to proceed with psychotherapy.

Conclusion

New insights from functional imaging, genetics, neurophysiology, psychotherapy and surgical treatments, have been recently brought to light with regard to functional dystonia. Still, differences on experts' opinion subsist, occupying a grey area between neurology and psychiatry that often none is willing to take charge, while the border between psychogenic and organic becomes blurred. Yet, it is remarkable that most patients with features of CRPS and dystonia present typical features of psychogenic dystonia.

Functional dystonia is the second most common functional movement disorder. However, there is an absence of appropriate health-service provision and research interest despite prevalence, effect on quality of life and health-care economics. Symptoms may improve with multidisciplinary intervention, with an emphasis on cognitive-behavioural therapy, as in this case. Nevertheless, many patients will remain significantly disabled, which reinforces the need for further multidisciplinary research and enhanced management strategies.

SMOKING AND ALCOHOL CONSUMPTION IN CHILDREN OF PARENTS WITH CHRONIC PAIN

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize a potential high-risk group of adolescents, who are exposed to parental chronic pain.

Purpose: The aim of the present study was to investigate the associations between parental chronic pain and smoking and alcohol intoxication in adolescents.

Methods: The present study was based on cross-sectional surveys performed during 2006 to 2008 from the Nord-Trøndelag Health Study (HUNT 3 and Young- HUNT 3). The sample consisted of 3227 adolescents aged 13 to 18 years for whom information was available on maternal and paternal chronic pain and health status. The mean (SD) age for girls (n = 1594) was 15.7 (1.67) years, and the mean age for boys (n = 1633) was 15.8 (1.62) years. Separate analyses were conducted for girls and boys, adjusted for child age.

Results: If both parents experienced chronic pain, boys had an increased risk of smoking (OR = 2.12, CI = 1.32 to 3.57, $p = .005$) and alcohol intoxication (OR = 1.70, CI = 1.15 to 2.50, $p = .007$) compared with boys for whom neither parent had chronic pain. Girls had an increased risk of alcohol intoxication if their mothers had chronic pain (OR = 1.39, CI = 1.07 to 1.81, $p = .014$). These results remained after adjusting for the possible effects of confounding factors, including child age, cohabitation, parental age, education, organ-specific illness, mental health and substance use. However, adjusting for maternal smoking reduced the risk for boys' alcohol intoxication to a non-significant level (OR = 1.43, CI = 0.97 to 2.11, $p = .074$).

Conclusion: Presence of concurrent maternal and paternal chronic pain is a high risk factor for smoking and alcohol intoxication in boys. The findings should prove useful in preventive and clinical work with adolescents of families affected by parental chronic pain.

DO OFFENDERS OF ALCOHOL-IMPAIRED DRIVING ATTRIBUTE THEIR PROBLEM TO ALCOHOL USE?

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Objectives: Harmful alcohol use and alcohol-impaired driving (AID) are both global problems. To prevent further AID, harmful alcohol use is addressed in remedial treatment. However, heterogeneity of the offender population is also acknowledged. This study was conducted to compare offenders' perception of their alcohol use and their behaviour of AID.

Purpose: We investigated attribution patterns of consequences of AID among Japanese offenders in order to help to propose optimal remedial approach for treatment courses designed to prevent recidivism.

Methods: We interviewed male AID offenders ($N = 219$) during educational courses. Internationally validated instruments were administered to measure current mental distress, personality (locus of control and impulsivity), indicators of harmful alcohol use (Alcohol Use Disorders Identification Test [AUDIT], other relevant instruments and biomarkers) and attitudes towards AID (justification of AID, likelihood of future AID and self-efficacy to avoid further AID). Qualitative data were also collected relating to perception of their past AID behaviour and strategies to avoid further AID.

Results: The sample consumed 75g/day alcohol on average (including 7 % abstainers). Mental distress was reported by 36 % of the sample. Biomarkers identified clinically significant evidence of alcohol dependence in 36 % of the sample, and AUDIT detected harmful alcohol use in 38 % of the sample. A series of multiple regression analyses suggested that impulsivity and frequent AID behaviour in the past are significant predictors of current alcohol misuse, together with other indicators pertaining to alcohol use. On the other hand, subsequent multivariate analysis showed that indicators of AID were not explained by variables pertaining to alcohol use: rather, younger people, those who reported less self-efficacy to avoid further AID and those whose alcohol use behaviour remained unchanged after the last conviction tended to trivialise and justify AID.

Conclusions: Harmful use of alcohol is common among Japanese AID offenders. Whether offenders are ready to acknowledge their alcohol use problem and change their AID behaviour may not be accounted for by objective indicators of alcohol use. More effort may be necessary to effectively address potential alcohol use problem and its link between AID conviction to offenders in designing and implementing remedial treatment.

INTEGRATIVE ASSESSMENT AND INTERVENTION FOR THE COMPLEX MEDICAL ILL

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Educational Objectives: To know how to do an integrative assessment and intervention in complex medical ill.

Purpose: To describe the use of an assessment protocol and integrative care for complex patients in a university general hospital.

Methods: AIDOC (Integrative assessment and intervention for the complex medical ill) is an instrument created based on some existing tools and evaluates in a clinimetric perspective six dimensions: physical, psychic, social, existential, ethic and relational.

Results: We will present some examples of the applicability of this protocol to different subgroups of patients who suffer specific difficulties and complexities: the elderly frail, chronically ill with multiple co-morbidities, patients with dual pathologies such substance abuse and patients with functional or psychosomatic problems.

Conclusions: AIDOC as a flexible resource modular-oriented and person/relation based demonstrates an easy way to cluster problems and action oriented potentialities. Our study contributes to early detection of risk factors in these complex populations, allowing the implementation of integrative healing strategies in a context of multisystem evaluation multitherapies and multidisciplinary professional approach.

UNCONTROLLED PRESCRIBING OF OPIATE PAINKILLERS (ANALGESICS) BY PHYSICIANS

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Introduction: Addiction is defined as a chronic, relapsing disease characterized by compulsive seeking and use of a substance despite adverse consequences on physical and mental health.

Opioid analgesics are often prescribed without control in practice while neglecting the potential possibilities of creating a dependency on them. Recently, there has been increase in the incidence of patients with this problem in outpatient psychiatric settings.

Purpose: The aim of this paper is to highlight the problem of uncontrolled prescription of opiate analgesics in practice.

Methods: Retrospective analysis of case

Case report: M. A., 79 year old woman, is admitted due to suicidal thoughts, depression, anxiety, insomnia, lethargy. Based on anamnestic data, it was found out that the patient has been using uncontrolled opioid analgesic for the last 9 months, which was prescribed by internist because of the pain in legs caused by ischemic disease. Over time, the patient increased the dose on their own initiative, without knowing that causes addiction, nor it is explained by physician or pharmacist about harmful effects and how long she can use that medicine. During the outpatient treatment with a gradual reduction of dose there was an emphasis on depressive symptoms, which required hospital treatment. Only after hospital treatment with the introduction of appropriate therapy, there was the withdrawal of the symptoms and the establishment of abstinence.

Conclusions: This case highlights the need for additional education of physicians on this issue because this is ongoing problem in psychiatric settings.

Keywords: analgesic drugs, addiction, uncontrolled prescribing

MENTAL DISORDERS AMONG OBESE PATIENTS SEEKING BARIATRIC SURGERY

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Background: The correlation between obesity and mental disorders is observed in the general population and clinical samples. However, few investigations have used standardized interviews to evaluate systematically the occurrence of mental disorders in the pre-bariatric surgery. In addition, the small size of the sample may be a limiting factor for accurate conclusion. Comprehensive assessment of this population may help to understand the outcome and mental health complications in the post-surgery.

Objective: To estimate the frequency of mental disorders among class III obese patients before undergoing bariatric surgery through standardized interview.

Design: Cross-sectional

Method: Obese adult patients (at least $BMI \geq 40 \text{ kg/m}^2$) were recruited from the waiting list of a University-based bariatric surgery clinic (N=393). The exclusion criteria were: previous gastroplastia and incomplete data collection. The final sample was 79.1 % of women; mean age: 43.0 years (SD 11.5); mean BMI: 47.8 kg/m^2 (SD 7.5) and mean global assessment of functioning (GAF): 76.8. Men subgroup was significantly more obese than women during pre-surgical period (50.2 vs. 46.4, $p=0.01$). The assessments were administered by trained clinicians through Structured Clinical Interview for DSM-IV Axis I Diagnosis (SCID-I).

Results: The current frequency of any mental disorders was 52.2% (54.9% for men vs. 51.4% for women). The highest rate was any anxiety disorders with 46.3%. There were no gender difference of mental disorders, except for substance use disorders that prevailed among men (7.3% vs. 1.9%, $p=0.01$). The lifetime frequency of any mental disorders was 80.9% (81.7 vs. 80.7%, NS). Any lifetime affective disorders were the most frequent diagnosis with 64.9% (35.6% bipolar disorders and 29.3% depressive disorders). Men subgroup presented more diagnosis of lifetime bipolar disorder than women (45.1% vs. 33.1%, $p=0.04$) and more substance use disorders (36.6% vs. 12.5%, $p<0.0001$). Among those respondents presenting any lifetime mental disorders, about 30% presented 1 disorder, 35% 2 disorders, and 36% 3 disorders.

Conclusions: Mental disorders are frequent conditions found among class III obese patients before bariatric surgery. High rates of lifetime mental disorders in the sample suggest that obesity might share common etiological factors or exert mutual causal relationships. Prognostic implications of previous mental disorders on bariatric surgery and weight loss should be demonstrated in follow-up study. Integrated mental and medical treatment should be recommended in managing the obese patients.

THE ROLE OF AFFECTIVE TEMPERAMENTS IN MAJOR AFFECTIVE DISORDERS

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Educational Objectives: Affective disorders (AD) are major cause of disability and psychosocial impairment worldwide. AD are often associated with suicide and attempted suicide having a devastating social impact in the general population. Affective temperaments may play a significant role in the psychopathological characteristics of AD.

Purpose: A comprehensive overview of the current literature concerning the association between MAD and affective temperaments was performed.

Methods: The search used the following terms: “Major Affective Disorders” OR “Mood Disorders” AND “Affective temperaments”. Only article in peer reviewed journals were considered. In addition, the reference lists of all papers identified were reviewed.

Results: Approximately 100 articles were selected and included by the combined search strategy. Most studies including nonclinical/healthy populations suggest the possibility to identify subjects who are at particular high risk for developing clinical forms of AD according to affective temperaments assessed by Temperament Evaluation of the Memphis, Pisa, Paris and San Diego-Autoquestionnaire (TEMPS-A). Affective temperaments play a significant role in determining the clinical evolution of minor/major mood episodes, the direction of polarity as well as clinical symptomatology, long-term course, suicidality and even medication adherence. Studies using the TEMPS-A found a strong aggregation of cyclothymic temperaments in non-affected first-degree relatives of bipolar I patients. Unfortunately, most studies were limited by the small sample size that did not allow to generalize findings.

Conclusions: Affective temperaments appear as predictors of psychopathology in patients with MAD. A systematic assessment of affective temperaments in subjects with MAD as well as in nonclinical/healthy populations of subjects is crucial for clinicians [Abstract words: 212].

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THE PICTURE OF THE BODY AND THE RESPECT OF ONE AT THE CHILDREN VICTIMS OF SEXUAL ABUSES IN THE TEACHING HOSPITAL OF MARRAKECH.

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Educational Objective: The objective of our study is to search the psychological ring of sexual abuse at the child, more particularly on the unthinking perception of its body and on its respect of one as well as their improvement by psychotherapy.

Purpose: The role of the psychotherapy in the improvement of the forecast of the child victim of sexual abuse.

Methods: They called a sample of sixty children victims of sexual abuse, signalled to pediatric emergency or addressed by an associative frame in pedopsychiatric consultation to the TEACHING HOSPITAL MOHAMMED VI of Marrakech. Valuation of these children was based on signing of:

- ladder of Esteem of One of Rosenberg;
- Questionnaire of the picture of the body.

The results of two sub-samples were compared:

- group with psychological made monitoring;
- not profitable group of psychological monitoring.

Results: study is under way; results will be introduced in the congress.

Conclusions: sexual abuse is a traumatic event which is accompanied often of psychopathology. Multiple-subject collaboration between the poles of intervention pediatric, pedopsychiatric, psychological, judicial and social is necessary.

Prevention plays a role mattering in the reduction of impact, raised, sexual abuses of the children.

Literature Reference:

The sexual harassment: of the individual psychopathology in the social factors (mailmen). S. Lepastier, J.-F. Allilaire. Medical psychological annals, Vol 162, Iss 7, 2004, P 577-585.

METABOLIC SYNDROME AND MENTAL ILLNESS: A STUDY OF INPATIENTS IN NORTHERN PORTUGAL

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Educational Objectives: Recognize the relevance of the metabolic Syndrome (MS) in psychiatric patients.

Purpose: To evaluate the prevalence of the Metabolic Syndrome in a sample of psychiatric patients and to contribute to the identification of the patient profile and risk factors associated with the MS in Portugal.

Methods: 105 patients hospitalized in the Department of Psychiatry and Mental Health of the *Unidade Local de Saúde do Alto Minho*, Portugal, were evaluated during a time frame of 3 months. Data were collected through an interview, using a questionnaire designed by the authors. Anthropometric and analytical parameters were obtained on admission. The prevalence of the MS was assessed using the American Heart Association / National Heart, Lung and Blood Institute diagnostic criteria.

Results: Most patients were female (71.4%). The mean age was 47 ± 15 years. The prevalence of the MS was 32.4%. Considering the individual components of the MS, reduced HDL cholesterol was the most common change (71.7%), followed by elevated waist circumference (47.1%), elevated blood pressure (33.3%), elevated triglycerides (25.7%) and elevated fasting glucose (19.0%). 24.6% of patients had a previous diagnosis of dyslipidemia, 21.5% of hypertension and 12.3% of diabetes. All of these patients complied with specific therapy for any of these three medical conditions. Regarding body mass index, 32.3% of the patients were overweight and 21.5% were obese.

There was a statistically significant association of the MS with increased body mass index and older age. We did not find any association between the use of psychotropic drugs at the time of admission and the presence of the MS. We also didn't find any association between the MS and lifestyle risk factors, such as smoking and lack of physical exercise.

Conclusions: As was expected, the prevalence of the MS was high in our sample. Thus it is of crucial importance to be aware of this syndrome, in order to treat it properly. Considering the international literature, it is surprising the lack of association between the MS and psychoactive drugs in our study. It would be important to perform further studies to bring into light new perspectives on this issue, including the contribution of the use of different psychoactive drugs in this syndrome.

COPING STRATEGIES AND ANXIETY AND DEPRESSION SYMPTOMS IN SUBJECTS WITH TRAUMATIC SPINAL CORD INJURY

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Educational Objectives: The complexity of spinal cord injury (SCI) affects all life domains of the person with this severe condition. Requires a multidisciplinary approach in which psychological and social aspects embody a central role in the whole process of adaptation to SCI. With this presentation, the participants should recognize the coping as a crucial key variable in this process.

Purpose: This study aims to highlight the importance of anxiety and depression as predictor variables of the process of adaptation to SCI.

Methods: This study was conducted Nationwide in collaboration with: Centro Hospitalar do Porto (HSA); Sul and Rovisco Pais Rehabilitation Center; Gaia's Professional Rehabilitation Center, Salvador Association and Portuguese Association of Disabled People. 168 subjects with Traumatic Spinal Cord Injury participated in this study. The Hospital Anxiety and Depression Scale was used to assess the anxiety and depression and the Brief cope to assess coping strategies.

Results: Most of the SCI subjects are male (75.6%) and 24.4% are females. The data of anxiety and depressive symptoms show that SCI subjects present anxiety symptoms (73.8%) in which 26.8% have moderate/severe anxiety. On other hand 71.4% of the SCI subjects present depressive symptoms and 20.8% of those have moderate/severe depression.

The main coping strategies used by SCI's subjects are: active coping (M = 4.59, SD = 1.29) and acceptance (M = 4.57, SD = 1.28) and the least used is the substance use (M = 0.32, SD = 0.98). The use of the positive reinterpretation (p = 0.003), is associated with a lower incidence of anxiety symptoms. Conversely, strategies self-blame (p = 0.014), venting, (p = 0.000), denial (p = 0.000) and substance use (p = 0.003) were associated with a higher incidence of anxiety symptoms. For depressive symptoms, there are significant associations for the strategies: active coping (p = 0.012), positive reinterpretation (p = 0.002), substance use (p = 0.022) and humor (p = 0.004). SCI subjects that have a lower incidence of depressive symptoms are those who use active coping, positive reinterpretation and humor. On the other hand those who resort substance use are those with more depressive symptoms.

Conclusions: This study highlights the need for therapeutic plans targeted to this particular population and focus the importance of the coping in this dynamic adaptation process. The aims of these plans are to enable the individual to manage the physical and psychological consequences maximizing their potential to join and benefit from the rehabilitation process.

PHYSICAL ACTIVITY LEVELS OF OUTPATIENTS WITH SCHIZOPHRENIA ATTENDING A STRUCTURED PHYSICAL ACTIVITY PROGRAM

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In general, individuals with schizophrenia present high rates of mortality and co-morbidities, a situation aggravated by the presence of diabetes mellitus, hypertension, coronary heart disease and obesity. Therefore, interventions based on physical activity focused on individuals living in the community are essential. Such actions improve the body mass control, lipid profile control and self-esteem, as well as improve social functioning. These benefits directly reflect an improvement in their quality of life. For this reason, the Department of Special Physical Education of the Faculty of Sport of the University of Porto established partnerships with one Mental Health Institution and two Public Hospitals in Porto, Portugal to develop a structured physical activity (PA) program for people with Schizophrenia.

Objective: This study aimed to assess the level of PA in outpatients with Schizophrenia in their daily activities, before the beginning of the structured PA program, and verify the correlation between body mass index (BMI) and level of PA.

Methods: In its first stage, the project have twenty one males and eight females (M=40,3 yrs; SD=7,3 yrs) diagnosed with Schizophrenia. The level of PA was obtained with Actigraph accelerometer model GT3X. Spearman correlation test was used to compare the level of PA with the BMI ($P<0,05$), and evaluate its statistical significance.

Results: The results correspond to the first stage of the project. The majority of this group (51,7%) did not performed at least 30 minutes of moderate to vigorous physical activity per day, as recommended by American College of Sports and Medicine Guidelines. There was a significant weak negative correlation between level of PA and BMI ($p=0,036$; $r=-0,39$).

Conclusion: Most participants presented a low level of PA before the beginning of the structured PA program. The results demonstrate a negative correlation between BMI and level of PA, indicating the importance to encourage the development of more PA programs for this population. This action may help to decrease co-morbidities and mortality, as well as to improve the quality of life of these patients.

SCHIZOPHRENIE ET TABAC : CARACTERISTIQUES ET IMPLICATION DE DANS LA LUTTE ANTI-TABAC

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Introduction et objectif :

L'association entre la schizophrénie et la consommation de tabac a été décrite dans la littérature dans plus de 1000 articles. La schizophrénie est le trouble psychiatrique où l'on retrouve la plus grande proportion de fumeurs. Il est donc très important d'inciter les patients à arrêter de fumer.

Méthodologie de l'étude :

Il s'agit d'une étude épidémiologique descriptive transversale intéressant 25 patients schizophrènes fumeurs. Un questionnaire semi-structuré a été proposé aux patients concernant les caractéristiques démographiques et cliniques des patients schizophrènes fumeurs ainsi que leurs habitudes tabagiques, la gravité de leurs dépendance à la nicotine, leurs raisons de fumer et enfin leurs raisons de cessation de fumer, et ce en utilisant des instruments d'évaluation validés.

Résultats :

Dans notre étude, la moyenne d'âge des patients était : 32.8 ± 11.82 ans.

96% des patients ayant répondu au questionnaire fumaient quotidiennement.

Concernant l'âge de début du tabagisme, 84% avaient fumé leur première cigarette avant l'âge de 20 ans.

Dans notre étude, 52% des patients schizophrènes fumaient entre 10 et 20 cigarettes ou moins par jour. 20% des patients étaient fortement ou très fortement dépendants à la nicotine. Quand à la motivation à l'arrêt de la nicotine, 80% n'avaient jamais essayé au par avant d'arrêter de fumer. 64% avaient des chances réelles de réussir mais des difficultés à prévoir. 64% des patients questionnés trouvaient dans la cigarette un soutien psychologique et un moyen pour lutter contre l'anxiété. 56% trouvaient du plaisir dans l'action de fumer et 48% patients fumaient par habitude.

Conclusion : Le tabagisme est très prévalent chez les patients souffrant de schizophrénie et constitue un problème de santé publique important. Ces derniers sont motivés à cesser de fumer, mais n'y parviennent pas autant que la population générale.

ANXIETY AND DEPRESSION SYMPTOMS IN INFORMAL CAREGIVERS OF SUBJECTS WITH SPINAL CORD INJURY

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Educational Objectives: With this presentation, the participants should be able to recognize the informal caregiver's of people with spinal cord injury as a special group and should be aware to specially evaluate Anxiety and Depression.

Purpose: The aim of this study it's to know the Anxiety and Depression expressivity symptoms in Portuguese informal caregivers of people with Spinal Cord Injury.

Methods: This study was conducted Nationwide during the year 2012 in collaboration with Centro Hospitalar do Porto; Sul and Rovisco Pais Rehabilitation Center; Gaia's Professional Rehabilitation Center, Salvador Association and Portuguese Association of Disabled People. 160 Informal Caregivers of subjects with Traumatic Spinal Cord Injury participated in this study. The Hospital Anxiety and Depression Scale was used to assess the Anxiety and Depression.

Results: Based on the HADS, there was evidence of high levels of Anxiety and Depression symptoms in the Informal Caregivers, with 70, 3% with Anxiety symptoms, in which 33,5% of the carers presenting moderate/severe Anxiety. On the other hand 70,3% of the caregivers present Depression symptoms, 31,6% of those present moderate/severe Depression.

To verify dependence between the Anxiety and Depression symptoms and socio-demographics variables we used the Chi-squared test. The results show that the anxiety symptoms don't vary according with socio-demographic characteristics. In other way, depressive symptoms of the informal caregivers in this study don't depend of age or education ($p>0,05$), but depend of gender ($\chi^2=6,195$; $p=0,013$), comparatively, the males have a greater tendency to severe depression than the female.

Conclusions: The prevalence of Anxiety and Depression symptoms in informal caregivers of people with spinal cord injury is considerably high. These findings highlight the importance to assess the contribution of mood disorder, especially anxiety and depression in this specific group and also the need to develop and implement more and better psychological strategies to promote informal caregiver's well being.

21st World Congress of Social Psychiatry - 2013
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Topic

5

Globalization, instant communication and mental health

Posters Session

SYSTEMATIC STUDY OF THE DESTRUCTIVE SOCIAL EPIDEMICS PHENOMENA

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Educational Objectives: at the end of this presentation, the participants should be able to understand the concept of the "destructive social epidemics" (DSE), its main characteristics, universal mechanisms and risk factors, the algorithm and technologies of resistance development towards DSE, and will learn about the results of the implementation of such technologies in Kazakhstan.

Purpose: to overcome the doctrinal and institutional deficits, increase the effectiveness of counteracting efforts towards DSE.

Methods: Diagnostics (clinical-psychopathological, psychological, sociological, epidemiological), experimental, analytical (statistics, comprehensive analysis of economic efficiency, the method of expert's estimates). Main tools: Pavlodar multifunctional questionnaire, basic research card, disciplinary matrix model, scale to control levels of DSE spreading. Main research's stages: baseline data collection and analysis (2001-2004), experimental and analytical (2005-2008), conceptual (2009-2012).

Results: DSE refers to the process of engaging people in chemical dependencies (alcohol and drugs) - up to 7%, psychological dependence (sects and extremist groups, gambling, computer addiction) - up to 3%, and adaptation disorders with signs of demoralization syndrome (vulnerable groups to destructive chemical and psychological addiction) - up to 12% of the population. DSE has a tendency to uncontrolled spreading with direct and indirect interdependences. The major driving force of DSE spreading are increasing environmental hostility (informational), degradation of natural sanogen mechanisms and progressive decrease in population's adaptive capacity, devastating delay in elaboration of effective social self-organization;

The universal mechanisms, risk factors, and algorithm of resistance development towards all types of DSE have been carefully studied. It demonstrates that when we forcefully developed the certain psychological features to secure high resistance to hostile environmental, the importance of standard risk factors could be significantly reduced.

Based on gained results, we developed the DSE meta-concept that includes the updated strategy for effective social counteraction, computer programmes of risks assessment for each age group, measures of risks correction in educational curricula, efficient forms of medical and social rehabilitation for people with chemical and psychological dependences. These innovative approaches have been implemented as part of the national programmes in Kazakhstan since 2009.

- **Conclusions:** The obtained intermediate results and tracked trends in DSE spreading indicate that the main objectives of the research have been achieved. The meta-concept of destructive social epidemics is able to explain adequately the phenomena of DSE and demonstrate the possibility of effective social resistance development. The large-scale institutionalization of such innovative approaches contributes to the establishment of effective control in the area of DSE spreading, and to overall growth of social efficiency.

A STUDY ON THE LONELINESS LEVELS OF ADOLESCENTS WHO LIVE IN AN ORPHANAGE AND THOSE WHO LIVE WITH THEIR FAMILIES

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Purpose: This study aims to compare the loneliness levels of male adolescents who live in an orphanage and who live with their families.

Methods: Participants were a total of 86 male adolescents aged between 15-18 years, 43 of whom live in an orphanage and 43 of whom attend high school and live with their parents. The sociodemographics of these adolescents and their families were gathered with the “Adolescent Introduction Form”, and loneliness levels were identified with the “UCLA Loneliness Scale” designed by Russell, Peplau and Ferguson (1978) and tested for validity and reliability by Demir (1989).

Results: The results showed that the significant difference between the loneliness mean scores of adolescents living in an orphanage and with their families ($t_{(84)}=5.37$, $p<.01$). The loneliness mean scores of adolescents living in orphanages ($X[\text{mean}]=45.46$) were higher than those of adolescents living with their families ($X[\text{mean}]=36.30$). These findings suggests a meaningful relationship between loneliness and whether adolescents live in an orphanage or with their families. 67.4% of male adolescents in orphanages experience moderate levels of loneliness, while 69.8% of those with their families experience low levels of it. There were no participants in either group who were experiencing high levels of loneliness according to the UCLA Loneliness Scale. A significant relationship was found between living in an orphanage or with a family and loneliness levels ($\chi^2_{(df=1, n=86)}=11.913$, $p<.01$). It was concluded that adolescents living in an orphanage experienced higher levels of loneliness than those living with their families, and that the difference was statistically significant ($t_{(84)}=5.377$, $p<.05$).

Conclusions: This comparative study has shown that adolescents living in orphanages form a psychological health risk group. The following may be recommended in light of these findings:

Children and teenagers living in orphanages should be monitored regularly for symptoms such as loneliness, hopelessness, anxiety, worry and depression,

Adolescents should be given training in social, communicative and problem solution skills, whose lack may cause loneliness,

Key words: Adolescent, Orphan, Loneliness, Orphanage

References: Karadağ-Çaman, Ö., & Özcebe, H. (2011). Adolescents living in orphanages in Ankara: Psychological symptoms, level of physical activity, and associated factors. *Turkish Journal of Psychiatry*, 22, 93-103.

SUPPORTING HEALTH PROFESSIONALS WORKING WITH PEOPLE WITH DEMENTIA IN REMOTE AND ISOLATED AREAS IN AUSTRALIA: AN INNOVATIVE SERVICE

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Objectives: Preventing job strain and its detrimental effect on quality of care in residential care staff and other health professionals is most important when considering the care of people with dementia. An innovative service for Australian carers is the Dementia Behaviour Management Advisory Service (DBMAS), which is available to support residential and community care staff in caring for people living with dementia. The service in Melbourne Australia is now supporting staff working in remote Northern Territory, 3,700 kilometres away. This paper describes the service and its impact.

Methods: A) We interviewed residential care staff who were new users of the DBMAS. Each staff member was nominated by their facility and in total 137 (82.5%) of all eligible Residential Aged Care Facilities (RACFs) (n=166) participated in the study. B) We also collected data on the impact of education on health professionals provided via teleconference and videoconference.

Results: We found that residential care staff were affected adversely by behavioural and psychological symptoms of dementia (BPSD), most particularly screaming and physical violence. However job strain (including staff confidence, perceived skills and stress) was reported to improve following the introduction of the DBMAS. Staff reported improvements in confidence and stress levels as well as a number of work productivity measures such as absenteeism and reduced length of resident care time. In addition education provided by the remote service in Melbourne was received very favourably and was successful in improving knowledge in key areas of practice.

Conclusion: Results provided evidence for the positive effects of DBMAS support. Remote support is an effective way to share scarce resources of psychogeriatric and specialist medical and allied health support.

THE CHARACTERISTICS OF THE USE OF FORMAL, FAMILIAR AND NON-FORMAL LANGUAGES IN PSYCHIATRIC COMMUNICATIONS. A FUTUROLOGICAL PERSPECTIVE

Tamas Barnabas

GAMIAN-Europe, MHE, ENIL And WNUSP

Objectives: One of the principal characteristics of the democratization and globalization of the English tongue is the lack of differentiation between thou and you. This streamlining aspect of linguistics has a time tested and proven record of high effectiveness in psychiatric communications in general and in treatment practices in particular.

Methods: Analytical interpretation of comparisons of communicational practices will constitute the methodology of the presentation.

Results: The presentation highlights the English good practice of the undifferentiated use of thou and you in various areas of official psychiatric communications without making the linguistics of the differentiated use of them look inferior. Demonstrating some of the most constructive elements of the formal, familiar and non-formal communication techniques in psychiatry, the presentation displays both, the undifferentiated and the differentiated usages as equally good alternatives in the context of institutional as well as community situations.

Conclusion: In conclusion the presentation explores some examples of institutional and community bound instant communications and suggests whether the employment of differentiated or undifferentiated thou – you language is more efficacious in the given cases.

Keywords: “The psychiatric effectiveness and good practice of the English undifferentiation between thou and you has been time tested...”

21st World Congress of Social Psychiatry - 2013
29 June - 3 July 2013
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Topic

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Mass movements of populations: migrants, refugees, others

Posters Session

MATCHMAKING MARRIAGE, MEDIATING CAPITAL? EXPLORING THE ROLE OF TRANSNATIONAL MARRIAGE AGENTS ON THE ACCUMULATION OF SOCIAL CAPITAL OF IMMIGRANT WIVES IN TAIWAN

Yi-Han Wang

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The prevalence of transnational marriage can be witnessed in Taiwan in the late twentieth century where Chinese and Southeast Asian women, mainly from Vietnam, dominate numerically. Social capital, referring to the idea that human beings rely on social networks to meet various needs and interests, has been identified as the most important resource for immigrants to access resources, make quick adaptations to the new environment, improve mental health and develop a sense of belonging. However, there is a shortage of research exploring social capital among these immigrant wives. Thus this paper aims to explore this domain by focusing on the role of transnational marriage agents.

Statistic data had pointed out that most immigrant wives marry Taiwanese through the operation of profit-pursuing marriage agents (i.e. *Zhongjie*). It was recognized that *Zhongjies* made negative impacts on these women's life in Taiwan due to their commodified mediation. Taiwanese government thus amended the Immigration Act and decreed that since 1st August 2008 it has been unlawful to set up a profit-pursuing marriage agent. Hereafter only a non-profit association which got a permit from the competent authority can provide transnational matchmaking service. The kind of non-profit transnational marriage agent is called *Xiehui*. By the end of 2012, forty-one *Xiehuis* have been permitted and most were transformed from *Zhongjies*.

Based on in-depth interviews with 14 interviewees working in 12 *Xiehuis* conducted from May 2011 to April 2012, I show that *Xiehuis* play a key role on the accumulation of social capital of immigrant wives. I further found that these matchmakers, whose services are underpinned by profit-pursuing (*Xiehuis* still operate commercially), professional ethics, traditional family gender division and racialization, can benefit immigrant wives to construct "strong ties" or "bonding capital" but place them at a disadvantage in connecting "weak ties" or "bridging capital". As demonstrated by scholarly efforts, "weak ties" or "bridging capital", consisting of persons to whom the central person is marginally connected and has little contact with, can provide better and more access to information about opportunities than "strong ties" or "bonding capital" which indicates a relative, friend, neighbor, or co-worker that the central person sees often and interacts with on a frequent basis. It cannot be denied that "strong ties" or "bonding capital" in the host society can provide immigrant women for instrumental aid (e.g. child care, helping with finances and emotional support), these women, however, can be more empowered cognitively and experientially by "weak ties" or "bridging capital" to seek out individuals who can connect them to more opportunities and engage more heterophilous ties.

This paper thus concludes that the Taiwan's state should identify *Xiehuis*' diverse roles and call for programs to develop *Xiehuis*' cultural competence so that immigrant wives' well-being can be truly improved when they begin new lives in Taiwan.

PTSD AMONG IRAQIS DISPLACED TO EGYPT AFTER THE GULF WAR 2003

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Purpose: To identify the extent and risk factors of PTSD among Iraqis displaced to Egypt after the Gulf War 2003

Methods: It is a cross-sectional survey of a sample of adult displaced Iraqis living in Cairo, Egypt. Subjects were 127 Iraqis, aged between 18 and 65 years, identified through snowballing and Random walk techniques.

The Mini International Neuropsychiatric Interview (Arabic version, modified to colloquial Iraqi) was used to detect mental disorders. A specially designed questionnaire was used to evaluate the effects of the Iraqi war and consequent displacement on the level of distress in the subjects.

Results: 21.2% of the sample received the diagnosis of PTSD. Studying the characteristics of PTSD group (n=27) compared to non-PTSD group (n= 100), revealed that: 88.5% of the PTSD group were males compared to 59.1% of the non-PTSD group, 85.2% of the PTSD group were married compared to only 59.6% of the non-PTSD group and the mean age of the PTSD group was (43.3±11.9) while that of non-PTSD group (37.6±13), those differences were significant.

There was no significant difference between both groups regarding the actual exposure to traumatic events. However the significant difference was the persistence of the effect of trauma. 87% of the PTSD group perceived the influence of the trauma as still existing at the time of the study compared to 54.4% of the non-PTSD group. The entire PTSD group (100%) reported that it affects their mental health compared to 76.8% of the non-PTSD group. The PTSD group had significant higher comorbidity with anxiety disorders and significant higher past history of MDD (47.4% compared to 10.8%) and panic disorder (51.9% compared to 3.3%). Suicidal risk was significantly higher in the PTSD group (59.3%) compared to the non-PTSD group (8.5%)

Conclusions: Nine years after the exposure to the traumatic events of the Gulf War, PTSD is related to the perception of the trauma's effect, not merely to its occurrence. Risk factors included male gender, older age and past history of MMD and panic disorder. Suicidal risk was significantly higher in individuals with PTSD. These findings highlight the need for mental health services and routine screening of PTSD, other comorbid mental disorders and suicidal risk to all displaced Iraqis and other refugees subjected to similar conditions.

DO THE ECOLOGICAL MIGRANTS HAVE HEALTHIER LIFE IN THE NEW PLACES IN CHINA?

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Educational Objectives: at the conclusion of this presentation, the participants should be able to have an understanding of the general health status of the ecological migrants who were affected by the massive ecological relocation project in Northwest China.

Purpose: To investigate differences in general health status between the ecological migrants and local residents, and to explore the predictors for a good health status among the migrants.

Methods: The survey was conducted in Ningxia Hui Autonomous Region, Western China. Multi-stage cluster sampling method was used to identify individuals from households in randomly selected villages. The Short Form (SF-36) Health Survey in Chinese was used for evaluating the health status of participants. Information on demographic characteristics was also collected. Comparison was made in the eight sub-scores of SF-36 and two summary measures of physical and mental status. Logistic regression was used to identify the predictors for better physical and mental health status.

Results: The questionnaires were completed by 626 participants, including 365 ecological migrants and 319 local residents. There were significant differences in age, ethnicity, education level and family income between the ecological migrants and local residents. Overall, there was a significant difference in physical functioning between migrants and local residents (80.44 vs. 86.42, $P=0.003$), and between Hui ethnic and Han ethnic participants (84.76 vs. 80.66, $P=0.007$). Among hui ethnic participants, significant differences were also found in the scores of role limitation due to physical health and body pain between migrants and local residents (60.73 vs. 72.02, $P=0.015$; 73.90 vs. 79.62, $P=0.011$, respectively). There was significant difference in summary score of physical status between migrants and local residents (67.06 vs. 70.61, $P=0.029$). Male participants had significantly better summary scores of physical status and mental status than female participants (summary physical score: 72.03 vs. 66.02, $P=0.002$; summary mental score: 67.80 vs. 64.35, $P=0.024$). Those migrants who were younger, with higher education level and higher family income had higher probability to have better summary score of physical status. Those migrants who were younger and had higher family income had higher probability to have better summary score of mental status.

Conclusion: The ecological migrants had worse physical health status than local residents while there was not much difference in mental health status. Those migrants having less income and being older were vulnerable to unhealthy conditions. Local government and health sectors should pay close attention to the health of these migrants, especially the elderly and the poor, and ensure them to have a better quality of life in the new places.

ALTERNATIVE FUNCTIONS OF MIGRATION IN MENTALLY ILL CONTINGENT FORMATION IN SIBERIA

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Educational Objectives: Migration of the population can act as a nosogenic or prophylactic determinant in various ecological conditions. Participating in the process of enterprise by his/her physical or intellectual work producing goods and services human being spends his/her energy accumulated in his/her health i.e., finally all is produced at the expense of health.

Purpose: To reveal influence of migratory processes on mental health of the population at population level.

Methods: We have studied correlation interrelationships of prevalence of mental diseases, alcoholism with migratory parameters (migratory increase, result of migration and its turnover) for urban population of all 18 administrative territories of Siberia for 10 years.

Results: We have carried out investigations of mental health of intensive mastered gas producing regions of Siberia and territories of southern Siberia where migratory flows have traditional character. So, in developing city where population for considered period has increased by 1,5 times, incidence rate of neuropsychiatric disorders is lower as compared with a city of southern Siberia where increase of population has constituted 10%. Interrelationships of prevalence of mental diseases and alcoholism on territories where there is relative slowing down of migratory increase and result of migration as a rule are negative and dynamic of considered by us classes of diseases reflects accumulation both of mentally ill and suffering from alcoholism. We have found that on territories with positive migratory increase, correlations of parameters of migration and prevalence of mental diseases have positive sign; in alcoholism, these interrelationships are not reliable. Because both processes – increase of population and accumulation of mentally ill occur one-directed so migrating population can promote increase of mentally ill at the same moment all-around increase of alcoholism is not associated with its higher level in newcomers.

Conclusions: Migration thanks to its selective function comprising of change of qualitative composition of the population exerts ambiguous influence on prevalence of mental diseases and alcoholism in populations of places of settlement. Migratory flows into districts of new industrial mastering promote minimization of incidental level of prevalence of mental diseases and alcoholism while in traditional ones there was not such interrelationship. Newcomers promote “recovery” of places of settlement however further “accumulation” of neuropsychiatric pathology and leveling with level of traditional regions occurs. Consequently, moving of population – is first of all migration of health on labor market. Siberia in this regard is situated in extraordinary non-benefit situation.

MENTAL HEALTH OF FOREIGN IMMIGRANTS' CHILDREN IN JAPAN

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Introduction:

In Japan, as foreign immigrants have been recently increasing, the numbers of the second generation in young age accompanied with their parents have also been rapidly growing. They are required to adapt to a new culture and a new language, and it must be hard to achieve. Their difficulty must be influenced by whether they can use the new language well or not, because it can help communication with friends and teachers.

Purpose:

We undertook this research to investigate mental state and stress of the second generation, and to examine influence of their daily-using language.

Methods:

The objects were students belonging to junior high schools in Kobe, whose parents settled in Japan after 1980. Participants were examined with a structured interview to determine their ability to use the Japanese language and the native language, socioeconomic status of family, socio-cultural adaptation of family and scholastic achievements. We evaluate the stress and the mental state of participants using Birleson Depression Self Rating Scale for Children (DSRSC), and Modified Health Checkups for High-School Students (MHC-H) used for checking stress and anxiety in the previous study.

Results:

46 students and their parents agreed and signed the consent of the investigation. We used the results of 40 participants who have fulfilled all the questionnaires. As a daily language, 19 participants used their native language (Group N) and 21 used Japanese (Group J).

The mean score of DSRSC was 10.9 ± 5.0 , and 22.5% of the participants showed higher scores than the cut off points of 16. These results were almost the same with those of the Japanese students. There was no significant difference between groups.

The mean total score of MHC-H was 12.8 ± 7.1 . That was as same as that of Japanese students, but the items on which participants said 'yes' were different between Japanese and foreigners. Japanese had much concern on their study and grades, and foreigners cared about human relationship. There was no significant difference in total score between groups, but the items chosen were different. The number of students, who showed difficulty on their communication with teachers, was significantly larger in Group N.

Conclusions:

The second generation of immigrants showed the similar level of mental state with Japanese, but its difficulty had different characteristics. What language they daily used also seemed to have influence on their mental state, so we should take that aspect into consideration when we support them.

PSYCHIATRIC MORBIDITY AMONG IMMIGRANTS IN SINGAPORE: A RETROSPECTIVE REVIEW

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Background

Singapore, a “multicultural kaleidoscope”, has emerged one of Asia’s most cosmopolitan cities, with the major ethnic groups of Chinese, Malays, Indians, Peranakans and Eurasians calling it home. Since the year 1990 there has been a surge in development in the region leading to an increase in the immigrant population, who constitute about 30% of the population. Migration itself brings about some amount of stress and is likely to have an impact on the mental health. Those of them who develop a mental health issue may be seen at the psychiatric services at any of the general hospitals, but a majority of them are referred for management at the Institute of Mental Health (IMH). IMH is a 2,000-bedded tertiary psychiatric hospital offering a comprehensive range of psychiatric services to clients of all age groups in Singapore.

Aims and objectives

To study the psychiatric morbidity and socio demographic variables among immigrants attending Emergency Services at IMH

Method

We will be reviewing the demographic data, psychiatric diagnoses and other variables of immigrant patients who have attended the Emergency Room between January 2011 and December 2012 (2 year period) at IMH Singapore.

Results

The study is still ongoing. Preliminary pilot data suggest certain specific diagnosis categories such as Adjustment Disorder, Depressive episodes and Acute and Transient Psychotic Disorders. Results will be discussed in detail during the conference.

Conclusions

This ongoing study focuses on the challenges in assessment such as language and socio cultural barriers and management of such patients in a socio cultural perspective. There remains a palpable dearth in securing the background history of the patient and lack of available collateral information from the nearest relatives. Most of them were brought by police or on a mental health act section which poses further challenges in management. Those who presented with psychotic episodes have an acute onset and more florid symptoms as compared to the local population.

NEGLECTED RESEARCH OF PSYCHOSIS IN IMMIGRANTS: A CRITICAL REVIEW OF THE SPANISH LITERATURE.

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Educational Objectives: At the conclusion of this presentation, participants will 1) appreciate the current state of research on the relation between psychosis and immigrants to Spain; 2) understand why the Spanish psychiatric literature is relatively undeveloped in this field; and 3) learn what next steps are needed to clarify rates and outcome of psychosis in Spanish immigrant populations.

Purpose: This study will assess the state of the Spanish literature with respect to psychosis and migration to better understand why the field has been neglected and to clarify the attitudes of Spanish psychiatry toward this topic.

Methods: A computerized search strategy was applied to identify relevant articles published before September 2012 with database-specific medical and social key words. The following topics were reviewed in the retrieved literature: characteristics and quality of the studies, attitudes of researchers regarding the study population, and clinical and epidemiological characteristics of psychosis in immigrants to Spain.

Results: 13 articles were found that touched on the topic of psychosis in immigrants to Spain. One article was a case-series, three were opinion articles and nine were observational retrospective studies, but none of the identified studies specifically addressed rates or outcomes of psychosis in immigrants. All articles were published after 2001. Key concepts, such as definition of immigrant or classification according to place of origin, were heterogeneous and non-standardized. Well-known international findings, such as high rates of psychosis in immigrant populations, were mentioned in only half of the articles. Furthermore, subjective and non-rigorous attributes to the migration-process and to immigrants were found in most of the publications. Articles assessing clinical features and management agreed on higher severity of the disease and elevated rate of mystic-religious delusions in immigrants compared to the native born. Coercive measures, such as higher rates of hospitalization and more use of mechanical restrains, were reported in some of the studies.

Conclusions: Though Spain has one of the highest rates of immigration in Europe, the Spanish psychiatric literature shows a clear lack of publications regarding psychosis in immigrants. Neither incidence nor treatment outcome studies of psychosis in immigrants to Spain have been carried out to date. Furthermore, we found a lack of standardized concepts critically relevant for enabling comparison and contextualization within individual publications and with the international literature. Moreover, the lack of standardized assessment of immigrants to Spain could lead to misdiagnosis of psychosis in vulnerable populations and an overestimation of rates of psychosis in these populations.

LANGUAGE-PROFICIENCY AMONG HOSPITALIZED IMMIGRANT PSYCHIATRIC PATIENTS IN ITALY

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Purpose: Lack of cultural adaptation may risk or worsen mental illness among immigrants, and interfere with assessment and treatment. Although language-proficiency (LP) seems essential for access to foreign environments, research available is very limited, encouraging this preliminary study of its relationships to demographic and clinical factors.

Methods: We reviewed clinical records of all immigrant psychiatric patients hospitalized at the University of Foggia in 2004–2009 (N=85), and tested prevalence of factors-of-interest between patients considered to have adequate versus inadequate (needing an interpreter) Italian-language proficiency (LP).

Results: Immigrant inpatients (44 men, 41 women; 35.7±10.0 years-old) represented 3.62±0.94% of all hospitalizations. Most had emigrated from other European countries (60.0%). Many were diagnosed with DSM-IV unspecified psychosis (40.0%) or adjustment disorder (18.8%), and 45.9% involved first-lifetime episodes. Average Italian-language-proficiency (LP; comprehension and spoken) was considered good-moderate in 62.4%, low-inadequate in 37.6%. In multivariate modeling, *adequate-LP* was more prevalent among women than men, and associated with an EU country-of-origin, taking more psychotropic drugs at hospitalization, having entered Italy legally, and weakly with being employed.

Conclusion: The findings support an expected importance of LP among immigrant psychiatric inpatients, and encourage language-assessment and training as part of comprehensive support of such patients, especially men.

IMMIGRATION AND LANGUAGE BARRIER IN A COMMUNITY MENTAL HEALTH CENTER.

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Objectives:

The objective of this study is to analyze the differences in demographic and clinical profiles of the immigrant patients who come to the Community Mental Health Center in order to compare the results based on the presence or absence of language barrier.

Methods:

A total of 59 patients visited in the Community Mental Health Center "Martí i Julià" in Santa Coloma de Gramenet, Barcelona, between June and December 2012 were included. Evaluated assessments included sociodemographic and clinical variables. Data were retrospectively collected for an observational study, in order to evaluate the differences between the variables in terms of presence or not of language barrier.

Results:

Of a total sample of 59 immigrant patients, the mean age was 33.8 years, with a frequency of 52.5% of men. The 69.5% of patients did not have family support, having required a social work intervention in a 61% of the patients, independently of the place of origin. Demographic variables are described in Table 1. Table 2 describes the frequency depending on the origin of immigrants, being the most frequent group from Maghreb (47.5%) or South America (33.9%). In Table 3 are described the frequencies according to primary diagnosis, the most frequent were psychotic (47.45%) and affective (27.11%) disorder. In relation of treatment, 76.27% of the patients received antipsychotic, 13.55% of them required three or more antipsychotics, and 13.55% were with long-acting antipsychotic. We analyzed whether there was a relationship between these variables and the presence of language barrier, and the results were not significant ($p > 0.05$). We analyzed the antecedent of agitation and we did not find a significant relation depending on the presence of language barrier.

Conclusions:

The profile of the immigrant patient recently treated at the Community Mental Health Center of Santa Coloma is a young man without family support and social problems, which the most frequent is from North African origin. There were no significant differences in clinical or therapeutic profiles depending on the origin of the patient, we did not find either differences when the variable agitation or the use of as many antipsychotics were analyzed, in relation to the existence or not of language barrier.

In our sample, the language barrier would not be a determining factor in the immigrant patient with mental health problems management.

21st World Congress of Social Psychiatry - 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

7

Suicide and its prevention

Posters Session

EMOTIONAL IMPACT OF THE SUICIDE OF A PATIENT IN THE STAFF OF A MENTAL HEALTH PRIVATE CLINIC IN CHILE

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Introduction: Multiple studies have shown that the suicide of a psychiatric patient can produce high emotional impact on the mental health staff – which normally has high levels of baseline burnout and psychopathology. This reality has not been studied in Chile.

Purpose: To measure the emotional impact of the suicide of an inpatient in the mental health staff of private psychiatric clinic in Chile.

Methods: Two months after the suicide of a patient in a psychiatric inpatient ward all the service members were invited to anonymously answer the questionnaires PCL-S, BDI and MBI of posttraumatic stress symptoms, depression and burnout, respectively. Frequencies were calculated for probable PTSD, probable major depression disorder and burnout. We sought independent occupational risk factors using multiple linear regression analysis.

Results: Over 80% of staff participated. 14.63% had probable PTSD, 21.95% probable major depression, 24.39% higher levels of emotional exhaustion, 14.63% high levels of depersonalisation and 19.51% low levels of personal accomplishment. The group of people who works inward, in permanent contact with the patients (university nurses, paramedical and support assistants) had PTSD scores and emotional exhaustion significantly higher than the group consisting of psychiatrists, psychiatry residents, psychologists and occupational therapists, who usually are located outward ($p < 0.008$).

Conclusions: With these results we conclude that the suicide of a hospitalized patient could produce almost 15% of possible PTSD, equivalent to the emotional impact of any other traumatic events. The people in permanent contact with the patient have a significantly higher risk for PTSD. The project achieved its objective by measuring the impact of suicide and creates new knowledge about the risk factors that can lead to PTSD, mayor depressive disorder and burnout. Knowing these facts is essential to arise awareness in which both professional schools and health organizations incorporate this reality into their agendas, in order to prevent, mitigate and respond better to this phenomenon.

Educational Objectives: At the conclusion of this presentation, the participants should be able to see the suicide of a patient as a complex situation. This phenomenon can be a cause of PTSD in mental health teams, whom are usually under high basal stress.

FOSTERING RESILIENCE AS A PROTECTIVE FACTOR IN A COLLEGE SUICIDE PREVENTION PROGRAM

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Educational Objectives: At the end of this presentation, the participants should be able to describe Western Michigan University's resilience building workshop that emphasized a strength-based approach to foster resilience within a college campus environment. Resilience is an important protective factor in buffering individuals from mental health difficulties and suicidal behaviors.

Purpose: The dual purpose of the Resilience Building Workshop was (1) to increase resilience within Western Michigan University's campus constituency and (2) to increase knowledge about resiliency and its function as a protective factor against suicidal behaviors.

Methods: The 2-hour long workshop incorporated multiple educational approaches including a PowerPoint presentation, one video demonstration of resilience, psychoeducation, group discussion, and edutainment (poetry reading). The workshop opened with the definition of resilience, a review of assumptions regarding resilience, and psychoeducation about the impact of resiliency. Next, participants identified protective factors associated with resilience and participated in an activity depicting a physical representation of resiliency. Then, a short video clip of Martin Luther King Jr's (MLK) resilience was presented followed by comments by audiences. The participants were then divided into six groups to identify and discuss factors increasing or impeding regarding resilience. Groups recorded their responses on paper and presented the information to the larger group. Finally, a poetry reading about personal struggle and resilience was performed. Evaluation forms assessing the effectiveness of resilience building workshop were administered.

Results: Following the workshop, the majority of participants agreed that they had a greater understanding of concept of resilience and could identify strategies to increase resilience. Results also indicated that the participants might use information learned at the workshop to increase their resilience, with the majority endorsing "I plan to apply what I learned in this workshop to my own life."

Conclusions: Analysis of the results appears to indicate that a brief psychoeducational and experiential workshop met its goals and increased participants' understanding of resilience. Exposure to the program content may also help those exposed to increase their personal resilience. Further study is needed to determine the relationship between the participants' intention to use program content to increase personal resilience and actual change in their behaviour. This potential finding could have important implications for increasing resilience and eventually decreasing suicidal behaviour among college students. We suggest further research be done to identify if any lasting effects or changes came about from the workshop.

Literature Reference (optional list one or two maximum)

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PERSONALITY CORRELATES IN SUICIDE ATTEMPTERS IN INDIA

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Introduction

The increasing instance of attempted and completed suicide the world over is a cause for concern and a better insight into this phenomenon would hopefully further efforts to foster preventive intervention. Clearly, it is a major mental and public health problem worldwide, not only in the western developed world, but also in India, China and Taiwan (Yuan 2003). The literature on the issue implicates factors such as interpersonal stressors at home or the work spot, substance abuse, terminal illness, economic factors, inability to cope with daily life stressors and specific traumatic life events as being causative factors in suicide. In a comprehensive review of the literature, Brezo et al. (2006) identified hopelessness, neuroticism, and extroversion as important personality variables in relation to risk screening for suicidal behaviors.

Objectives

This study attempts to investigate a few pre-determined personality correlates such as self-esteem, neuroticism and pessimism in suicide attempters. It also examines the relationship among these variables.

Methods

Fifty consecutive respondents were enlisted for this investigation from the Neuro-Psychiatric Center, Tiruchirapalli following a failed suicidal attempt. They were administered the Neuroticism Scale Questionnaire (Schier and Cattell, 1961), the Hopelessness Scale (Beck et al., 1974) and Mac. Kinnon's Self-esteem Index (1981). The presumptive Life Events Scale (Singh et al., 1984) and Suicide Intent Scale (Beck, 1974) were also administered.

Results

Data analysis revealed that the majority of respondents manifested low self-esteem and high degrees of pessimism and neuroticism. They also reported more stressful life events. However an overwhelming majority showed 'low' suicide intent on the Beck's scale. t tests based on their gender did not obtain any statistically significant differences. Similarly no significant differences were seen in terms of their marital status (single/married) on all subject dimensions except for self-esteem and depression scores with those married obtaining higher mean scores on these two dimensions. Correlational analysis of the data showed a significant positive correlation between the stressful life events experienced and the depression and pessimism scores. Self-esteem correlated negatively with anxiety and neuroticism related positively with pessimism. Further the suicide intent scores also showed a significant positive correlation with the 'tender-mindedness' component of the NSQ.

Conclusion

The personality profile of suicide attempters shows that they have low self-esteem and high levels of neuroticism and pessimism. They also experience more stressful life events and the majority have 'low' suicide intent. These findings have implications for intervention and point to issues that need to be addressed.

THE ADOLESCENT DEPRESSION SCALE: DEVELOPMENT OF A NEW ONLINE SCREENING INSTRUMENT

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Participants in this presentation will gain some new insight into the issues that face adolescents, particularly in relation to depression. Participants will also find out about a new instrument to screen for depression in schools, the Adolescent Depression Scale (ADS).

The purpose of the current study was to develop and validate a multidimensional measure of depression, the ADS; an online questionnaire designed to screen for depression in adolescents.

Four focus groups were conducted with teenagers and professionals in an attempt to contribute to better understanding, treatment, and potential prevention of incidences of teenage depression. These results, along with a literature review, formed the basis of item writing for the questionnaire. Details of the preliminary stages of development of the ADS will be provided, including results of pilot sample review (N=40) of the initial 256 items drafted for the ADS, as well as results of an expert panel review (N=10) of these items. Finally, preliminary results of the evaluation of the 97 item ADS using a sample of 3,316 secondary school students (1003 males, 2313 females) aged between 12 and 20 years (M=15.67, SD=1.55), will be provided. Eighteen schools around Australia were involved, including schools in Sydney, rural New South Wales, Melbourne, Hobart, Adelaide, Darwin, and Alice Springs over approximately four months.

Although including a number of well-recognized depression symptoms, a number of major themes not previously reported in the literature emerged from the focus groups, including the observation that clothing choice, music choice, and time spent online were significantly impacted by the experience of depression in an adolescent cohort. After data analyses were carried out on the survey data, four reliable factors comparable to those identified in previous research were obtained from an obliquely rotated factor extraction, resulting in a final 28 item instrument, illustrating construct validity.

The results of this research have revealed that the ADS is suitable for use within high schools with further validation. Thus in this regard the project aims were met. Participants highlighted a number of difficulties in identifying adolescent depression, which included the paradoxical and masking behaviors that some teenagers engage in to conceal symptoms, and general lack of knowledge that adolescents have regarding depression and ways to obtain assistance. The findings of this research illustrate that outcomes of adolescent depression may be improved by providing better education about depression, and more generally to work on reducing the negative stigma attached to depression.

SUICIDALITY IN THE SERBIAN POPULATION – SEVEN YEARS AFTER MAJOR TRAUMA

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Educational Objectives: Suicidal ideation and suicide attempts are important indicators of extreme emotional distress.

Purpose: The aim of this study was to assess the suicide rate in a general population and estimate potential sociodemographic risk factors, some years after traumatic experiences to which the whole population was exposed to.

Methods: The sample consisted of 640 subjects chosen by random walk technique in five regions of the country. Assessment has been carried out by the MINI-5 and Sociodemographic questionnaire.

Results: Our findings have shown that suicide rate was 13% in general population. High level had 2.5% of sample, medium level had 1.4% and low level 9% of sample. Older age, low education level and low monthly income were associated with suicidality. Also, people with children under the age of 18, had higher suicidality.

Conclusions: Our results showed high level of suicidality in the general population as well as the impact of some demographic of risk factors. These findings could be helpful in identifying those who need more intense treatment strategies in order to prevent suicidality and eventually suicide.

SUICIDE ATTEMPTS PRIOR TO FATAL DRUG OVERDOSE IN LUXEMBOURG FROM 1994 TO 2011

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Educational Objectives: This study may help participants to recognize factors influencing suicidal behavior that should be assessed or monitored in the context of substance use.

Purpose: To assess the prevalence of lifetime suicide attempts in opiate and cocaine related Fatal OverDose (FOD) cases. To analyze associations between suicide attempts and socio-demographic, life and substance use profiles of FOD victims in Luxembourg from 1994 to 2011.

Methods: A triangulation approach allowed to cross-examining data from national law enforcement sources, the national drug use surveillance system (RELIS) and of forensic and toxicological evidence. Bivariate statistical analysis was performed by means of Chi-square χ^2 tests as well as logistic regression analysis of the association between suicide attempts and selected variables.

Results: Prior to death, 16.8% of FOD victims reported a single suicide attempt, 37% multiple attempts and 46.2% declared none. No associations were found between suicide attempts and the following variables: sex, age, nationality, penal past (including prison stays), educational, occupational status and income of victims, occupational status of parents and detection of psychotropic prescription drugs in post mortem toxicological analysis. After adjustment for sex and age, FOD victims who showed one or more lifetime suicide attempts were more likely to have experienced non-fatal overdoses [AOR = 5.755 (95% CI 1.633 – 20.278), and (licit or illicit) substance abuse of one or both parents [AOR = 2.859 (95% CI 1.250 – 6.539), $p=0.013$]. The greater likelihood of unmarried FOD victims to witness suicide attempts ($\chi^2:4.573$; $p=0.032$), compared with married decedents, was no longer observed after sex-age adjustment.

Conclusion: Suicide attempts are frequent in fatal drug overdose victims and a strong association has been observed between the former and the frequency of non-fatal overdoses experienced by decedents included in our sample. Family contexts may be at stake when it comes to explain the likelihood of suicide attempts in victims of fatal drug overdose. The fact that substance abuse in parents was positively linked to suicide attempts in FOD victims suggest that increased attention should be paid to family histories in the prevention of drug overdoses and suicide, and the link between both. Our findings could inspire further research, building upon bigger study samples and prospective cohort designs, allowing to collecting more in-depth data on the social and family support experienced by FOD victims.

ATTITUDES TOWARDS SUICIDE AMONG MASTER'S DEGREE STUDENTS: A CROSS-CULTURAL COMPARISON BETWEEN CHINA AND FINLAND

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Attitudes towards suicide among Master's degree students in Chang Sha (China) and Helsinki (Finland) were compared in order to explore possible cross-cultural differences. The sample included 206 Master's degree students, 101 Chinese and 105 Finnish. Data were collected using the 30-item Multi-Attitudes Suicide Tendency Scale (MAST) and a demographic information form. According to the results, both Chinese and Finnish students held positive attitudes towards life, they held contradictory attitudes towards suicide, with Finnish students having more permissive and liberal attitudes towards suicide than their Chinese counterparts. In addition, three socio-demographic characteristics, namely religion, family structure, and economic status, associated with attitudes towards suicide among the Chinese Master's degree students; meanwhile, all socio-demographic characteristics, including gender, religion, major subject, family structure, economic status, and received social support related to attitudes towards suicide among the Finnish Master's degree students. However, after examining the interaction effect between socio-demographics and cultural backgrounds on attitudes towards suicide, the attitudes of Chinese students were more related to gender, marital status, family economic status, and received social support, whereas Finnish students were more influenced by religion. These findings suggest that culture plays an important role in shaping country-specific differences in attitudes towards suicide and their association with socio-demographic characteristics. Understanding individual attitudes towards suicide could help in intervention to prevent the development of suicidal ideation and in providing appropriate psychological counselling to reduce mental problems. Therefore, these cross-cultural differences may provide indications on how to conduct suicide prevention programs while considering culture-specific contexts.

CONTRIBUTIONS OF CHILDHOOD MALTREATMENT, COGNITIVE EMOTIONAL REGULATION, AND PSYCHIATRIC SYMPTOMS FOR SUICIDAL IDEATION AMONG OUTPATIENTS WITH DEPRESSION AND ANXIETY DISORDERS

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Educational objectives: Suicidal ideation is an important precursor to later attempted suicide. Based on earlier data regarding the risk factors for suicide, childhood maltreatment, cognitive emotional regulation strategies, and psychiatric symptoms have been suggested. In clinical setting of patients with depression and anxiety disorder, identifying specific predictive factor for suicide ideation will be useful and potentially preventive.

Purpose: We investigated the predictability of childhood maltreatment, cognitive emotional regulation strategies, and psychiatric symptoms for suicide ideation.

Methods: A total of 256 outpatients with nonpsychotic depression and anxiety disorders completed questionnaires comprising the Childhood Trauma Questionnaire, Cognitive Emotional Regulation Questionnaire, Beck Depression Inventory, Spielberger's State Trait Anxiety Inventory, and Alcohol Use Disorder Identification Test. Suicidal ideation by BDI item 9 and patients were grouped into two categories of no or mild suicidal ideation (0-1) and moderate to severe suicidal ideation (2-3). After univariate analyses between groups with different levels of suicide ideation, hierarchical logistic regression analysis was performed to find significant predictors of each categories.

Results: In the hierarchical logistic regression model after controlling for age and marital status, emotional neglect, sexual abuse, catastrophizing, and depression severity were included. In the final model, emotional neglect during childhood and depression severity were significantly predicted moderate to severe suicidal ideation.

Conclusion: Emotional neglect and severe depressive symptoms independently predicted moderate to severe suicidal ideation. These factors might be considered in risk assessment of suicide and prevention in outpatients with depression and anxiety disorders.

Key Words: suicide ideation, childhood trauma, cognitive emotional regulation strategies, depression

참고 table

Table 3

Hierarchical Logistic Regression of Girls' Recent (Past 30-Day) Alcohol Use

	OR	95% CI	B	SE	$\Delta -2$ log likelihood	$\Delta\chi^2$
Intercept			-1.07	1.31		
Block 1: Background variables					746.75	$\chi^2(2, N = 1187) = 26.31^{**}$
Age	1.08	0.85-1.37	0.77	.12		
Academic grades	0.97	0.75-1.25	-0.03	.13		
Block 2: Psychological variables					672.16	$\chi^2(3, N = 1187) = 74.60^{**}$
Depression	1.56	1.10-2.22	0.42*	.18		
Body esteem	0.92	0.72-1.16	-0.09	.12		
Self-efficacy	0.50	0.35-0.72	-0.69**	.19		
Block 3: Peer use					625.82	$\chi^2(1, N = 1187) = 46.34^{**}$
Perceived peer alcohol use	1.60	1.38-1.86	0.47**	.08		
Block 4: Family variables					588.98	$\chi^2(5, N = 1187) = 36.84^{**}$
Maternal drinking						
No	ref					
Yes	2.84	1.82-4.43	1.02**	.23		
Parental monitoring	0.85	0.64-1.13	-0.16	.15		
Family rules against alcohol use	0.94	0.84-1.04	-0.06	.05		
Parental involvement	0.94	0.85-1.04	-0.06	.05		
Mother-daughter communication	0.96	0.77-1.33	-0.05	.08		

Note. Values are taken from the final block (fourth) of the analyses, where OR denotes the odds ratio and CI denotes confidence interval. The final model was significant, $\chi^2(11, N = 1187) = 184.08, p < .0001$, and the Hosmer and Lemeshow test (Hosmer & Lemeshow, 2000) result was nonsignificant, $\chi^2(8, N = 1187) = 7.10, p = .53$, indicating the fit of the observed frequencies of cases in the categories compared with those expected based on the logistic regression.

* $p < .05$. ** $p < .0001$.

THE ASSOCIATED FACTORS OF DIFFERENT TYPE OF INVOLVEMENT IN SCHOOL VIOLENCE AND SUICIDE IDEATION AMONG SENIOR HIGH SCHOOL STUDENTS

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Educational Objectives: 1. To identify the associated factors of different pattern of involvement of school violence and suicide ideation. 2. To recognize the fundamental elements of effective bully prevention program.

Purpose: The purposes of this study were to describe the distribution of different types of involvement in school violence, to examine the associated factors of different types of involvement in school violence, to determine the predictive factors of suicide ideation among senior high school students in Taiwan.

Methods: The survey was conducted using school-based and employed a two-stage cluster sampling design in 2011. A Chinese version of Student School Survey instrument with Cronbach's α ranged from 0.78 to 0.96 was used to measure the involvement of bully, moral approval of bullying, perceptions of peer social support, self-esteem, school climate, and suicide ideation. A total of 726 senior high school students completed the self-administered anonymous questionnaire with a response rate of 95.7%.

Results: The prevalence of bully perpetration, bully victimization, bully-victim, and bystander among senior high school students were 42%, 15%, 11%, and 44% respectively. The verbal bullying was the most common type of school violence, followed by physical, and then by internet bullying. Senior high school students with the experience of ever bully other students had significantly lower perceptions of peer social support, self-esteem, school climate, and higher scores of suicide ideation than students who never bully other students. Perceptions of peer social support, self-esteem, school climate, and suicide ideation were also significantly associated with being a bully victim or bully bystander. Compared with those who never bully other students, bully perpetrators had significantly higher moral approval of bullying. Moral approval of bully was not significantly associated with bully victimization and bystander. Gender and grade were not associated with the involvement of school violence. Less perception of school climate, peer social support, self-esteem, and being a victim, less willing to report a school bully event were significantly associated with higher score of suicide ideation using stepwise multiple regression ($r^2 = 0.53$).

Conclusions: To prevent school violence and suicide ideation, an intervention should be designed and implemented from a comprehensive approach that includes strategies to empower peer social support, to enhance self-esteem and moral disapproval of bully through an anti-bully campus climate.

A STUDY OF LOCUS OF CONTROL, PERCEIVED PREVENTIVE LOCUS, SUICIDAL CHARACTERISTICS AND THEIR RELATIONSHIP IN ATTEMPTED SUICIDE IN SOUTH INDIA.

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Educational Objectives: To find out: 1) The demographic characteristics and characteristics of suicidality in attempted suicide. 2) Locus of control, perceived locus of prevention. 3) Relationship of locus of control, perceived preventive locus with suicidal characteristics.

Purpose: To study the relationship of locus of control, perceived preventive locus and suicidal characteristics in attempted suicide.

Methods: In this hospital based cross sectional study 109 consecutive subjects admitted for suicidal attempt in hospital and those that were stable were recruited after obtaining informed consent by purposive sampling method from January 2011 to December 2012. Inclusion criteria were both male and female, suicidal attempt within 15 days of assessment, age more than 14 years. Subjects were excluded if they had any severe or terminal physical illness, inability to recall details of suicidal attempt, presence of psychotic symptoms. Subject who met the study criteria were assessed using socio-demographic and clinical proforma designed for the study, questionnaire for suicide specific behaviour, pierce suicide intent scale. Group difference for categorical variables were examined with the chi-square test, whereas an independent 't' test was used for continuous variables.

Results: For the sample media was common source of suicide information about months to years back, brief period of decision to attempt and preoccupation. At the time of attempt they tend to be sad with poor emotional control, tensed, choose a method that was available and did not have much concern for anything. Eighty one percent have internal locus of control at varying degree and 28 % have external locus of control for their attempt. Seventy six percent of suicide attempters felt to have preventive locus of their attempt and 16% did not. Locus of control has statistically significant correlation with perceived preventive locus, distractive thought during attempt while perceived preventive locus has significant correlation with duration of decision to attempt, activity that may have helped, emotional control during attempt and locus of control.

Conclusions: Locus of control, perceived preventive locus and suicidal characteristics in attempted suicide appears to be interrelated. It may have therapeutic and preventive implication which needs to be explored.

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ANALYSIS OF CURRENT SUICIDAL ACTIVITY IN UKRAINE

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Educational Objectives: Suicidality is one of the main death reasons all over the world. Suicidality is the important social problem. The suicidal activity is one of the criteria of quality of life and important component of social, economic and political status of society. Ukraine has the highest suicidal rate. There are also "hidden" suicides, which include other causes of death in life. Known, that the cause of most so-called "death from accidents" (drugs overdose, road accidents, falling from height etc.) is actually a suicide.

Purpose: So, it's very important to verify real cause of accidents death for further suicide prevention.

Methods: We analyzed the suicide average value in Ukraine last 15 years and regional pattern distribution of mortality from external causes at home in 2011

Results: The highest rate of suicides in Ukraine was in 1996-2000 (30 cases per 100 000 population). Since 2000 the suicidal level in Ukraine decreased. Over the last decade this number declined by 50%. In 2009 compared to 2008 the number of suicides increased by 2,7% (259 cases) to 9717 cases (+ 5%) in Ukraine. In 2010, the number of suicides dropped to 9500 cases. Average suicide rate in Ukraine in 2011 was 21,7% of total deaths from causes at home, in the first half of 2012 suicide attempts increased to 23%. Suicide rates in urban areas in 2011 was 55,3%. However, in rural areas suicide rate was 1.7 times higher per 100 000 population in 2011 compare to the first half of 2012. The highest mortality rate from suicides recorded in the industrial regions of the Eastern Ukraine and in areas affected by the Chernobyl accident. In 2011 8952 cases (19,6 per 100 000 population) in Ukraine committed suicide, but this figure must be added as a certain percentage of people who died as a result of road accidents (5791 cases), accidental alcohol poisoning (3882 cases) and other substances (2070 cases), drowning (2597 cases) and fire (1759 cases). For example, mortality from acute poisoning in Ukraine is 66,5% of the total level of suicides. Confirmed acute ethanol poisoning (mostly with vodka) were 65,2%. A large proportion of deaths from poisoning in Ukraine are hidden suicide, as evidenced by their typical distribution.

Conclusions: Such a redistribution of the relative number of suicides among the causes of mortality from external causes in everyday life confirms the need for more detailed analysis of mortality from accidents and the need to create programs psychological and psychiatric support people receiving medical care after an accident.

PATHWAY ANALYSIS OF RISK FACTORS FOR SUICIDE IDEATION IN THE ELDERLY: A COMMUNITY-BASED SURVEY IN SOUTH KOREA

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Educational Objectives:

Among the various risk factors associated with suicide in elderly population, depression is most direct and important risk factors related with suicide. Early detection and intervention regarding clinical depression would be the focus of the geriatric suicide prevention program.

Purpose The objective of this study is to identify the risk factors associated with suicide ideation among the geriatric population in South Korea.

Methods:

In our study, 684 subjects over the age of 65 were enrolled. Socio-demographic data, alcohol problems, insomnia, depression, psychological well-being, social relationships, and physical illnesses were taken into account. The Korean version of the Beck Scale for Suicide Ideation was applied to evaluate suicide risk. Correlation analysis and hierarchical multiple regression analysis were performed to identify factors associated with the K-BSI. The results from these studies were tested using a pathway analysis.

Results:

Depression was positively correlated with suicide ideation, while economic status, psychological well-being, and social relationships were negatively correlated with suicide ideation. Depression and psychological well-being had the largest direct impact, while economic status and social relationships had indirect impacts on suicide ideation.

Conclusions:

Depression was found to be the most important risk factor associated with suicide ideation among the elderly population. Other direct and indirect risk factors were shown to play secondary roles. Effective suicide prevention strategies should focus on early detection and active intervention for depression. Other socio-economic programmes would also have an indirect impact on suicide rates among the geriatric population.

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SUICIDAL BEHAVIOR AMONG HOMELESS PEOPLE IN JAPAN

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Educational Objectives: High suicide rate, long economic recession, high social trust, and low homeless population are thought to be the characteristics of contemporary Japanese society. At the conclusion of this presentation, the participants should be able to understand the present condition of the homeless people in Japan and understand the challenge of our society.

Purpose: To investigate frequency and correlates of suicidal behavior among homeless people in Japan.

Methods: A face-to-face survey was conducted in two districts of Tokyo, Japan, with 423 subjects who resided on streets and riversides and in urban parks and stations (street homeless) or who were residents of shelters, cheap hotels, or welfare homes for homeless people (sheltered homeless).

Results: When questioned about suicidal ideation in the previous two weeks, 51 subjects (12.2% of valid responses) had a recurring wish to die, 29 (6.9%) had frequent thoughts of suicide, and 22 (5.3%) had made suicide plans. In addition, 11 (2.9%) subjects had attempted suicide in the previous two weeks and 74 (17.7%) reported that they had ever attempted suicide. In univariate logistic regression analyses, street homelessness, lack of perceived emotional social support, poor subjective health perception, visual impairment, pain, insomnia, poor mental well-being, and current depression were significantly associated with recurrent thoughts of suicide in the previous two weeks. Among these, current depression had the greatest significance. In multivariate logistic regression analyses after controlling for depression, street homelessness and lack of perceived emotional social support were significantly associated with recurrent thoughts of suicide in the previous two weeks.

Conclusion: Comprehensive interventions including housing and social support as well as mental health services might be crucial as effective strategies for suicide prevention among homeless people.

SUICIDE IN JAPAN: REVIEW OF PREVENTATIVE EFFORTS OVER THE PAST 15 YEARS.

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Educational Objectives: The annual total of completed suicides dropped to below 30,000 for the first time in 15 years in Japan. Statistical information and administrative efforts will be presented in order to help the participants contextualize suicide in a given culture and identify ways to prevent suicide effectively.

Purpose: We aim to critically discuss and present the effectiveness of efforts that have been made in Japan over the past decade for suicide prevention, in light of complex social and economic factors.

Methods: The history of suicide in Japan is reviewed comprehensively. Statistical information is to be taken primarily from the National Police Agency, and preventative measures are to be reviewed with focus on the Basic Act on Suicide Prevention, which went into 2006, and the Emergency Fund for Reinforcing Local Suicide Prevention, which was started in 2008 to provide funding for local initiatives. A case of a district in the Tokyo metropolitan area is to be presented as an example that mobilized the resources from the aforementioned fund in conjunction with contribution by a non-profit organization and the local municipal office. Relevant epidemiological data that have been published only domestically are also to be presented.

Results: The initiatives taken so far to address the high rate of suicide in Japan seem to have gained momentum in 2012, given the consistently fewer cases of completed suicide in each month in comparison to the previous years. However, epidemiological data indicate that factors other than the administrative efforts may have contributed to the observed decline of the suicide rate, especially the change in the constituents in terms of age.

Conclusions:

- The initiatives for suicide prevention appear to have succeeded in lowering the suicide rate, but the scope of their contribution is unknown and needs to be carefully reviewed.
- Local efforts that have been attempted to address the issue of suicide need to be reviewed and evaluated individually, in order to inform future initiatives to be taken to address the needs of the constantly changing society.

SUICIDAL ATTEMPTS: A DESCRIPTIVE STUDY IN AN EMERGENCY ROOM OF A GENERAL HOSPITAL

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Introduction: Suicide behavior is a very common cause of urgent psychiatric assistance. In Spain it is estimated that the suicide rate is 12/100.000 inhabitants / year, but suicide attempts are 10-40 times more frequent and represent the most important individual predictor of consummated suicide.

Purpose: The aim of this study is to know the sociodemographic and clinical features associated with suicide attempts in a public general hospital with a reference population of more than 325 thousand people.

Methods: All the suicidal attempts at the Complejo Asistencial de León (CAULE) between July 2012 and December 2012 were revised. We registered the following variables: sex, age, place of residence, diagnosis and derivation after the psychiatric intervention. The statistical analysis was done with the SPSS 20.0 program. We registered also missed data.

Results: In six months 723 cases required psychiatric intervention in Emergency Room. 157 of this referred patients (21,7%) presented a suicidal attempt. Sex rate were 66 male (42,31%) and 90 female (57,69%) (N=156, 1 missed). Age ranging from 14 to 81 (mean 39,97 +/- 12,48) (N=143, 14 missed). 57 patients lived in urban area (city of León), 24 came from a suburban area and 54 from a rural area (N=135, 22 missed). The most common diagnostic group registered in suicide attempters were neurotic disorders (22,3%), followed for mental and behavioral disorder due to substance use (18,5%), personality disorders (16,6%), and affective disorders (7,0%) [N=157, in 46 cases (29,3%) were no diagnosis registered]. In most cases, patients were sent to ambulatory Mental Health consultation (70,7%), while the number of psychiatric hospitalizations after a suicide attempt was 27 (17,2%) (N=155, 2 missed).

Conclusions: The profile of a patient that has committed a suicide attempt in the CAULE was a women around 40 years old that lives in León city and has a diagnosis of the neurotic disorders group (mainly adaptative disorders) or no diagnosis registered and that is sent to an ambulatory Mental Health consultation after a brief psychiatric intervention in the Emergency Room.

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SUICIDE AMONG ETHIOPIAN IMMIGRANTS IN ISRAEL

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Objectives: a) to assess suicide rates among Ethiopian immigrants (EI) to Israel; b) to compare these rates to those among other immigrants to Israel (those from the Former Soviet Union - FSUI) and among Israeli-born Jews (IB); c) to describe suicide methods among EI; d) to explore reasons for the occurrence of suicide among EI and possible prevention strategies.

Methods: Data from the Ministry of Health (1985-2010) were analyzed in order to document the prevalence rates of suicide (5-year running average) among the three study groups. Sixty six key EI informants were interviewed about possible reasons for suicide and its prevention.

Results: a) In all population groups and at all ages, suicide was more frequent among males; b) suicides among EI decreased between 1997 and 2001, increased between 2002 and 2006, and decreased again from 2007. There were no similar trends among the other groups, even though some decrease in suicide rates was also observed since 2006 among FSUI and IB ; c) during the 1990's the suicide rates were the highest among the older EI (age 45⁺), while afterwards the younger (age 15-24) were the most at risk; d) for the period 1997 and 2010, the suicide rates were the lowest among IB, slightly higher among FSUI and significantly higher among EI (e.g. in 2004-2008, 39.1//100,000 for EI compared to 11.6 for FSUI and 6.7 for IB); e) hanging was the most common suicide method among EI; f) key informants attributed EI suicides to the deterioration of men's status and loss of authority in conjugal relationships vs. their women's growing independence, the loss of parental authority, the declining influence of traditional mediators, the Ethiopian 'culture of silence' (avoiding disclosure of personal problems) and the difficulties of EI in using Israeli mental health services.

Conclusion: The lowest suicide rate observed among IB is probably due to the fact that immigration is a risk factor for mental disorders and suicide. The high suicide rate among EI as compared to other immigrants is certainly related to their socio-cultural disadvantage, but family and communal disorganization, seem to be also significant factors. Prevention strategies among Ethiopians should be culturally sensitive, taking into consideration the rapid social changes that have occurred following immigration.

INFLUENCE OF DEPRESSION AND OTHER SOCIAL-CULTURAL ASPECTS ON TOLERANCE TO SUICIDE

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Objectives

Over the last decades suicide has become a major reason of death and occurs in nearly all known human communities. It is obvious that there is an evident link between suicidal thoughts and mental illnesses such as depression. But there is less correlation between the severity of depression and suicidal act. A person's tolerance to suicide as a notion may influence suicidal thoughts and facilitate their turning into suicidal act. The frequency of depression in Georgia is the same as in other countries but suicide frequency is quite low. Because of this we are trying to find out whether any ethno-cultural and religious aspects have any influence on rarity of suicide in Georgia.

Methods

The questionnaire - "Legend for motives of suicide" consists of a brief explanatory introduction, a section on socio-demographic data and 46 closed questions on the conceivability of motives for suicide (with the alternative answers "not at all", "under certain conditions" and "yes"). Underlying motives for suicide may be: Guilt, shame/loss of honor, altruism, narcissistic mortification, revenge, impairment of physical integrity (illness, disfigurement, and torture), menace to economic existence, personal conflicts and religious reasons. We used the following structured questionnaires: For definition of suicide motives -Legend for motives of suicide; Beck Depression Inventory®-II (BDI®-II) was used to evaluate the depth of depression in depressive patients, as well as to screen depression in "healthy population". During of our study we examined 500 people of different religious faith, professions, age group, marital status, etc.

Results

According to our results, the severity of depression is not in direct correlation with the tolerance to suicide. As it was established, religious, cultural and other social aspects also have a very serious influence on suicidal act.

Conclusion

After initial examination of the results, it was ascertained that the orthodox religion and marriage reduce tolerance to suicidal act, which might explain the rarity of suicide in people from the aforementioned groups.

SUICIDE AMONG GRADUATE STUDENTS IN JAPAN

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Educational Objectives: The participants should be able to recognize suicide trends among graduate students in Japan.

Purpose: Our objective was to examine suicide trends among graduate students in Japanese national universities, 2002-2010.

Methods: Japanese National University Council of Health Administration Facilities have conducted annual surveys on deaths of graduate students in Japanese national universities since 2002. We extracted suicide cases for the period 2002-2010 (academic year) and examined demographic characteristics.

Results: There were 143 suicides among graduate students for the 9-year period, accounting for 40.3% of all deaths. The graduate student suicide rate for this period was 13.5 per 100,000 per year. Suicide rates among male graduate students showed an upward trend with a little fluctuation, up to 22.2 per 100,000 in 2009. The departments with the highest crude suicide rates were humanities and engineering, whereas engineering had the largest number of suicides. Large graduate schools with enrollments over 5,000 had a higher suicide rate compared to those with fewer than 5,000.

Conclusions: The suicide rate for graduate students in national universities was lower than the rates for the general Japanese population aged both 20 to 24 and 25 to 29 years during the same period. However, the rates have been on the increase, especially among male graduate students. Our results also showed that the occurrence of suicide varied among departments and school sizes. These data provide some directions for developing suicide prevention strategies.

BURNOUT AND SUICIDAL THOUGHTS AMONG MOROCCAN MEDICAL RESIDENTS

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Purpose:

The aim of this study is to assess the prevalence of burnout among Moroccan medical residents and its relation with suicidal thoughts.

Methods:

This investigation was conducted using an analytic-descriptive study among Moroccan medical residents.

They received an online self-report questionnaire. A general questionnaire on demographic and professional variables data was used. Burnout was measured with the MBI (Maslach Burnout Inventory), Anxiety and depression with HAD (Hospital Anxiety and Depression scale). They were asked about thoughts or plans of suicide and their frequency using the MINI (Mini International Neuropsychiatric Interview). They also were asked if they already used psychological help and if they thought that they need it.

Results:

Ongoing study.

Conclusions:

This study documents evidences of burn out syndrome in medical residents and its relationship with suicidal thoughts. Medical residents are most likely to suffer from burnout syndrome as a result of numerous stress factors. Knowledge about the relationship between burnout and suicidal thoughts among these young healthcare providers is important. Hence preventive strategies are required, based on an improvement of work organization and optimization of available mental care in these hospitals.

Educational Objectives:

Studies have shown that medical residents have a high risk for developing burnout. This study demonstrates the connection between burnout and suicidal thoughts among medical residents, thus making it necessary to draw up burnout prevention programs, promoting understanding and discussion.

MANAGEMENT OF SUICIDALITY IN GENERAL PRACTICE

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Purpose:

While everyday the media echo acts of suicide, suicide is still a taboo subject in Morocco. There is currently no national registry dedicated to identify the cases of suicide and no national policy on suicide prevention. Knowing that the general practice is the first front for the diagnosis and prevention of suicide, this study aims to assess whether GPs are confronted with this problem, their diagnostic and therapeutic conduct as well as their difficulties and their demand for training.

Method:

This is a qualitative descriptive study conducted with 50 GPs from all regions of Morocco.

Results:

Physician profiling: The study involved 50 doctors who work for the majority in health centers in the public sector in all regions of Morocco. 58% were women and 42% men. The average age of practitioners was 34.2. The average number of years in practice was 6.2. Suicidality of patients: Each month a GP sees on average 20.38 depressed patients. Within a month of consultation, each physician received on average 1.4 patients who had suicidal ideation and 0.45 patients who have attempted suicide. 15% of practitioners have learned of the suicide of one of their patients. Management: Only 32% of physicians seek systematically if their depressive patients are suicidal. No doctor uses specific test or scale to assess depression and suicide risk. 14% of doctors prescribe antidepressants to a suicidal patient, 93% refer the patient to a psychiatrist and 5% inform the authorities. Only 8% of physicians are trained to detect suicidal patients and 94% of them expressed the need for training and updating their knowledge.

Conclusion:

This study highlighted the frequency of suicidal patients who consult in general practice and the difficulties that GPs face in terms of support and training. It is time to consider the suicide as a public health problem in Morocco and establish a prevention policy.

STIGMATIZATION OF SUICIDE ATTEMPTER: AN ADDITIONNAL BURDEN

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the stigmatization of caregivers and take it into account during the project of prevention of the recurrence of suicidal behaviour.

Purpose: We aim to investigate the attitudes of members of the families of suicide attempters toward the latter and to compare their attitudes with families of non mentally ill relatives.

Methods: Participants were families of all suicide attempter who were hospitalized in the university hospital of Ibn Rushd during the period from March to May 2013. Controls were families of non mentally ill inpatients. They were asked to fill out questionnaires exploring the attitudes toward suicide attempters. These questionnaires used the validated arab version of the stigma-devaluation scale.

Results: will be presented and discussed in light of the literature.

THE ROLE OF MEDIA IN SUICIDE: PAPAGENO AND WERTHER EFFECTS

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the importance of the way media reports suicide.

Purpose: The aim is to clarify the role of suicide-related reports, pointing their harmful and/or protective effects.

Methods: Review of the existing literature on these subjects.

Results: There has long been evidence that there is an increase in suicide rates following media reports of suicide, the so called Werther effect, but recent evidence shows that built differently those articles can have a distinct impact and even acquire a protective potential as indicated by the decrease of suicide rates after some publications. This positive impact was named Papageno effect.

Studies have revealed that probably such differences are mainly related to the individual specificities of the news receiver as well as with the content of the report, including the words and expressions used to broadcast the message. The recognition of this responsibility on behalf of the media, made the World Health Organization, amongst other entities, create and publicize recommendations for the suicide reports. Data shows that these measures can increase the quality of the reports and decrease the rates of suicide.

Conclusions: The literature review allows the authors to conclude that as expected, the media have a critical role in the prevention of suicide. The potential coping effects are relevant and have to be considered. The publication of guidelines for reporters was a major step in this field, raising awareness amongst journalists about the potential harmful and/or protective impact caused by the way they design and write their work. It is expected that an improvement in the quality of media reports can contribute to destigmatize and raise a preventive perspective regarding suicide. Nevertheless we must not fail to take into account that the proactive role of media regarding suicide is not straightforward as it is a balance to reconcile the duty to inform and provide public service, with the duty to promote the prevention and cause no harm.

Given that for many years suicide was coined with stigmas and prejudices, now that we are aware of these effects, it is even more important to show that it exists and can be prevented, emphasizing the aspects of the construction of the news so not to perpetuate misinformation about the act.

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

8

Stigma of mental disorders and psychiatric institutions

Posters Session

INTERNALIZED STIGMA IN MENTAL ILLNESS

Gamze Sarikoç, Fatma ÖZ

MSc, RN

It is known that the history of stances and behaviors towards the individuals with mental illnesses and their illnesses is as old as the human history. Societies, within the scope of their own cultures, have a tendency to label the people who make them afraid or the people having disturbing behaviors based on the behaviors they consider improper, abnormal or aberrant. Therefore, each society, in line with the "mentally ill" stereotype it created in mind, determines behaviors towards these people, alienate and exclude them. When someone is labeled in this way, personality of the individual in question is ignored. Thus, the labeled person or group is perceived as different and as a result of this difference many negative features are attributed to those labeled people. These people, who are labeled initially and to whom some negativities are attributed later on, are cast out from the society, isolated and left on their own so that they disappear and no effort is exerted for them to exist .

Negative beliefs and stances developed by society against mental illnesses can impede individuals with mental illnesses to fit into society by posing obstacles in the social lives of these individuals. It is stated that the greater the labeling content of the psychiatric diagnose used for these patients, the greater the severity of the symptoms of the disease. Within this context, it is underlined that people with mental illnesses also feel they are being labeled. This situation called as 'internalized stigmatization' refers to shying away from society because of the negative feelings like unworthiness and shyness emerging as a result of the fact that individual internalizes the stereotypes existing in the society for himself/herself.

The social isolation emerging in patients as a consequence of the stigmatization leads to a more restricted life opportunity and delayed call for help. Internalized stigmatization can also damage the self-confidence of the individuals, can decrease self-esteem, can cause them feel trivialized, can make them be afraid of being rejected and they feel desperate and can decrease quality of life. In addition, there are numerous results caused by stigmatization in literature: discrimination in finding accommodation and job opportunity, isolation, failure in developing long term relationships, income loss, domestic conflict, depressive symptoms increasing in time and social incompetence. It is important to change wrong beliefs continuing for centuries with realist beliefs in order to overcome negative stances and expectations against psychiatric patients in terms of reducing or eliminating labels and prejudices.

BEFORE EMPOWERMENT: RESIDENTS' MEMORIES OF THE ROLE OF THE HOUSEMOTHER IN DIACONAL RESIDENTIAL CARE SETTINGS IN GERMANY 1945–1995

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In the 20th century, houseparent families represented a significant resource in the long-term care of people with mental illnesses and physical disabilities in diaconal care settings in Germany. As little empirical material on life in institutional families existed, a qualitative study was undertaken to explore the experiences of contemporary witnesses, particularly those who had experienced the duties and responsibilities of housemothers in the second half of the 20th century. For the purposes of this presentation has combined the experiences of residents (n = 8) and biological children of houseparents (n = 5) from a qualitative study (n = 42). The qualitative study took a grounded theory approach, the phenomena of power and domination forming the central category. The findings show that life in houseparent families of the time was shaped by rules which the family members had to obey. This study explores a highly controversial area which is of great relevance for current mental health nursing practice: the power relations in diaconal families. This demonstrates the importance of integrating autonomy and empowerment into everyday communal life and contributes to professional nursing practice.

This results appeared in the July 5st, 2012 issue of the Journal of Psychiatric and Mental Health Nursing. Other co-authors of the paper are Michael Schulz (RN, MScN, PhD) and Johann Behrens (PhD, habil.).

ATTITUDE ON SEXUALITY OF ADULTS WITH MILD TO MODERATE INTELLECTUAL DISABILITY (ID) AMONG HEALTH CARE TAKERS IN AUSTRALIA, SINGAPORE AND HONG KONG

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Educational Objectives: Adults with ID deserve the right to receive sexuality education but very often this had been neglected. Attitudes of health care staff towards the sexuality of individuals with ID are important because they have potentials of direct influence and support in relation to this aspect of life.

Purpose: The aim of this study is to assess the attitudes of health care takers of Adults with ID in Australia, Singapore and Hong Kong.

Methods: In this study, a cross-sectional descriptive design was adopted and it was conducted from August, 2012 to December, 2012. An instrument 'The Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability (ASQ-ID: Cuskelly & Bryde, 2007)' was used to measure the Chinese health care taker's attitude toward sexuality of adults with ID. The total score of the questionnaire ranges from 28 to 168. The higher the score the individual score implies the individual processes a more positive perception on the sexuality of adults with mild to moderate intellectual disability.

Results: According to the results, the mean of total score in Hong Kong is 109.78, which was medium high and the respondents generally showed positive attitudes. However, comparing to the other studies taken in different countries such as Australia and Singapore, the mean of total score of Hong Kong was relatively low.

Country	Year	Sample Size	Mean of total score
Queensland, Australia	2010	169	160.67/168
Queensland, Australia	2004	62	156.40/168
Singapore	2009	82	112.43/168
Hong Kong	2012	100	109.78/168

Conclusions: Comparing results between Australia, Singapore and Hong Kong. Australia shows a more positive sexuality attitude to adults with ID. This may be due to the characteristics of population in Australia which composites of mostly western population. Westerners are comparatively more open in accepting different kinds of sexuality that individual's process. Culture maybe another contributing factor affecting health care taker's attitude on the sexuality of adults with mild to moderate intellectual disability. Australia (Queensland) composites of mainly western population and have a comparative higher score than Singapore and Hong Kong who composites of Chinese population. Chinese are often more conservative in the discussion of sex than the western.

DIFFERENT PERCEPTION ON PARENTHOOD OF ADULTS WITH MILD TO MODERATE INTELLECTUAL DISABILITY (ID) AMONG CHINESE AND WESTERN HEALTH CARE TAKERS

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Educational Objectives: Every individual have a transition to adulthood, no matter whether they are normal adult or adult with id. Parenthood is one of the major and common changes that happen in adult hood. Parenthood is an important aspect in the sexuality of individuals no matter whether they are normal adult or with ID.

Purpose: The aim of this study is to explore the attitude of health care takers on parenthood of adults with mild to moderate intellectual disability.

Methods: In this study, a cross-sectional descriptive design was adopted and it is conducted from August, 2012 to December, 2012. The Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability (ASQ-ID) was used in this study to measure the Chinese health care taker's parenthood attitude toward sexuality of adults with ID. This tool is specially designed to assess different attitudes of the sexuality of adults with mild to moderate intellectual disability and attitude towards parenthood of adults with mild to moderate disability is one of them.

Results: It shows that Hong Kong health care takers have a significantly lower value of the acceptance of parenthood among adults with mild to moderate intellectual disability than Australia.

Origin	Mean	Standard deviation
Hong Kong	3.6957	0.7902
Australia	4.51	0.84

Conclusions: Western health care takers are comparatively processing a more positive parenthood attitude on adults with mild to moderate disability than Chinese health care takers. This may be due to the difference in environment and culture present in the two countries and different value of moral values that the Chinese process are more conservative comparing to the western.

PSYCHOLOGICAL FACTORS IMPEDING THE USE OF WHITE CANES BY THE VISUALLY IMPAIRED

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Objective: The purpose of this research is to investigate the factors making it difficult for the visually impaired to use white canes.

Methods: An open-ended response preliminary questionnaire inquiring about problems using white canes targeting 26 visually impaired persons was carried out to identify specific factors. Based on the results of the preliminary survey, a final survey with 74 questions was prepared. The survey, using the questions prepared, was then carried out targeting 120 visually impaired persons currently using white canes. The purpose and the methodology of the research were explained to the subjects in writing, and their consent was obtained.

Results: Of the target persons, 83 replied. Among them, valid responses were received from 68 respondents (35 males, 28 females, and five whose gender was unclear). The standard deviation of the average age of the target persons was 55.6 plus or minus 12 years. As far as the eyesight of the valid respondents, 42 have eyesight of 0.01 or above, 21 0.01 or below, and 5 not known. The majority have poor eyesight.

A factor analysis was carried out by principal component analysis (Varimax rotation). Six factors named as follows were identified: 1) “resistance against being treated as disabled,” 2) “actual feeling of cane efficaciousness,” 3) “misunderstanding by others,” 4) “unease over revealing disability,” 5) “worry about causing trouble to others,” 6) “specific disadvantage.” The alpha coefficients for factors 1-4 among the six showed a generally dependable internal consistency of 0.76–0.91. The cumulative contribution ratio was 51.0%.

Conclusions: The “actual feeling of cane efficaciousness” has a strong negative connection to the psychological burden of using a white cane, and it is believed that works as a factor to lessen the psychological burden and distress for the visually impaired. Moreover, consideration of the other, lower-ranked items such as “misunderstanding by others” and “specific disadvantage” suggests that correcting misunderstandings and inappropriate responses through greater educational awareness for all citizens in society, who will at sometime interact with the disabled, is necessary and that guaranteeing continuous employment is also essential.

REPRESENTATIONS OF MENTAL ILLNESS CONSTRUCTED BY HEALTH PROFESSIONALS IN PRIMARY CARE IN BRAZIL: AN INTEGRATIVE REVIEW OF THE BRAZILIAN LITERATURE

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Abstract: History of madness in Brazil is marked by a disease-centered care and asylum model. With the onset of the psychiatric reform in Brazil, new public health policies that intend to replace the current hospital-centered model for people with mental disorders are being considered and articulated with other substitute services. Until recently the responsible for these individuals have been mental health experts in Ambulatory Health Services, with the new policies primary care professionals are also responsible. Studies show that not all primary care professionals have the same perception and understanding in relation to the care of the person with mental disorder, demonstrating resistance to care for these individuals. Objectives: To assess the knowledge produced in Brazilian literature on the social representations of madness on the part of health professionals in primary care. Method: Integrative review. The question that guided this study was: what are the health professionals' social representations about madness in primary care? Results: Five articles were selected; the articles were written by nurses, psychologists and psychiatrists and published in refereed journals. All articles were qualitative and published between 2007 and 2012. Conclusion: professionals are centered in an organicist model, on the doctor, on medicalization, and have ambiguous and often unscientific concepts about mental illness. Some believe there is no cure or improvement for mental illness, relate aggression and violence to mental illness, and admit to having little knowledge about mental health and feel unprepared to work with these individuals. social reintegration practices were not identified.

Keywords: Mental health, social representations, primary care.

SOCIAL INTERACTION AT ITS WORST: BOYS WITH AN AUTISTIC SPECTRUM DISORDER REPORT ON BEING BULLIED BY PEERS AT SCHOOL

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Educational Objectives: Participants will understand how boys with an Autistic Spectrum Disorder (ASD) experience bullying at school, how it affects their anxiety and depression and what strategies they use to cope with it.

Purpose: To understand what kind of bullying boys with an ASD experience, how it affects their anxiety and the methods they use to cope with it.

Methods: Data were collected directly and confidentially from 60 high-functioning male participants with an ASD aged between 7 and 18 years ($M = 11.4$ years) who attended mainstream state-run schools. The online survey contained a researcher-constructed ASD *Recognise-Report-Cope* Bullying Scale and the DSM-IV-TR-based anxiety and depression scales of the Child and Adolescent Symptom Inventory.

Results: 82% of participants reported they were regularly bullied at school, and on a daily basis for 36% of them. Bullying included verbal behaviours such as name-calling, as well as physical aggression, and also social exclusion. These events were most often reported by the boys with an ASD to their parents and teachers, but those reports did not reduce bullying attacks to any marked degree. Participants' most common methods for coping with bullying were: verbal retaliation and cognitive or physical self-withdrawal. Over 25% of participants reported that they kept secret their experiences of being bullied from adults and instead dealt with their distress through outburst or withdrawal behaviour at home. There was a strong association between frequency of bullying and anxiety. Social exclusion was correlated with higher levels of anxiety in the participants than was physical bullying. Depression symptomatology was not strongly linked to bullying experiences.

Conclusion: These data provide a clearer picture of how bullying occur and its effects on boys with an ASD. Bullying events which result in social exclusion are more detrimental to the mental health of boys/adolescents with an ASD than those involving physical aggression. Adverse peer interactions appear to cause long-term distress which impacts on the responses of children/adolescent with an ASD in the home environment and might be an antecedent for school-refusal behaviour, and clinical interventions need to take this into account.

RELATIONS OF INTERNALIZED STIGMA AND PERSONALITY IN PATIENTS WITH SCHIZOPHRENIA

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In recent years, research on the comorbidity of personality disorders and other clinical conditions has increased. Nevertheless, it is quite surprising that very little research has been done in terms of personality, internalized stigma and its disorders in patients with schizophrenia. Most of the studies related to the binomial construct of personality disorders and schizophrenia are limited to the study of premorbid personality, which emphasizes the importance of the interaction between trait-personality disorder-schizophrenia symptoms.

Until now, we are still far from reaching scientific consensus to be unanimously shared by all researchers with respect to those issues.

Objective: To assess the associations between self- stigma and temperament and character dimensions

Population: A total of 100 patients with a diagnosis of schizophrenia were consecutively included in the study. Self – stigma was assessed with the Stigma Scale of King, personality dimensions with Temperament and Character Inventory and psychopathology with Positive and Negative Symptom Scale.

Results: From the total of 100 patients with schizophrenia 66% of the patients were male and 34% were women, with an average age of 36.6 years (SD= 11) and education of 11.3 (SD=3.1). Most patients were without a partner at the time of the study (81%) and only 19% had an economically gainful work activity. According to the classification established by the institution of recruitment, 93% of patients had low socioeconomic status. Most of the patients had a diagnosis of paranoid schizophrenia. Substance use was present in 80%, (nicotine and alcohol use). Using the Pearson correlation coefficient was determined the level of association of the severity of psychotic symptoms assessed with the PANSS subscales and dimensions of temperament and character assessed with the ITC-R. There was a direct association between severity of depressive symptoms and damage avoidance (HA) and an inverse association with the severity of depressive symptoms and reward dependence. These associations were significant even when statistically had a low correlation value.

The results showed that higher level of harm avoidance, lower self- directedness, and persistence correlated with Stigma Scale of King and all its subscales. Self transcendence correlated with Stigma Scale of King subscales alienation, discrimination and stigma resistance. Regression analyses controlling for psychopathology, age, length of illness and number of hospitalizations revealed that higher level of harm avoidance and low self- directedness predicted internalized stigma

Conclusion the finding suggests that the experience of self stigma is related to personality dimensions. Interpretations of these findings include the possibility that, irrespective of patients psychopathology or functional characteristics, experience of self- stigma and its consequences might depend on personality dimensions. Further studies are needed.

RESEARCH ACTIVITIES BY PERSONS WITH MENTAL ILLNESS: PARTICIPATORY ACTION RESEARCH ON SELF-HELP GROUP ACTIVITIES

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Educational Objectives: The educational objective of this study is to present the significance of self-help groups composed of varied members and the importance of supporting research activities conducted by persons with mental illness themselves.

Purpose: Self-help and peer support are both essential for recovery from a mental illness. In self-help groups (SHG), people with mental illnesses talk about the problems they have faced, and share their experiences with peers, forming deep mutual bonds. Supporting SHG activities is an important task. However, few reports have examined supporting activities of SHGs comprised of people in various positions, or supporting research activities whereby the individual with mental illness receives help and wisdom from peers to find the best way to help themselves. We conducted Participatory Action Research (PAR) on a SHG comprised of varied members, and report on the research activities carried out by individuals with mental illness.

Methods: PAR was conducted on an SHG that holds 2-h meetings once a month. The study period was from April 2011 to January 2012, during which time 22 meetings were held (mean number of participants per meeting: 15 people). The SHG currently has 29 registered members (15 people with a mental illness, 6 family members, 6 volunteers, 2 professionals; 19 men, 10 women). Meetings were structured into two parts: self-introductions and selection of a topic for all participants to work together to clarify patterns leading to the problem and investigate better methods for coping with the problem.

Results: All members participated as equals, and became comfortable enough to express their own weaknesses in a warm, humor-filled atmosphere. They worked together to enjoyably carry out research activities. They learned to externalize their problems, recognizing that it is not the person that is the problem, but the problem that is the problem. The goal for the research activities eventually changed from solving the problem into believing that they could continue living a fulfilling life despite the problem.

Conclusions: Through input from various members, participants have been able to enrich their perspectives and behaviors. By conducting research with peers on the way of looking at problems and on coping methods, those problems that members had felt they wanted to get rid of were transformed into subjects of interest. The present study shows that they can then view the problem objectively, so that it starts reducing in significance, enabling the individual to become better able to control the problem.

DISQUIET IN CARE RELATIONSHIP WITH ADDICTED PATIENTS: A QUALITATIVE STUDY

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Educational Objectives: At the conclusion of this presentation, the participants should be able to interrogate their own experience and practice and to wonder whether disquiet is a relevant concept for their own care setting. They could also start thinking at new ways to move beyond relational difficulties in care situation.

Purpose: The relationship between care professionals and addicted patients is known as difficult and sometimes severely damaged by mistrust. This study aims to understand the sources and effects of mistrust in the care relationship and to find out how care teams and professionals cope with those difficulties.

Methods: We set up a qualitative research and met three different care teams working with addicted patients. For each team, we conducted one focus group (6-8 pers., 3h) based on a semi-structured questionnaire. We analyzed narratives with Interpretative Phenomenological Analysis.

Results: Mistrust and difficulties are reported by care teams and can lead to a feeling of disquiet. This feeling is based on 1)the fact that professionals have to get involved with patients having difficult past and present lives; 2)the social and moral stigma weighing upon patients and also sometimes upon professionals; 3)the uncertainty professionals have about their own skills and knowledge. Disquiet causes the professionals to restrain their involvement in care relationships or conversely to avoid disappointments by controlling and regulating every step of the care relationship. But disquiet also appears to encourage care teams to create innovative care settings.

Conclusion: Disquiet is widely experienced by care professionals and can harm the therapeutic efficacy and the ethical quality of the care relationship. But if care teams are solid enough to avoid being disorganized by disquiet, it also helps them to be innovative and to recreate conditions for a sincere care relationship. This study underlines the significance of including these aspects in the training of personnel and in care provision planning.

THE PERCEPTIONS AND ATTITUDES MOROCCAN MEDICAL STUDENTS TOWARDS PSYCHIATRY.

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Introduction:

Nowadays, considering the rise of mental illness in Morocco, the need for psychiatrists and mental health professionals is growing. Improving the demography of psychiatrists remains reliant on number of students in medicine who choose psychiatry as a specialty. To get an overview of their opinions on psychiatry, we conducted this study at the University Hospital of Fez.

Purpose:

Knowing the perceptions and attitudes of students towards psychiatry and find the factors affecting its choice as a specialty.

Methods:

Prospective study.

Location of study: University Department of Psychiatry, CHU Hassan II Fez.

Target Population: 40 students in the fifth year of medicine who completed their training in psychiatry department between 22 October 2012 and 14 December 2012.

Tool: anonymous self-administered questionnaire in the first and last day of training. The questionnaire consists of three sections:

- The socio-demographic profile of the student.
- The student's main criticisms towards psychiatry.
- The interest of psychiatry training and intend to choose it as a specialty for the future.

Results:

Sample size: 40 students

Sex ratio M / F: 0.9

Average Age: 22.55 year.

Statistical analysis showed that the training in psychiatry department has improved the perception of students towards psychiatry on several points:

- 13 students (32.5%) changed their opinion on the fact that psychiatry is a dangerous.
- 18 students (45%, $p = 0.0002$) who considered psychiatrists as abnormal have changed their mind after completion of their training.
- 15 students (37.5%, $p = 0.0095$) who did not think to make a career in psychiatry have changed their views and may consider it in the future.

Conclusions:

Despite of its limitations (small sample), our study remains interesting because it could identify the misconceptions that students may have about psychiatry. Improving the image of psychiatry in society goes through improvement of healthcare professionals perceptions including medical students. This can be done through a proper guidance and adequate support during their hospital training in psychiatric department.

HAS STIGMA TOWARD PERSONS WITH MENTAL ILLNESS IMPROVED IN JAPAN? A REVIEW OF STIGMA RESEARCH OVER THE LAST DECADE

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Educational Objectives: At the conclusion of this presentation, participants will have a better understanding of how stigma toward persons with mental illness has not improved over the last decade in Japan, and recognize the need for further anti-stigma activities.

Purpose: The purpose of this study is to review how stigma toward persons with mental illness has changed in Japan in the last decade, and reveal contemporary problems.

Methods: Studies published over the past ten years were reviewed and measured by using a scale that can compare over time the stigma toward mental illness by the Japanese. The number of samples, mean score and standard deviation of each study were extracted, and then a t-test was carried out to determine whether differences were significant from each first study. All statistical tests were two-sided, with a significance level at 5%.

Results: Two measures and eight studies written in English or Japanese met the inclusion criteria. Most of the studies were targeted at study participants who were students in vocational college or university. The stigma for both "mental illness" and for "schizophrenia" did not significantly improve among vocational college or university students. A study of the general population showed a significantly lower level of stigma than that of the students.

Conclusions: Over the last decade, there has been no significant improvement in regards to stigma toward persons with mental illness among vocational college or university students. Recently in Japan, the number of patients with mental illness, mainly mood disorders, has increased dramatically, and anti-stigma and educational activities have been conducted and targeted mainly toward a middle-aged demographic. These programs appear to have not impacted students who are at a peak age for onset of mental illness. Future programs need to strengthen anti-stigma activities for college-aged students.

PSYCHIATRY AND COMMUNITY

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Educational Objectives: Attitudes towards psychiatry vary considerably in the modern world. At the end of presentation the participants should be able to recognize existing public attitudes to mental health in Georgia that play crucial role in constraining “intellectual” barriers preventing people from gaining access to appropriate psychiatric services.

Purpose: Reveal the approach of society to psychiatrists, mental patients and psychiatric services.

Methods:

Community beliefs to mental health issues, to psychiatrists and to people with mental disorders were assessed in the survey - "Psychiatry and the Community." Survey contained 25 questions with multiple choice answers. Poll of 250 people from various social strata was involved.

Results: Participants - 250 mentally healthy subjects with mean age 34.4 ± 9.68 , female - 56%, men - 44%. The majority of respondents reported that in case of the “signs of mental disorders, as well as emotional disturbances”, they will appeal to the neurologist (44%) and/or to psychologist (32%), and/or to the priest (16%). Only 8% of responders agree to contact psychiatrist in case of mental problems. Almost 45% of respondents believe that there is “no protection of confidentiality of medical records”, that’s caused by technical staff (32%) and psychiatrists (28%), or both. Despite of expressed sympathy towards mental patients, 36% of responders believe that “it is necessary to stop the spread of severe mental illnesses by certain social restrictions, such as “prohibiting, giving a birth to child if both parents are mentally ill”. Only 24% think that it is the patient's choice. Overwhelming majority of respondents believes that high intelligence (80%) and delicate behavior (52%) are necessary for psychiatrists, although 44% believe that the psychiatrists “have some strange behavior and a particular manner of action”. Noteworthy is the fact that 32% of participants of the study still believe that “the Georgian psychiatrists have medications that will lead to the development of mental disorders in mentally healthy individuals”. The answer: "I do not know," we received in 40%, while only 8% denied the existence of “such medication”.

Conclusions:

The data of survey clearly indicates that despite the organizational reform of psychiatric services in Georgia, it is still necessary to involve more communication and psycho-education for reduction of stigma in the community that still prevents people from seeking adequate help.

STIGMATIZATION OF PERSONS WITH “LEBEL” MENTAL ILLNESS

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Educational Objectives: Contemporary understanding of stigma reflects the social attitudes towards mental illness that is deeply discrediting and socially embarrassing.

Stigma produces changes in feelings, attitudes and behavior in people who are the subject of stigma and the members of their families. Discrimination leads to absenteeism seeking, Failure to treatment, the material poverty and social marginalization. These experiences create a barrier clinical recovery of patients, tapering his great chances and lowering self-esteem.

Purpose: The aim of the current study is to investigate the effect of seemingly normal people with psychiatric "label", the attitude of employees in the health care center compared to the approach of patients hospitalized in other departments. Additionally, we investigated whether gender affects the stigmatization of the person answering the psychiatrist.

Materials and Methods: The study included 198 people. The sample was divided randomly into two groups: group A received a description of the case with psychiatric "label", while group B received the same description of the case but without a psychiatric label.

Results: We did not obtain a statistically significant difference in the degree of stigmatization regarding group of professionals and group of non-professionals ($p > 0.05$). Stigmatization correlates positively with the intimacy of the relationship of the individual with the person "labeled" as mental ill. Females were significantly higher stigma people with psychiatric label in person, while such differences by gender were not at attributing stigma in social interaction.

Conclusion: The results have reinforced our view that stigma related to mental illness is not limited to public only. Employees in public health care center area part of the stigma as well. The present paper showed that females, more stigmatizing people with psychiatric labels and to personal contacts in the field, while in the context of attribution of stigma in the wider social interactions they set the same as the opposite sex, neutral.

Therefore, there is a need to educate medical staff on issues of stigma in order to understand mental illness seriously thriving to its reduction, which would be a key component of improving mental health.

This study examined the stigma by gender and profession in relation to the type of interaction with the subject, and provide information essential for recognition, confrontation and Understand stigma.

Keywords: Stigmatization, discrimination, professionals, non-professional, gender

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EXTERNAL PERCEPTIONS CONCERNING MENTAL DISORDERS

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Illness experiences are deeply related to the complex web of personal experiences and belief systems ingrained in our cultural and social world. In 1978, Kleinman and associates used the terminology “explanatory models” to represent patient’s conceptualization of the illness: *“Eliciting the patient’s (explanatory) model gives the physician knowledge of the beliefs the patient holds about his illness, the personal and social meaning he attaches to his disorder, his expectations about what will happen to him and what the doctor will do, and his own therapeutic goals.”*

But what are the beliefs of the health system workers concerning the mental disorders?

The aim of this investigation was to characterize the beliefs on the mental disorders by the General Practitioners and the Residents specializing in this area.

To achieve this goal the authors used a questionnaire developed by Bruce Link (Link, B. 1999), where he assessed the following topics related to the beliefs on mental disorders (1) recognition of mental illness, (2) beliefs about the causes of mental illnesses, (3) acceptance of psychiatric labels, (4) beliefs about how dangerous people with mental illnesses are, and (5) the desire to keep people with mental illnesses at bay, i.e. to reject them from society. This questionnaire was applied in 2008 on the General Practitioners and in 2012 on the General Practitioners Residents, both from a specific area of Central Portugal, Baixo Vouga.

The authors presents the beliefs concerning the mental disease in this two populations (General Practitioners and their Residents) in order to understand whether these beliefs can interfere with the quality of care given to our mental health patients and can be related to stigma processes.

The explanatory model is an important tool to understand cross-cultural and our own cultural medical practices, and to identify areas of conflict between health system workers that should be (re)negotiated to improve our medical care.

STIGMA EXPERIENCED BY PATIENTS IN FORENSIC SERVICES

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Objectives: Stigma experienced by mental health patients can have many negative consequences including being an obstacle to recovery. There is limited literature looking at stigma within forensic mental health services. The objective of this piece of work is to assess the stigma experienced by psychiatric patients in secure forensic services.

Methods: We used a validated 28 item self-report stigma scale created by King et al¹. The scale identifies three factors affecting the stigma felt by the patients, the first factor relates to discrimination, the second to disclosure and the third to positive consequences experienced due to mental illness. The results were then compared to those of the general psychiatry patients included in the study by King et al.

Results: 30 patients completed the scale, 28 of whom were male and 2 female. The mean stigma score was 56.20 (SD 13.00). This compares with 62.60 (SD 15.40) for the general psychiatry cohort used by King et al. The mean discrimination sub-scale score was 23.20 (SD 8.18) compared to 29.10 (SD 9.50) for the general psychiatry cohort. The mean disclosure sub-scale score was 24.63 (SD 7.18) compared to 24.70 (SD 8.00) for the general psychiatry cohort. The mean positive aspects sub-scale score was 8.27 (SD 3.06) compared to 8.80 (SD 2.80) for the general psychiatry cohort.

Conclusion: Results show on average the patients involved in this study feel less stigmatised than those in the general psychiatry cohort used by King et al. Looking at the three factors the lower levels of stigma felt can almost all be attributed to lower levels of perceived discrimination. This difference could be due to a number of reasons including; whether the care was general or forensic, whether the patients were inpatients or outpatients or a change in service provision over the time that has elapsed between the two studies.

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THE SOCIAL REPRESENTATIONS OF MENTAL ILLNESS : GENERAL POPULATION SURVEY

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Educational Objectives

Mental health has become a priority for the Ministry of Health in Morocco in response to the deficit in resources. In fact, mental health has long suffered from a lack of budget, inadequate and obsolete structures that have become unable to house admit, the legal vacuum and the absence of political will, but also and especially the negative image of the mental patient in our society. This image, made of heterogeneous representations, remains critical and determines the relationship between society and psychiatry, especially in a society burdened by traditional cultural heritage focusing on irrational considerations and ancestral customs.

Purpose

In order to better understand these representations, a field survey was conducted in the city of Fez. It involved 300 people met in various parts of the city. Their ages ranged from 15 to 50 years. A questionnaire consisting of 30 questions was presented to them. It explores the representations of the mentally ill, the mental illness, its causes, and attitudes towards the patients and the healing odds.

The sample was chosen in collaboration with the department of epidemiology at the University Hospital of Fez.

Results:

65% of the people surveyed think that mental illness is not a disease like any other and only 4% for the illiterate. 80% of sample rejects the possibility of living with a mental ill, and only 10% feel they can behave normally with a mental ill. 84% believe that the mentally ill is a major burden for his family. Two-thirds of respondents still think that social integration is possible. 22% believe that the mentally ill frightens 24% think that it is a source of stigmatization of the family.

Drug addiction was mentioned as a cause in 27%, 20% for the social problems, witchcraft is blamed for 13%, the jinn and the evil eye 13% also psychological causes were discussed in 10% of cases. The treatment was perceived as possible for a minority (13%) and those who think it is necessary to use modern medicine represent only 36%. Only 35% say that the psychiatric hospital provides appropriate care.

Conclusion:

A state of affairs quite dark and a clear lack of information emerge from this work. This pushes the population to refer primarily to its cultural heritage and don't easily accept openness to modern psychiatry. It is therefore important to further promote the educational component of mental health to bridge the gap between psychiatry and societal representations which are still too traditional.

A COMPARATIVE STUDY: FROM INSTITUTIONALIZATION TO DEINSTITUTIONALIZATION

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The theoretical basis of this study was based on the Brazilian Psychiatric Reform process of deinstitutionalization, which relied on the Italian Psychiatric Reform created by Franco Basaglia.

The objectives: a) to analyze the process of institutionalization of young people with mental illness in a psychiatric unit of a hospital in the state of Sao Paulo, b) conduct a comparative study with the deinstitutionalization model of Trieste, Italy.

Methodology: Due to the complexity of the research topic, we opted for the action research methodology. In the final stage of the research, interviews were conducted with directors and technicians of the Department of Mental Health of Trieste as well as document analysis.

Results: The residents of this institution have a history similar to many others. As children, abandoned by family, mainly because of serious disorders in their overall development, they were referred to juvenile shelters, beginning their long institutional career. After passing through various institutions without specialized assistance, they have become dependent and a burden to the institution. No longer able to stay in these places, they were sent to the only place that opened the doors: the *asylum*. The performance of the staff is that of *maternage*, which ends up producing the infantilization of these people, rather than strengthen their capacities and skills, essential conditions for them to recover their active role. The staff has great difficulty in changing their habits because this means reviewing its role, knowledge and performance. The *asylum* model contaminates the institutional context. The formation of a new staff model is one of the pillars for the construction of the deinstitutionalization process. In Italy, the end of the psychiatric hospital was the arrival point and not departure. The work undertaken by the technical staff of Trieste exceeded the practical issues related to the concept of mental illness and sought specific answers regarding housing, work, education and social life.

Conclusion: The Italian radicalism consisted in the proposal of replacing the psychiatric hospital with a network of community-based services, the intersectionality, which is an indirect way to solidify the transformation in care: the service should not only assume the treatment, but also must build actions that break with segregation and restore it the right of these individuals. In Brazil, despite the existence of specific legislation that seeks to support people with mental distress, the actions are still insufficient, requiring effective measures for its implementation, so that the law might be fulfilled and substitutive mechanisms be tools to resize the current process of mental health reform.

PSYCHIATRIC TREATMENT IN CHILDHOOD: COMPARING STIGMATIZING BELIEFS IN PARENTS WITH CHILDREN ATTENDING A MENTAL HEALTH SERVICE VS THOSE WHO NEVER ATTENDED

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Objectives

Despite the high prevalence of mental health problems in children and adolescents, less than one in five children ever receive treatment. Stigma is a major barrier in mental health. This study's main aim was to assess parental beliefs about child psychiatric treatment, as it may be a major determinant of mental health services seeking. It also intended to compare stigmatizing beliefs between parents with children attending a mental health service to those never attending.

Methods

We used a cross-sectional design, and applied a questionnaire to a convenience sample of 226 parents with at least one child, aged 2 to 16 years, attending Braga Hospital Department of Child Psychiatry during 2009. The second group consisted of a convenience sample of 206 parents without any contact with Child Mental Health Services recruited in two primary care units, located in Braga's Hospital catchment area, during the same period.

The questionnaire contained sociodemographic data and four questions regarding stigmatizing beliefs towards psychiatric treatment extracted from the *Special Section on the National Stigma Study-Children - Stigmatizing attitudes and beliefs about treatment and psychiatric medications for children with mental illness*.

Results

26 participants from the first group and 6 from the second group were excluded due to incomplete data. 200 patients from each group were included in the analysis. Sociodemographic variables were compared between the two groups and showed significant differences regarding parent's age and residence area.

Approximately 60% of parents from both groups believe that the community is aware of children's psychiatric treatment status despite medical confidentiality and about 35% stated that stigma perpetuates into adulthood. More than 40% of parents agree that having mental health treatment for a child would make the parent feel like a failure and almost the same percentage believes that these children may suffer rejection in school. Statistically significant differences between both groups were obtained only regarding school rejection, with parents that have a child attending psychiatric consultation revealing more negative beliefs ($p=0,039$). There were no significant differences between the two groups regarding global level of stigma related to child psychiatric treatment (2.28 ± 0.76 vs 2.27 ± 0.66).

Conclusion

First, we found that a significant proportion of parents have stigmatizing beliefs regarding psychiatric treatment in children which can lead to serious consequences for child and adolescents mental health. Second, we found that the close contact with a child mental health service does not appear to alter the parental notion of stigma, what should alert to the need to invest in education and awareness amongst the general population and, in particular, amongst parents who attend to child psychiatry services.

PUBLIC STIGMA IN ITALIAN HEALTHCARE STUDENTS: A PSYCHO EDUCATIONAL STUDY

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Purpose: The aim of the present study was to explore the way healthcare students stigmatize mental patients using Stigmaquest test [Bellomo, Ferretti, Starace] for attribution model of public discrimination towards people with mental illness.

Methods: The questionnaire is a semi qualitative parametric questionnaire-based and cross-sectional that comprises scales about stigma in terms of the perception of societal stereotypes, public-stigma in terms of stereotype agreement and structural discrimination. Participants come from 8 health courses of the Medical University of Foggia, Italy: 236 final-year students covering health professions from nursing to social assistance. Students were presented with a person who got a not specified psychiatry treatment. They were asked to complete the self-report questionnaire measuring attitudes towards public stigma, stereotypes and social/media desirability.

Results: Differences between clinical and social oriented students were found in each Stigmaquest item: five sub scales dealing with stigma social cognition emerged by factor analysis. Gender and age adjective stereotypes were identified by cluster analysis. In the qualitative analysis all students showed discrimination towards mental professions and a high negative media desirability was constant as also anger and dangerousness beliefs.

Conclusions: This study provides evidence that an educational programme focused on stigma is needed in the study course of health professions. In order to improve the effectiveness of service provision and treatment outcomes for mental illness it is important that health care service providers and teaching institutions consider the implications of these factors when developing staff and services, and base interventions on theoretical models of stigma and discrimination.

QUALITY OF LIFE AND PUBLIC STIGMA AMONG MENTAL HEALTH PROFESSIONALS

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Purpose: The aim of the present study was to explore how mental health professionals feel about their professional quality of life and the way they think and feel about people with mental illness.

Methods: Participants were interviewed using a semi-qualitative questionnaire (Stigmaquest version 1.5) that comprises scales associated with stigma towards mental patients and 5 semi-structured questionnaires (WHO-5, GAD-2, GAD-7, PHQ-2, PHQ-9) that assessed the quality of professional life. Data were obtained from 70 participants working in the mental health sector (psychiatrist, psychologists, nurses etc.).

Results: There were several key findings: 1) the majority of respondents reported high levels of burnout and depressive symptoms; 2) there were many different terms used to refer to people with mental illness reflecting a wide range of expertise and experience among professionals; 3) they had a meaningful awareness of the importance of their role; 4) additionally they defined themselves as being able to help patients through effective communication; 5) moreover, gender, age and ethnicity of the mental patients influenced prejudiced views and stereotyping among professionals.

Conclusions: These results have implications for mental health professionals training to avoid burnout and maintain a high quality of life and work satisfaction. Replication of the current findings with additional samples of mental health professionals would be useful to further explore the relationships between the professional quality of life and the prejudicial beliefs.

COERCION IN PSYCHIATRIC ACUTE WARDS AND PATIENTS' QUALITY OF LIFE

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Coercive treatments such as involuntary admission, restraint, seclusion and forced medication are used in mental health services. Coercion has attracted much attention and clinical practice and outcomes of coercion have been reported. In addition, importance of quality of life (QoL) has been regarded in psychiatric disorders.

The purpose of this study was to investigate the influence of coercion on patients' QoL in psychiatric acute wards.

We used subjective and objective measures of coercion. We also investigated other variables that may affect QoL including social functioning and insight. All 202 patients admitted to the acute wards of Gojyouyama Mental Hospital and Maizuru Medical Centre were enrolled. As subjective coercion, patients' perceived coercion at admission and during hospital stay were assessed by a 10 point visual analogue scale based on Cantril's Ladder. As objective coercion, we investigated legal status of admission and the occurrence of restraint, seclusion and forced medication. Subjective QoL was measured using the EuroQoL-5 Dimensions (EQ-5D) score, consisting of the Health-Related Quality of Life (HRQoL) score and the EuroQoL Visual Analogue Scale (EQ-VAS). Patients' insight was measured on the Japanese version of the Scale of the Unawareness of Mental Disorder (SUMD-J). Social functioning was assessed according to the Global Assessment of Functioning scale (GAF) at admission and discharge.

To our knowledge, this is the first study evaluating the influence of insight and multiple aspects of coercion on QoL. We could not reveal that either subjective or objective coercion was associated with QoL. However, we found that functional improvement was a common predictor of QoL. This finding is consistent with the previous study (Trompenaars et al., 2007). It would be reasonable to conclude that a good outcome led to a better QoL.

It has also become clear that GAF improvement and insight were correlated with QoL.

Our results propose that we need take QoL into consideration, especially in case of coercive treatments in psychiatric patients. Further studies on the coercion in patients' QoL should be necessary.

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THE INFLUENCE OF THE IMAGINARY ON NURSING CARE TO PSYCHIATRIC PATIENTS IN EMERGENCY SETTINGS

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Educational Objectives: To demonstrate the influence of the imagination on insanity nursing care provided to the psychiatric patients in an emergency settings.

Purpose: To analyse the imaginary of the nurses with regards to the care of psychiatric patients in general emergency settings

Methods: Qualitative research inspired by Sociopoetics and based on Creative Imagination. Data were produced by means of interviews for subject characterization, participative observation and researcher-group. The subjects were 15 nurses of a general emergency hospital in the municipality of Rio de Janeiro. The project was submitted to the Research Ethical Committee of the Municipal Secretary for Health and Civil Defence in Rio de Janeiro according to resolution 196/96 (CNS), and approved as established on protocol 10/11 CAAE - 0268.0.314.000-11.

Results: The results point to passivity, lack of information, fear, and working conditions as the main elements that influence the care given to the psychiatric patient by the nurse in an emergency setting. Results also indicate a profile of generalist nurses, under the influence of stigmatised perceptions of insanity, who describe their motivation when caring for the psychiatric patient as being guided by feelings such as compassion and obligation.

Conclusions: The professionals present a level of difficulty when performing on the interface general health/mental health. Their attitudes are impregnated with prejudice and fear of insanity. Despite the fact that the temporal insertion is that of the Psychiatric Reform, concepts and interventions of nurses with regards to the psychiatric patient are still within a framing where the latter is not perceived as part of a relationship with exchanges and respect for each other's subjectivities. This study shall present as its final product an orientation guide based on the principles of the Psychiatric Reform, with the purpose of implementing actions regarding nursing care of psychiatric patients in situations of general emergency.

Literature Reference: Goffman E. Estigma: Notas sobre a Manipulação da Identidade Deteriorada. 4^a ed., Rio de Janeiro: LTC; 2008.

ENGAGING WITH CULTURALLY DIVERSE COMMUNITIES - THINKING OUTSIDE THE SQUARE.

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Educational Objectives: Participants should be able to identify strategies which can be effectively used to engage with Culturally and Linguistically Diverse (CALD) communities around Mental Health issues.

Purpose: Reluctance to access Mental Health Services (MHS) by people from CALD communities has been recognized as an issue for early intervention and effective management of people with a mental illness. Stigma surrounding mental illness, lack of familiarity with services and fear of potential treatments to be offered have been identified as barriers to access to appropriate mental health care. The purpose of the project was to educate spiritual leaders in CALD communities around mental health issues in order to increase acceptance of, and access to mental health services.

Method: Over a period of 6 months the spiritual leaders of several diverse communities were contacted and a series of interviews and consultations were conducted to ascertain their particular perspectives on mental health and mental illness. The Multicultural Mental Health Service Coordinator led a series of presentations, in collaboration with the leaders and community managed organisations, to the individual communities aimed at mental health promotion, prevention and early access to services. MHS staff from a range of diverse cultural background presented mental health promotional material, written information regarding access to mental health services in different languages as well as specific issues identified in the consultation process.

Results: Follow up interviews showed that fear of accessing services and stigma against mental illness had reduced in the communities visited. Referrals to the local MHS from diverse communities increased and support for people with chronic mental illness had improved.

Conclusions: Putting a human face on mental health services is an effective way of breaking down the barriers to service access. Using the multicultural workforce available in our mental health service in South Metropolitan Health Service has increased the awareness of CALD communities to mental health issues and increased referrals from the communities to mental health services. The methodology used is an effective way of engaging with our diverse population through the spiritual leadership and can be used in many different communities.

SCHIZOPHRENIA STIGMA AMONG DOCTORS IN THE UNIVERSITY MEDICAL CENTER OF MARRAKECH

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Educational Objectives:

Through time, the schizophrenics have, hereby, been the object of measures of exclusion and social disgrace. The objectives of our study are to know if in the University Medical Center of Marrakech, the doctors stigmatize patients who suffer from schizophrenia, and if they do so; then, how this discriminative attitude is conveyed in their diagnostic and therapeutic approach.

Methods: the study was conducted among 117 residents and internes in the University Medical Center of Marrakech. We used a heteroquestionnaire, which estimates doctors' attitude towards patients with schizophrenia. This has enabled us to determine healthcare professionals' perception of the patients and the illness, and if schizophrenic's social label bias their decisions. Residents of psychiatry were excluded from the study.

Results: The mean of questioned doctors' age was 31,5 years, SD 25-38 ; 58,1 % were women. They all spent less than six months of their cursus in psychiatry. 76,06 % confirmed having already had patient with schizophrenia in their consultations and 34,83 % of them allotted their patient directly to psychiatry without making an interrogation or clinical examination. Most doctors (62,3 %) declared that they are cautious and prefer to examine the psychotic patient in presence of a third person. Nevertheless, 58,97 % of the questioned doctors think that a schizophrenic even if he was in treatment can be dangerous and violent and more than the half (64,1 %) considers that he is unable of having a normal social life, this could explain the percentage of the doctors (67,5 %) who prefer to explain the diagnosis and the treatment details to the patient family instead of the patient himself.

Conclusions: according to our study, doctors also stigmatize schizophrenic patients.

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Logiques de la stigmatisation, éthique de la déstigmatisation
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MENTAL HEALTH USERS EMPOWERMENT; EDUCATION AND NEW TECHNOLOGIES

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Objectives

To organize training in mental health and health promotion.

To set up a users and carers training.

To legitimize patient experience.

To promotion advocacy, the active citizenship of people with severe mental illness.

Method

Through on-going meetings during the last two years the creation of a website (emiliaonline.org) and a Facebook (<https://www.facebook.com/AssociacioEmiliaBcn>) has been achieved. Numerous user's options and personal inputs have been taken into account in making the web site user friendly while showing a clear outline of proposed training.

Also on the website different topics about mental health have been treated (family, mental illness, recovery) and there has been an active promotion of educational workshops through which the Life Long Learning (*LLL*) process is continued. The users continue the process of offering themselves as a mental health teaching advisory group, as mediators or coaches, taking a step further in legitimizing their role as patient experience.

Results

Thanks to the users association, various publications have come about in the last six months:

- 3 news letters about schizophrenia, recovery and family-patient relationships with an average of 200 readers
- A Forum in which topics like stigma related to mental illness, user-environment relation and the patient as an expert are discussed
- Notes about cultural activities
- Update information about the association projects and events on the Facebook
- Face-to-face workshops with an average assistance of 40 people each

The level of activity of the association has increased with the participation from other community groups who also struggle to reduce stigma and by the education of other users and professionals.

Conclusions

The Emilia association has grown from strength to strength through the creation and utilization of their website. Through it, users are more empowered to promote a healthy attitude to mental illness while offering an exclusive patient-orientated training easy for professionals to follow.

NARRATIVE MEDICINE AND MENTAL HEALTH TRAIN OF PRE-GRADUATED MEDICINE STUDENTS

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Educational Objectives: To recognise different techniques of narrative medicine in teaching mental health to medical students.

Purpose: To present the method of narrative medicine in mental health training.

Methods: Observation and illness-related life-writings of patients, care-givers and writers, film group discussion and role playing in clinical conversation.

Results: We discuss the difficulties (the limits of representing illness) and the advantages with this approach. This methodology is an excellent way of exploring multiple realities of human suffering in different contexts allowing a subsequent meaningful and deep contact of mental health problems.

Conclusions: We situate narrative medicine in a context of other clinical and scientific developments such as personalized medicine showing effectiveness of illness narratives in practice.

STEREOTYPES ABOUT DIVERSITY AND MENTAL ILLNESS. AN ITALIAN STUDY ON STIGMATIZING ATTITUDES IN ADOLESCENT POPULATION

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Purpose: The aim of this study is to explore, in a prevalent qualitative perspective, stereotypes in adolescent among Goffman's social discriminated categories (mental illness, physical handicap, extra community person, eccentric personality) before and after a six month institutional prevention campaign on mental health with 60 mental health professionals engaged in.

Methods: Participants (n.1430 at T0 and n.1460 at T1) were interviewed before (T0) and after (T1) the prevention campaign with the questionnaire Stigmaquest (Bellomo, Ferretti, Starace) in its 1.4 version. It was asked to attribute negative, positive and neutral adjectives to each category.

Results: Cluster analysis and chi squared test reveal stereotypical profiles. Differences for gender and age were found, both in intra and inter categories at T0 and T1. We compared dual relationship among categories for a total of 25 liaisons. The big evidence but not single difference was that mental illness is not seen like a handicap state.

Conclusions: In bio-psycho-social terms this study focus on the not acquired social component as like a social heritage. It is proved how deep are pre-judices and how difficult they are to change with a cognitive approach. Several evidences in gender, aging and scholarship differences suggest that a better way to fight stigma is a mind theory-empatic approach.

SELF-STIGMA AMONG DEPRESSED ADOLESCENTS

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Child psychiatry Ibn Rushd , Casablanca, Morocco

Introduction :

The World Health Organization (WHO) , World Psychiatric Association (WPA) and World Association for Social Psychiatry (WASP) are working to reduce the stigma against schizophrenia , depression and other mental disorders, stressing that these are common diseases, and patients need help and treatment.

According to several studies, self-stigma reduces self-esteem, self-efficacy, seeking care and treatment compliance.

The majority of adolescents with depression live in the same cultural environment as those who stigmatize them. Therefore, they tend to adopt the same negative attitudes and beliefs.

Objective :

The aim of the current study is to assess the intensity of self-stigma among a sample of depressed adolescents.

Methods :

The sample will be recruited in the child psychiatry Ibn Rushd of Casablanca. We used:

-A self-questionnaire pre-established by the authors in order to collect socio-demographic data.

-A scale of self-stigma translated into Arabic and validated:

Internalized Stigma of Mental Illness Scale (ISMIS) which consists of five subscales::

*alienation

*stereotype endorsement

*discrimination experience

*social withdrawal

*stigma resistance

-Recruitment of adolescent patients with depression diagnosed according to the criteria of DSM-IV

-Collection and statistical analysis of data will be realized using Epi-Info software.

Results :

Results will be presented on meeting

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

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Investing in mental health

Posters Session

TREMA, OMEN OR INCIPIENT SCHIZOPHRENIA?

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¹. CHUC, Coimbra, Portugal

Educational Objectives: Schizophrenia limits are not well defined, although some authors have tried to define its borders. Different perspectives, drawn over the last two centuries, resembles with Psychiatry own history. Schizophrenic symptoms harm what we cherish the most: the world 's meaning, unit of the self and the comprehension of others. The symptoms don't always start to appear suddenly, it is a process that could take months or even years. Identification of this phase, one of particular interest, in special if we consider it as a prodromic phase, and the early intervention that could interrupt the deteriorating development of this disease.

Purpose: Review several authors opinions about the prodromic phase of Schizophrenia.

Methods: Review of the literature about prodromic phase, early intervention and its benefits.

Results: The bibliography shows several differences in the way that different authors see the prodrome. Klaus Conrad was the first to consider it as the first stage of a dynamic-evolutionary Schizophrenia. Others consider possible an eventual crystallization in the Trema phase and an attenuated form of schizophrenia in line with a spectral vision of this entity.

Conclusions: Schizophrenia doesn't seem to begin with the first psychotic episode, and often develops with a slow and gradual course by an abnormal neurodevelopment process.

Frequently it presents with non specific symptoms, resembling more a neurotic state than a psychotic one.

Without denying the possibility of the existence of crystallized forms of Trema, but looking at them in a spectral perspective, the identification of the pre-psychotic phase assumes an undeniable value.

Intervention in the early phase could change the natural course of the disease, improve patients life and avoid the deteriorating course that often occurs.

ECO-SYSTEMIC APPROACH IN TREATMENT OF ALCOHOLISM AND OTHER MENTAL BREAKDOWNS

Danica Boskovic Djukic, Dragana Deh
Institute For Mental Health

Eco-systemic approach, which has been used for many decades in treating alcoholism with presented high level of success, not only in Serbia but also in the countries of ex- Yugoslavia, should be a good enough argument to use this approach in other countries too, and maybe even more important, to use it when treating other pathologies (somatic or psychological ones). 75-80% of patients and their families have been keeping abstinence successfully and lived more quality after they had been treated by this method.

Alcoholism as socio-medical illness has included in its treatment maybe most the elements of the surrounding and emphasized the importance of the mutual causality of the individuals – the substance and the society.

The special modality is Belgrade eco-systemic approach in the treatment of alcoholism, which includes or connects those three levels of the system (individual – family – social) handling them on seven mutually connected levels of the multi – system: biological (organic), individual, dyadic, family, wider social level in the local community, national and international level.

Available resources of the social community and the ability of the family to use them, are the crucial factors for overcoming the problems. Relationships with the social surrounding are vital for the function of the family in a stressful situation, and family isolation and the lack of the social support, contributes the non-function in a stressful situation. As for the social support we took into consideration connection of the family with relatives, friends, neighbors, working area, institutions for professional help, spiritual support, since we think that they are the natural net of our families, determined by culture and tradition.

By the review of the approach, we tried to make a conclusion about social – cultural dimension and about their circular connection with an individual and his family. Is the economical factor the only reason why the society is not ready to use the approach which successfully treats the problems of addiction? Or the reason is disconnection of the social factors, alienation of knowledge and practice... We think that globalization as worldwide trend could be a frame for the application of the eco- systemic approach for solving many problems of the mental health.

MENTAL HEALTH AMONG DIFFERENCES COURSES OF EDUCATION AT KURDISTAN UNIVERSITY OF MEDICAL SCIENCE

Fayegh Yousefi,
Kurdistan University of Medical Sciences.

Abstract

The aim of this study was to determine mental health among different courses of education at Kurdistan University of Medical Science.

The number of sample was 1000 (382 male & 618 female) that selected using Convenient samples. Data was collected by GHQ-28.

Results of the study showed that there was a significant relationship ($45/436 \chi^2 =$, $p < 0.01$) between types of courses and mental health. According to result of this study, there were no significant relationships between parents' job, parents' education and respondents' mental health.

Key word: differences courses, Mental health, Differences courses, Education, Kurdistan University of Medical Science.

REINVENTING THE "I" IN THE THIRD AGE: THE ROLE OF THE SENIOR UNIVERSITIES IN MENTAL HEALTH

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Abstract

This study seeks to demonstrate the role of senior universities, a psycho-social contribution to the mental health of the elderly. This is based on a theoretical framework that argues that the frequency of activities in these institutions promotes welfare and satisfaction through a change in the vision of the innerself.

Several studies emphasize the need for seniors to maintain an active life both physical and cognitive in order to prevent changes due to aging.

Basically it is argued that in a perspective of positive psychology and well-being because of advancing age nothing prevents new capabilities hitherto unknown to be discovered. Aging should be seen as a progressive process in which the biochemical and physical changes should not limit the psychological capacities of the individual allowing a full and happy life.

This study proposes to evaluate the possible relationship between the attendance at a senior university and the mental health status in a sample of 40 elderly, aged 65 till 80, with a control group of 40 seniors who do not practice any activity.

In terms of methodology, other than a questionnaire on sociodemographic characteristics, the Mini Mental State Examination will be used for screening of cognitive changes whereas the Questionnaire SF-36 and evaluation of the health status.

The study is ongoing at this time so results can not be provided now. It is thought that these will coincidence with results obtained in other studies, namely that the attendance and participation in the activities at these universities, promotes physical and mental well being, maintaining or even improving the self-esteem of the elderly. With increasing life expectancy, it is important to ensure that seniors not only live longer, but also with more quality and personal satisfaction. The role that senior universities play to promote quality of life is a response to this new need of developed societies.

Keywords: Elderly, senior university, mental health.

THE SIGNIFICANCE OF MENTAL SUPPORT ROOM FOR JAPANESE UNIVERSITY STUDENTS MANIFESTING SCHOOL REFUSAL

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Purpose

Recently the increase of young adults with social withdrawal has become one of major issues in Japan. Individuals with social withdrawal remain at home and go to neither school nor work for more than six months. Most of them might have not mental disorders such as schizophrenia. Mental Support Room was established in Wakayama university Health Administration Center in 2002 to provide support programs such as individual counseling and group therapy (SST and Psychodrama) for students with social withdrawal. The purpose of this study is to investigate the significance of the Mental Support Room for students manifesting school refusal.

Method

This qualitative study was based on interviews with four students that manifested school refusal and referred to Mental Support Room. They showed the recovery from school refusal before their interviews. They were instructed to talk freely about their troubles and sufferings. Interview sessions were recorded with the consent of participants.

Results

All participants suffered from social relationships and expressed loneliness and anxiety in their period of school refusal. The result showed that Support programs of Mental Support Room improved their communication skill and self assertion. It is suggested that these improvement would reduce their troubles in social relationships. Moreover group therapy reduced their loneliness and other group members could provide them useful information about their academic activity. As a result, this study showed that Mental support Room had potential to treat the problems of students with social withdrawal and improve their states.

ANXIETY, DEPRESSION AND QUALITY OF LIFE IN MOTHERS OF CHILDREN WITH AUTISM SPECTRUM DISORDER

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Educational Objectives: Autism Spectrum Disorders (ASD) presenting with social, communicative and cognitive impairments. Symptoms start from the first year of life and continue through the lifetime. Most patients need lifetime intensive care. Mother's role in treatment of these patients is essential and they are at high risks of depression and anxiety.

Purpose: Considering the growing number of diagnosed disorders in recent years and lack of knowledge about these disorders in our society, we decided to survey the score of quality of life, depression and anxiety levels in mothers with children suffering from ASD.

Methods: This descriptive cross sectional study is done on 127 mothers with children suffering from ASD. Diagnosis is conducted by the child psychiatrist through clinical interviews with children based on DSM IV- TR standards.

Demographic questionnaire contains mother's age and education, age and gender of the child, and the time passed since diagnosis of- ASD in the child. The WHOQOL-BREF questionnaire and Beck depression and anxiety inventory were filled in by mothers.

Results: The most important discovery of this survey was the large number of mothers with high levels of depression and anxiety. Thus 2.3 of mothers showed some levels of anxiety and half of them suffered from depression. Also quality of life in these mothers is lower than the average score of women in general population. There's a strong connection between the increasing age of the child, duration of diagnosis of ASD, the severity of mothers' depression and low quality of life in mothers.

Conclusions:

- Depression, anxiety and low quality of life in mothers with children suffering from ASD are more common.
- It is important to pay attention to these mothers.
- Early diagnosis and treatment of mothers ASD children can help the quality of family mental health.

Key words: Autism spectrum disorders, mothers, depression, anxiety, quality of life

THE COOPERATIVE WORK IN THE AMBITO SOCIALE XXIV OF MARCHE REGION. THE NETWORK OF GENERAL PRACTITIONERS, DEPARTMENT OF MENTAL HEALTH, HOSPITAL OF AMANDOLA, LOCAL AUTHORITIES, COMPANIES AND SOCIAL WORKERS.

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The integration of services, institutions, social network, companies and families is important to give to the patient with psychosis the answers and resources that allow him to have a social role and enable his integration and development of professional, social and personal abilities.

The task of the service is to prevent, as far as possible, the chronicity; the constant integration allows the patient and his family to have always one or more references, who are able to receive requests for help, so that these requests should not develop into acute psychotic episodes, with all their psychological wounds and sufferings.

Here we present the experience gained in these years in the territory of Ambito territoriale sociale XXIV of the Marche Region. The aim is not to propose models, but to improve this collective work in comparison with other experiences

We took into account the clinical conditions of patients followed by the service in a considerable period of time without using questionnaires or interviews. The observation over time is determined by the nature of severe psychiatric disease, which occurs at a young age in a percentage that varies between 0.4 and 1.4% of the population and needs long term complex of cares, which involve health system, and also social and institutional network. The focus is on the temporal aspect that engages us with psychosis, and with its outcomes ever complex to be defined and also to follow. We have chosen quite arbitrarily some indicators among the many possible

The observation relates to the patients being treated for severe disease (ICD9 295-296-297-301 e 303; ICD 10 F20-F29; F30-F39; F60-F69; F10) and we have focused attention on the age group 18-55 in order to avoid contamination of data because of cognitive impairment.

Results

The assessment of psychiatric work has wide space in scientific treatises, and it has not a settlement uniquely accepted in services. The objectives of evaluation are very different depending on the person carrying it out, but is it possible to get a share of the criteria and languages?

The analysis of the activities of Mental Health Dept (MHD) allows more adequate observation of the work and also helps to make a comparison with other services. The resistance of the operators are inevitable when confronted with the evaluation of the work, and that happens not only in the Italian experience. The Progetto Obiettivo nazionale "Tutela della Salute Mentale" and these of each region establish in Italy the evaluation of services as a basic element of the MHD and this will allow all operators to get elements not only quantitative for improving the work, even if it is easy to be considered self-referential by those who are strangers to psychiatry for work and training.

The DRG (diagnosis related group) system measures only the MHD- hospital function and not to the territorial function, which is or ought to be predominant; the "Progetto Obiettivo" provides guidelines and principles for the functioning DSM, determines the type and quantity of manpower, the number of beds, acute, residential and semi-residential. The outcome evaluation is still unusual, and so the comparison is done in terms of quantity or almost exclusively (number of visit, accessibility, number of hospitalizations and duration ...).

The focus is pointed more easily on the ratio between the number / duration of hospitalization vs. staff / bed nr of the acute ward, while the number of retirements due to illness can be neglected because they are not health expenditure in Italy and are considered almost inevitable. But the same example can be made between drug expenditure vs. absence from work due to illness or alcoholism between psychotic patients.

THE NETWORKING in the Ambito territoriale XXIV of Marche Region

The Collaborative work between General Practitioners, Department of mental health, Hospital of Amandola, local authorities, companies and social workers, is always brought to offer patients the most appropriate responses and in the time necessary and appropriate to prevent conditions of particular distress in the patient and in familiar that can make difficult the therapeutic approach.

It often happens that GP and specialist act together at home, especially when you need to start a course of treatment or when it is necessary to update, after an interruption of therapeutical program. The joint action between specialist and GP allows the patient to accept the specialist's approach with less alienation and fear, thanks to the "guarantee" that offers the GP. In some cases, the presence of GPs has been essential for the acceptance of a integrated therapeutical program, without the need to resort to compulsory treatment or hospitalization, thus allowing the patient to live in their own environment without undergoing particular removals, which are painful experience in the small communities in which we operate. it would be interesting for me to know if the urban experience is the same as I describe.

The access to specialist care or their resumption often occurs during a stay in the hospital in Amandola for medical reasons; the hospital team provides the patient with a global care which also includes psychiatric care (when needed), which is considered from patient along with the other treatments; sometimes that enables patients to overcome their distrust of psychosis. The purpose of networking is to simplify and facilitate access and maintenance of a therapeutical program based on the cooperation of the patient, so the network is necessary to motivate the patient to trust in the therapeutic relationship with a specialist. At the same time, the partnership allows the psychiatrist to avoid unnecessary overestimation or underestimation of symptoms that the patient reports. It happens, in the best cases, that the patient is almost accompanied in the therapeutic rather than sent from one doctor to another.

The same networking happens with the social and productive network when there is the need to ask a social or occupational grant. The mayor, employer or co-worker, policeman or priest work and live, in our small municipalities, with the patient and his family every day, and have of course a different opinion about the patient, different from what the specialist can have even if working in the district almost every day. When there is the need to ask a social grant for helping a patient to begin or restart to work it should be discussed with the community, which has an opinion about the patient. The opinion depends on how a patient lives in the community with his civil right. It is also notable that many of the grants are carried out in local companies, and it happens that the choice or an indication of the patient is followed as far as possible. This allows him to develop the perception of a self valuable and productive like his countrymen, and they can appreciate him as a citizen and worker rather than as a simple patient.

It is estimated that the rate of relapse between patients in remission for one year or more is 75% in 12-18 months after discontinuation of NL therapy, while the rate of disability retirement is estimated at 60% in the first year of illness and the suicide rate is 10%.

The social costs caused by mental illness are: loss of employment, sick leave, early retirement, removal from the household, dissociality and imprisonment, loss of social role and personal, and come to represent a share variable between 60 and 80% of the costs of major psychiatric disorder, and should be added to the health care costs for a more complete analysis of the costs in mental health care

RECOMMENDATION FOR SPECIALIZED MENTAL HEALTH SERVICES FOR SENIORS LIVING IN THE COMMUNITY

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the key elements to implemented efficient mental health services for seniors living in the community.

Introduction: Specialized mental health services for seniors living in the community are not that common in developed countries. More often than not this clientele is followed for mental and psychiatric problems by professionals from traditional services that focus more on the functional and physical health of individuals. Some innovative programs that exclusively serve seniors living in the community with a mental health problem are currently being offered throughout North America. In Québec, for the past 10 years, the Adult Mental Health Program of CSSS Cavendish, which offers specialized mental health services for 60+, has been a prime example of a structured organization of services adapted to the reality of this clientele.

Purpose: The specific purpose of the project is to identify a series of recommendations in order to implement specialized mental health services for seniors.

Methods: An evaluation of the process and impact of the program was conducted from 2009 to 2011 in order to explore the effects on the population served and the perceptions of the program's practitioners. An analysis was then carried out by comparing the best practices emanating from the scientific literature and the evaluation data gathered in the field

Results: Recommendations were made and address the philosophy of interventions (e.g.: the importance of the therapeutic alliance, psychosocial autonomy, social participation), terms of service delivery (e.g.: service offering, collaboration with organizations in the community network) and organization of services (e.g.: resources involved, funding).

Conclusions: The project achieved its objectives to identify recommendation that did inspire the Québec the provincial Ministry of Health and Social Services of Québec to in his Action Plan (2012) for services to offer to seniors. Such recommendations can have important implications for all professionals offering services to the population.

CORRELATION ANALYSIS BETWEEN PERSONALITY AND RESILIENCE IN NON CLINICAL SUBJECTS

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University of Messina, Italy.

The resilience process has been defined as achieving positive adaptation despite experiencing significant threat, adversity, or risk. Among individual factors contributing to the dimension of resilience, the role of temperament, defined as the genetic/biological component of personality, has been discussed. One of strongest evidences is that having a temperamental proneness to react negatively to novelty is considered a risk factor for social withdrawal and anxiety disorders (Degnan and Fox, 2007). Other studies put into evidence how some temperamental traits such as flexible self-control, sociability, and task orientation can be useful in order to enhance resilience in children. Within the framework of the Cloninger's (1993) conceptualization of temperament and character, in healthy adults resilience is positively related to reward dependence, and negatively related to harm avoidance (Daphne et al., 2007).

The aim of the present study was to evaluate possible correlations between resilience and personality traits according to the Cloninger's model (1993), by assuming that this model may explain individual differences in cognitive appraisals and in responses to stressors way.

Methods: To 323 healthy subjects Temperament and Character Inventory (TCI, Cloninger, 1999) and Connor Davidson Resilience Scale (CD-RISC, 2003) were administered.

Results: statistical analysis of data showed significant positive correlations ($p < 0.0001$) among CD-RISC total score and Persistence, Self-Directedness e Cooperativeness, and an inverse correlation between CD-RISC and Harm avoidance. A further linear regression analysis has put into evidence that the four TCI variables were all good predictors of resilience. When entered in a forward stepwise fashion, only Harm Avoidance and Persistence was strong predictors of resilience ($p < 0.0001$).

Conclusions: Results confirm that personality traits play a significant role in determining the individual ability to cope with stressors. A proper evaluation of such aspects could provide useful indications on the capability to successful adaptation to life-events.

PROFILE OF CARE AT A MEDICAL SCHOOL EMERGENCY DEPARTMENT IN 2001 AND 2011 RELATED TO DRUGS USE AND ABUSE - MARILIA/ SP BRAZIL.

Nely Regina Sartori ¹, Zeyne Alves Pires Scherer ¹, Cristiano Machado Galhardi ², Rodrigo Wanderley NevesBarbosa ³, Roberto Miler Servilha ⁴, Juliana Martins de Oliveira ⁵

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There is a significant increase in the use of multiple drugs. The use and abuse is a current and alarming phenomenon. The use of this substance is a challenge to public health.

Objectives: To describe the epidemiology and clinical care of the emergency department by use of licit and illicit drugs in 2001 and 2011. Compare if there was a change in profile over the past 10 years.

Methodology: epidemiological descriptive study. We analyzed 1982 medical records in 2001 and 2465 in 2011. The study was approved by the Ethics Committee.

Results: Regarding sex, remained unchanged; the male is responsible for most of the medical care. Regarding age, there was no change over the last ten years, being individuals between 20-39 years old the highest rate of attendance. As the etiologic profile, there has been a change over the last 10 years. In 2001 the diagnosis of ICD-10-F10 (Mental and behavioral disorders due to use of alcohol) was predominant. In 2011 the ICD-10 and ICD-10-F19 (mental disorder and behavior due to multiple drug use and use of other psychoactive substances). As for the number of attendances, in 2001 there was a large concentration in the first quarter, while in 2011 it was better distributed throughout the year. There was an increase in the number of visits in 2011 compared to 2001.

Conclusion: We believe educational and preventive actions are necessary to minimize the increase in drug use. It is also necessary to have measures to reduce damage.

Keywords: Epidemiology, emergency care, alcohol and drugs, crack.

DISMINUCIÓN DE GROSOR CORTICAL EN POLO TEMPORAL Y REGIÓN CINGULADA ANTERIOR IZQUIERDA EN REOS VIOLENTOS EXTREMOS PSICÓPATAS

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Psychopathy is formed by a confluence of personality characteristics including manipulation, shallow affect, callousness and lack of remorse, irresponsibility, impulsivity, aggression and loss of empathy. The aim of this research was to determine whether brain regions involved in emotional processing and behavioral show structural alterations in violent psychopathic criminals. CIVET was used for processing structural imaging Nuclear Magnetic Resonance T1, to detect associations between the thick cortical gray matter and total score psychopathy scale (PCL-R) on a full analysis of the cortex, in 97 violent offenders (29 with and 68 without psychopathy). It was found that psychopathy is associated with a highly significant decrease (FDR = 0.01) cortical thickness in the dorsal anterior cingulate cortex and the temporal pole of the left hemisphere. These findings are consistent with reports of fronto-temporal abnormalities in psychopathic and support the hypothesis that alterations in anterior cingulate regions and the temporal pole, contribute to poor empathic and emotional processing associated with psychopathy

Key word: Psychopathy, MRI, thickness cortical, criminals

TEMPORAL POLAR AND ANTERIOR CINGULATE CORTICAL THINNING IN PSYCHOPATH OFFENDERS

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Psychopathy is formed by a confluence of personality characteristics including manipulation, shallow affect, callousness and lack of remorse, irresponsibility, impulsivity, aggression and loss of empathy. The aim of this research was to determine whether brain regions involved in emotional processing and behavioral show structural alterations in violent psychopathic criminals. CIVET was used for processing structural imaging Nuclear Magnetic Resonance T1, to detect associations between the thick cortical gray matter and total score psychopathy scale (PCL-R) on a full analysis of the cortex, in 97 violent offenders (29 with and 68 without psychopathy). It was found that psychopathy is associated with a highly significant decrease (FDR = 0.01) cortical thickness in the dorsal anterior cingulate cortex and the temporal pole of the left hemisphere. These findings are consistent with reports of fronto-temporal abnormalities in psychopathic and support the hypothesis that alterations in anterior cingulate regions and the temporal pole, contribute to poor empathic and emotional processing associated with psychopathy

Key word: Psychopathy, MRI, thickness cortical, criminals

PICA: NOSOGRAPHICAL AND PSYCHOPATHOLOGICAL ASPECTS

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In published studies, clinical explanations about Pica are limited to examine diagnostic pattern or to underline relation with other psychopathological problems, ignoring the dynamic development of the illness.

Considering that a definition of general psychopathology needs to respect the specific characteristics of single cases, we studied the anamnesis and the physic exam of a woman, that we saw in outpatient regimen, showing a Pica, associated to a OCD.

The Authors, after examining a clinical case of OCD, associated to Pica syndrome, analyse psychopathological development of the symptomatology in its complex, refuting some statements of published studies, that include Pica within obsessive-compulsive disorder spectrum. On the contrary, they think the coexistence of the two symptomatologies simply as an expression of a comorbidity. So, we thought a more careful knowledge in psychic development of the examined woman, and her life events, would let us perform a more appropriate psychopathological evaluation, and perhaps a different diagnostic assessment.

We knew, than, that it surely would not be a single case to enlighten us for a new aetiological hypothesis about Pica. We were also interested in understanding better why it seemed too restrictive circumscribing this problem within obsessive syndromes. From these remarks, we think it right to include Pica syndrome within eating disorders, with a particular element, related to the ingestion of non edible substances. Our task is not only to label symptoms, but above all to understand, because it is only from a right comprehension that can result a therapeutic response suitable and effective.

PERSONALITY FACTORS AND PSYCHODINAMICS OF CRITICAL PROCESS

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Mental Health Centar-Nikšić- Montenegro

Objective:

This research work is about psychodynamics of critical process as a consequence of different life events considered highly stressful: myocardial infarction, carcinoma, partner's death. The objective of this study refers to the research of the course / psychodynamics of crisis with three high-stressful life events and how the psychodynamics of crisis depends on some factors of personality?

Methods: The sample was composed of 114 persons (66 men and 48 women) who experienced the following critical event

The research was carried out in three phases:

Phase I (beginning of the critical process): 5 – 6 days after facing a life event (interview, Hamilton Anxiety Rating Scale HAS, Hamilton Depression Rating Scale-HADS)

Phase II (duration of the critical process): 20 – 25 days after facing the life event (interview, HAS, HADS, NEO Personality Inventory-Revised- NEO PI-R)

Phase III 40 – 45 days since the critical event (interview, HAS, HADS, questionnaire of the perceptible social support, The Minnesota Multiphasic Personality Inventory -MMPI)

Results:

Results showed that, in comparison with other two groups, a group that suffered emotional loss shows the highest degree of depression and anxiety.

There is a positive correlation between neuroticism, hysteria, psychopathic deviation and paranoia on the one hand, and anxiety and depression on the other.

The negative correlation has been made in the relationship between anxiety and depression and trait conscientiousness and extroversion.

Conclusions:

The duration of a crisis seems to be connected with the type of the event, impression about the control of the event, blocking out the depressive affect of the critical process. Status of mental health is related to reactions to life events, and this status changes meaning of the events.

Our results support the hypothesis that neuroticism increases vulnerability to life events. Registered a negative correlation between conscientiousness and anxiety and depression is in relation to the role of locus of control. Negative correlation between anxiety and depression and extraversion could be in relation with psychosocial support in the crisis process.

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A COMPARISON OF TREATMENT OUTCOMES OF MEDICATION ADHERENCE AMONG SCHIZOPHRENIA PATIENTS AT A PSYCHIATRIC EMERGENCY WARD

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Educational Objectives: The aim of this study is to analyze how medication adherence affects treatment processes and outcomes among patients with schizophrenia in a psychiatric emergency ward. The outcomes studied are behavioral problems, positive symptoms, and the application of treatment by coercion.

Purpose: We searched the way to improve medication adherence using by our database.

Methods: Participants were 383 patients (167 male) with schizophrenia (n = 316), schizoaffective disorder (n = 39), or schizophreniform disorder (n = 29) who were admitted to our hospital's psychiatric emergency ward. We use the clinical indicator database (called eCODO; coercion measures Database for Optimization) which includes patient's demographic factors, Brief Psychiatric Rating Scale (BPRS) and doses of medication and so on. And we analyzed the indicators of hospital treatment outcomes, for the adherent group and the non-adherent group receiving antipsychotic medication. We examined these associations by using SPSS to conduct t-tests and chi-square tests on these factors. This study adequately conforms to ethical requirements. In addition, it has been approved by the section of our hospital's ethics committee that deals with the protection of personal information.

Results: At the time of admission, the non-adherent group showed the following significant differences from the adherent group: (1) a higher BPRS score, (2) lower Global Assessment of Functioning (GAF) score, (3) higher risk of violence, (4) higher suicidal ideation, (5) lower amount of medication, and (6) higher enforcement rate of muscle injection. The BPRS sub-scores showed significant results in terms of more hostility, more tension, stronger depression, and higher rates of hallucination and delusion in the non-adherent group. This group also faced a longer period of seclusion and required hospitalization for a longer period. However, at the time of discharge, both the groups showed no differences in terms of BPRS and GAF scores.

Conclusions: Non-adherence to medication causes the recurrence of diseases and a tendency to exhibit higher aggressiveness. Therefore, non-adherence leads to a more coercive treatment and a longer hospitalization. We need to make an effort to improve medication adherence by explaining to patients and their families about related treatment outcomes. Improved adherence might reduce seclusion and hospitalization. We need to keep analyzing our database in order to improve the treatment.

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PERCEPTION OF COERCION IN PSYCHIATRIC PATIENTS

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Introduction: Coercion is faced to dilemma between moral considerations and the necessity of measure to restore autonomy in patients with temporary mental incapacity. Therefore, the patient's opinion regains interest of the World Health Organization increasingly as major indicator of how well health services are performing in providing health care.

Objective: the aim of the current study is to assess the perception of coercion in psychiatric inpatients

Methods: The sample will be recruited from patients hospitalized in Ibn Rushd University Psychiatric Center in Casablanca. We used:

- A questionnaire pre-established by the authors in order to collect socio-demographic and clinical data.
- The MacArthur Admission Experience Survey (Short Form) to assess the perception of coercion in psychiatric inpatients.
- Recruitment of patients with bipolar disorder diagnosed according to the criteria of DSM IV-R
- Collection and statistical analysis of data will be realized using Epi-Info software.

Results: ongoing

EXPLOSIVE STORAGE NIKŠIĆ PSYCHOLOGICAL REACTIONS OF PEOPLE WHO HAVE SURVIVED EXPLOSION

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On the 7.06.2006 , around midnight, an explosion occurred in a explosives storage Vir settlement in Niksic. A number of houses have been damaged also apartment buildings, 120 people suffered the physical injuries, wildlife is threatened and endangered.

The explosion of a large scale is treated as an emergency catastrophic situation that causes specific psychopathological reactions of many people.

In this case, there was no organized psychiatric help immediately after the event.

In 2010 and 2011 for the purposes of the court's psychiatric evaluation was done to assess fear of people and pay damages.

Interviewed 340 persons: 231-adult and 109-time children.

Psychiatric interview was used as a method of collecting data of traumatized persons and stressful experience, and impact of event scale (Horowitz et al, 1979) to test the degree of presence of PTSD symptoms.

The different psychological reactions were Identified with children and adults on a catastrophic event: acute reaction to stress, stress disorder after trauma, adjustment disorder, a prolonged depressive reaction, psychosomatic problems.

The aim of the presentation of results of psychiatric expertise is the need to define a unified doctrine on organization and assist psycho traumatized people in emergency situations.

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THE MENTAL HEALTH OF CHILDREN AND THEIR PARENTS OR GUARDIANS: PERCEPTIONS ON THE PREVALENCE AND THE IDENTIFICATION OF THE RELATIONSHIPS BETWEEN THEM

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The literature points that the identification of problems related to infant mental health and the processes involved in its occurrence is important because it enables a better understanding of this population's reality regarding this special condition, as well as it supplies elements for reflections, planning and implementing public health policies, education, and social assistance which aim infant mental health promotion and can supply the presented demand in a more effective way. Additionally, studies have indicated that the risk factors present in the environment in which the child lives at, as well as the family's social-economical situation, family's structure, parents' mental health, parenting styles, among others, are the most influential in the development of problems related to infant mental health. In this direction, the present study has as objective to assess the prevalence of mental health problems in students of the first cycle of the primary education, and the risk and protection factors represented by the variables – social support of the responsible person, parenting practices and styles, mental health of the responsible person, and variables related to the family's structure and the context associated to them. There have been 321 participants who were responsible for children studying from the first to the fifth grade of elementary schools of the municipal network of the city of São Carlos. The measuring instruments were: Activities of Daily Living Questionnaire (ADLQ); Brazil Economic Classification criteria (CCEB); Strengths and Difficulties Questionnaire (SDQ); Social Support Questionnaire (SSQ); Parenting Styles Inventory (PSI) and Mini International Neuropsychiatric Interview (MINI). The collected data was analyzed from the spreadsheets of each instrument and the descriptive, comparative and correlational statistical studies. The results found indicated a rate of infant mental health prevalence of 43%, and that 63% of the responsible people have at least one mental disorder assessed by the MINI. Regarding the potential risk factors identified in the present study, it has been observed that infant mental health has been significantly related to the variables: risk practices and styles, responsible person presenting at least one mental disorder, and the existence of fights within the family. Regarding the protection factors, the variable “existence, in the family, of responsibilities and rules that all members acknowledge and comply” has been associated to the pro-social behavior of the SDQ in the general sample. Besides that, in the family groups that experience two or three risk factors identified in this study, the satisfaction of the responsible person with the perceived social service has been identified as a potential factor of protection for the children's mental health. The results were discussed under the light of the factors theory and mechanisms of risk and protection of infant mental health. It is pointed out that the findings of this investigation contribute for a better understanding of the mental health situation of school-age children, as well as it signals factors of risk and protection, indicating important matters to be considered by the public policies of health, education, social assistance, and other ones which can deal in a more effective way with this reality.

IDENTIFICATION OF SOURCES OF SOCIAL SUPPORT FOR CHILDREN AND ADOLESCENTS

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Funding agency: Research Foundation of the State of São Paulo (FAPESP)

During the different stages of life, sources of social support vary as result of circumstances and situations experienced. Social support is considered an important protective factor for mental health of children and adolescents facing the risk situations. Objective: To Evaluate the perception of social support and social-emotional development of children and adolescents, and the relationship between them. Method: 532 students, aged between 11 and 18 years attending public schools in three medium-sized Brazilian cities. We used the Brazilian version of the Social Support Appraisals, which assesses the perception of children and adolescents about the support received from family, friends, teachers and the community, and the Strengths and Difficulties Questionnaire (SDQ) that investigated the symptoms of difficulties and their impact on the child / adolescent in your family life and school. Results: In relation to the total support received, 75,2% of respondents indicated a perception that ranged from medium to very high. The family is perceived as a major source of support, and there was decrease in perceived support from teachers with increasing age, and increased perception of support from friends from high school. As form SDQ the total difficulties considered clinically was 13,2%, with predominant symptoms of conduct problems and emotional symptoms. In correlation studies, there was only significant negative relationship between the social support and total symptoms total difficulties. Among the results, negative relationships were found between the perception of support from friends and total symptoms of difficulties and relationship problems with colleagues; family support and overall symptoms of difficulties; teacher support and conduct problems. Conclusions: Social relationships allow - in addition to social support - experiences that are fundamental to the socio-emotional development of children and adolescents. Poor relations at this stage of development can lead to early symptoms of problems and / or emotional disorders, that may cause difficulties in other stages of life. The results of this study are supported by recent studies also indicate that the relationship between social support and mental health outcomes in children and adolescents. The study achieved its objectives and resulted in confirmation that social support helps children and adolescents cope with events and challenges facing this phase of development, and may have repercussions during adulthood.

PERSONALITY, ALEXITHYmia AND ANGER IN A SAMPLE OF ADULTS AFFECTED BY TYPE 1 JUVENILE-ONSET DIABETES

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Introduction: The pathogenetic hypothesis of personality disorders considers the influence of both genetic/constitutional and environmental factors. Type 1 diabetes (T1D) is a chronic and a disabling illness whose early onset could imply a stressor for affected individuals, with possible negative effects on personality development, on several emotional dimensions, such as anger, and on the ability to recognize and express emotions, namely the construct of alexithymia.

The aim of the present study was to evaluate the role of T1D on personality traits, also focusing on emotional dimensions.

Methodology: The sample is composed by fifty-five subjects (age range 22-72 yrs) affected by type 1 diabetes, recruited from the Diabetes Outpatient Unit of the University Hospital of Messina, Italy. Diagnosis

made on the basis of ADA criteria. All subjects were assessed with the following psychodiagnostic instruments: Big Five Questionnaire, TAS-20 and STAXI-2.

Results: Performing statistical analyses, “Emotional Stability” (the opposite of Neuroticism on Big Five) scale score was inversely correlated with TAS-20 total score, and with STAXI-2 T-Ang, AX-O, and AX-I scales scores. Moreover, Emotional Stability resulted directly correlated with STAXI-2 AC-O scale score. Finally, the age at onset of T1D has been found to be a good predictor of the dimension Neuroticism (p.008), whereas the variable “Duration of illness” was a good predictor of T-Ang (P.004).

Conclusions: Our findings suggest that the presence of a chronic, early-onset and disabling illness such as TD1 may have a pathoplastic role on several personality traits and emotional dimensions. Particularly, two features of the disease, namely the age at onset, and duration of illness, resulted to be good predictors of neurotic and angry traits. Specific psychological approaches aimed to cope with negative emotions may have favorable implications for preventing and managing psychopathological problems in T1D patients.

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YOUNG OFFENDERS IN BRAZIL: MENTAL HEALTH AND FACTORS OF RISK AND PROTECTION

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The literature has pointed that young offenders may show varied problems of mental health, although a few Brazilian studies focus on that question.

Objective: The aim of the present study was to identify the profile of male young offenders in treatment and also to identify correlations between levels of mental health, self-esteem, social support and parenting and correlations between these elements.

Design and Method: 33 male young offenders who attend the socio-educational program of a mid-size city in the State of São Paulo-Brazil took part on the study, with ages between 14 and 18 years, answered specifics instruments to appraise different variables of focus.

Results: The results indicate that 67% of the adolescents presented mental health problems and; 84% perceive that the social support the receive is below “low” or “medium” and 33% judge their parental style of their caregiver as risk. How less is the self-esteem of the young offenders, more their caregiver are negligent and lesser is the support of the family.

Conclusion: It is suggested that the preparation of professional that act together the young offenders to identify the need to forward and accompany in mental health, articulate with mental health services and social service; among others.

ART THERAPY AND IMPROVEMENT OF QUALITY OF LIFE IN PATIENTS WITH SCHIZOPHRENIA

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Introduction: Art therapy is a psychotherapeutic intervention through artistic creativity. The purpose of our study is to evaluate the impact of art therapy on the quality of life in patients with schizophrenia stabilized on pharmacological treatment.

Method: we recruited a sample of 40 people with schizophrenia outpatient followed up in the Ibn Rochd psychiatric center of Casablanca. They were divided into two groups:

- Group A: 20 patients who received 15 sessions of art therapy of 90 minutes.

- Group B: 20 patients who will form the control group.

All patients of each group are stabilized on pharmacological treatment.

We assess their quality of life with the schizophrenia quality of life scale.

AN EVALUATION OF NPIRS – IRELAND'S NATIONAL PSYCHIATRIC INPATIENT REPORTING SYSTEM

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Objectives: NPIRS is the Irish psychiatric reporting system which collects all admissions to and discharges from psychiatric hospitals and units throughout the country and related socio-demographic, diagnostic and health service data. Approximately 19,000 admissions and a similar number of discharges are recorded annually. The database is one of a number of such health related systems managed by the Health Research Board [HRB], Dublin. The HRB Strategic Business Plan 2010-2014 committed to carrying out an evaluation of NPIRS to ensure that the information system was high quality and fit-for-purpose. An independent research organisation - Work Research Centre, Limited won the tender to carry out the evaluation. This paper is based on the findings of this study.

Methods: The study involved three methods. Firstly an Accuracy and Completeness Study where a random selection of 1123 admission records from 2010 were selected. These were compared on 13 data fields (14,599 data fields audited) to hospital sources in a stratified random sample of 27 participating hospitals/units. The sample was stratified by Hospital Types, Methods of Data Returns and Administrative Area.

Secondly a survey of hospital staff supplying data to the HRB was carried out i.e. NPIRS Contact Persons [NCP] Survey. This aimed to gather views and experiences of NCPs and helped to inform the interpretation of findings and in the formulation of recommendations.

Finally Stakeholder Consultation which involved analysis of questionnaires and of findings from a Focus Group held with stakeholders. The focus here was on stakeholders' views of the usefulness of NPIRS, the formats in which it is provided, the extent of its usage etc.

Results: An accuracy rate of 95%, which is high by international standards, was chosen as a benchmark. An overall accuracy rate for the NPIRS data of 97.8% (2.2% discrepancy rate) was found. The majority of fields exceeded a 99% accuracy level. The Primary Admission and Discharge Diagnosis fields had accuracy rates of less than 95% (94.48% and 92.52% respectively). The consultation identified Core and Ancillary User Groups for NPIRS outputs who used the information for different purposes.

Conclusion: The evaluation provided independent evidence that the accuracy and completeness of the HRB's national psychiatric database exceeded international standards. In total, 16 recommendations were made with the objective of improving aspects of the NPIRS system. The evaluators pointed to the very high dependency on stakeholders external to the HRB to effect further improvements in NPIRS.

FEATURING THE YOUNG USERS OF MENTAL HEALTH SERVICES IN THE CITY OF SÃO CARLOS, BRAZIL.

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The prevalence of mental health disease in child and adolescents is estimated between 10% and 15% which 3% to 4% require intensive treatment. According to researchers, the adolescents have been considered a vulnerable age group for mental health disturbs development, as socioemotional difficulty, behavioral, eating disorders and drug addiction. Following this direction, studies have indicated a high demand for children and adolescents for mental health services which constitutes 50% of the public for such treatments. Thus, writers point out the importance of developing researches in the Mental Health area faced to childhood and adolescence, seeking to stimulate the development of public politics and effective interventions to this population. The present study aimed to indentify and characterize the young users of mental health services in São Carlos city, attended for demands related to mental health. For the collect of data, was used of an Information Register Protocol made by the researchers and presented by the services professionals. It is noteworthy that all the Ethical procedures were implemented. Professionals of eleven health Units of the Basic Health Attention and two services of medial complexity of São Carlos city were involved, countryside of São Paulo state. The data acquisition refer to adolescent that been through these services on the period of 2010 March at 2012 October. The research achieved different results referents to 194 adolescents which 73 were from the Primary Health Attention and 121 from Mental Health Specialized Attention. Related to gender, 59% were male and 41% were female; 34% were 10 at 12 years old, 56% were 13 at 16 years old and 10% were over 16 years old. 91% of the adolescents were matriculated and going to the school frequently. Related to the most common demands/complaints, it was observed that 23% of the adolescent presented complaints related to socioemotional symptoms, such as insecurity, anxiety, sadness and depression; 18% presented behavior difficulties and indiscipline; 14% presented cognitive disorders and low school performance. About the deportment and guidance used by the services, was verified that the most important deportment token by professionals was the accompaniment of the adolescent on the service (58%), been realized individual and group treatments. The founded results reinforce the literature data which indicates the high demand of adolescents for the Mental Health services. However, this study identified a small number of adolescents over 16 years old attached to the services, what causes the reflection about what could be involved on the low search of this population for the services and/or where are these adolescents of this age group with demands for Mental Health Care. Is pointed the needy of continuity of studies that could probe in the question of mental health of adolescents and young people looking for understanding all those specificities and the demands of the professionals and services, for the purpose of subsidize reflections and public politics really effective to the needy and demands lived and faced daily for this population.

ALCOHOLISM AND SECONDARY GAIN (SG)

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The problem of alcoholism is the problem of an individual person, but also his family, business and social surrounding and finally also the problem of the whole society. The society makes possible and to some extent tolerates the presence of problematic drinking, till the point when the person having that problem is left to face the problem and the consequences or to accept the therapy. In most cases, an individual accepts the treatment at the moment when he/she is deserted by the family, business and social surrounding. From the beginning of the problematic drinking till the beginning of the treatment, the whole surrounding takes part in maintaining that state of drinking, gaining that way the SG.

We think that SG is a powerful homeostatic tendency which is clearly visible just during the process of treatment, which enables to treat it therapeutically and to encourage both an alcoholic and his family to accept the changes. Manifestation of SG is also the only way to approach it in a therapeutic way and start the process of eliminating it. SG or the gain from the harm, as it is often called, is actually some kind of consolation prize for all members of the family system, who lost or even never believed that life could be better, more functional, with fewer problems and, first of all, without addiction.

Adaptation to non-functionality by everyone, from an individual to the whole society, becomes a virtuosic decision to transform the SG into the protective system for him/herself and all his/her relations and supported by the tolerance of the society and the law towards problematic drinking. The society deserts an alcoholic, working surrounding too, and friends and family criticize that person, not even understanding their part of responsibility for existence of alcoholism. They do not even analyze the level of their own tolerance during its presence, which often takes the period longer than ten years. If SG is present in all relations and on all social levels, why is then so little invested into the work of experts-therapists, whose task is to reconstruct the SG of the whole surrounding? The fear of changing something is stronger than their capacity for treating the problem, since it often turns out that the fear of changing something has its roots in the context which a lot exceeds individual level and self addict.

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EFFECT OF A PHYSICAL ACTIVITY PROGRAM ON MANUAL DEXTERITY ON INDIVIDUALS WITH SCHIZOPHRENIA: PRELIMINARY ANALYSIS.

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The regular practice of physical activity (PA) has an important role in the improvement of the quality of life of individuals with Schizophrenia. So, besides acting as a complement to the treatment, improving the physical health, increasing the self-esteem and providing social interaction opportunities, PA programs also demonstrates beneficial effects in the development of motor abilities, namely, concerning global and fine manual dexterity. Thus, having a better development in diverse tasks involving manual dexterity, both at work and in daily activities, individuals with Schizophrenia get more improvement and autonomy in their life.

Objectives: This study aimed to evaluate the effects of a PA program on Fine Manual Dexterity (FMD) and Global Manual Dexterity (GMD), according each hand and two-hands combined, in individuals with Schizophrenia.

Methods: The sample comprised 11 adults, belonging to a Psychiatry Unit from the city of Porto, Portugal. The Edinburgh Handedness Inventory (Oldfield, 1971) evaluated the manual preference. The FMD and the GMD were evaluated, through Purdue Pegboard Test (2002) and Minnesota Manual Dexterity Test (1998) respectively, before and after the implementation of a structured PA program, along 12 weeks, with twice a week sessions of 50 minutes each. It was calculated the manual asymmetry (absolute difference between preferred and nonpreferred hands). On statistical procedures the Wilcoxon and Mann-Whitney tests were applied.

Results:

On the FMD, from initial to final evaluation, the participants showed statistically significant improvement with respect to the preferred hand, nonpreferred hand and two-hands combined. Manual asymmetry decreased but not significantly.

Concerning DMG, from initial to final evaluation, the sample showed statistically significant improvement on nonpreferred hand and on two-hands combined. According to the preferred hand, improvements were not significant. Manual asymmetry decreased but not significantly.

Conclusions: The applied PA program had influence on FMD and DMG of individuals with Schizophrenia. The improvement was most notorious on FMD. Furthermore, through observation and not involving a statistical analysis, we found that the PA program promoted positive changes in participants, with respect to mental health, self-esteem, wellbeing and social relations.

COST-EFFECTIVENESS OF EARLY INTERVENTION IN PSYCHOTIC DISORDERS

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Educational Objectives: Psychotic disorders are typically prolonged and often result in considerable disability and economic burden. It is recognized as the third leading cause of disability-adjusted life years lost according WHO's 2001 World Health Report. Data derived from programs for early detection and intervention in first-episode psychosis suggests that providing a comprehensive and integrated treatment can reduce the duration of untreated psychosis (DUP), avoiding detrimental effects on clinical course and reducing social and economic costs. Facing worldwide scarcity of resources and competing demands, evidence indicating effectiveness may prove insufficient to support the implementation of such standards of care. Economic evaluation of service, whereby costs and outcomes are viewed simultaneously, has become increasingly important as an evidence of programme's value among mental health services. In the last two decades policy planners seem to have gradually accepted early intervention (EI) models for psychosis, as the robustness of the efficacy of specialized EI services has grown steadily. However some evidence has suggested that these gains may not be maintained over the long-term, especially after the transition from EI services to standard mental health care.

Purpose: We propose to evaluate the cost-effectiveness of early intervention in early psychosis, comparing all available results from different countries.

Methods: Searches were undertaken in the Cochrane Central Register of Controlled Trials, PubMed, EMBASE, and PsycINFO with keywords including 'cost-effectiveness', 'economic', 'early intervention', 'psychosis', "prodrome" and "high-risk".

Results: Despite encouraging initial data from clinical research, more rigorous methods (randomized control trials and quasi-experimental studies) suggested no significant difference in resource utilization or costs between EI and treatment-as-usual groups. One small case-control study with evidence of significant bias concluded EI annual costs were one-third of treatment-as-usual costs.

Conclusions: Early intervention in psychosis has been hypothesized as improving the clinical course of psychosis but also making such disorders less costly to treat when compared with traditional forms of care. However, economic evaluation of EI, particularly modelling studies, should identify and incorporate the strongest available evidence, and the published literature does not yet support the contention that early intervention for psychosis reduces costs or achieves cost-effectiveness.

21st World Congress of Social Psychiatry - 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

10

Mental health care in developing countries

Posters Session

TEACHING COPING SKILLS AFFECTS ON DECREASING MENTAL DISORDERS SYMPTOMS OF STUDENTS

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Introduction: Mental health is a phenomenon which has been considered by psychologists, medical doctors and religious scholars and it is a combination of physical, social and cognitive factors. Due to the effectiveness of teaching coping skills in increasing mental health, this study was done to achieve the effect of teaching coping skills in providing mental health in students of Ardabil University of medical sciences.

Methods: due to the nature and aims of the study the study method was experimental research method. The samples of the present study comprised all male and female students ($n=112$) and gained 23 or more in GHQ-28 questionnaire. At the next stage the samples were selected randomly and divided into 2 groups. Then, coping skills were taught to the experimental group for 4 weeks and no variable was exposed to the control group during this period. At the end the data from 62 individuals were analyzed by independent T test.

Results: the results showed that teaching coping skills affects on decreasing mental disorders symptoms especially somatization of symptoms and anxiety of students suspected to the mental disorder ($R<0.001$). But the teaching coping skills do not affect on decreasing depression and disorder of social functioning of students.

Conclusion: the study showed that teaching coping skills is a good method in decreasing mental disorders symptoms among the students suspected to the mental disorder. Therefore it is suggested that in order to prevent and decrease mental disorders symptoms the coping skills should be taught to students.

REDUCTION IN ANXIETY AND DEPRESSION BY EDUCATION OF PATIENTS WITH MYOCARDIAL INFARCTION

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Background: The myocardial infarction is the interruption of blood circulation heart that causes its cells to die.

This deprives the heart muscle of blood and oxygen, and causes chest pain and pressure sensation. Hypertension and other risk factors like high cholesterol, cigarette smoking, and physical inactivity, can lead to coronary heart diseases with symptoms of depression and anxiety that predict subsequent mortality. The purpose of this study was to determine the effect of education on anxiety and depression in patients with myocardial infarction in selected hospitals of Urmia , Iran hospitals in 2009.

Methods: This study was a quasi-experimental study that comprised 124 patients selected randomly and divided into two groups. The experimental group was educated by a face to face training and educational booklet. Control group did not receive any intervention. The level of anxiety and depression was evaluated by using HADS questionnaire at 3 intervals .After 48 hours of admission, discharge day and 2 months after discharge.

Results: The findings suggest that MI patients worried about their social role, interpersonal relations and personal health, which can exacerbate symptoms and complicate their future care. There was no significant difference between control and experimental groups before the intervention, But after the intervention, anxiety and depression in the experimental group was significantly less than control group ($P<0.05$).

Conclusion: Considering the beneficial effect of intervention on reducing anxiety and depression in such patients, the patient's education should be one of the health care goals. Most researches may also be required to confirm the results in other groups of patients.

Keywords: Education, Anxiety and Depression, Myocardial Infarction

PREDICTING WESTERN-TRAINED HEALTH CARE PRACTITIONERS' BEHAVIORAL INTENTIONS TO WORK WITH TRADITIONAL HEALERS: IMPLICATIONS FOR THE THEORY OF PLANNED BEHAVIOR

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Abstract

This study was informed by South Africa's proposal to integrate traditional African healing and Western medicine in state health care institutions. The study aimed to investigate how Western-trained health care practitioners' opinions, attitudes, knowledge and experiences with traditional healing could predict their intentions to work with traditional healers in the future. Participants were 319 Western-trained healthcare practitioners at state hospitals and clinics in Gauteng and Limpopo provinces in South Africa. Results of standard multiple regression analysis using 'enter' method revealed that the predictor variables (opinions, attitudes, knowledge and behavioral intentions) explained 51% of the total variance of health care practitioners' intentions to work with traditional healers in the future, $F(4,314) = 81.56, p < 0.0005$. Out of the four predictor variables, the attitudes variable made the strongest unique contribution to explaining health care practitioners' intentions to work with traditional healers in the future (7%) when the variance explained by other variables in the model was controlled for. Theoretical implications of these findings in relation to the Theory of Planned Behavior are discussed (Ajzen & Madden, 1986).

Keywords

Traditional healing, Western-trained health care practitioners, opinions, attitudes, knowledge, experiences, behavioral intentions, theory of planned behavior

NEW PATHS OF GOOD MENTAL HEALTH REFORM IN BOSNIA AND HERZEGOVINA

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Objectives: In recent years, the burden of the economic crisis contributed that Bosnia and Herzegovina (B-H) remains a developing country, with further risk of damage on already disturbed mental health of population in B-H. Project of Mental Health in Bosnia and Herzegovina (PMHBH), supported by Swiss Agency for Development and Cooperation (SDC) and both entity Ministries of Health, continued with mental health reform in B-H with the aim of reinforcing all subjects relevant to mental health in order to get affordable, quality and specialized mental health care services in the community.

Method: Review of the implemented project activities of first phase PMHBH during the period 2010-2013.

Results: Improving administrative and legislative framework that enables efficient processes in the field of mental health care, in terms of creating similar Mental Health Strategy for both entities who intertwining different public sectors and providing guidelines for the development of new services in the community, especially through an already established network of 58 Community Mental Health Centres (CMHCs). It has been made a new expanded Services Nomenclature, supported by Health Insurance Funds. In the field of human resources has been invested in continuous, highly specialized trainings, focused both on mental health nursing and multidisciplinary team work (case management and research capacities). Enhanced intersectorial cooperation and quality mental health care in the community is pointed out as one of the priorities of the reform, which are supposed to support a managements of a Health Centres (HCs), through the convergence of the CMHCs roles within the HCs, and encourage the commencement of accreditation of their CMHCs. Fighting stigma and discrimination associated with mental disorders is a special goal PMHBH, which is implemented through the activities of the public mental health promotion and customer initiatives through a medical magazine available to healthcare professionals. Support to the users associations capacities development in order to strengthen their abilities to effectively participate in the development of mental health policies and service provision in their communities through capacity building trainings and grants scheme.

Conclusions: The first phase of the PMHBH (2010-2013) implements the planned activities in all areas of mental health, including more than half of mental health professionals and service users (directly- education, and indirectly- promotion, administrative and legal framework, users' associations) and significantly improves the quality of mental health care for all population. Continuation of the PMHBH is a logical sequence of reform, which should become a sustainable and conducive.

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THE ASSOCIATION BETWEEN HYPERTENSION, DIABETES, LOW HEMOGLOBIN LEVEL AND HEALTH STATUS WITH DEPRESSION

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Objectives: Depression is more likely in patients with certain chronic diseases, and it is associated with increased rates of disability and mortality. Many studies revealed that certain chronic diseases are strongly associated with depressive symptoms.

Purpose: The purpose of this study was to determine the relationship between certain chronic diseases; hypertension, diabetes, asthma, low hemoglobin level and health status, with the presence of depression among general population.

Methods: Cross-sectional study was conducted from 787 subjects in different age groups, who had participated in a major campaign in Riyadh, Saudi Arabia during March 2012. Blood pressure (BP), random blood glucose (RBG), Serum hemoglobin (Hb), self-rated health status questionnaire and depressive symptoms using Beck Depression Inventory Scale (BDI) had been measured. Covariates included age, sex, and presence of hypertension, diabetes, or asthma. We analyze the data using Statistical Package for the Social Sciences (SPSS) program version 10.

Results: Of the 787 subjects (527 were Saudi nationals) participated in the study and included in the final analysis, 50.5% were females, 12.7% of study subjects were less than 25 years and 4.2% were 55 or more years of age. The mean age of the sample was 33.7 years. There were (14.6%) their BP was exceeding (140/90 mmHg). RBG exceed 200 mg/dl was (4.3%). Measuring the Hb level was surprising, (14%) were having Hb level below 11 gm./dl. BDI scale was used to screen for depression. The prevalence of depression among “medically free” population was (29.9%). The overall prevalence of chronic diseases among the study subjects including asthma, hypertension, and diabetes or combination of two diseases or more were 18.2%. Surprisingly, there was no significant relation between depression and chronic diseases with p-value 0.092.

Conclusions: The presence of chronic diseases such as hypertension, diabetes, and low hemoglobin level are not risk factors for having depressive symptoms among general population. Poor self-rated health status appears to be more strongly associated with depression than the presence of chronic disease. This study revealed the association of depression with some chronic diseases, especially anemia and low hemoglobin level. Further studies will be conducted to find the strength of depression associated with those chronic diseases.

PREVALENCE OF DEPRESSION AND ITS ASSOCIATION WITH SOCIO-DEMOGRAPHIC DIFFERENCES AMONG GENERAL POPULATION

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Objectives: Depression is a common and important cause of morbidity and mortality worldwide. Many studies documented high rates of depression among people in their reproductive age and significant detrimental health effects for them and their families.

Purpose: The main purpose of this study was to measure the prevalence of depression among general population and looking for the socio-demographic association with the presence of depression.

Methods: Cross-sectional study was conducted from 787 subjects in different age groups, who had participated in a major campaign in Riyadh, Saudi Arabia during March 2012. Age, gender, body mass index (BMI), educational level, marital status, having children, and depressive symptoms using Beck Depression Inventory Scale (BDI) had been measured. The correlation between BDI, and the health condition were obtained by statistical analysis using Pearson correlation on SPSS software version (10).

Results: BDI scale was used to screen for depression. The mean age of the sample was 33.7 years. The prevalence of depression was (30.3%). Females (50.4%) were predominant in depressive symptoms (39.8%) more than males (20.7%). BMI has significant association with depression; overweight and obese people (73.3%) have depressive symptoms (43.5%) much more than normal body weight and underweight population (26.5%). The higher the level of education (47%), the lower the symptoms of depression (29.2%) compared with low level of education (31.6%) (P-value 0.035). Results reveal that being single (30.2%) was a risk factor for depression (32.35%) than married (29.5%). Depression was associated more among people having no children (33.45%) compared to ones who have children (28.57%).

Conclusions: The prevalence of depression and depressive symptoms are common among general population. Logistic regression analysis revealed that gender was the most important significant predictors of depression. Female gender is considered to be the major risk factor for depression. The higher the BMI is associated with higher the depressive symptoms. The study clearly revealed that being married, having children and higher the education level were protective factors from depression. Certain Socio-Demographic differences and their association with the depression have been clarified in this study. Further studies will be conducted to find the strength of depression associated with those Socio-Demographic differences.

THE RECOVERY OUTCOME OF A STRENGTHS-BASED REHABILITATION PROGRAM FOR PERSONS WITH PSYCHIATRIC DISABILITY

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Objectives: The investigator had launched a recovery-oriented program and applied strengths perspective as the intervention theory for two years in Taiwan. This study aimed to examine if this model could facilitate recovery for the participants.

Methods: The investigator adopted a quasi-experimental design with five times of measurement on the participants: the beginning of the program (T1), six months after (T2), and nine months after (T3), fifteen months after (T4), and 21 months after (T5). The participants were composed of 37 consumers in a day hospital and 18 in a community psychiatric rehabilitation center in Kaoshiung city. Those who had a diagnosis of substance abuse, mental retardation, or dementia were excluded. The completed questionnaires for each test were as follows: 55 for T1, 53 for T2, 53 for T3, 50 for T4, and 39 for T5. The analyses were based on the 39 participants who completed all the five tests. The investigator used MANOVA repeated measure and Wilcoxon tests to examine the changes.

Results: Based on MANOVA test, the overall recovery score significantly changed ($p < 0.05$) over time. The findings revealed significant improvements between T1 and T3, and between T2 and T3. Significant decrease was also observed between T3 and T4. There was increase between T4 and T5; however, it was not statistically significant. When examined closely the components of recovery. The process components (regaining autonomy, sense of hope, and management of disability) fluctuated more than the outcomes of recovery (social functioning, life satisfaction, and helping others). For the recovery outcomes, continuing growth between first three measures were observed. Moreover, among the 39 cases, 2 of them were discharged due to positive outcomes and five dropped out due to personal reasons. The investigator further examined the differences in terms of pattern of changes over time among the three groups (positive change, continuer, and dropout). The results showed that the positive change group had more growth, followed by the continuers, and the dropouts between T1 and T5. The dropouts also had greater decreases in total recovery score and the component scores between T3 and T4.

Conclusions: The findings demonstrated that this model could be conducive to the recovery of the participants. The changes reached significance nine months after the program began. However, it is a gradual and spiral uplifting process, which takes strong belief and patients to observe for the professionals.

Keywords: recovery, stages of recovery, psychiatric disability

THE REFORMING OF CHILDREN'S MENTAL HEALTH CARE (CHMHC) IN UKRAINE

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Introduction. The restructuring of CHMHC are is the part of overall medical and social policy reform.

Material and Methods. At the end of 2011 the President of Ukraine has adopted a political decision to reform of CHMHC. According to the Decree of the President of Ukraine № 1163/2011 "On the issue of ensuring the rights of children in Ukraine" on December 16, 2011 The Ministry of Health of Ukraine has developed a new procedure of psychiatric care for children.

Results. Were identified five areas of reform: 1) To move the emphasis from biological treatment to the psychosocial care: promotion of healthy lifestyle, development of specific prevention programs for educational institutions, programs of inclusion of children with disabilities and mental health problems in existing general education and vocational training system, supporting programs for children with disabilities and special social and educational needs on their place of residence; 2) Improvement of psychiatric care for children: the redistribution of resources between emergency, primary, specialized and highly specialized psychiatric care, the development of CHMHC on their place of residence at level of primary care, integration of specialized psychiatric care to children in general medical care, organization of psychiatric departments into the structure of multidisciplinary children's hospitals, their withdrawal from psychiatric hospitals, creating of regional centers to care children with autism and eating disorders; 3) To brought CHMHC in line with the highest level of scientific achievements, to ensure children's access to medicines and methods of psychological treatment whose effectiveness is based on the principles of evidence-based medicine; 4) To review normative legal documents, to exclude child abuse cases in providing them psychiatric care, to exclude the discrimination in providing of general medical care, social and educational services to children; 5) To strengthen the social protection of pediatricians, child psychiatrists, child psychologists, appropriate nursing staff, social workers, and scientists working in the field of CHMHC.

Conclusions. Difficulties in conducting of reforms are caused by the low level of training in the field of CHMHC, low English language proficiency, which makes difficult to use the mechanisms of international cooperation in their preparation, the lack of advances of the society, the lack of support for patients at the community.

TITLE: PATHWAYS OF CARE IN PSYCHIATRIC DISORDERS: EXPERIENCES FROM A TERTIARY CARE CENTRE OF INDIA

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Objectives: The pathway studies are undertaken to investigate the roles of previous care providers and time taken in pathway, to monitor the effects of service developments over time, to promote easy and rapid access to health care and to assist service providers and policy makers to purposefully plan for more effective pathways. This paper discusses and compares the results from studies done for assessment of pathway of care in patients of “first episode non affective psychosis” and patients of “neurotic, stress related and somatoform disorders” in a tertiary psychiatric centre of India.

Methods: Two cross-sectional studies were undertaken at different time intervals. Patients of first episode of “non-affective psychosis” and patients of “neurotic, stress related and somatoform disorders”, presenting for the first time on specified days in the Adult Psychiatry OPD of the study centre constituted the study sample. Relevant Assessment tools were applied. The study sample was divided in Aware and Unaware group on the basis of their awareness about psychiatric disorder at the time of onset/initial stages of illness and results were compared.

Results: The most common first care providers were faith-healers followed by unqualified health providers and Practitioners of alternative medicines in both the studies. Duration of untreated psychosis was about two and half years. Patients made average of 7.2 consultations with different type of care providers in psychotic group and 6.84 in neurotic group. Both the studies indicated low level of awareness for psychiatric disorders. Belief in magico-religious model of causation of psychiatric disorders, stigma related to them and ignorance of the patients by the family members was brought into being. In both the studies, significant differences were found between aware and unaware groups in various parameters like choice of first care provider, total number of visits to various care providers, sources of referral to the study centre and various myths/ beliefs related to psychiatric disorders.

Conclusion: The present studies reported highest number of care by non-mental care providers specially faith healers indicating presence of a magico-religious model of causation of psychiatric disorders prevalent in India. The findings also explain the indigenous role of cultural beliefs in creating various myths and beliefs, which continue from generation to generation. The studies indicated a poor referral system. Awareness about psychiatric disorders in community was found to promote desirable help seeking behavior and shortened the pathway of care. More research is required in developing countries regarding pathway of care.

ASSESSING MEDICINE MANAGEMENT EDUCATION IN PSYCHIATRIC INPATIENTS WHO USE ANTIPSYCHOTIC MEDICINE

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize how to improve medication adherence in short term hospitalization of psychiatric patients.

Purpose: The purpose of this study was to assess the effectiveness of “Medication Management Module” of “Social Skills Training Programme” in short term hospitalization of psychiatric patients.

Methods: The study included 8 patients using antipsychotic medicine and who had admitted to the inpatient psychiatry unit in a university hospital. No control group was chosen in this one-group pre-post test quasy-experimental designed study. “Medication Management Module” of “Social Skills Training Programme” were modified and applied to the participants during seven days. The module was applied as daily group sessions which takes an hour for each. In first session, the group was formed and pre-tests and data collection tool were applied. In second and third session “Treatment with Antipsychotic Medicine”, in fourth and fifth session “Learning the Side Effects of Antipsychotics”, in sixth and seventh session “Assessing the Treatment” themes were discussed and post-tests were applied. The data was collected by data collection tool and pre/post-tests which was offered in the guideline of “Social Skills Training Programme” to be used to assess the effectiveness of the education given within “Medication Management Module”.

Results: Among the 8 patients, five were under the age 27 and were graduated from high school, seven were married and one had a family member diagnosed as psychotic disorder. None of them were educated about the drugs before module. The mean pretest scores of participants (14.8 ± 2.2) were significantly higher when compared with that of posttest scores (18.0 ± 1.1) ($p=0.01$). The increase in mean score refers to the education given contributes to the level of knowledge.

Conclusion: The application of Medication Management Module of Social Skills Training Programme in short term hospitalization of psychiatric patient which use antipsychotic medicine is effective on their knowledge and behavior of medicine use.

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COGNITIVE AND BEHAVIOURAL THERAPY OF ANXIETY DISORDER Vs CHEMOTHERAPY INTERESTS AND LIMITATIONS IN ALGERIA

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Objectifs

The behavioural and cognitive approach to anxiety disorder is still at its infancy in Algeria; this is due to the ignorance of related techniques by the majority of the practitioners and to the rivalry of pharmacological treatment.

The aim of this paper is to show the advantages of these techniques for the anxious patient compared to other types of treatment

Methodology

This is a prospective study concerning 30 patients affected by anxiety disorder according to the American classification DSM IV (generalized anxiety disorder, panic trouble and obsessive compulsive disorder) and who receive behavioural and cognitive therapy in accordance to their state.

This group of patients is compared to another group representing the same diagnosis but receiving pharmacological treatment only (antidepressors and anxiolytics) and the treatment lasts 08 weeks.

Disorder evaluation is made according to the anxiety scale phobia and its French version, Hamilton anxiety scale and the compulsive obsession scale of Marks.

Results

Concerning the panic trouble, we state a net improvement of score at the end of the treatment for the population under CBT according to those under chemotherapies (ISRS + LEXOMIL)

An improvement of life quality and a best professional second-insertion without substitution symptoms

For the generalized anxiety disorder, the comparative scores of the two populations are widely dissimilar and in favour of CBT treatment according to Hamilton's scale

Anxiety level is sided a very low score for the CBT which prove its efficacy in a record time on anxiety and restlessness, so the population under chemotherapy continue to have a base level of anxiety lightly high especially vesperal.

Lastly for the OCD and in function of four obsessions selected by the patient, the execution time and the discomfort (D) corresponding a perceptibly diminish at the patient population under CBT until it become a simple gesture simply executed without discomfort corresponding.

Conclusion

The contribution of behavioural and cognitive techniques remains very crucial and indispensable for the treatment of anxiety disorders, because they are beneficent at the level of financial cost (less expensive compared to medicine).

As well as less and limited duration without substitution symptoms (compared to the group under chemotherapy).

COGNITIVE AND BEHAVIOURAL TREATMENT OF THE PANIC DISORDER WITH AGORAPHOBIA

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Objectifs

The use of CBT remains the recent techniques in Algeria and its introduction in the therapeutic arsenal field; already insufficient, finds resistances from the part of some practitioners.

It's about the study showing the interest of cognitive and behavioural treatment in the panic disorder with agoraphobia.

Methodology

It's about the comparative study of the two types of the population presenting the diagnosis of a panic disorder with agoraphobia.

The first group will be treated by antidepressors and the others by the cognitive behavioural treatment.

The first population estimated to 50 patients receive only the antidepressors (Anafranil) and the other of 50 patients receive the technique of cognitive and behavioural treatment.

The two populations will be selected according to the randomisation principle.

The study duration is of 03 months and the assessment is done at a day 0, 7, 14, 30 and 90 according to Cottraux anxiety scale and file automatic thought of Beck.

The data (given in formation) of scales of two groups will be compared before the first day and the end of the medical care.

This comparison will be done by statistical inductive tools for each group⁵ to determine if it has a therapeutic effects or not) and between two groups to determine if the psychotherapeutic access (approach) possess equal therapeutic effects better than chemotherapy

Conclusion

- The CBT widely finds its place in Algeria because it offers others characteristics :
- Less onerous.
- Limited in time.
- Easy to practise.
- Variability of techniques.
- The contribution of the patient in his therapeutic project with an active way.
- All the patients can be benefited whatever is their associated organic defects, in reverse the medicines or the undesirable effects and the contre-
- indications limit its utilization.
- In Algeria, the practise of this structured psychithery is rare and it will be wished that short cycles of formation must be prodigal for the treated personnal with psychiatry (nurses, psychologists, students, psychiatrists and general practitionners) .
- To think of introducing a specialized psychotherapy courses for the medical students at the end of the cycle in frame of medical psychology module.

SERVICE DE PSYCHIATRIE.HMRUC CONSTANTINE ALGERIA

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Social- psychological rehabilitation of individuals with various mental disorders is one of the current healthcare and governmental issues, because of high prevalence and financial burden on the society. This issue is of interest both for countries with developing economy and for highly developed ones as well. Due to historical and economic development, almost all post Soviet republics are characterized with high incidence of stress, everyday traumatism, ecological disasters that may potentially increase the levels of aggression, suicides, neuroticism, and frustration. Lack of flexibility, insufficient financial funding of healthcare inhibits the development and adaptation of appropriate services satisfying requirements of the time. Development of mental health service is not an exception from this phenomenon.

An important step toward development of health rehabilitation services is the establishment of mental health rehabilitation department “Stress” which performs treatment, rehabilitation, secondary and tertiary prophylaxis of individuals with borderline mental disorders (ISD10 F06, F3 – F6) and provides inpatient, outpatient, day care services with the team consisting of a psychiatrist, a psychotherapist, a psychologist, physician-internists, nurses. The service is accessible to vulnerable segments of society (the funding except out-patient services is provided by the government). Current service assists in resolving patients’ problems, and has tendency of further development.

PREVALENCE OF HOSTILITY AND ATTITUDE TO THE HEALTH AND PREVENTIVE MEASURES IN FEMALE POPULATION AGED 25-64 YEARS IN RUSSIA (EPIDEMIOLOGICAL RESEARCH ON THE BASIS OF PROGRAM WHO "MONICA-PSYCHOSOCIAL")

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Purpose: To explore the prevalence of hostility (Hs) and its relation with awareness and attitude towards the health in female population aged of 25-64 years in Russia (Novosibirsk).

Methods: Under the third screening of the WHO "MONICA-psychosocial" (MOPSY) program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. The response rate was 72.5%. Hs was studied by test «MOPSY» (subscale "Hostility"). Awareness and attitude towards the health and preventive measures were assessed by the questionnaire "Awareness and attitude towards the health". Chi-square test (χ^2) was used to assess the statistical significance.

Results: The prevalence of high Hs level in the female population aged 25-64 years was 43.9%.

With increasing of Hs levels there were growth of: rates of a poor self-rated health categories as "not well" and "sick" (69.5% and 15.2%, respectively); rates of health complaints related with insufficient care about the health that was the lowest in women with high Hs - 4.6 %. Persons with high HS tend to mistrust the doctor's opinion (high Hs-40.6%, low Hs-30.8%) and therefore check their health more often for "preventive checking" or in case "discomfort in the heart area" (high Hs-12.7% and 11.6%, low Hs-4.2% and 7.6%, respectively). Women with high and low Hs equally often continue to work "if feel bad at work" (high Hs-47.3%, low Hs-46.3%, respectively).

There were tendencies in lower rates of "never smokers" and a higher rates of those who "smoke and didn't tried give up" in women with high Hs (high Hs-67.3% and 4.6%, low Hs-79.4% and 1.6%; $\chi^2=16.20$ df=6 p<0.05). In relation to diet there were no differences between those with and without Hs. The common answer was "they do not need to have a diet". With regard to physical activity in women with high Hs consider themselves more passive than those with low Hs (high Hs-20.1%, low Hs-9%; $\chi^2=17.51$ df=8 p<0.05).

Conclusions: The prevalence of high Hs in female population 25-64 years is pronounced and it is about 43%. Women with high Hs more likely have a negative self-rated health and health complaints but aware that taking care of their health is insufficient. High Hs related to adverse lifestyle: high rates of smoking and low physical activity in women.

ORGANIZATION OF PSYCHIATRIC SERVICE IN GEORGIA – RESOURCES AND QUALITY

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In this article is examined the history of the system of psychiatric care in Georgia, its current condition and future perspectives.

Since 1868 till the end of the 19th century there was only one clinic of this profile in the whole South Caucasus - it was in Georgia, a clinic in Tbilisi with 24 beds. By 1921 psychiatric care was provided by 3 specialized hospitals in Georgia: 1- in Tbilisi – University clinic with 120 beds; 2- in Kutaisi with 50 beds and 3 – in Surami – with 50 beds. There were 41 psychiatrists in Georgia. Later the dynamics was as follows: in 1960 – 1500 beds; in 1965 – 2700 beds; in 1975 – 3505 beds; in 1980 – 4835 beds; in 1988 – 5375.

In August 1995 a state program of psychiatric care was started. With this program the state financed the inpatient and outpatient treatment of patients who had disorders of psychotic register, were on coerced treatment or represented danger to society. By 2012 the budget of the program was 11.23 million GEL (6.6 million \$), which is not sufficient for consummate functioning of the program.

Main problems: 1. there is no conception of reforms in mental health care in Georgia. 2. State finances for psychiatric care are still insufficient. 3. Training and qualification programs for psychiatrists and psychiatric staff need to be perfected. 4. For the last 10 years there has not been any epidemiological research in psychiatry in Georgia, which means not being able to present and analyze the current conditions in Georgia from mental health point of view.

MENTAL HEALTH OF TRAFFICKED WOMEN IN EASTERN INDIA: A STUDY OF PSYCHOPATHOLOGY AND PERSONALITY DIMENSIONS

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Objective: The trafficking of women and adolescents is one of the fastest growing crimes worldwide. In India, this is most often done to serve the purpose of the sex industry. More than 2 million women are engaged in commercial sex-work of whom 25 % are below 18 years. 5% of these women are from Bangladesh and Nepal.

Studies have reported significant symptoms of depression, suicidality, anxiety and post traumatic stress disorder in victims of trafficking. They have also been reported to score higher than controls on measures of impulsive sensation seeking and aggression/hostility. However there is very little research on the psychological health of trafficked women in India.

In this study we have tried to quantitatively document mental health status of victims of trafficking in addition to assessing their personality.

Methods: We randomly selected 3 short stay homes run by the state department of women and child development for victims of trafficking. From each home we assessed the mental health status of 25 women (N=75). Presence/absence of psychiatric disorders was assessed using validated Bengali versions of Self Rated Questionnaire (SRQ) and MINI International Neuropsychiatric Interview (version 5.0.0, DSMIV). Personality dimensions were assessed using a validated Bengali version of Eyesenck Personality Questionnaire (EPQ). These were compared with corresponding findings in 70 women engaged in domestic work, selected randomly from 3 agencies for domestic workers operating in the same city.

Appropriate statistical analysis using SPSS 14.0 (SPSS Inc., Chicago, USA) was carried out.

Results: The victims of trafficking had significantly higher psychopathology than the domestic helps ($p < 0.05$). 53% suffered from major depression, 38% had anxiety disorders, and 5% suffered from post traumatic stress disorder. 20% had moderate to high suicidality. On EPQ high scores on psychoticism and neuroticism were noted indicating the victims to be anxious by nature, moody, frequently depressed and likely to suffer from psychosomatic disorders. Majority had overtly emotional behavior and strong reactions to stimuli. They preferred to remain solitary, often lacked empathy and were aggressive on slightest provocation.

Conclusion: Women rescued from trafficking for sex trade had significant psychopathology compared to controls. They also had more deviant personality profiles, which may have contributed to their vulnerability to trafficking.

MANIFESTATIONS AND OUTCOME OF SCHIZOPHRENIA: EAST AND WEST

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HISTORICAL PERSPECTIVE; CULTURE AND MENTAL ILLNESS

- Influenced by the social philosophy of Rousseau, primitive man was believed to be free of the anguish and discontentments of "Mental Illness".
 - The idea of "Good Savage" or "Happy Savage".
 - The concept that civilization produces insanity not recent.
- Rousseau : "Man is by nature good and only our institutions have made him bad".

Nature cult of the 18th century related insanity to a "degenerate retrogression from a golden age of natural virtue"

Kraepelin: Voyaged to Java to see if mental illness was present there. 1904

- Found mental illness to be present there, but was different; the Indonesian and Chinese patients showed little resemblance to his western patients.

Lozez, 1932 Schizophrenia non-existent in Non-western

Dhunjibhoy, 1930 cultures.

Gordon In the primitive African societies, schizophrenia "quieter" than in the west, "A poor imitation of the European forms".

Maloney Psychosis absent in Okinawa 1945

AFRICA Very few travellers encountered Schizophrenia

Hoch Schizophrenia in India : "Less Method in Madness". 1961

- Found mental illness to be present there, but was different; the Indonesian and Chinese patients showed little resemblance to his western patients.

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AFRICA Very few travellers encountered Schizophrenia

Hoch Schizophrenia in India : "Less Method in Madness". 1961

OCCURRENCE OF SCHIZOPHRENIA

Torrey "As civilization makes inroads, schizophrenia 1974 follows in its footsteps".

Range of Prevalence 1-10/1000. More in societies that had greater exposure to the Western influence.

Leff Prevalence rates in developing countries "vary within 1981 relatively narrow limits" and are quite comparable to rates for developed countries.

PHARMACOTHERAPY PATTERNS IN ACUTE TREATMENT OF BIPOLAR DISORDER

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Introduction: The main objectives of long-term management of bipolar disorder are preventing new episodes and maintaining symptomatic and functional remission. In practice polytherapy is widely used. Benzodiazepines, and recently new generation antipsychotics are commonly used as adjuvant to mood stabilizers.

Objectives: To determine the frequency of long-term use of antipsychotic medications in the treatment of bipolar disorder and identify situations that may justify this attitude.

Methods: The study was conducted by interviewing and physical examination of a group of 57 consecutive patients who were hospitalized between 1 January to 1 March 2012 in the Clinical Hospital of Psychiatry "Socola" Iasi and were diagnosed with bipolar disorder according to DSM-IV-TR and ICD-10 criteria. Medical and pharmacy data were used to analyze medication therapy over a 6-month period.

Results: Average age of patients was 52.5 ± 24.8 years, 59.5% female. About half of patients with bipolar disorder on admission showed mixed episode (47%), followed by depressed severe. Patients with bipolar disorder were prescribed average 2.98 (SD =0.99) drugs. 74.5% were receiving one and 30% two mood stabilizers. Half of patients were receiving one and 9% two antipsychotics. One third of patients were receiving one and 5% two antidepressants. The most commonly used association was antipsychotic with a mood stabilizer, 52.6%. Only 15.8% of patients were recommended monotherapy. Sedatives were prescribed in 82.45% patients, of which 73.7% benzodiazepines.

Conclusions: For maintenance treatment of bipolar patients was preferred polytherapy with association atypical antipsychotics with mood stabilizer. Monotherapy was recommended only a small percentage of bipolar patients.

PREDICTORS OF DEMENTIA CARE SERVICE USES

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Educational Objectives: Seoul city has supported free dementia care services to dementia patients registered to dementia care community centers from 2007. These services consisted of visiting care, supplying personal care items like paper diapers, family care program, and wandering prevention service. We tried to find the predictors of these service uses.

Purpose: We tried to find the predictors of these dementia care service uses.

Methods: Subjects were 66 dementia patients and their families in one dementia care community center. We used logistic regression to find predictors.

Results: Supplying personal care items were mostly used (66%) than other services and was predicted by the existence of co-residents (OR: 3.4) and other illnesses (OR: 2.5). Use of family care program was predicted by the education years of other families (OR: 1.1). Use of wandering prevention service was predicted by the age of dementia patients. Living alone and low education were obstacles to use of dementia care service.

Conclusions: It suggested that we may need to target dementia care service to dementia patients who live alone and received low education.

MENTAL HEALTH NETWORK: STRUCTURE, OPERATING, ARTICULATION

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Educational Objectives: The incidence of mental illness affects nearly 25% of the population. The complexity of mental health poses many challenges to society demanding government answers for such a multiplicity of issues. Health services present helplessly at the scale of the problem. It's urgent to install a satisfactory care networks service.

Purpose: To describe and analyze the network concept and its applicability in the proposed mental health care

Methods: A survey of documents and bibliographic data published by public managers, domestic and foreign institutions, analyzing the concept of network, the offering of primary, secondary and tertiary resources and equipments of mental health.

Results: The survey shows that mental health services are installed, in general, randomly, working isolated, wasting resources, promoting regional assistance disparities (concentration of services in some locations, missing in others), providing insufficient attention in public health and of poor quality. Despite the use of the network concept as reference, this logic was not in fact incorporated to the assembly and operation of services. Consequently, the results presented are incompatible with their conceptual proposals, generating distortions and unconformities. The use of transdisciplinarity consolidates the applicability of the network concept in mental health care significantly transforming the quality of attention given to Sistema Único de Saúde users.

Conclusions: You can verify the weakness of the network concept used in mental health management, reflected in planning, operation and allocation of health resources. The survey rectifies the conceptual and situational description in the mental health context pointing to meaningful solutions. Significant changes are expected in assistance through the transdisciplinarity concept of network, making it an important tool of planning, management and clinic. Highlighted among them, the optimization of public resources in health; rationalization of equipment distribution, creation of new devices; flow agility of patients; effective theoretical / practical articulation between workers / services, improvement of coverage / quality of care; community involvement in mental health networks. The reading of the transdisciplinary network concept rectifies the mental health assistance by promoting the effective connection of existing structures (services, equipment, devices), strengthening its use in health and optimizing the deployment of public health policies.

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BRIDGING THE GAP: PREVALENCE & SOCIAL DETERMINANTS OF ALCOHOL AND SUBSTANCE USE/ABUSE AMONG ADOLESCENTS SAMPLED FROM SEVEN DEVELOPING COUNTRIES

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Educational Objectives: At the conclusion of presentation, participants should have some insights into social determinants of alcohol and other substance use/abuse among a cohort of adolescents sampled from developing countries, and how the findings can inform policy in developing countries.

Purpose: To determine the prevalence and family/personal risk factors for alcohol/substance use and abuse among a cohort of school-going adolescents randomly sampled from seven developing countries (India, Indonesia, Nigeria, Serbia, Turkey, Bulgaria and Croatia).

Methods: Alcohol and substance use, including problematic/hazardous use (abuse), was measured using the CRAFFT instrument. Aspects of mental health were measured using the Strength and Difficulty Questionnaire (SDQ). Socio-economic aspect of family life was assessed using the Family Affluence Scale (FAS). Independent associations were determined using regression models.

Results: A total of 2454 adolescents completed the study. About 40.9% reported use of any substance during the past 12 months, mostly alcohol. Among the adolescents who reported using any substance, 18.3% had CRAFFT score that is indicative of problematic/hazardous substance use. However pair-wise comparison shows that substance use/abuse varied significantly across countries. Family factors like single-parent households and parental alcohol/substance use as well as personal factors like low involvement in extracurricular activities, self-reported poor school performance and presence of psychopathology were all independently associated with use. Among all the substances reportedly used, marijuana is associated with the highest odd of problematic/hazardous use.

Conclusions: Adolescent alcohol and substance use is common in developing countries, and problematic/hazardous pattern of use is also a major concern. Several personal and family factors have important role in substance use/abuse. The modifiable nature of these risk factors calls for appropriate intervention strategies taking into account the limited resources in developing countries.

HOME VISITS IN MENTAL HEALTH CARE: FIRST MOROCCAN EXPERIENCE

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In psychiatry, patient care is mainly hospital and ambulatory, knowing that mentally ill people have usually poor adherence to medical appointments, and thus to their therapies. The result is multiple relapses and progressive psychosocial deterioration, especially when it is about a chronic condition.

Objectives

In Morocco, a valuable initiative was taken to promote health among people who are outside of the formal health system. Hence, they will have a new opportunity to benefit from appropriate follow-up. The aim of our study is to assess the improvement of management in Moroccan psychiatric patients through scheduled home visits to defaulters.

Methods

From September 2009 to June 2011, 6 teams, each composed of a family physician, 16 medical students, a psychiatric nurse, a nursing student, a social worker and a medical secretary, took turns to accomplish home visits to the patients missing regular psychiatric outpatient appointments. These outings targeted the population of the town of Fez, 5 days a week, nine months of the year, with a maximum of 30 minutes allowed for each visit.

Results

A first analysis of the data provides an idea of the impact of this long health campaign: about 360 patients mentally disordered have been seen, of which one third were seen at least three times. Full results will soon be available.

Conclusion

Considering the fact that this was the first time in Morocco such initiative has been taken for mentally ill patients, results so far are very encouraging. This invites us to consider this option as a complementary action to classical hospital and outpatient care.

Keywords: home visits; mental health care; social psychiatry

EVALUATION OF SMOKING PREVALENCE IN PUBLIC PSYCHIATRIC HOSPITAL MINAS GERAIS, BRAZIL

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The study was descriptive, quantitative and cross-sectional regards to smoking at public psychiatric hospital in Minas Gerais, Brazil, from 10th of September to 16th of September, 2012. A sociodemographic questionnaire and the Fagerström test was applied among 422 individuals. It was obtained a prevalence of 23.46% of smokers, also 24.17% of ex-smokers and 52.37% of nonsmoker. Of all the 344 employees the prevalence of smokers was 16.28%, 24.71% of ex-smokers and 59.01% of nonsmoker. Among the 78 patients, was found 55.13% of smokers, 21.79% of ex-smokers and 23.08% of nonsmokers. The average duration of smoking in the sample was 16.3 years (SD=11.9).

The proportion of employees who quit smoking was 24.8% and 21.8% between patients. Among employees who smokes 85.7% wish to stop smoking and 83.7% of them want a treatment. Among patients who smoke, 77.8% want to stop smoking and 56.1% of them wish a treatment.

It was shown that 100% of employees have a degree of nicotine dependence between very low and low. Among patients, only 21.74% are very low and low dependence and 36.96% are very high.

The tobacco consumption and degree of dependence among patients with psychiatric disorder is significantly higher than the general population.

HOW CHILDREN WITH MENTAL HEALTH PROBLEMS ARRIVE AT PSYCHIATRY CLINIC IN TIRANA, ALBANIA

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Educational Objectives: The importance of early detection of psychosocial problems, such as social-emotional and behavioural problems in toddlers is increasingly recognized (AAP, 2006). Only 2-5% of consultations of children and adolescents include presentations with emotional or behavioral problems (Garralda, 2009).

Purpose: This study examined the way how mentally ill children arrive at psychiatric clinic in Tirana.

Methods: The data used here are from an Albanian study about mental health problems and service use among children and adolescents. 100 children and their respective parents participated in this study and completed different parent questionnaires during the first study session. Age range was between 6 to 17 years, 58% of them were female.

Results: The clinic of child/adolescent psychiatry was the second most common point of entry for children up to 14 years old and first point of entry for youths between the ages of 14 and 17.

Conclusions: The results of this study identified several groups that needed intervention in order to increase child mental health service use.

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MENTAL HEALTH OF CHILDREN AND YOUTH: WEAVING OPPORTUNITIES FOR INTERVENTION AND PREVENTION

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The identification of processes that involve problems related to mental health of children and adolescents is crucial in that it allows the development of policy interventions aimed at preventing and / or mental health promotion.

Objectives: Approach on possibilities for mental health intervention with children and adolescents from a university extension project "Committing actions to promote mental health of children and youth: shares of Occupational Therapy" held at the Federal University of São Carlos, Brazil.

Method: From a university extension activity developed in a clinical school since 2009, are performed interventions in the area of Occupational Therapy aimed at promoting mental health of children and adolescents. Among the goals that support actions, we have: Intervening in the dynamics that generates the conflict, trying to build with the child, family and context, access possibilities for understanding, coping and seeking to overcome; Develop actions (re) structuring of everyday, aiming to leverage the resources present in the environment that the child lives and mitigate the effects of risk exposure experienced; provide experiences that encourage children's autonomy and empowerment of the family; Develop promotion and prevention in environments of inclusion of children. Interventions were performed in the clinic, in schools and other environments bond of a child and teenager. Referrals are made by health professionals and other educational equipment and / or social, and spontaneous demands.

Results: We observe, from reviews of the actors involved, the actions provide significant benefits in daily activities and relationships of children / adolescents and their families, enabling greater understanding of the issues presented, often overcoming difficulties and consequent improvement in quality of life and development.

Conclusions: The results indicate the contribution of actions to provide tools for children and adolescents and other actors involved in environmental contexts in which children are inserted, favoring opportunities for social inclusion, active engagement in activities, among others. We stress the importance of specialized actions aimed at promoting mental health of children and adolescents, their families and school.

THE PSYCHOSOCIAL CARE CENTERS FOR CHILDREN AND ADOLESCENTS AND THE NEW PROPOSALS OF CARING FOR CHILDREN AND ADOLESCENTS IN PSYCHIC SUFFERING.

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Educational Objectives: At the end of this presentation the participants will be able to know and critically reflect about the current configurations present at Brazilian mental health public policies for children and teenagers, having as starting point the evaluation of the Psychosocial Care Centers and the care practices that develop in these services.

Purpose: Discuss about public policies in children and adolescents mental health adopted in Brazil, focusing in the Psychosocial Care Centers for Children and Adolescents (in Portuguese, CAPSi) considering, especially, the attention for children and adolescents in intense psychic suffering.

Methods: Systematic revision of the literature which focuses on CAPSi and documental analysis of the main directives and official documents about the implantation of the services in Brazilian territory as public policies of mental health aimed at children and adolescents.

Results: Although the transformations in Mental Health public policies in Brazil brought contributions to quality of life and guarantee of rights and citizenship of people in psychic suffering, there is yet a disproportion between creation of policies and what CAPSi professionals have been able to offer about caring strategies. Among these disproportions and challenges to be faced there is the CAPSi task to constitute itself as means for expansion of intersectoral actions, while the results of this study show that only part of the objectives have been achieved and, consequently, that brought overload and fatigue to the professionals. This study points to the need of continuity in transformations, not only on mental health public policies for children and adolescents, but also to expansion and reformulation of the formation of the professionals.

Conclusions: The analysis made showed that, although there is public investment and creation of specific directives to construct new services, the CAPSi professionals still find intense difficulty in articulate their practices to the inter- and transdisciplinary models which regard not only clinical service but, mainly, the handling of the construction of new relations of social and communitarian support for the people attended.

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SCHOOL FAILURE: THE ROLE OF SOCIOECONOMIC FACTORS

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Purpose : School failure is one of the most significant problems in childhood. The aim of our study was to investigate the socio-economic factors underlying and contributing in the development of learning disabilities.

Method : This is a retrospective study of 100 children in child psychiatry consultation. We specify each of their age, gender and socio-economic status (education level of the mother, the father, monthly income, rural origin or urban one ...)

Results : Socioeconomic status is quite strongly related to cognitive skills. Our results point in the same way of literature the importance of socioeconomic factors in school failure in many developing countries.

Conclusion : Socioeconomic factors play an important role in school failure, hence the interest to draw new voices of intervention with these children in pain and to establishe an effort to find the means of identifying and changing inequalities.

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

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Creating alliances to respond to mental health challenges

Posters Session

MENTAL HEALTH ALLIANCES IN NUNAVIK: HOW TO BUILD ALLIANCES AND GET RESULTS

Jacques Bertrand
Ippigusugiursavik

Background

In Nunavik when discussing and interpreting mental health problems, psychiatrists, doctors, psychologists and social workers focus on their own understanding of the problem. There are many barriers to be overcome. There is no specific Inuktitut word for 'mental health problem' and the community approach to healing and resilience of the individual are different. These and many more challenge the health practitioner. How can they adapt their own culture, body of knowledge, the transfer of that knowledge, through a health organizational structure that does not fit the Inuit environment and their values?

Those questions underlie basic assumptions about how to address mental health issues. We take for granted our Western bio psycho social organizational setting. We forgot about the fundamental structural problems related with the intercultural management of mental illness. How to adapt the organizational structure delivering the therapeutic intervention in order to create alliances between health professionals, and community to respond to mental health challenges?

Methodology

Since 2010 we have been conducting ongoing research on the interaction between health practitioners, Inuit people with mental health problems and the health clinical governance structure. This on site research is conducted within an Inuit mental health non profit organization. We have interviewed thirty(30) health practitioners, seventeen(17) schizophrenic people and fifteen(15) interveners. Plus we have analyzed many internal documents and evaluations about mental health service primary care in the community.

Results

Based on our observations, findings and interviews we have implemented a new therapeutic management model. In this model we bridge the organizational gap between health practitioners and Inuit clientele. Using management controls we integrate and coordinate the information interaction between health practitioners, their clients and the organization. The preliminary results that we got from our performance indicators demonstrate that management control can be used to facilitate information exchange, increase the efficiency of the therapeutic intervention, having more people participate on the job market, increasing their self confidence, managing their own medication, and willing to do community works.

Conclusions

At this stage of our research we have identified and implemented management controls that generate information that can be used by health practitioners to increase their intervention effectiveness. Secondly, that information helps health practitioners to better understand community values. Finally, the information generated by the control mechanisms helps increase the collaboration between health practitioners and their clientele.

NEW ALLIANCES TO RESPOND TO MENTAL HEALTH CHALLENGES – MUTUAL ASSOCIATION

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Mental disorders are said to be highest in economically marginalized populations, especially the least educated, women and youth (Saxena, Thornicroft, Knapp, & Whiteford, 2007), with poverty, low education and food insecurity identified as key drivers (Lund et al., 2010; 2011). *Associação Mutualista* is the largest Portuguese mutual association, and one of the largest mutual associations in Europe. This institution is also a reference in the social economy sector and financial activity in Portugal.

The authors considered how the psychiatry service of *Mutualidade Terras de Santa Maria* responded to the psychiatric community patients attending the Clinic. The project gives voice to a vulnerable community and emphasizes the need for greater attention to the impact of context, culture and local resources on people's responses to adversity and illness. Furthermore, the authors provide a social and demographic characterization of the population as well as local strategies to answer different clinical situations.

There is a need for more political recognition and economic power to improve the opportunities for health available to marginalized groups. Fortunately at the same time communities are sometimes able to use external knowledge and resources in ways that advance their own interests.

MULTIMODAL AND INTERDISCIPLINARY INTERVENTIONS IMPROVE METABOLIC HEALTH AND QUALITY OF LIFE IN MENTAL HEALTH CONSUMERS: A SIX-YEAR NATURALISTIC PROGRAM EVALUATION STUDY OF THE CHU DE QUÉBEC-IUSMQ *MIEUX-ÊTRE* WELLNESS PROGRAM

C. Shriqui, I. Lachance, S. Bonneville, Desgagné P. and the CHU de Québec-IUSMQ *Mieux-Être* Wellness Program Collaborative Group, Quebec City, Canada

Lifestyle modification programs exert positive effects on metabolic health parameters among mental health consumers (1-2). The results of a six-year ongoing naturalistic evaluation of the CHU de Québec-IUSMQ *Mieux-Être* Wellness program are presented. This program is offered to adult mental health consumers living in the community who are metabolically at risk and motivated to initiate lifestyle changes. Provided at no direct cost to participants, the program includes a range of group and individual activities aimed at increasing overall health, quality of life (QOL), treatment compliance and empowerment. Activities are multimodal and promote interdisciplinary shared care among health professionals thanks to established partnerships with the public, private and community sector. The initial 12 weeks are intensive with participants attending two to three weekly activities.

Periodic monitoring of metabolic and QOL parameters are conducted first, at the start of the program, and every three months thereafter for one year then, annually. Descriptive statistics and SPSS 14.0 were used for repeated measures ANOVA between baseline and follow up.

Of 188 participants, metabolic results show statistically significant ($p < .05$) reductions in weight (0.60 kg), BMI (0.28 kg/m^2), waist circumference (1.55 cm), systolic blood pressure (2.80 mmHg), diastolic blood pressure (1.24 mmHg), total cholesterol (0.17 mmol/L), LDL cholesterol (0.11 mmol/L) and 10 year cardiovascular risk (0.47%) after three months of participation. Results also showed a reduction of psychiatric symptoms which can impact positively on the QOL of participants. Among Brief Psychiatric Rating Scale (BPRS) items, the Depression and Blunted affect items mean scores decreased after 3 months of participation as well as BPRS Total score and CGI-S total mean score.

While there are limitations with this naturalistic program evaluation conducted in “real world conditions”, these results indicate modest yet significant improvements in several metabolic and QOL parameters in this at-risk population.

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LESSONS WE CAN LEARN FROM OPERA

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Opera and Mental Health

Both opera and mental health care are highly complex and deal with a multitude of factors. In a mental health setting there are first and foremost a multitude of actors involved: the patient, client or service user, a therapist in the case of individual psychotherapy or a multitude of clinical staff directly involved with her/him in the case of residential treatment, relatives of the patient, clinical staff of the setting where the patient may go to after their current placement, commissioners and case managers. In the current Zeitgeist, rules, regulations and administrative procedures have become more and more part of the picture. The 'Concise Oxford dictionary of Opera' (Rosenthal and Warrack, 1975) consists of 446 pages. Anyone who has attended an opera performance can immediately see the complexity of it all. First there is the music, then there are the voices, the lyrics, the stage, the singers, the orchestra, the conductor and many more aspects that are not immediately visible to the audience, but when it is incorrect would have an immediate effect (for instance the musical score). Both opera and mental health care depend on the timely and correct interplay of a multitude of factors.

Opera, Badness and Madness

My own psychotherapeutic background is cognitive behaviour therapy and opera's are a treasure trove of excellent demonstrations of irrational thinking and the misery it can lead to. This is not only displayed in the so called 'mad scenes' but also in distorted thinking, for instance in Otello with his irrational demand for absolute certainty that Desdemona is 100% faithful to him. And, likewise, Desdemona's demand that she imposes upon herself that she is to prove a negative and by doing so condemns herself to death. Irrational beliefs are demonstrated in a more humorous manner Donizetti's *L'elisir d'amore* where the underlying irrational belief is 'If I am not loved by the person I want to be loved by, then my life is worthless'.

Opera has so many things to offer for mental health professionals, from clear-cut examples of evil-doing (for example: Otello, Lucia di Lammermoor, Tosca, Turandot, Don Giovanni, Rigoletto) to examples of irrational thinking (L'Elisir d'amore, Carmen and all the above!). It shows stories focused on all of humanities weaknesses: greed (Lucia di Lammermoor); jealousy (Otello); psychopathy (Don Giovanni) and love (La Bohème and L'Elisir d'amore). These are by no means not all the topics operas deal with, just a few examples. Opera is full of drama, but the audience at the Metropolitan Opera House in New York got more than it bargained for with the onstage death of one of its greatest stars. In March 1960, while performing Verdi's *La Forza del Destino*, the great baritone Leonard Warren completed his Act II aria, *O Gioia* ("Oh Joy", which begins begins *Morir, tremenda cosa* ("to die, a momentous thing")), and pitched forward dead. That evening, for one of the very few times in its history, the Met's show did not go on.

In this paper I will draw attention to what we as mental health professionals can learn from the content of various opera's and from the manner in which the performance of opera's is organized. I will take as an example a Puccini opera: La Bohème.

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PATIENT ADHERENCE AT THE SPECIALIST PSYCHIATRIC OUTPATIENT CLINIC OF HELEN JOSEPH HOSPITAL, JOHANNESBURG

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Educational Objectives: To describe attendance at this clinic during six months preceding implementation of a behavioural and communication intervention program (BCIP), consisting of logistical, psycho-educational and support interventions; and to evaluate the impact of this BCIP after a 3-month period.

Purpose: To assess the impact of a defined behavioural and communication intervention program developed by the South African Depression and Anxiety Group (SADAG), a local mental health advocacy group, at a specialist psychiatric outpatient clinic of an urban, public regional referral hospital.

Methods: A retrospective, quantitative component included a review of participants' demographics and clinical profile and of their attendance records over the preceding six months as well as after a 3-month period of implementing the BCIP. A prospective, qualitative component included:

- (1) Pre-questionnaire exploring participants' basic knowledge and understanding of their condition and treatment;
- (2) Implementation of SADAG's structured BCIP, also providing access to standard brochures/information on identified psychiatric conditions and access to support groups;
- (3) Post-questionnaire exploring participants' experience of this BCIP.

Results: During Jul-Dec 2012, 618 patients were followed up at this clinic. For each, between 1 and 6 (on average 3) follow-up visits were booked. The weighted average attendance rate (WAAR) for the total group during this period was 1.8 visits per patient: on average, 60% of visits were attended. From this total group of outpatients, 91 (14.7%) were recruited to participate in the SADAG program. The WAAR of attendance of this study group during Jul-Dec 2012 was 2.3 visits per patient: on average, 77% of visits were attended. The difference in attendance rate of participants in the study group, (n=66 for whom information was available for the previous six months), was estimated by subtracting the WAAR during the study period (Jul-Dec 2012) from that during the previous six months (Jan-Jun 2012). In this way, scores of 0 (no difference in attendance) were calculated for 29 participants. Scores greater than 0 (improved attendance) were found for another 29, while scores less than 0 (poorer attendance) were found for 8 participants.

Conclusions: SADAG's BCIP has previously been shown to improve patient attendance in private practice environments. During its implementation at this public referral hospital clinic, compared with patients not participating in the program, participants seem to also have demonstrated a better attendance rate. Considering the limitations of this pilot investigation, the implementation of SADAG's BCIP in similar state sector clinics to improve attendance, can be supported.

PSYCHIATRIC REHABILITATION TOOLS: THE UNIT EXPERIENCE IN PSYCHOEDUCATION

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In psychiatric field, rehabilitation aims to assist patients suffering from chronic disorders for social insertion or employment. Comprehensive assessment and specific therapeutic tools have been developed. They are proposed according to each patient's specificities. Rehabilitation leads to the development of social skills, improvement of cognitive functioning, better knowledge of psychiatric troubles and their treatment, and enhancing of the social and professional activities.

Psychoeducation represents one of these rehabilitation tools. It has proven effectiveness in the treatment of bipolar disorder and schizophrenia.

An experiment of psychoeducation was conducted in our unit, it was based on the development of a psychoeducational program adapted to the Moroccan context for patients with bipolar disorder. The design of this program involved a group of psychiatrists and psychologists. It used : slideshows, self-report scales, a sleep diary, a brochure and a guide. This program is progressing in 12 weekly sessions of 90 minutes each with a group of 8 patients. The program evaluation (knowledge and satisfaction of patients about the bipolar disorder) and its effectiveness (improving adherence, awareness, relapse rates and hospitalizations) is done using qualitative and quantitative tools.

The patients who had followed this approach have remained in remission as long and had a better socio-professional functioning after a year of follow-up than patients who had received the usual care.

HOW TO PROTECT MENTAL HEALTH STAFF OF BURN OUT

Tomas Miguez, Sandra Rascão, Nuno Antão

Grupo De Acção Comunitária

Objectives

Grupo de Acção Comunitária is a Portuguese private institution whose main purpose is the psychosocial rehabilitation promotion of patients with psychiatric disorders, mainly schizophrenia. Our services are located at the community and our staff includes psychologists, a social worker and several monitors. We have a day center with ambulatory care and a residence for psychiatric patients. From our experience of ten years, we find that very easily our technical staff gets overwhelmed and anxious facing all the demands and needs of schizophrenic patients. We would like to identify some factors which can protect our staff from depression and exhaustion. We do believe that the emotional state of the technicians is reflected in the evolution of the patient's psychosocial rehabilitation.

Method

Our rehabilitation work is based in a community paradigm and we use the case management model to assist patients. Each member of the staff follows several patients and tries to be aware of all various areas of the patient's life: clinical issues, interpersonal skills, social adaptation, family atmosphere and life quality. We follow patient's life inside and outside the institution. To address all the problems of a schizophrenic patient - severe psychopathology, social maladjustment, family conflicts, socioeconomic instability- we try to make alliances with all the psychosocial process interveners: psychiatrist, social worker, family, hospital, social security and other community institutions. We also try to create a team that supports emotionally each of the technicians.

Results

To avoid the burnout in the Mental Health workforce, we find that it is not enough to create alliances with various partners, as well is not sufficient to be included in a mental health staff. The quality of the alliance is crucial for the emotional state of the technician, whether alliances with partners outside the institution, or alliances within the team. Alliances that are characterized by feelings of competition, guilt, in addition to a poor tolerance to different opinions and intense moments of frustration can cause a short circuit in the team who assists the patient and seriously harm the entire rehabilitation process. We found that an alliance characterized by feelings of understanding and tolerance of failures strengthens community care we give to patients and decreases patients' emotional instability. A spirit of co-responsibility helps technicians dealing with intense feelings of helplessness and impotence. This kind of alliance helps all the agents involved in the patient's recovery process to deal with unbearable feelings.

Conclusions

We conclude that the quality of alliances between different actors in psychosocial rehabilitation of schizophrenic patients is a factor that prevents burn out of the technicians. Relationships based on respect and tolerance for the limits of each staff, protects the technicians from feelings of helplessness and loneliness that inevitably contaminate the process of psychosocial rehabilitation.

AN EXPLORATORY INVESTIGATION ON THE LEISURE SUPPORT PROGRAM FOR THE PEER-GROUP INCLUDED THE PEOPLE WITH MENTAL DISABILITIES OR DEVELOPMENTAL DESABILITIES.

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Educational Objectives: In this study, two results were shown. First, the participants in the peer group can be increased, if the meetings and events of peer group program were held periodically. Second, a peer group program can form a peer community, because the support program was held continuously for three years.

Purpose: Our purpose is to explore the strategy to make people with mental disabilities or developmental disabilities more comfortably in their workplaces and their schools.

Methods: Participant observation and interview investigation with participants had been done. They were from four to eleven. They were members of a group. Two investigators were also had the role as a facilitator and a group worker.

Results: In Japan, most of the participants of day-hospitals learned how to behave at their workplace. And most of the self-help groups have their programs to talk about their condition from their disabilities. So they have little opportunity to learn how to be engaged at their leisure with pleasure. In Japanese culture, working time was treated more important than leisure time. Many participants of day-hospitals become able to make plan to go somewhere after they finished their programs. Most of them can use these skills at their workplaces but their leisure. So it was the originality of this peer group to have leisure support program. But at first, the time and date of the activities were irregular and did not have one year program. So it is difficult to participate in this group on the way. The participants and the facilitators had constructed together and they decided the one year program and to hold two meetings a month periodical, one was to make plan or prepare the events and the other was to carry out the events. After this, the participants said that it was easier to manage their condition and to participate in the group on the way, so this peer group had more participants than before. And they also said that they could manage the group easier than before.

Conclusions: Three conclusions were shown in this study. First, this peer group had original leisure support program. Second, positive and healthy side of the participants attracted attention in this peer group, so this peer group could be an inclusion group. Third, this peer group have become a community. But following point was left as future problem: the role of facilitators and community workers.

ASSOCIAÇÃO DE FAMILIARES, UTENTES E AMIGOS DO HOSPITAL DE MAGALHÃES LEMOS: A COMMUNITY-BASED PSYCHIATRIC ASSOCIATION

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Educational Objectives: at a time when the availability of effective psychotropic drugs is a reality, the importance of associations supporting individuals with mental illness is fundamental for promoting mental health in the areas of psychosocial rehabilitation and reintegration. This work aim is to describe several aspects of a community-based psychiatric association.

Purpose: to describe, briefly, the different aspects of the concept of Mental Health Rehabilitation framing it in the activity of Associação de Familiares, Utentes e Amigos do Hospital de Magalhães Lemos (AFUA HML).

Methods: a brief literature review on the concept of rehabilitation in Mental Health including a brief analysis of AFUA HML.

Results: description of the structure of AFUA HML in the context of international guidelines for Mental Health rehabilitation.

Conclusions: The existence of this kind of support associations remains a pivotal point in the integration of individuals with mental illness not only by promoting their rehabilitation but also by supporting their integration in the community.

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21st World Congress of Social Psychiatry 2013
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Lisbon, Portugal

Topic

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Others

Posters Session

FOREIGN DOMESTIC WORKERS PSYCHIATRIC ADMISSIONS IN LEBANON: PRESENTATION, DIAGNOSIS, AND MANAGEMENT

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Educational Objectives: This poster presentation aims to demonstrate the mental health situation and psychiatric conditions of female foreign domestic workers in Lebanon.

Purpose: The main purpose of this project is to use a 5-year retrospective chart review to gather data concerning the psychiatric admissions, presentation, diagnosis, and management of hospitalized female domestic workers as compared to hospitalized Lebanese female patients.

Methods: A 5-year retrospective chart review study of 235 female foreign domestic workers and 224 female Lebanese patients admitted for the first time to the Psychiatric Hospital of the Cross, on a third class admission status was conducted to gather data related to presentation, diagnosis, and mental health management. Statistical analysis to was done using SPSS 20.0.

Results: The majority of the foreign domestic workers were from Ethiopia (52.3%) followed by Philippines (14%) and all were compulsorily admitted. Brief psychotic episode was highest among the foreign domestic workers (70.4%) followed by depression and adjustment disorder (9.4% each). As for the controls, depression was the most frequent (28.6%) followed by bipolar mania (19.2%) and schizophrenia (16.1%). 67.4% of the foreign domestic workers presented with catatonic features with a significant association detected between the group and the presence of catatonic features, $\chi^2(1, N = 459) = 26.32, p < 0.001$. The mean duration of hospitalization was significantly less among the foreign domestic workers ($M = 13.5$ days) than the controls ($M = 23.8$ days). When it came to treatment and management, the use of antipsychotics (97.4% for the foreign domestic workers and 85.7% for the controls) and ECT (50.6% for the foreign domestic workers and 17.4% for the controls) significantly differed by group ($\chi^2(1, N = 459) = 20.8, p < 0.001$) and ($\chi^2(1, N = 459) = 56.1, p < 0.001$) respectively.

Conclusion: Inpatient foreign domestic workers present with more catatonic features, are more diagnosed with psychotic than affective disorders and are more treated with antipsychotics and ECT with a particular trend to rapidly discharge and deport the worker to limit the costs. The main limitations include recall bias, the lack of randomization, and the difficulty to detect causation; hence the results of such study are at best hypothesis-generating.

HIV/AIDS AND PSYCHOLOGICAL DISTRESS: A STUDY OF INFECTED WOMEN IN THE CITY OF LISBON

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The link between HIV/AIDS and psychological distress is widely acknowledged, as well as the risk of the development of mental health problems in people living with HIV/AIDS.

The objective of this research was to study social and psychological problems that affect women living with HIV/AIDS.

One hundred and fifty women attending the outpatients' immunodeficiency clinic in a public hospital in Lisbon were interviewed.

The results show that 80% of the interviewed women suffered of psychological distress and 21% of this group felt anger, low self esteem and isolation.

We also found that women's withdraw is a strategic behavior to avoid HIV status disclosure and discrimination (50%).

Based on these findings we conclude that HIV infected women is a group at risk of developing mental health problems, thus demanding attention from the mental health services in the community. It would be, therefore, beneficial if psychosocial interventions in women living with HIV/AIDS were integrated in mental health interventions.

DAYS OUT OF ROLE DUE TO COMMON MENTAL AND CHRONIC SOMATIC DISORDERS. RESULTS OF THE STUDY EPIBUL - PART OF THE WMH SURVEY INITIATIVE

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National Center Of Public Health And Analyses

Educational Objectives: The aim of this poster is to explore the days out of role due to health problems of somatic and mental origin in Bulgaria. Data from national representative epidemiological study EPIBUL 2003-2007 for Bulgaria, show the share of common somatic and psychiatric disorders in the total days out of role in Bulgaria

Methods: The study EPIBUL is nationally representative for Bulgaria and covers 5318 respondents over 18, for the period 2003 to 2007. Diagnostic tools that are used are DSM IV and CIDI 3.0. A presence of ten chronic somatic disorders and nine psychiatric disorders for each respondent, is investigated along with information about the number of days out of role in the last month before the interview in which respondents were not able to work or perform their other normal daily activities due to problems of physical or mental origin. Multiple regression analysis to assess the multivariate associations of somatic and psychiatric disorders controlling age, gender, employment and education was applied.

Results: About half of respondents (48.1%) had a psychiatric or somatic disorder of the 19 disorders included in this analysis. Those who reported at least one somatic disorder (44.3%) are significantly more than those who reported any mental disorder (10.7%). People with neurological disorders have the highest average number of days out of role (77.5 days), followed by those with social phobia (50.5 days), headache and/or migraine (44.6 days) and insomnia (40.6 days). Neurological diseases had also the largest individual effect followed by headaches and/or migraine, insomnia and alcohol abuse. On the social level, however, a strong effect (population attributable risk - PAR) had conditions associated with chronic pain, cardiovascular diseases, headaches and/or migraine.

Conclusions: Days out of role due to health problems are a major source of loss of human capital (1). The study of the causes leading to the loss of days has a value on a personal as well on population level. Increasing productivity and increasing social capital is directly related to reduction of the leading causes for days out of role. In Bulgaria, unlike other countries, a shift of the leading causes of lost days in the direction of somatic diseases, which is taken as an indirect indicator of the high threshold of stigmatization of mental health services.

CONTRIBUTO DAS INTERVENÇÕES PSICOEDUCATIVAS NA ADESÃO TERAPÊUTICA DA PESSOA COM INSUFICIÊNCIA CARDÍACA: CONCEÇÃO DE UM PROGRAMA PSICOEDUCATIVO

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Apesar da problemática da adesão/não adesão terapêutica ser motivo de preocupação por parte da comunidade científica, vários estudos apontam que, nos países desenvolvidos, apenas 50% dos doentes portadores de doenças de evolução prolongada aderem às recomendações terapêuticas. A falta de adesão à terapêutica compromete a eficácia dos tratamentos e contribui para o aumento considerável dos custos em saúde, constituindo um problema de saúde pública major (OMS, 2003).

Na Unidade de Cuidados Intensivos Coronários, onde encontra-se a exercer a sua atividade, prestam-se cuidados, diariamente, a pessoas que são reinternadas devido ao abandono da terapêutica. Atendendo à sua experiência profissional, verifica-se que existe um número considerável de doentes que abandonam a terapêutica devido a condições financeiras, no entanto a maioria deve-se a outros fatores.

Face à evidência da eficácia da psicoeducação na adesão terapêutica, foi concebido um programa psicoeducativo para pessoas com insuficiência cardíaca, com o seu início em contexto de internamento, após a estabilização do quadro clínico. Pretende-se saber o contributo das intervenções psicoeducativas na adesão terapêutica das pessoas com insuficiência cardíaca e se diminuem os reinternamentos por incumprimento dos tratamentos.

Após ter concebido e aplicado um programa psicoeducativo intitulado “Doença Mental: Um novo começo”, para pessoas com doença mental, em contexto do curso de mestrado em enfermagem de saúde mental e psiquiatria, concebeu um programa para pessoas com insuficiência cardíaca no seu local de trabalho.

Os objetivos do programa são: troca de experiências; desenvolvimento de *insight* e de competências de gestão de doença; prevenção de recaída; e promoção de hábitos de vida saudáveis.

Assim, os seus objetivos relacionam-se, de um modo geral, com a promoção de uma participação ativa da pessoa no processo de recuperação e a integração de conhecimentos e a aquisição de competências de auto-gestão da doença, promovendo a adesão ao tratamento e à medicação.

O programa para pessoas com insuficiência cardíaca foi concebido de acordo com os princípios que orientaram a elaboração do programa para pessoas com doença mental, procurando atuar nas quatro categorias principais de fatores que influenciam a adesão terapêutica (Konkle-Parker, 2001):

1 - fatores relacionados com a medicação: efeitos secundários da medicação número de medicamentos, tamanho do medicamento, apresentação do medicamento, restrições na dieta implicadas pelo medicamento, duração e complexidade da administração do medicamento;

2 - fatores relacionados com a pessoa: conhecimento sobre o processo de doença, crenças de saúde, estadio da doença, aceitação do diagnóstico, compreensão sobre adesão, preparação para tomar a medicação prescrita, estratégias de *coping*, confiança nas capacidades;

3 - fatores relacionados com o ambiente: fator financeiro, disponibilidade telefónica, suporte familiar e suporte social;

4 - fatores relacionados com o enfermeiro: competências comunicacionais, disponibilidade para questões abertas, relação terapêutica.

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STUDY OF DEPRESSION IN THE ELDERLY HEMODIALYSIS PATIENTS WHO REFER TO TEACHING HOSPITAL IN URMIA, IRAN

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Introduction: Depression is the most frequent psychological problems reported by hemodialysis patients and in older adults but is potentially treatable at all ages. The consequences of depression in older adults are severe and include diminished quality of life, functional decline, marked disability, increased service utilization and high mortality. Dialysis patients have a worse QoL and higher rates of hospitalization and mortality compared with the normal population. We assessed the prevalence of depressive symptoms and physician-diagnosed depression, their variations by country, and associations with treatment by antidepressants among hemodialysis patients. The 15-item Geriatric Depression Scale (GDS-15) is a widely used screening instrument for depressive symptoms in the elderly, but its ability to detect alterations in depressive symptoms over time has not been established. This study aimed to characterize the elderly on hemodialysis for chronic renal failure in a teaching hospital and to describe their levels of depression.

Methods and Materials: A socio-demographic GDS-15 geriatric depression scale was used to measure self-rated depressive symptoms in a group of 54 subjects with clinically CKD randomly selected from dialysis ward in Taleghani wards in Urmia. Patients, who in this study were asked to complete the GDS-15.

Results: A total of 54 samples with age group (≥ 50) of scored within the 'depressed' range on the GDS-15. The mean age of patients was 62.7 ± 3 . The majority was married (72%), and male (57%). Approximately A half

of the patients (54%) were illiterate. Patients with high levels of depressive symptoms tended to have more severe disease and more impaired cognitive function. 94.4% weren't basically satisfied with their life. 80.5% dropped many of their activities and interests. 52.7% feel that their life is empty. 97.2% weren't hopeful about the future and afraid that something bad is going to happen to them. 72.2% often feel helpless. All of them preferred to stay at home, rather than going out and doing new things.

Conclusions: The data suggest that depression isn't diagnosed among hemodialysis patients. Depression in patients, especially old patients is high and appears to be related to disease complications and demographic characteristics like low income. The systematic use of screening instruments for depressive symptoms may be helpful for patients who need special care in order to improve their quality of life, reduce costs, and increase survival rate and depression complications.

Keywords: depression, elderly patients, hemodialysis, Urmia, Iran

THE EVALUATION OF PREVALENCE OF DEPRESSION IN HEMODIALYSIS PATIENTS IN NORTH WEST OF IRAN

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Introduction: The object of this study is the spread of depression in hemodialysis patients their age and sexual relations and examination of the cause of depression.

Methods: in this study I randomly choose 100 hemodialysis patients from Ardabil province and give them the questionnaire N.I and questionnaire that was made by researcher for every patient. I analyzed the results by SPSS software.

Results: from 100 patients 37 were female and 63 were male. In this research 42 patients (42%) were depressed that 17 were women 40.5% and 25 men 59.5% none of the experimented were depressed before dialysis. Most of the patients suffered from blood pressure 38.2% diabetes 34.2% and 11% had kidney graft experience .more than half were uneducated 54.1% the most of them were at the age of 65-70 marital status ,education, losing their next of kin, having job problem because of dialysis and having problems their family relations, have meaningful relation with depression from experimental quantitative variances income has positive role on depression number of children and age have direct effect on depression the most indirect effect from income was on depression.

Conclusion: since most of the depression patients were jobless men it's better to produce jobs .since most of the population were not educated it's better to prepare the depression questionnaire according to their perception every dialysis center in addition to a physician needs a psychologist for giving psychiatry services.

THE RE-EXAMINATION OF THE LIFE EXPERIENCES AND CARE EXPECTATIONS OF WOMEN WITH GYNECOLOGICAL CANCER BY THE CONCEPTS OF "EXISTENTIAL PHILOSOPHY": A QUALITATIVE META-SYNTHESIS STUDY

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Educational Objectives: Cancer is the second leading cause of death in Turkey. Living with cancer includes many concerns such as fear of recurrence, body image changes, physical dysfunction, job discrimination, relationship problems and sexual functioning difficulties. For cancer patients', the existential angst is every day issue.

Purpose: The aim of this investigation was to re-examine the qualitative studies examining life experiences of women with gynecological cancer with the concepts of "existential philosophy".

Methods: In this meta-synthesis study, the purposive sampling method was used. Over the last 10 years of literature were systematically investigated on the Akdeniz University internet network by key words as "gynecological cancer", "qualitative study", "nursing", "care", "patients' perspectives" ve "jinekolojik kanser", "kalitatif araştırma", "hemşirelik", "bakım", "hasta beklentileri". Thirty-six studies that is accessible to full text, published in Turkish and English in the meta-synthesis. The Joanna Briggs Institute's Qualitative Assessment and Review Instrument-2011 and Weed's meta-interpretation approach were used in the data synthesis process.

Results: Data on life experiences of women with gynecological cancer at studies re-interpreted with the five basic concept of the existentialist philosophy: (1) Angst; At the shadow of cancer, (2) Despair; I'm sorry for my losses!, (3) Authenticity; Towards a new existence, (4) The Absurd; Living at the short distance between the enjoy of life and existential anxiety, (5); The Other and the Look; Cancer: It's so hard to say!

Conclusions: In this meta-synthesis study, it was found that women were continuously under the heavy burden of uncertainty and threat of existential angst. This study shows that there are existential issues in order to care for gynecological cancer patients which health care staff needs to acknowledge. This study points out that staff often are not often empathic and aware of patients' existential issues. In this life course, women indicated that they need relevant, expert and knowledgeable care in an authentic way.

Key Words: Existential Philosophy, Gynecologic cancer, Meta-Synthesis, Qualitative Studies, Women's Experience

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SOCIAL ADJUSTMENT, SELF-ESTEEM AND THE BODY IMAGE OF CHRONIC FAILURE PATIENTS: COMPARATIVE STUDY OF DIALYSIS AND TRANSPLANT PSYCHOSOCIAL ASPECTS.

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Introduction:

The renal transplantation is the treatment of choice for chronic renal failure since it provides the patients hope for survival and a relief from their handicap, and in the same time it allows economical savings.

Educational Objectives:

Evaluate the impact of the kidney transplantation on the social adaptation of our patients.

Purpose:

This review has been set out to assess the differences between transplant patients and hemodialysis patients in psychosocial adjustment in 44 chronic renal failure patients including 14 renal transplant patients and 30 hemodialysis using three indicators: body image, self-esteem and social functioning.

Methods:

It is a cross-sectional study carried out in the service of Nephrology-Dialysis-Kidney Transplantation in Mohammed VI University Hospital of Marrakech, in January 2013 based on three validated questionnaires: the body image questionnaire (BIQ) of Bruchon-Schweitzer, the self-esteem questionnaire (SEQ) of Rosenberg and the social functioning questionnaire (SFQ) of Zanello.

Results:

The sample is composed by 44 subjects CKD (Chronic Kidney disease) with an average age of 49 years old (+/-11 years), a range extended between 26 and 61 years old. The majority of them are situated between 41 and 60 years old for hemodialysis patients and between 31 and 40 for the renal transplant patients. Concerning the body image, the latter have better social and corporal desirability than the hemodialysis patients with the significance of all BIQ factors. Besides, renal transplant men have better corporal image than women. The SEQ shows that at the social and familial level the renal transplant group has statically higher self-esteem than the hemodialysis group. However, at the professional scale the self-esteem remains low for both groups. Finally, in term of social adaptation, no significant differences between the two subsamples have been raised by the SFQ factors. This is mainly due to the different professional profiles among the patients which makes any comparison between the two groups irrelevant.

Conclusions:

The study came to a different conclusion compared to numerous other investigations on psychosocial adjustment in hemodialysis. As a result, further longitudinal exploration of a larger sample with the formalization of evaluative tools taking into account the particularities of chronic renal failure will enable a better understanding of psychosomatic difficulties in this population.

ACCEPTING FOREIGN NURSES IN JAPAN AND FUTURE CHALLENGES – MATTERS MAINLY CONCERNING THE NATIONAL BOARD EXAM FOR NURSES–

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Objectives: The acceptance of foreign nurses started in Japan from 2008 under the Economic Partnership Agreements. Over 400 nurses have come to Japan from Indonesia and the Philippines thus far. If they do not pass the exam within 3 years, they basically have to return to their countries. They can work in Japan as nurses if they pass the Japanese national board exam for nurses within 3 years after coming to Japan and they will be paid the same or more as Japanese nurses. Passing the national board exam for nurses is the main issue for the foreign nurse candidates. So far, the rates of foreign nurse candidates passing the national board exam were 0% in 2009, 1.2% in 2010, 4.0% in 2011, and 11.3% in 2012. Though the pass rate is gradually increasing, realistically, passing the exam is very challenging for them considering the fact that the overall pass rate for Japanese applicants is approximately 90%.

Methods:

1. Study on the practice national board exam for nurses

We conducted a study on the practice national board exam targeting Filipino nurse candidates and Indonesian nursing students in Japan. We requested them to take the Japanese national board exam translated into English and Indonesian and analyzed the exam results.

2. Interviews regarding countermeasures taken for the national board exam

The subjects were foreign nurses assigned to a hospital as well as trainers at the hospitals that accepted foreign nurses. We asked about the methods that they used to study for the national board exam and any support they received, etc.

Results: The percentage of correct answers was low even though the practice national board exam for nurses was written in English or Indonesian. Based on the interviews we conducted, we discovered that the government does not provide much support with regard to preparation for the national exam and foreign nursing candidates and their hospitals have to prepare for it on their own. Candidates who passed the national board exam for nurses received study support from people inside or outside the hospital.

Conclusions: Because the percentage of correct answers was low in the study on the practice national board exam for nurses, we believe that there is a difference in the nursing training curriculums and nursing itself in each country. It is necessary to compare and study the differences in nursing training curriculums in each country as soon as possible. We believe that the government needs to provide more study support and similar education to all foreign nurse candidates equally.

EARLY TRAUMA IN PSYCHIATRIC PATIENTS OF A GENERAL HOSPITAL

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Objective:

To determine the prevalence of early traumatic events in patients with a variety of diagnoses of complex mental health problems, in the Psychiatric Outpatient Service of the Regional Hospital in Talca, Chile

Purpose:

To assess the relationship between early trauma and chronic symptoms comparing GAF and CGIs.

Method:

In 2012, all patients (586), during routine clinical control were assessed for previous trauma using the Marshall Scale. CGIs and GAF were also used.

The DSM IV-tr was the reference for all the psychiatric diagnoses.

The interviews and the scales were administered by the respective attending psychiatrists of each patient.

In order to compare the mean in genders and in the diagnostic groups, ANOVA was used. To compare the rates of cases contingency tables and residual analysis were used.

Results:

The prevalence of prior trauma was found to be 52 % in the study sample. When scores of the Marshall test were considered the prevalence of trauma was found in 42.1% of the study sample, of which, 51.3% was sexual trauma (abuse or rape). The prevalence of sexual trauma in women (51.4%) was similar as it was in men (50%).

The principal diagnoses of the sample were depressive disorders (74,2%), bipolar disorder (13,2%) and anxiety disorders (7,1%). The rest of the study sample had other diagnoses such as, drug abuse, schizophrenia, personality disorder and other less frequent ones.

The prevalence of sexual trauma was highest in bipolar disorder (72%) and was lowest in depressive disorders (45,5%).

The GAF rate in patients with depression with early trauma was 58,7 and without early trauma 61,57. The CGIs rate were 3,72 and 3,47 respectively.

Discussion

The prevalence of early trauma was frequent in the sample, as well as sexual abuse.

The sexual abuse events for women occurred more often by close relatives and for men by unknown people.

The most frequent diagnosis of the sample was depression but sexual abuse occurred most often in bipolar disorder.

The GAF of the sample, with and without trauma, did not show any substantial difference.

The CGIs score in patients with or without early trauma also showed no difference, except in depression in which the CGIs was higher in patients with early trauma (3,72) than in those without it (3,47).

THE EFFECT OF AN INTERNET-BASED ANGER MANAGEMENT PROGRAM IN SCHOOL-AGED CHILDREN

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Educational Objectives: The development of an Internet-based anger management program for school-aged children to prevent school violence.

Purpose: This study aimed to investigate the effectiveness of an Internet-based anger management program for school-aged children.

Methods: Twenty elementary school students took part in an anger management training program consisting of 12 sessions (each 15 minutes long); subsequently, participants, their parents, and their teachers answered questionnaires assessing the participants' anger, aggressiveness, and other emotional/behavioral problems pre- and post-training. The program, based on the cognitive behavioral therapy (CBT) model, was developed for improving children's ability to control their emotions, and for enhancing empathic capacity to prevent school violence. It consists of four modules, and each module is divided into three levels: (1) emotion recognition (e.g., recognizing various emotions, detecting the physiological changes accompanying anger, and learning when their anger is harmful versus when it is beneficial), (2) anger control (e.g., learning more appropriate ways for expressing their anger such as relaxation techniques), (3) cognitive-behavioral changes (e.g., searching for strategies for managing their anger, including positive self-talk and assertiveness training), and (4) empathy training (e.g., training in cognitive and emotional empathy, and conversation skills including the consideration of others' feelings).

Results: At the post-training self-assessment, the participants showed significant reductions in their "anger-out" tendencies and a slight improvement in anger controllability. In addition, the teachers rated the participants' hostility/defiantness and peer-relational problems as having decreased after the training. However, parents' ratings showed no significant differences between pre- and post-training.

Conclusions: The proposed Internet-based anger management program had a significant effect on school-aged children's abilities to control their anger.

THE STUDY OF PRECEDENT CHILD ABUSE'S RELATION WITH MISUSE OF SUBSTANCES IN ADULTHOOD

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Objectives: The purpose of this research is study of the effect of child abuse on misuse of substances in adulthood. The examinees of this research are persons that were engaged to misuse of substances.

Methods: The examinees that have conditions according to DSM-IV and international diagnostic interview (CLDL) organization of therapeutic services title of aim groups in individuals and groups form were selected .for normal study of scores distribution of Colomugro of Smirnouf for study of relationship between researches variables of Pearsonian and for comparison and for comparison between groups of Levins test analysis variance test and suable Bunfroni test has been used.

Results : the results of the investigation show that $P < 0.036$ and $r = 0.617$) in arrangement : affective child abuse: $P < 0.029$, $r = 0.669$ neglect child abuse : $P < 0.045$ and $r = 0.587$ physical child abuse: $P < 0.022$ and $r = 0.694$ sexual child abuse $P < 0.012$ and $r = 0.797$).also the results of this research show that the relationship between child abuse and time of substances use was $P < 0.043$ and $r = 0.555$ in arrangement: affective child abuse : $P < 0.046$ and $r = 0.521$, neglect child abuse : $P < 0.027$ and $r = 0.681$ physical child abuse , $P < 0.041$ and $r = 0.575$ sexual child abuse : $p < 0.032$ and $r = 0.634$ only between sexual child abuse and species of substances was meaningful ($P < 0.000$) in sum ,

Conclusion: the results of this research show that the existence of precedents child abuse is important cases that individuals in adulthood inclined to the addiction.

Key words: affective child abuse , neglect child abuse, physical child abuse, sexual child abuse , narcotic materials misuse of substances inventories child abuse

SURVEY RELATIONSHIP BETWEEN HISTORY OF CHILD ABUSE AND MENTAL HEALTH IN ADULTHOOD

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Introduction: The present study with aim predicted adult mental health based on experiences of child abuse during childhood was conducted.

Methods: In this study 294 patients (164males and 130 females) students with sampling randomly and with using random numbers table were selected. To measure the variables of the questionnaires Goldberg general health (GHQ) , Cooper smith self-esteem and Beck depression were used .Data analysis using person correlation test and multiple regressions were performed simultaneously .

Results: findings showed that there is significant relationship between histories of physical, emotional child abuse and neglected with mental health and adults with a history of Physical, emotional abuse and neglected in terms of mental health are much lower. between sexual abuse and mental health , there is no significant relationship and only emotional child abuse and neglect are able predict significantly mental health scores also showed there is no significant relationship and only emotional child abuse and neglect are able to significantly predict depression scores.

Conclusion:based on the findings of this study was found between physical emotional abuse neglect and anxiety there is significant relationship while between sexual child abuse with anxiety there is no significant relationship and just emotional child abuse is able to significantly predict anxiety scores. In sex factor results showed that there is significant relationship between mental health of male and female victims and physical, emotional child abuse and neglect aspects while between sexual child abuses.

SOCIOECONOMIC STATUS AND BECOMING STREET CHILDREN IN IRAN: A SYSTEMATIC REVIEW ON STUDIES IN RECENT DECADE

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Educational Objectives: Presence of millions of children in the world streets is an important social problem in most of the major world cities, especially in developing countries. In order to finding socioeconomic situation of street children in Iran and whether its related to becoming street child, we tried to classify and evaluate studies on this issue in recent decade according to their strengths and weaknesses.

Purpose: The results will be helpful in policy making and planning for this group.

Method: We used systematic review method in this study. By searching Iranian and international databases, many universities and related organizations in Iran, and after evaluating their quality by a researcher made quality evaluation form, findings of 40 researches were classified, described and analyzed.

Findings: Street children of Iran belonged to crowded, low-income families; many of them were rural-urban migrants and Afghans with families immigrated to Iran; most of their parents had under-high-school education and many of their fathers were unemployed or had low income jobs; majority of these children were unskilled workers who should work many hours of the day for negligible incomes. Besides, great majority of them were connected to their families.

Conclusion: According to research results, we found that low socioeconomic status was prevalent among street children families in Iran and seems to be an important factor for street-connectedness of children. This finding could be used by policy makers in programming for preventing of becoming street children.

IS AGGRESSION IN ADOLESCENT SEXUAL EXPRESSION INFLUENCED BY FAMILY ENVIRONMENT AND MORAL EMOTIONS?

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This study aimed at measuring the impact of moral emotions and family environment in the development of aggression in adolescent sexual expression. Two psychometric instruments were applied. Kidscreen-52© is a measure of quality of life and family environment of adolescents which has been used in several portuguese studies. RMGI measures behavior according to the dimensions of sex guilt, hostility, conscience and morality and was adapted in this study to a random sample of 92 Portuguese youths, 35 boys and 57 girls between 12 and 18 years of age. Results showed girls felt more guilt in all dimensions-sex guilt, hostility, guilt and morality-conscience than boys. Adolescents living with both parents tended to feel more guilt with hostility, less general mood and less values at positive perception of themselves. Older adolescents with more education felt less sex-guilt.

GENDER TRAITS OF PERSONALITY AND AGGRESSIVE MANIFESTATIONS IN ADOLESCENTS-OFFENDERS

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Educational Objectives: Analysis of literature shows that gender differences influence coming-to-be, course and demonstration of aggression. In recent decades, we observe high level of serious crimes among young women. They have begun to commit such “male” crimes associated with violence to personality as robberies and homicides. Data about differences of manifestations of aggression in deviant male and female adolescents indicate difference of social roles, conditions corresponding to various types of behavior. To monitor and prevent effectively manifestations of aggression in girls and boys it is necessary to study their interrelationship with personality traits.

Purpose: Study of personality traits and manifestations of aggressiveness in boys and girls under-age offenders.

Methods: Experimental-psychological examination was administered for 116 male adolescents at the age from 15 to 19 years (mean age $17,1\pm 0,9$ years) at corrective institution for under-age offenders and 110 female adolescents at corrective institution (mean age $17\pm 0,73$ years). For assessment of personality traits, we used experimental-psychological methods “Mini-Mult”, “Hand – test”, Buss-Durkey Inventory.

Results: Girls had reliably higher than boys did indices of hypochondria and depression (Hs, De). Boys had reliably higher indices of hysteria and psychopathy (Hy, Pd). According to scales Pa (rigidity) and Shk (individualistic), we have not found significant differences. We may suppose that affective, sensitive, stubborn, sullen, closed, with special judgments and non-predictable deeds adolescents pursue to major extent criminal behavior. Data obtained with Buss-Durkey Inventory showed reliably higher level according to all forms of aggression in girls. Research of traits of aggressive trends with Hand-test allowed revealing of higher indices of communication and activity in boys. In addition, boys significantly more often gave environmental answers and total number of answers was larger. All this testifies to that boys have larger reserve of role variants and larger potential of adjustability.

Conclusions: Our investigation has shown that girls being at corrective institution for under-age persons perceive themselves physically and mentally not protected as compared with boys and manifest heightened aggressiveness. This may be associated both with the process of adaptation at places of confinement where we observe heightened aggressiveness and with behavior of under-age offenders as a whole in whose environment we observe considerable gender “imbalance”, girls cultivate forms and ways of aggressive behaviour traditionally attributed to masculine ones.

ASSOCIATION BETWEEN PARENTAL INVOLVEMENT IN SCHOOL AND CHILD CONDUCT, SOCIAL AND INTERNALIZING PROBLEMS: TEACHER REPORT

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Educational Objectives: The present study shows that parents of children with conduct problems have more frequent contact with teachers as compared to other parents. Further, parents of children with high levels of social competence are, according teachers view, more involved in their children's learning at home. These findings add to existing knowledge in the field.

Purpose: In the present study we have examined whether different kinds of child socio-emotional and behavioural problems are differently associated with parental involvement with school. Teachers report is used.

Methods: The present study examined the factor structure of the Teacher Involvement Questionnaire (Involve-T) by means of exploratory factor analysis and examined the association between children's socio-emotional and behavioural problems and teacher-reported parental involvement in school, using structural equation modelling (SEM). The study was conducted with a Norwegian sample of schoolchildren in grades 1–3 (N=287).

Results: Results of the factor analysis supported the use of three separate scales of Involve-T, as suggested by the scale author ($\text{Chi}^2 = 148.10$, $\text{df} = 87$, $p < .001$, $\text{Chi}^2/\text{df} = 1.70$; $\text{RMSEA} = .049$ [CI .035 .063]; $\text{CFI} = .98$; $\text{TLI} = .97$); However, a number of items in each scale was reduced and two dimensions of parental involvement remained: “communication with school” and “learning at home”. Furthermore, the results showed that teachers had higher levels of bonding in terms of more frequent contact initiatives with parents of children with conduct problems, and that parents of children with high levels of socio-emotional competence were more involved in their children's education at home, than other parents.

Conclusions: Teachers more frequently make contact with parents of children who exhibit conduct problems. This finding is quite surprising and contradicts findings of previous research, where co-operation between parents and teachers with children who display conduct problems has been found to be more complicated. Another conclusion is that parental involvement in children's learning at home is associated with greater social competence of their children. Our finding indicates that we need to know more about the precise content of the contact between teachers and parents, and how parents react to the teacher's initiative in making contact because positive and proactive contact between teacher and parent could enhance parental involvement and decrease child conduct problems.

EARLY CO MORBIDITY OF LEARNING DISORDERS WITH SOCIAL AND EMOTIONAL DISORDERS IN THE DEVELOPMENTAL HISTORY OF ADULTS WITH PSYCHIATRIC DISORDERS. A RETROSPECTIVE ANALYSIS.

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Educational Objectives: Through the current presentation, we seek to demonstrate: i) the importance of the co-occurrence and continuity -from childhood to the adulthood- of specific factors, in the history of psychiatric patients and, ii) the utilization of that knowledge in the early diagnosis and treatment of learning disorders.

Purpose: The main purpose of the current study is to investigate the plausible existence and complexity of correlations between the following groups of factors and psychiatric disorders: learning disabilities, poor family, developmental, social and psycho-emotional disorders.

Methods: The current study was carried out at the Psychiatric Clinic of the University Hospital of Ioannina in Greece, where adult psychiatric patients had been referred to either as external patients or to be hospitalized.

A retrospective study was applied for a period of one year and 835 developmental records have been analyzed content analysis method.

The examination of the early (co)occurrence of specific disorders was based on the classification of the mental disorders according to the ICD-10 and, a scale including the above groups of variables was applied.

Results: Log Linear analysis showed that all models retained 2nd or 3rd order effects with p-values >0.8 for all estimated likelihood ratios. The models did not differ significantly between them and obtained similar AKAIKE'S Information Criterion (AIC) values. Patients with learning disabilities, growing in a socially disturbed environment, including behavior problems/ aggression/ alcoholism/ isolation or scuttle from home, were found to be more frequently associated to schizophrenia than to any other mental disorder. The profile of these patients in some cases also included family problems such as parental loss or alcoholism.

Conclusions: Through the results analysis, a significant association has been pointed out between learning and other disorders in the adult psychiatric patients' developmental profile. Furthermore, the fundamental contribution of the current study is the association between learning disorders and schizophrenia; association which is corroborated by the condition of the continuity or complexity of these disorders in higher developmental stages.

Finally, the above results could be utilized in the study of the causes of mental disorders, contributing to the investigation of the question whether the early treatment of the learning and/or other disorders could suspend or eliminate the mental disorders in the adulthood.

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**FAMILIES OF CHILDREN AND TEENAGERS WITH AUTISM:
PERCEPTIONS REGARDING THEIR REALITY AND IDENTIFICATION OF
DEMANDS THROUGHOUT THE DEVELOPMENT.**

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Objective: This study has aimed in identifying the perception of families of individuals with autism regarding their demands and support sources in face of the reality of caring for their children with autism during different phases of their development.

Methodology: Twenty families with children of teenagers suffering from autism have participated of this study. There have been used semi structured interviewing questionnaires.

Results: Among the main results, it has been identified that the regular educational context has been marked by difficulties in the three studied phases. Concerns regarding the future of their children are present in parents of the three families groups. And, mainly in the earlier phases, there is by the parents a strong hope for their children to be more independent and able of having a decent life, which decreases in intensity in the third group.

Final Remarks: The strategies of interventions are verified in many situations of the family routine, where arrangements and possibilities are persistently explored.

Key words: autism, families of children with disabilities, child development

CARE AND PUBLIC MENTAL HEALTH POLITICS FOR CHILD AND YOUTH: PSYCHOSOCIAL CARE CENTERS FOR CHILD AND ADOLESCENT (CAPSI) AND ITS USERS

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Objective: Characterize the dynamics and users of Psychosocial Care Centers for Children and Youth of State of São Paulo, Brazil

Methods: It's a quantiquitative study that included the participation of 24 occupational therapists who work in units of CAPSi in the State of São Paulo, Brazil. The participants answered a questionnaire and data were analyzed using descriptive statistics and discourse analyses technique.

Results: The representativeness of the sample was observed in that of 26 CAPSi existing in the state of São Paulo, 18 were considered by including the participants who work in these services. The results revealed that the main programs, projects and activities offered to CAPSi's users are groups and workshops, followed by individual consultations and actions on the network; home visits are not mentioned by participants. Regarding the CAPSi user's characterization, children aged between 5 and 11 years old represent the majority of users; moreover, the results reinforce findings from previous studies which the most common diagnoses found are behavioral disorders and emotional disorders; followed by disorders of psychological development, which includes the pervasive developmental disorders. It's argued that even the most serious cases may not be the most service's users, as recommended by the goals of this equipment, it seems to respond to an existing demand, admittedly the mental health field, and who also need care and attention.

Conclusions: It's concluded that there's an effort of governmental and professionals in the field to promote the mental health of children and youth with psychological distress, but we have to move in the direction of enabling both human resources and foster continuous training of technicians, as in supporting multidisciplinary practices. Furthermore, the findings of this study reinforce the importance and need for intersectoral actions and articulations, territorial and community, since CAPSi should not and cannot be solely responsible for meeting the demands involving the different levels of attention.

IMPACT OF PIVOTAL RESPONSE TRAINING GROUP THERAPY ON STRESS AND EMPOWERMENT IN PARENTS OF YOUNG CHILDREN WITH AUTISM

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Educational Objectives: Parents of children with autism are increasingly being considered as primary agents of intervention for their children. At the conclusion of this presentation, participants should be able to recognize the importance of teaching parents of children with autism novel behavioral strategies to target social and communication deficits.

Purpose: The goal of this study was to evaluate whether participating in a Pivotal Response Treatment (PRT) group therapy program for parents of children with autism influenced related aspects of parents' lives, namely their levels of stress and empowerment.

Methods: Seventeen families participated in a 10-week therapy group designed to train parents to use PRT in a group format, with a specific focus on their children's language deficits. Parents were initially introduced to PRT through lectures and standardized video examples and then received weekly feedback about their implementation of PRT through review of home videos during group sessions. The Parenting Stress Index/Short Form and the Family Empowerment Scale were obtained at baseline and at the end of the trial.

Results: Ratings on the Parenting Stress Index/Short Form showed significant changes from pre to post treatment indication that parents felt lower levels of stress after the 10-week group program (Pre: 91.04 ± 11.25 , Post: 81 ± 24.88 , $t=2.84$, $p<0.01$), with most reduction observed in the stress related to parent-child interactions (Pre: 87.65 ± 17.36 , Post: 74.87 ± 22.06 , $t=3.89$, $p<0.01$). Higher level of empowerment was also observed after the treatment program involving the three domains of the Family Empowerment Scale: Services (Pre: 3.83 ± 0.50 , Post: 4.15 ± 0.45 , $t=-4.21$, $p<0.001$), Community (Pre: 2.84 ± 0.56 , Post: 3.27 ± 0.62 , $t= -5.4$, $p<0.001$), and Family (Pre: 3.67 ± 0.39 , Post: 4.06 ± 0.45 , $t= -5.96$, $p<0.001$).

Conclusions: As postulated, findings from this study on parenting stress and family empowerment indicate that participating in the PRT group treatment program was of benefit to the parents. Although the exact relationship between the PRT group, reduced parent stress and increased family empowerment is not explored in this study, these observations support the group model as an effective mechanism for improving parent functioning and transferring PRT skills to parents of children with autism. Additional investigations are warranted and future research should examine the longevity of the effects observed in this study, and also assess the specific contributors of these benefits.

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Minjarez MB, Williams SE, Mercier EM, Hardan AY. Pivotal Response Group Treatment Program for Parents of Children with Autism. *J Autism Dev Disord.* 2011; 41:92-101.

INFLUENCE OF SOCIO – ECONOMIC RESOURCES IN BEHAVIOR AND EDUCATIONAL ACHIEVEMENT OF STUDENTS IN FRANCISCO DE ARRUDA SCHOOL

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In this study we sought to develop a correlation between socio - economic of the families with the behavior and academic success of students attending Primary School 2.3 Francisco de Arruda, Lisbon.

For this purpose we used biographical records, list of students with social and economic aid (ASE), disciplinary incidents and final evaluation of the academic year. This study consists of a group of 648 students of both sexes, aged between 9 and 17 years to attend since the 5th to 9th grade.

Of the total sample, 360 students (56%) benefit from the ASE, which is an indicator of economic difficulties existing in this population with a direct influence the academic success of our students.

THE NURSING FACULTY' EXPERIENCES WITH MALE NURSING STUDENTS AT CLASSROOM, LABORATORY AND CLINICS IN TURKEY

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Educational Objectives: Nursing is historically seen as feminine profession all over the world and our country. From the 2007-2008 academic years, mixed student groups began to education in nursing in Turkey.

Purpose: The aim of this study was to describe the faculties' experiences with male nursing students at classroom, laboratory and clinic.

Methods: The study was designed as descriptive and phenomenological. Data collected through focus group interview technique between 15 May 2010 and 15 February 2012 selected from the six regions of Turkey. Ten focus groups carried out at nine Faculty of Health Sciences / Nursing and / or the School of Health. 99 nursing faculty who are study with male nursing students were reached. The average duration of the 10 focus group interviews were 124.42 minutes and 307 pages data were obtained. The data were evaluated by the method of thematic analysis.

Results: Finally, five themes become apparent: (1) *Female and Male Student: Definitely different*, (2) *More comfortable with the female*, (3) *Gender-related elements in care*, (4) *Changes in routines*, and (5) *We (women) screwed up!: they save the nursing if they can*. In this study, social gender-related elements were determined in patient care through the participation of men in nursing.

Conclusions: In this study, it was determined that nursing education and practice had extremely gendered nature. The project achieved its objectives because it constituted the very first and unique data in nursing education and health care area in Turkey. Also, it contributed to related literature by adding "We (women) screwed up!: they save the nursing if they can" as a new knowledge. Based on these results; we suggest that the review of the curriculum in nursing education in terms of a gender bias, to use nonsexist language in educational activities and workplaces and to research the gender-related barriers for teaching care at various social groups (patients, their relatives, health professions members, colleagues, male students, etc.).

Key Words: Nursing, Social Gender, Male Students, Qualitative Study

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SOCIAL WITHDRAWAL (HIKIKOMORI) IN JAPANESE UNIVERSITY STUDENTS: A CASE STUDY OF FORTY-FIVE UNIVERSITY STUDENTS WITH HIKIKOMORI

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Purpose: The term Hikikomori is known as prolonged social withdrawal in Japan. “Hikikomori” has spread in the 1990s and it has attracted social attention and concern in Japan. A Japanese government funded research group established guidelines for hikikomori. The hikikomori syndrome is defined as withdrawal from society for 6 months or longer by Japanese Ministry of Public Welfare. An epidemiological study of hikikomori reported a lifetime prevalence of more than 1 % in adults in Japan. Recently, university dropouts due to hikikomori have been increasing in Japan. We examined the psychiatric background of patients with hikikomori in Japanese university students.

Methods: We have retrospectively reviewed the clinical course of 45 patients with the hikikomori syndrome from 20 years old to 28 years old through medical records for 36 months. There were 23 males and 22 females. We investigated age at first consult, gender, diagnosis during treatment, duration of social-withdrawal before treatment, history of self-harm, condition of the family relation, and condition at the end of treatment, respectively. From the standpoint of graduating university, all the patients were allocated into 2 groups, A: graduates B: dropouts. We compare each item statistically between group A and group B.

Results: Group A is composed of 30 patients. Group B is composed of 15 patients. There were no significant differences between group A and group B in gender, diagnosis, duration of hikikomori, history of self-harm, condition of family relation.

Conclusions: The factor which effects prognosis of hikikomori was early intervention. Our findings suggest that university students with hikikomori are much worse if they do not seek positive social support and appropriate treatment of psychiatric disorders. These preliminary results suggest that early intervention is important for treatment of hikikomori. It is necessary to develop more effective prevention and treatment methods for individuals with hikikomori.

STATE-TRAIT ANXIETY AND EMPATHIC TENDENCY OF FIRST YEAR MEDICAL STUDENTS IN RESPECT TO GENDER AND CAREER DECISION

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Educational Objectives: Anxiety is a kind of motivation necessary for being alive and successful. In contrary, anxiety creates future directed unpleasant, negative emotions involving physical and psychological signs. At the end of this presentation the audience should be able to recognize the relationship and the importance of state, trait anxiety and empathic tendency in medical students.

Purpose: The aim of this study was to define the average scores of anxiety and empathic tendency of medical students and to analyze them in respect to gender and career decision.

Methods: An anonymous questionnaire consisting of socio demographic questions, State-Trait Anxiety Inventory (STAI) and Empathic Tendency Scale (ETS) was applied to first year medical students of Meram Faculty of Medicine, voluntarily with ethics approval. STAI has 40 items consisting two subscales: state anxiety (STAI-I) and trait anxiety (STAI-II). In both subscales the total score ranges from 20 to 80 points. ETS consists of 20 items and total scores range from 20 to 100.

In statistical analyses categorical variables were expressed as numbers, percentages and the continuous variables expressed as means with standard deviations. The association of the dependent variables with the independent variables was determined with Student t-test and One-way Anova. Statistical significance was set at p values less than 0.05.

Results: We analyzed 180 fulfilled questionnaires representing 84.5% of first year students. The mean age of the students were 18.47 ± 0.91 years, above the half were male ($n=103$, 58.2%) and were living in a dormitory ($n=99$, 55.0%). The 36.7% of them ($n=66$) were satisfied with the city and 64.4% of them ($n=116$) were satisfied with their career decision. The STAI-I, STAI-II and ETS scores of the study group were 39.96 ± 8.29 , 44.72 ± 7.50 and 66.65 ± 7.99 , respectively. Trait anxiety and empathic tendency of female students were significantly higher than the male students ($p < 0.05$). Although not getting information about medical education and working conditions before deciding medical career seems to be creating anxiety and decreasing empathic tendency there were no significance ($p > 0.05$). Satisfaction with the career decision was also effecting anxiety and empathic tendency scores of students, significantly ($p < 0.05$).

Conclusions: Trait anxiety and empathic tendency of female students were significantly higher. In spite of the fact that informed career decision making is important, neither getting information about medical education nor working conditions before decision making seems ineffective for anxiety and empathy levels. But satisfaction with the career decision has a significant effect on students.

ON THE RELATIONSHIP BETWEEN COPING STRATEGIES AND MENTAL HEALTH OF STUDENTS

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Introduction: Mental health is a phenomenon which has been considered by psychologists, medical doctors and religious scholars and it is a combination of physical, social and cognitive factors .

Objectives: this study was done to achieve the effect of teaching coping skills in providing mental health in students of Ardabil University of medical sciences.

Aims: Due to the nature and aims of the study, the study method was experimental research method

Methods: the samples of the present study comprised all male and female students (n=112) at Ardabil university of medical sciences and gained 23 or more in GHQ-28 questionnaire at the next stage the samples were selected randomly and divided in 2 groups .then, coping skills were taught to the experimental group for 4 weeks and no variable was exposed to the control group during this period at the end, the data from 62 individuals were analyzed by independent test.

Results : the results showed that teaching coping skills effects on decreasing mental disorders symptoms especially somatization of symptoms and anxiety of students suspected to the mental disorder ($R < 0.001$) .but the teaching coping skills do not effect on decreasing depression and disorder of social functioning of students

Conclusions: this study showed that teaching coping skills is a good method in decreasing mental disorders symptoms among the students suspected to the mental disorder. Therefore it is suggested that in order to prevent and decrease mental disorders symptoms the coping skills should be taught to students

THE IMPORTANT ROLES OF MID-LEVEL MANAGERS IN MAINTAINING MENTAL HEALTH OF NEWLY EMPLOYED YOUNG WORKERS

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Educational Objectives: In Japan, young employees tend to avoid getting hurt while seeking an emotional bond. However, many mid-level managers are unable to understand such conflict, contributing to mental illness in young employees. Mutual understanding across generations is needed.

Purpose: The purpose of this study is to clarify the roles of mid-level managers in mental health of newly employed young workers.

Methods: A questionnaire survey was conducted in May 2012 involving 23 mid-level managers who work for a leading Japanese business group with approximately 600 employees. Open-ended questions were used in the survey, and they included: Things that the subjects have learned from the experience of working with newly employed young workers who developed mental disorders, strong and weak points of young employees, and the ways of nurturing them. Interviews were also performed involving 6 young employees who developed mental disorders to investigate problems they had. The subjects were informed that no personal information would be collected, and consent was obtained from all subjects prior to the study.

Results: The obtained data were analyzed qualitatively using a grounded theory approach. Most managers grew up and started working in a period of rapid economic growth, and survived in a severely competitive environment. This experience made them believe that young employees must be able to work in the same way that they did. They also considered that young employees work earnestly as they comply with the orders given to them, but, at the same time, they have little aggressiveness in work. Although many mid-level managers understood the importance of communicating with young employees, they struggled to find a way of communicating with and nurturing them. The young employees who developed mental disorders were suffering from a problem that they cannot ask their boss questions, because they were afraid of getting hurt although they sought an emotional bond. They had ambitions and eagerness to contribute to the company, but, they tried to hide it. They were also confused about building interpersonal relationships. However, many mid-level managers did not understand such inner conflict.

Conclusions: The results showed that there is a gap between the ideas of many mid-level managers and newly employed young workers. The mid-level managers had aggressive ideas based on their successful experience, whereas the young employees had passive attitudes toward interpersonal relationships. Such a gap caused stress on both sides, and contributed to developing mental disorders especially among young employees. Mutual understanding across generations is needed.

BURN OUT IN HEALTHCARE PROVIDERS WORKING IN MARRAKECH UNIVERSITY HOSPITAL

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Objectives: Burn out syndrome consists in physical and mental exhaustion observed in professionals whose work involves continuous contact with other people in response to chronic stress. Healthcare providers are exposed to this risk. Our objective is to assess the prevalence and identify risk factors of burn out among the medical and paramedical staff in university hospital of Marrakech.

Methods: A multicenter analytical cross-sectional study was conducted among practitioners in Marrakech University Hospital. The Maslach Burn out Inventory and a general questionnaire on demographic and professional variables data were used.

Results: will be presented on meeting.

Literature Reference

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POLYSOMNOGRAPHIC PREDICTORS OF RESPONSE TO MILNACIPRAN IN DEPRESSION

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Educational Objective-At the end of this presentation, the participants should be able to recognize the patients suffering from depression who can be treated with milnacipran.

Purpose: In this study, the authors sought to study and compare the polysomnography (PSG) predictors of Milnacipran on sleep architecture and its response in drug naïve/free patients with depression.

Method: In this study, patients (N= 15) with ICD-10 clinical diagnosis of unipolar depression (N=7) or recurrent depressive disorder (N=8) and normal controls (N= 15) were enrolled. After two consecutive night PSG recording patients were administered 25mg of milnacipran 4 hour prior to PSG recording on day 3. One week after starting milnacipran at a dose of 25mg BD, the dose of milnacipran was be hiked to 50mg twice daily. Patients were assessed with Hamilton depression rating scale (HAM-D) and Hamilton anxiety rating scale (HAM-A) and WHO QOL- BREF (Field trial version) at four and eight weeks after starting milnacipran.

Result: Analysis of the sleep parameters at baseline and 4 hours after milnacipran treatment revealed significant increase in REM latency. Post medication analysis of the stage 2 sleep power spectral values shows an increase in power in the delta region in the left frontal region(p=.010); left parietal region (p=.033); and left temporal region(p=.018). Post medication analysis of the REM sleep power spectral values revealed an increase in the left parietal delta band (p=.043); left parietal theta; right parietal delta band (p=.037); and left temporal theta band (p=.043). Of the 15 patients who completed the study, 13 were responders to 8 weeks trial of milnacipran in a fixed dosage schedule. Significant changes were found in terms of improvement in both HAM-D as well as HAM-A scores post treatment with very good effect size (For HAM-A; Pillai's trace F-265.8, Effect size-0.978). Significant changes were also found in all four domains of WHO-QOL-BREF.

Conclusion: The present study revealed that an increase in REM latency, and increased hyperactivation of cortical areas like left frontal, parietal and temporal as shown by increase in power spectral values, may predict acute antidepressant effect of Milnacipran. Therefore patients of depression with increase REM latency and increase hyperactivation of cortical areas are good candidates of milnacipran use.

INVESTIGATION OF EPISTATIC INTERACTIONS BETWEEN *GRIA2* AND *GRIA4* VARIANTS ON CLINICAL OUTCOMES IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER

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Educational Objectives: This research for epistatic interactions between different candidate genes could contribute to the understandings of the association between the glutamatergic system and antidepressant response.

Purpose: We investigated the existence of epistatic interactions possibly influencing antidepressant response between genetic variants within *GRIA2* and *GRIA4*, two genes encoding for two different subunits of the glutamatergic AMPA receptors in a sample of 145 Korean patients with major depression treated with different antidepressants.

Methods: The main outcome measure of the present study was the existence of possible epistatic interactions between rs4260586 within *GRIA2* and rs10736648 within *GRIA4* and improvement in depressive symptoms measured by change in MADRS total scores from baseline (admission) to the endpoint (discharge). Secondary outcome measures included the investigation of epistatic interactions between the same two SNPs and other clinical and socio-demographical variables included in the present study. The two SNPs mentioned above were selected among SNPs available in our dataset¹³ and we chose 1 SNP for each gene that tagged the largest number of SNPs within the same gene, so as to cover a portion of the gene as high as possible.

Results: No significant epistatic interaction between rs4260586 within *GRIA2* and rs10736648 within *GRIA4* on improvement depressive symptoms measured by the change in MADRS total scores from baseline (admission) to the endpoint (discharge) was observed. In the analysis of secondary outcome measures (total score on MADRS at baseline and discharge, response, remission, subtypes of MD, age, gender, age at onset, family history of MD, past history of suicide attempt, duration of admission, antidepressants, and concomitant anxiolytics), no significant epistatic interactions between rs4260586 within *GRIA2* and rs10736648 within *GRIA4* were observed as well.

Conclusions: No significant epistatic interaction between the two SNPs and MADRS improvement scores was observed. A possible explanation for this negative finding could be related to the moderately small sample size of our sample that could not allow us to detect subtle differences that are usually associated with single genes or gene-gene interactions in complex disorders.

QUALITY OF LIFE ASSESSMENT IN POSTMENOPAUSAL WOMEN DEPENDING ON THE SEVERITY OF DEPRESSIVE SYMPTOMS AND CHANGING MOODS

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Objectives. Menopause is the last menstruation in a woman's life. The average age for menopause in Poland is 50 years, so about 30% of a woman's life is spent in the postmenopausal period. This is the time when most women perform new social roles and take up new challenges often associated with attempts to improve their quality of life so that the climacteric period is not a negative experience. And yet, menopause brings many complications, especially psychoemotional problems. The aim of this study was to assess quality of life in postmenopausal women depending on the severity of depressive symptoms and changing moods.

Methods. The study involved 349 healthy women from West Pomeranian Province (Poland) who had their last menstrual period at least one year prior to the study. The authors used a diagnostic survey method to assess: depressive symptoms (the Beck Depression Inventory), mood (UMACL – UWIST Mood Adjective Checklist), anxiety (STAI – State-Trait Anxiety Inventory) and quality of life (SF-36), and to exclude psychiatric disorders (PRIME-MD – Primary Care Evaluation of Mental Disorders). Statistical analyses were done with Statistica for Windows.

Results: The average age of the respondents was 55.5 years. The majority of them (70.2%) did not show any depressive symptoms, however, severe depressive symptoms were diagnosed in 3.4% of the women. The mood assessment revealed unmatched mood dimensions in 47.6% of the respondents, stable mood in 30.1%, and low mood in 11.6%. The women with state and trait anxiety were the least numerous: 25.4% and 21.8%, respectively. The highest quality of life scores were related to physical, emotional and social functioning. Severe depressive symptoms had considerable effects ($p < 0.05$) on the quality of life in all eight domains (the more severe depressive symptoms, the lower quality of life). There was a significant correlation between the quality of life scores in eight domains and the scores of the three UMACL sub-scales. The authors also noted a significant correlation between quality of life scores in all domains and the levels of state and trait anxiety according to the STAI. Higher anxiety levels were accompanied by lower quality of life in the eight domains.

Conclusion: Depressive symptoms, anxiety and changing moods occurring in postmenopausal women significantly worsen their quality of life.

LOW SELF-RECOGNITION AND AWARENESS OF PAST HYPOMANIC AND MANIC EPISODES IN THE GENERAL POPULATION

E. Regeer

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Educational Objectives: The participants became aware of the difficulties in diagnosing bipolar disorder and became familiar with tools to improve recognition.

Purpose: Population-based and clinical studies report that bipolar disorder is often underdiagnosed and undertreated. Since most patients with bipolar disorder will present with depressive symptoms, making a correct diagnosis highly relies on the report of past hypomanic or manic episodes. We investigated the recognition and awareness of past hypomanic and manic episodes in a sample of respondents with bipolar disorder selected from a general population study, thus avoiding the bias of help-seeking behavior, as would be the case in clinical populations.

Methods: In a reappraisal study from the Netherlands Mental Health Survey and Incidence Study (NEMESIS) we further investigated 40 respondents with lifetime bipolar disorder confirmed by the Structured Clinical Interview for DSM-IV (SCID). Respondents were asked about awareness of past depressive, manic and hypomanic episodes, illness characteristics and treatment history.

Results: Most respondents (82.5%, N=33) recognized that they had experienced a depressive episode while 75% (N=30) had consulted a health professional for a depressive episode. Only a minority (22.5%; N=9) recognized that they had experienced a hypomanic/manic episode and only 17.5% (N=7) had consulted a health professional for a hypomanic/manic episode. Only 12.5% (N=5) of the respondents reported having received a diagnosis of bipolar disorder and only these 5 respondents used a mood stabilizer. Recognition of previous (hypo)manic episodes was not related to severity of bipolar disorder.

Conclusions: In routine clinical practice history-taking on a syndromal level, i.e., only inquiring whether a patient presenting with depression ever experienced a hypomanic or manic episode or received treatment for such an episode, is not sufficient to confirm or exclude a diagnosis of bipolar disorder. Other efforts, such as the use of self report questionnaires or (semi-)structured interviews may be needed to recognize previous manic symptoms in patients with depression. In addition, an interview with a significant other may be indispensable in the diagnostic process of bipolar disorder. Our results furthermore stress the importance of psychoeducation once a bipolar disorder has been diagnosed, especially on the nature of manic symptoms to improve awareness.

COMPARISON OF ATTITUDE TOWARD LONG-ACTING INJECTABLE ANTIPSYCHOTICS AMONG PSYCHIATRISTS AND PATIENTS

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Educational Objectives: This study aimed to investigate the reasons for the low frequency of LAI use in Korea. We hypothesized that the extremely low rate of LAI use in Korea could be attributed to the negative attitude of the psychiatrists toward this method of administration.

Purpose: This study aimed to investigate the reason for LAI underuse by surveying the attitudes toward LAI among psychiatrists and patients receiving LAI.

Methods: A total of 173 psychiatrists and 99 patients receiving LAI participated in the survey. Participating psychiatrists were divided into two groups according to experience with prescribing LAI to at least 10 patients.

Results: The two psychiatrist groups did not differ significantly in terms of sociodemographic characteristics and clinical practice patterns. However, the group with higher experience more frequently provided explanations regarding LAI to their patients and was more satisfied with the use of LAI than the group with less experience. Acceptance rates of patients to the recommendation for LAI treatment and satisfaction of psychiatrists with the outcome of LAI were also significantly higher in the group with higher experience. Psychiatrists with less experience with LAI were more negative toward LAI than patients receiving LAI as well as psychiatrists with higher experience.

Conclusions: In conclusion, attitudes of psychiatrists toward LAI were closely related to the use of LAI. The negative attitude and reluctance of psychiatrists, rather than patient resistance, may contribute to the underuse of LAI.

A STUDY OF HUMAN RIGHTS AND PSYCHOSOCIAL CONSEQUENCES IN FEMALE WITH SEVERE MENTAL ILLNESS (SMI) IN REMISSION

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Educational Objectives: To find out: 1) The demographic characteristics of females with severe mental illness in remission, 2) Frequency of human rights and psychosocial consequences, 3) Relationships of socio-demographic characteristics and human rights and psychosocial consequences.

Purpose: To study human rights and psychosocial consequences in female with SMI in remission.

Methods: In this hospital based cross sectional study 43 consecutive female subjects currently living in the community and who came for follow up at Dept. of Psychiatry, JSS Hospital were recruited by purposive sampling method after obtaining informed consent if they met study criteria from January 2012 to December 2013. Inclusion criteria were female patients aged 18-65 years, history of hospitalization for mental illness (Severe Mental Illness). Subjects were excluded if there was a significant chronic physical illness, having any syndromal psychiatric disorder, presence of moderate to severe disability. Initially all subjects were examined by a psychiatrist and those without a syndromal diagnosis were further assessed with socio-demographic and clinical proforma designed for the study, presence of psychosocial and human rights issues as per International Classification of Functioning Disability and Health, Hamilton Rating Scale for Depression, Young Mania Rating Scale, Brief Psychiatric Rating Scale, Indian Disability and Assessment Scale. Group difference for categorical variables were examined with the chi-square test, whereas an independent 't' test was used for continuous variables.

Results: In the sample 11.6 % experienced difficulty in exercising their human rights, while 18.6 % experienced psychosocial consequences. Common human rights affected were right to equality, cultural and educational right, right to freedom of expression, right to freedom of religion. Commonly experienced psychosocial consequences were changing /loosening of support, relationships and attitudes (of immediate & extended family members, acquaintances, peers colleagues, neighbours and community members). Socio-demographic variables had statistically significant relation with most of human rights and psychosocial issues.

Conclusions: Human rights and psychosocial consequences are prevalent in female with SMI in remission and appear to be inter-related with socio-demographic variables.

Literature Reference -Nil

INFLUENCE OF ETHNICITY ON DURATION OF UNTREATED PSYCHOSES, SEVERITY OF ILLNESS AND PROGNOSIS :- A RETROSPECTIVE STUDY IN SINGAPORE

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Background-One of the most consistent findings in the epidemiology of schizophrenia is the high incidence of the disorder among migrant and ethnic minority groups. ⁽¹⁾ Many studies have mentioned the influence of ethnicity on duration of untreated psychosis, severity of symptoms at first contact with treatment services, prognosis and outcome. In this retrospective study, we sought to investigate this issue on a large group of patients with first episode psychosis. The ethnic groups were Chinese, Malay, Indians and Others (Filipino, Indonesians, Thais, Burmese, Bangladeshis, Caucasians etc)

Methods- All patients presenting to a tertiary mental health service in Singapore over a period of three years were selected. All patients fulfilled one of the diagnoses in the psychotic spectrum disorders and were all first episode psychoses patients. Data relating to duration of untreated psychosis (DUP) and clinical and sociodemographic characteristics were collected from patients, relatives and case-notes. PANSS and GAF scores at baseline and at 1 and 2 year periods were rated to obtain information on severity of illness. Information on employment status and functioning was obtained at baseline and at 1 and 2 years of follow up.

Results- The mean DUP were four months and there was no evidence of influence of ethnicity on duration of untreated psychoses or severity of illness. However, certain ethnic groups showed better return to pre morbid level of functionality.

Conclusion- Ethnic differences play no role in DUP but do influence Functional levels of patients with first episode psychoses.

Keywords- Ethnicity, psychoses, duration of untreated psychoses

References

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PREFERENCE FOR LONG-ACTING INJECTABLE ANTIPSYCHOTICS OF COMMUNITY-DWELLING PATIENTS WITH SCHIZOPHRENIA AND THEIR CAREGIVERS IN KOREA

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Objectives : The prescription rates of long-acting injectable antipsychotics are very low around 1 % in Korea. This study was aimed to explore the preference of long-acting injectable antipsychotics in patients with schizophrenia, who are currently living in community, and their caregivers.

Methods : The patients who were diagnosed with schizophrenia and were registered in the 31 mental health centers of Gyeonggi province and their caregivers were inquired the knowledge of the long-acting injectable antipsychotics. The questionnaires contained informations such as demographic characteristics, history of psychiatric treatment, and knowledge and preference of long-acting injectable antipsychotics and so on. The case managers working in community mental health centers explained to the patients and their caregivers about the survey and requested to fill up the questionnaires voluntarily.

Results : About 8,960 subjects were registered in the community mental health centers of Gyeonggi province in February 2012. Among them, 5,318 patients were diagnosed with schizophrenia. A total of 980 subjects (614 of patients and 365 of caregivers) answered the questionnaires. The mean ages (SD) of patient responders (n=604) and caregiver responders (n=352) were 42.0 (\pm 10.2) and 62.2 (\pm 13.4) years old respectively. A considerable number of patients (44.6% of patient responder and 43.6% of caregiver responders) have experienced discontinuation of medications without doctor's consent. Only 35.9% of patient responders (n=605) and 27.1 % of caregiver responders (n=358) did know about the long-acting injectable antipsychotics. Tentative preference for long-acting injectable antipsychotics were 35.2 % and 46.8 % for the patients and caregivers, respectively. More analyzing results will be represented in the poster.

Conclusion : There is the huge discrepancy between the preference and the real prescriptions of long-acting injectable antipsychotics in Korea. Both patients and their caregivers registered in the CMHCs have a strong commitment to live in the community. The obstacles against the benefits of long-acting injectable antipsychotics need to be resolved.

“MICHAEL’S GAME,” A TOOL FOR A BETTER DISSEMINATION OF COGNITIVE THERAPY FOR PSYCHOTIC SYMPTOMS?

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Educational Objective:

Learning about a game-based therapy for psychotic symptoms called “Michael’s Game”.

Purpose:

The “Michael’s Game” is a training module for hypothetical reasoning. It is a game-based treatment inspired by cognitive therapy (CBT) of psychotic symptoms. It was conceived as a tool to promote the spreading of CBT in natural clinical settings. A randomized controlled study on the impact of the game is presented.

Methods:

One hundred and seventy-two patients with psychotic disorder were randomly assigned to either (Michael’s Game plus Treatment as usual) or (Waiting List plus Treatment as usual). Participants were assessed at inclusion, at three months (after “Michael’s Game Training) and at six months follow-up. The assessments include the Beck Cognitive Insight Scale (BCIS), the Peters Delusion Inventory-21 items (PDI-21) and the Brief Psychiatric Rating Scale as well as measures of belief flexibility from the Maudsley Assessment of Delusions Schedule (MADS).

Results:

Better improvements were observed on some of the main measures in favor of the group allocated to the Michael’s Game intervention. It was particularly observed an improvement in measures of belief flexibility and a reduction of the degree of conviction, preoccupation and distress as assessed with the PDI-21.

Conclusions: The present study supports the positive impact of the “Michael’s Game” for patients with psychotic symptoms. The game seems useful in naturalistic settings. Games are possible new ways for the dissemination and the development of treatments for mental health.

ENVIRONMENTAL RISK FACTORS AND CLINICAL PRESENTATION OF SCHIZOPHRENIA

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Introduction: Schizophrenia is a neurodevelopment disorder with genetic and environmental risk factors. The role of viral and bacterial infections during pregnancy and conception, early trauma, use of cannabis in adolescence are studied.

Objective: To study the impact of severe influenza during pregnancy and other environmental risk factors on the risk of development and clinical presentation of schizophrenia spectrum disorders (F 20 - F 29) in the offspring.

Method: We investigated 104 cases of schizophrenia spectrum disorders (F20 - F 29) aged 19 to 35 years whose mothers endured during pregnancy severe cases of influenza. The control groups account for 50 healthy individuals with cases of prenatal infections in mothers during pregnancy and 105 patients (F20 - F 29) whose mothers during pregnancy were not ill. Archival medical documents, the results of semi-structured interviews with parents of randomized patients were investigated. Other environmental risk factors for schizophrenia, including the availability of social deprivation and psychological trauma in early childhood, consuming alcohol and drugs by the mother during pregnancy and by the father in the year of conception, using drugs during life before the disease by randomized patients also were studied. Assessed the impact of risk factors on the age of the first symptoms appearance, severity of the clinical presentation (hallucinatory, delusional and negative symptoms and their dynamics during the first five years of disease, the severity of social disadaptation).

Results: Influenza disease and use of antiviral drugs does not correlate with an increased risk of schizophrenia, but correlates with early age of manifestation, and more severe clinical presentation. The relationship between influenza and schizophrenia spectrum disorders were found only when an infection had been experienced during the first trimester of pregnancy. In the more than half of cases of schizophrenia mothers received the antiviral drugs during incidence of influenza. Psychological trauma in childhood, drug use and alcohol in adolescence are correlated with greater severity of hallucinatory, delusional, and affective symptoms and early social disadaptation in schizophrenia.

Conclusions: Prenatal exposure influenza to fetus associated with risk of occurrence and malignant course of schizophrenia in the offspring. Discussed the possibility prevention strategies for schizophrenia spectrum disorders.

A SURVEY OF POST- SCHIZOPHRENIC DEPRESSION AND THE IMPACT OF DEMOGRAPHIC FACTORS ON THE PATIENTS IN TABRIZ

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Introduction: Our goals in this study are determining the rate of post-schizophrenic incident in hospitalized patients, determining the impact of demographic factors on the depression intensity and determining the impact of the type of schizophrenia on the depression intensity.

Methods: the present study is an analytical prospective one. We selected 187 patients suffering from chronic schizophrenia and completed the demographic questionnaire and Beck depression test and analyzed the data using the statistical software SPSS and the descriptive statistics (frequency-percent) and the deductive statistics (Chi square-variance analysis). P value<0.05 is assumed meaningful.

Results : the average age of the patients was 38.3+10.1 and %46.6 of them suffered from depression , among whom %50 of the females %71.8 of the males suffered from depression .considering P=0.162 .the relation between the patient's age and the depression intensity was P=0.07, marital status was P=0.09, the different levels of education was P=0.3, the residence was P=0.5, and the previous record of depression was P=0.5 .there was a previous record of depression with P= 0.002 and .the relation of schizophrenia among the nearest relatives was P=0.7 the record of depression in the nearest relatives was P=0.4 the age was P=0.065 hospitalization with P=0.42 and suicide with P=0.18 also the relation between the schizophrenia type with the depression intensity was P= 0.346

Conclusion: Our study showed that just the relation between the patient's age and the depression intensity, a previous record of depression patients and suicide whose relations with depression intensity were meaningful.

Keywords:

Schizophrenia, depression, post-schizophrenic depression, suicide, depression intensity.

CAPSCINE – THE USE OF CINEMA AS A THERAPEUTIC RESOURCE IN THE TREATMENT OF INDIVIDUALS DIAGNOSED WITH SCHIZOPHRENIA

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Educational Objectives: At the conclusion of this presentation, the participants should be able to identify community resources (such as movies and movie theatres) as therapeutic options to be used in psycho-social rehabilitation treatment of individuals diagnosed with schizophrenia and treated in Community Mental Health Centres.

Purpose / Objective: The purpose of this project is to evaluate the use of a community resource (movies and movie theatres) as treatment options for individuals diagnosed with schizophrenia.

Methods: The therapeutic resource called CAPSCINE is an open group that has taken place weekly over the last eight years in the Community Mental Health Centre Prof. Luís da Rocha Cerqueira, located in the central region of São Paulo, SP – Brazil, near one of the most cultural neighbourhoods of the city.

Before each session, along with 4 coordinators, 30 to 35 individuals diagnosed with schizophrenia take part in choosing two movies to be watched, listing participants and organizing post-session snacks. The group walks to the movie theatre and is given sponsored tickets; after watching the movies, participants discuss their plots, meanings, impacts, and repercussions on them.

The group dynamics is based on the psycho-social approach: horizontality in the relation between mental health professional and patient and co-responsibility for tasks interrupt the formal therapeutic characteristic of both the intervention and the professional, allowing the ‘patient’ stigma to be surpassed.

Results: Through the years, CAPSCINE has played different parts, mostly due to its perennial characteristic: broadening of cultural repertoire and interest in cultural goods, sensibilization towards artistic manifestations, sociabilization, simbolization of traumatic events through identification with characters and stories.

During each session, participants are spectators and movie critics. This approach has allowed resolution of crisis regardless of diagnostic, psychopathological state, educational level or social status. Crisis interventions in these situations are not only performed by professionals, but also by group participants.

Conclusions: CAPSCINE is an activity that aims psycho-social rehabilitation, based on a broad action configured as a group of strategies directed to increase the ability of exchanging and to give value to subjectivity, providing bigger ‘contractuality’. Understanding the individual as the lead character of his/her treatment, makes rehabilitation come from interventions and attitudes based on relational and dialogical aspects through bonding and availability to listen: the user embracement. Therefore, an activity initially planned to increase the use of exterior resources and to promote deinstitutionalization gained other characteristics, such as group embracement and reduction of stigma.

IMPACT OF ANTIPSYCHOTIC ADHERENCE ON THE RELATIONSHIP OF SYMPTOMATIC AND PSYCHOSOCIAL REMISSION IN OUTPATIENTS WITH SCHIZOPHRENIA

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Purpose: To assess the relationship between symptomatic and psychosocial remission and adherence to antipsychotic treatment in schizophrenia.

Methods: This was an epidemiological, cross-sectional, non-interventional, and multicenter study conducted in 1787 outpatients with schizophrenia (65.5% men, mean age 43.4 years). In a single clinical visit, sociodemographic, clinical, socio-familial variables, and occupation/ autonomy-related data were recorded. Adherence to antipsychotic medication in the previous year was categorized by the clinician, based on self-reported information from patients, as adherent (compliance $\geq 80\%$) and non-adherent (compliance $< 80\%$.) for all patients. Symptomatic remission was assessed with the Remission in Schizophrenia Working Group criteria and psychosocial remission with the Psychosocial Remission in Schizophrenia Scale (PSRS). Community integration was a composite variable that included symptomatic and psychosocial remission.

Results: Symptomatic remission was recorded in 28.5% of patients and psychosocial remission in 26.1%. A total of 60.5% of patients were classified as adherent to antipsychotic treatment and 41% as adherent to non-pharmacological treatment. According to the route of administration, the rate of adherence was 77.1% for long acting treatments, 56.1% for the daily oral route, and 60.6% for the combination of daily oral and long acting treatments. During the index visit, treatment was changed in 28.4% of the patients, because of lack of efficacy in 39.6% of cases and low adherence in 31.1% (8.8% of the total population). The percentage of patients with symptomatic remission was significantly higher among patients adherent to antipsychotic medication (30.5%) than among non-adherent (25.4%) ($P < 0.05$). The probability of symptomatic remission was significantly higher among women, patients with paranoid schizophrenia, adherent to medication, and in the categories of CGI-S “normal” and BPSR “absence of disorder”. Psychosocial remission was also significantly higher in the adherent group (32% vs 17%, $P < 0.001$). Differences in the percentages of psychosocial remission for all individual items of the PSRS scale were also significant in favor of patients adherent to antipsychotic medication. Independent factors associated with psychosocial remission were adherence to treatment and in the categories of CGI-S “normal” and BPSR “absence of disorder”. Only 3.5% of the patients showed an adequate level of community integration. A statistically significant association was found between community integration and adherence, $P < 0.05$).

Conclusion: There is a strong association between continued treatment (determined by the level of adherence) and symptomatic and psychosocial remission. The best clinical status correlated significantly with higher levels of psychosocial remission. Only 3.5% of patients showed an adequate level of community integration related to adherence to treatment.

UNDERSTANDING CRIME IN SCHIZOPHRENIA – RISK FACTORS AND PREVENTION

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Objectives

Only a minority of schizophrenia patients shows criminal behavior, but in comparison with the general population, they are at increased risk of incurring in criminal acts. The objectives of this study are, by reviewing the literature, to conclude about the relationship between crime and schizophrenia and explain the mediators of this association. A second aim is to discuss the prevention of criminality in schizophrenia patients.

Methods

Searches involved three electronic bibliographic databases (MEDLINE, SCOPUS and ISI WEB OF KNOWLEDGE) and other selected literature in psychiatry. The keywords used were (“schizophrenia” [MeSH Terms] OR “schizophrenia” [All Fields]) AND (“crime” [MeSH Terms] OR “crime” [All Fields]); “violence”; “criminality”; and “aggression.” The search was limited to articles published between January 2000 and December 2012.

Results

There is an increased prevalence of crime among schizophrenia patients compared with the general population. The explanation for these criminal acts does not contain unique factors, but a variety of variables that are often intertwined and operate before, during, and after the active disease stage. It is noted that certain perinatal, childhood, or family history characteristics, as well as personality traits, conduct disorder/antisocial personality, and early onset of substance abuse are examples of factors that operate before the onset of the disease. The vulnerabilities acquired during active disease are the acute psychotic symptoms and other clinical features of the disease. Family and/or social dysfunction, substance abuse, unemployment, and lack of adherence to therapy are coincident or subsequent to active disease. Other factors such as victimization and criminal history may arise in any period and contribute equally to the increase in crime among schizophrenics. Males and younger individuals are the major demographics that are at risk of criminal acts.

Conclusion

The prevention of the occurrence or recurrence of the criminal act must be specific to the patient, adapting to the more substantial etiological factors, with a reminder that in most cases, more than one factor is involved. Substance abuse, the vulnerabilities of the individual personality, and the social context, need, if not on equal priority with controlling symptoms, be at least a relevant part of the management process.

PSYCHOSOCIAL DIFFICULTIES EXPERIENCED BY PATIENTS WITH SCHIZOPHRENIA

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Objectives: 1) To determine the most relevant psychosocial difficulties (PSDs) experienced by patients with schizophrenia. 2) To identify the most important determinants of those PSDs.

Methods: The study was conducted as part of the project PARADISE (Psychosocial Factors Relevant to Brain Disorders in Europe) funded by the European Union (Grant Agreement 652 no. HEALTH-F2-2009-241572). PSDs were defined according to the biopsychosocial approach found in the World Health Organization's International Classification of Functioning, Disability and Health (ICF) as disabilities, in particular impairments of mental functions, activity limitations and participation restrictions. Based on literature reviews, focus groups and consultations with experts, a pilot data collection protocol aiming to document PSDs and determinants relevant for people with various psychiatric and neurological conditions was developed. A total of 80 patients with schizophrenia (ICD-10 F20) from different mental health services in Warsaw were interviewed using the protocol.

Results: The most frequent PSDs reported by patients with schizophrenia were: not feeling rested and refreshed during the day (86.4% of the sample), feeling lonely (82.7%), feeling sad, low or depressed (81.5%), worry or anxiety (80.3%), problems with driving (80.3%), lack of interest and motivation (79.0%), difficulty finding and understanding words (74.1%), sleep problems (72.8%), problems with thinking clearly (71.6%), and reading books, instructions or newspapers (71.6%). The most commonly reported positive determinants of PSDs were: care from health professionals (87.6%), help and assistance received from family (87.4%), attitudes of health professionals (82.7%), help and assistance received from friends (81.4%), and other forms of treatment (but medications) (80.3%). The most relevant negative determinants of PSDs were: received medications (70.3%), health problems of family members (67.5%), weather or climate (65.1%), awareness of schizophrenia that people around have in general (59.3%), and attitudes of family (42.3%).

Conclusions: The results of this study provide preliminary insights into the wide range of psychosocial problems experienced by people with schizophrenia in daily life and their perception of the factors influencing these problems. Although the findings only reflect the subjective perspective of the participants, they may be useful in planning interventions aiming to alleviate schizophrenia-related PSDs.

SOCIO-DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PATIENTS INVOLUNTARILY REFERRED TO A PSYCHIATRIC EMERGENCY SERVICE OF AN HOSPITAL IN NORTHERN PORTUGAL

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Educational Objectives: Recognize the profile of patients involuntarily referred to a psychiatric emergency service.

Purpose: Characterize the profile of patients involuntarily referred to the psychiatric emergency service in Viana do Castelo district, Portugal.

Methods: Descriptive, cross-sectional, retrospective study of all patients involuntarily referred to the psychiatric emergency service of *Unidade Local de Saúde do Alto Minho*, in Viana do Castelo, Portugal, between January 2007 and December 2009. Socio-demographic and clinical data were collected from electronic medical records. Statistic analysis was performed using Microsoft Office Excel 2010.

Results: 290 patients were involuntarily referred to the psychiatric emergency service during the study period. 75.5% of the patients were male, the mean age was 44 years and most patients were single (49.3%).

Within the considered years, 2009 recorded the highest number of cases (42.4%). There was a uniform distribution of the episodes along the year, with the least number of cases being reported during the summer months.

The predominant diagnosis was schizophrenia and other psychotic disorders (41.4%), followed by alcohol-related disorders (26.6%). Most admissions to the emergency setting were followed by hospitalization in a Psychiatric unit (61.7%). Only a minority of cases (16.2%) was followed as outpatients, post discharged from the psychiatric emergency service. From the patients assessed, 13.8% were involuntarily referred more than once to the psychiatric emergency service.

Conclusions: In Portugal, there is still a lack of information regarding this subject. The recognition of the profile of patients involuntarily referred to psychiatric emergency service, namely through prospective design studies, may help in outlining strategies to improve the psychiatric assistance. It would also be interesting to evaluate the follow-up of these patients, concerning the therapeutic guidance and the regularity of the attendance in psychiatric care units.

DISAPPROVAL RATE FOR THE CONTINUING HOSPITALIZATION FOR MENTALLY ILL IN-PATIENTS IN GYEONGGI-DO, KOREA

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Educational Objectives: The participants should be able to understand the current status of the Mental Health Review Board and the Mental Health Tribunals in Korea.

Purpose: This study was to explore the judgment system for the continuing hospitalization of long-term mentally ill in-patients and was to improve the care systems of hospitalization for chronic psychiatric patients.

Methods: From the twenty-three judgment committees of continuing hospitalization in Gyeonggi-do, the final decisions made by twenty-two judgment committees in August, 2010 were gathered for the analysis. The total numbers of requests and the disapproval rate of continuing hospitalization and the request for better services and discharge were also explored.

Results: The total number of patient requested for the judgment of continuing hospitalization was 1,805 in August 2010. One hundred and forty-three patients were disapproved for the continuing hospitalization so that disapproval rate was 7.9 percentages. The number requested for better services was sixteen of which eleven were turning down. Out of 159 patients requested for discharge, only 5 patients were approved for discharge.

Conclusions: Since the judgment committees for continuing hospitalization in metropolitan governments had been subdivided into those in local governments in 2009, the disapproval rate for continuing hospitalization were showed the trend of increment. This suggests that more novel and efficient system for reviewing and decreasing the long-term hospitalization be required.

PATHOLOGICAL GAMBLING: IS THERE A DIFFERENCE IN GAMBLERS WHO GAMBLE WITHIN THE STRUCTURES PROVIDED AND THOSE WHO GAMBLE ONLINE?

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Objectives: Being able to gamble without moving from home could be a factor that would significantly differentiate between the two groups of players. We intend to trace the profiles of those who gamble in casinos, hippodromes and other structures and those who gamble as well as online in order to reflect on the differences in therapeutic and preventive interventions.

Purpose: 1. To trace the profiles of gamblers who gamble within the structures provided for this purpose (casinos, hippodromes, PMU, FDJ) and 2. Compare them with players who gamble in these structures as well as online (Mixed gamblers).

Method: Players were recruited in casinos and hippodromes as well as from various poker websites. Participation was voluntary and individuals could pull out from the study at any point. The questionnaire consisted of five parts: 1. Socio-demographic data (gender, age, number of children, marital status, education...). 2. Measures of gambling (SOGS, CPGI, excessive debt). 3. Personality variables (impulsivity-UPPS, BFI-Fr, Self Esteem) and anxiety and depression (HAD). 4. Consumptions (Alcohol, Cigarette and energy drinks) and 5. Cognitive variables (Cognitive distortions-CRGS, Self-Confidence-DTCQ-8). Statistical analyses were performed using SPSS 19.

Results: A total of 608 players responded to the questionnaire (39% men, 60% women, average age: 53 years, min age: 17 years, max age: 91 years, S.D.: 15.97). 55% were married or living together. Majority of these have children. Only 23.7% (n = 144) reported playing both online as well as in gambling structures. With respect to consumption, 31.5 % (n=191) people have problems with alcohol and 17.3% (n = 108) people smoke more than 11 cigarettes per day. 19.6% (n =109) are at moderate risk of pathological gambling whereas 9% (n = 55) are pathological gamblers. Mixed gamblers are significantly younger, play more, have higher scores on problematic gambling, are more anxious and have higher alcohol consumption. However, these individuals also indicate a higher self-esteem. They are also more impulsive (lack of perseverance, premeditation, and sensation seeking). Mixed players have significantly higher scores on cognitive distortions (illusion of control, interpretative bias, predictive control and expectations). They have significantly less confidence in being able to cope in high-risk situations. Detailed results will be presented on the poster.

Conclusion: We wanted to show the different profiles between casino gamblers and mixed gamblers in order to provide differentiated preventive and therapeutic interventions. We intend to continue this study while taking into account non-gamblers as well as those who uniquely gamble online.

HEALTH AND PSYCHOSOCIAL FUNCTIONING OF OPIOID ADDICTS INCLUDED IN THE METHADONE PROGRAMME IN THE YEARS 1997-2011

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Drug abuse, which merely one hundred years ago was a marginal phenomenon in Poland, at present is regarded as one of the most dangerous hazards of civilization. After our country had acceded to the European Union, all psychoactive substances became commonly available. It is typical of Poland that we often meet patients addicted to many psychoactive substances in our practice. Drug users, especially those addicted to opioids, not only seriously fail in health, but also have social problems. Treatment of opioid addicts is a complex, long-lasting and multistage process. One of the principles of the National Programme for Counteracting Drug Addiction is to limit the range of health damages through improving educational programmes, exchanging needles and syringes, and substitution treatment. Methadone Maintenance Treatment is a key component of a comprehensive treatment and prevention strategy for opioid dependence and its consequences. The principal effects of methadone are: relief of narcotic craving, suppression of abstinence syndrome, and the blocking of euphoric effects caused by opiates. Substitution treatment is recognized as an effective part of biomedical prevention and one of the main tools of HIV/AIDS and HCV epidemic control among injecting drug users. Therapeutic actions are supposed to prevent pathological behaviours, especially crime-generating ones, prostitution, and a return to using drugs. The aim of the substitution treatment is to cut down on illegal use of drugs, to reduce mortality rate, so-called co-occurring disorders and a risk of blood-transmitted infections among addicts, to improve patients' psycho-physical and emotional health as well as the quality of life of both addicts and their families, and last but not least, to diminish patients' tendency to resort to criminal or indecent behaviour. Methadone maintenance treatment improves physical and mental health, social functioning, quality of life, and pregnancy outcomes. For pregnant women who are dependent on opioids, receiving methadone maintenance treatment combined with adequate prenatal care, decreases obstetrical and foetal complications. Consequently, methadone maintenance treatment has the potential to benefit not only people receiving treatment, but also those who are involved in delivering treatment, as well as the wider community and society as a whole. In Poland, MMT programmes have been implemented since 1997. At present, in Poland there are about 2,100 drug users included in 21 MMT programmes, which only satisfies eight per cent of the demand for this type of treatment.

DRUG RELATED MORTALITY IN PATIENTS ATTENDED IN A LOCAL POPULATION ALONG 25 YEARS (1986-2010)

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Objectives: 1. To calculate data on mortality of the population of opioid users from 1986 to 2010 in a local setting in Galicia-Spain for drug addiction, and relate these on HIV infection. 2. To compare these data on mortality rates on general population. 3. Trends in the mortality of the drug users attended.

Methods: 1. Was used data from the registered case history of each patient attended: number of deceased patients, age at event. 2. To compare mortality rates of patients related to the general population of the area. 3. Related mortality in patients infected with HIV with non infected (Mantel Cox, Wilcoxon test).

Results: Early mortality rate is higher than in the general population of this area. HIV is related on half of patients died, both groups show no difference on mortality rates.

Conclusion: Mortality in our patients along these years stands high. This fact it's the same whether or not infected with HIV, with a trend declining mortality. Nevertheless the occurrence of mortality in this population is lower than in another similar studies related with drugs users population, this fact we argue as a more stable addition population, with a better opportunity for their care.

Reference: European drug related mortality in Europe- a seemingly intractable public Health issue. Giraudon I., Vicente J., Matias J., Mounteney J., Griffiths P. European Monitoring Centre for drugs and Drug Addiction (EMCDDA). EDITORIAL, Adicciones, vol. 24, nº1, 3-8, 2012.

THE HIERARCHICAL MODEL OF EXERCISE DEPENDENCY: THE DEVELOPMENT OF THE PATHOLOGICAL PRACTICE OF PHYSICAL ACTIVITY SCALE

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Educational Objectives: Exercise dependence is a maladaptive pattern of excessive exercise behavior that manifests in physiological, psychosocial, and cognitive symptoms. There exist many scales to measure this phenomenon. However, the two scale scales widely used are anchored in different approaches (The EDS-R is based on the DSM-IV whereas the EDQ takes into account the motivations behind the physical activity).

Purpose: The purpose of this article is to create a scale measuring the pathological practice of physical exercise (PPPE-Scale) by combining two assessment tools already existing in the field of exercise dependency but anchored in different approaches (EDS-R and EDQ).

Methods: This research consists of three studies carried out on three independent sample populations. The first study (N = 341) tested the construct validity (exploratory factor analysis); the second study (N = 195) tested the structural validity (confirmatory factor analysis) and the third study (N = 104) tested the convergent validity (correlations) of the preliminary version of the PPPE scale. The analysis was performed using Monte Carlo software PCA for Parallel Analysis 2.0.3 and SPSS 17.

Results: Exploratory factor analysis identified six distinct dimensions associated with exercise dependency. The dimensions have a satisfactory internal consistency as their Cronbach's alpha varies from 0.67 to 0.85. Furthermore, confirmatory factor analysis validated a second order hierarchical model consisting of 25 items with six dimensions and four sub-dimensions. The goodness of fit indices were satisfactory. (IFI= 0.90; CFI =0.90; RMSEA=0.05; RMR= 0.07, Chi²/df= 384/256). The convergent validity of this scale with other constructs (GLTEQ, EAT26, and BFI) is satisfactory.

Conclusions: The aim is to provide researchers and clinicians an assessment tool which could help them to identify the different motivations towards PA which in turn, may indicate possible co-dependences. This study did not take into account test-retest reliability. The preliminary version of the PPPE must be administered to a large population of refine its psychometric properties and develop scoring norms.

Literature Reference:

- Hausenblas, H.A., Downs, S.D., (2002b). How much is too much? The development and validation of the Exercise Dependence Scale. *Psychology and Health. An International Journal* 17, 387–404.
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MISSED APPOINTMENTS IN ADDICTION AND MENTAL HEALTH CLINICS FOR ABORIGINAL AND GENERAL CANADIAN POPULATIONS.

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Objective: To compare missed appointments in some mental health and addiction practices in Ottawa, Canada, in particular for a Canadian Aboriginal population.

Method: No shows and cancelations rates for appointments were tracked in the following settings of Ottawa, the capital of Canada, between February 2012 and January 2013: an addiction medicine in the principal Aboriginal health care center, the general medicine practice of the same health center, an addiction medicine practice at a major general hospital and the outpatient mental health practice at the same institution. Appointment reminders are similar in all practices.

Results: The total no shows and cancelation rate is highest at the addiction practice of the Aboriginal center (26%), followed by the general medicine rate of that center (19%). This is also greater than the missed appointments of other community health centers of the capital city. The addiction practice missed appointments rate at the Aboriginal health center is also greater than that of the same practice at the general hospital (15%). The addiction practice missed appointments rate is greater than that of the psychiatric practice of the same hospital (10%).

Conclusion: Psychiatric and addiction populations are known for a greater absenteeism of appointments. However this is magnified in the Aboriginal population. A variety of factors for this case are discussed including cultural issues.

FACTORS ASSOCIATED WITH MENTAL WELL-BEING OF HOMELESS PEOPLE IN JAPAN

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Educational Objectives:

It is well-known that there is a high prevalence of mental disorders and low mental health-related quality-of-life in homeless individuals. Previous studies have often focused on psychiatric symptoms of this population. However, data regarding subjective mental well-being can often be more meaningful and useful when determining appropriate interventions.

Purpose:

The study aimed to determine the frequency of low mental well-being and associated factors among homeless people in Japan.

Methods:

A community-based cross-sectional study was conducted. Data were collected through in-person interviews of 423 homeless persons living in two areas of Tokyo. We assessed mental well-being with the World Health Organization-Five Well-Being Index (WHO-5-J) and collected information regarding demographics, living situation, and subjective perception of health.

Results:

The overall sample comprised 392 (92.7%) males and 31 (7.3%) females. Average age \pm standard deviation was 60.6 ± 11.9 years. The mean score \pm standard deviation on the WHO-5-J for the 396 participants who had no missing values was 11.81 ± 5.35 . Based on a cutoff criterion of 12/13, the frequency of low mental well-being among the participants was 57.1%. In multiple linear regression analyses, inadequate dwelling and low economic status, insufficient emotional social support, and poor physical health status were associated with low mental well-being in this population.

Conclusions:

Findings suggest that comprehensive interventions programs that provide supportive housing, financial assistance, emotional social support, and healthcare services might be needed to improve the mental well-being of homeless people.

The frequency of low mental well-being in this study (57.1%) was almost twice that of community dwelling older individuals in Japan found in our previous study. However, insufficient social support and poor health status were common factors in both populations. Indeed, other studies have found similarities between the needs of those who are homeless and older adults. It is clear that problems encountered by homeless individuals are not unique to that group. Thus, the present findings have implications for development of effective interventions that address needs not just of the homeless population, but of other socially vulnerable groups as well.

THEM AND US – COMPARING THE CONCEPT OF WELL-BEING MENTAL HEALTH PROFESSIONALS HAVE FOR THEMSELVES AND FOR SERVICE USERS

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Background: Well-being is both an important outcome in the context of recovery from mental illness and an everyday concept used by individuals, regardless of whether they have suffered mental health problems or not. The views of mental health professionals on well-being and possible ways to attain it (a) for themselves and (b) for their clients have not been explored, and may impact on the professional's ability to support recovery.

Objectives: This qualitative study aimed to explore how mental health professionals conceptualise and believe they can improve well-being for themselves compared to what they identify for people with psychosis.

Methods: Semi-structured qualitative interviews were conducted with 14 mental health service staff members who had experience with working with people with psychosis. The purposive sample included occupational therapists, clinical psychologists, social workers, and psychiatrists at different career stages and responsibility levels. Transcripts were analysed using thematic analysis.

Results: Mental health service staff held similar conceptualisations of well-being for themselves and for their clients. Views that stressed a distinction between "them and us" were expressed only cautiously. Differences were identified in relation to specific factors and strategies suggested to improve well-being. It was also questioned whether improving well-being should be a focus of mental health care.

Conclusion: Participating mental health professionals overall held consistent views on the concept of well-being for themselves compared with mental health service users with psychosis. They acknowledged differences in the attainment of well-being that may arise from mental illness. However, regardless of the general importance of well-being, mental health professionals did not consistently agree that the improvement of well-being should be the aim of mental health care.

NEGLECTED RESEARCH OF PSYCHOSIS IN IMMIGRANTS: A CRITICAL REVIEW OF THE SPANISH LITERATURE.

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The aim of this study was to examine the relationship between openness to experience, sexual attitudes and sexual behavior. It intends to better understand their possible relationships that can carry on the weight between them.

The sample consisted of 181 students of both sexes, 42 males and 139 females, from two schools of the Polytechnic Institute of Leiria (IPL).

We used the Revised NEO Personality Inventory (NEO-PI-R), the Cowart-Pollack Scale of Sexual Experience and the Brief Sexual Attitudes Scale (BAES).

The results suggest that the context in which the young man finds himself, is a determining factor in sexuality at the expense of personality dimension openness to experience ($t=2,931$; $p\leq 0,01$), since we found statistical differences between students of Peniche, rural area ($n=75$; $X=121,1$) and Leiria, non-rural ones ($n=106$; $X=115$).

Conclusions:

We think that openness to experience contributes to the maintenance of care behaviors regarding eventual risks and to maintain emotional relationships more consistent and durable ($\rho=0,264$; $p\leq 0,01$).

THE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA OBSERVED AT CARE FACILITIES FOR THE ELDERLY

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Educational Objectives: On existing instruments for the evaluation of behavioural and psychological symptoms of dementia (BPSD), there tend to be a much greater number of psychological symptoms than behavioural symptoms. However, staff at elderly care facilities indicate that behavioural symptoms have greater frequency and strength.

Purpose: The purpose of this study is to investigate BPSD which the staffs actually see in an elderly care facilities, in developing a BPSD evaluation standard scale.

Methods: We made a questionnaire consisting of 228 BPSD items (behavioural symptoms: 122, psychological symptoms: 106) drawn from existing dementia evaluation instruments and BPSD evaluation instruments. The questionnaire asked staff at elderly care facilities whether each symptom was seen during care duties. When the symptom was seen, we requested the staff rate the symptom on a five-point scale for strength and on a three point scale for frequency. We got cooperation from of the Nagasaki Association of Geriatric Health Services Facilities and the Nagasaki City Council of Senior Citizens Welfare Service. We sent 1,820 copies of the questionnaire to 96 facilities and received responses from 485 people. This trial has been granted ethical approval by Nagasaki University Graduate School of Biomedical Sciences Health Science Ethics Committee (Approval number: 12032296).

Results: Of the 20 most frequent symptoms, 14 were behavioural and six psychological. The 20 least frequent items included 9 behavioural and 11 psychological symptoms. Of the 20 symptoms ranked as strongest, 19 were behavioural. In contrast, of the 20 weakest items, 14 were psychological. Behavioural symptoms were higher in both frequency and strength. When frequency and strength were combined, behavioural symptoms were significantly higher than psychological symptoms.

Conclusions: The existing BPSD evaluation standards focus on psychological symptoms rather than behavioural or active symptoms. However, our questionnaire suggests that better evaluation of behavioural symptoms is necessary given the frequency and strength of behavioural symptoms in the real care scene.

SEXUAL DYSFUNCTION IN PEOPLE RECEIVING METHADONE

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Purpose: Use of opiates/opioids is associated with hypoactive sexual desire, erectile and orgasmic dysfunction.

The aim of our study is to investigate the sexual function in men receiving methadone.

Methods: A total of 18 men followed up in the addictions center of Casablanca were evaluated using the International Index of erectile function (IIEF).

Results: 50% of patients had an erectile dysfunction, 39% had an orgasmic dysfunction, 89% had a dysfunction in the sexual desire, 100% are unsatisfied of their current sexual relationships and 50% are globally unsatisfied of their sexual life.

There is no established link between the erectile dysfunction and the Methadone dose and the duration of treatment.

Conclusion: Practitioners should screen for sexual dysfunction in men receiving opioid replacement treatment. Our study was biased by the use of psychotropic medication by the most of patients.

THE IMPORTANCE OF MONITORING RISK FACTORS FOR DEMENTIA IN WOMEN IN THE INVOLUTIONAL PERIOD

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Introduction: Dementia is a syndrome characterized by progressive memory loss and the development of multiple cognitive defects that include at least one of the following cognitive disturbances: aphasia, agnosia, apraxia and disorders of executive functions.

Dementia arise as a consequence of the expression of different etiological factors. The majority of dementias in the initial stages does not appear as an intellectual deficit, but in the form of behavioral and affective disorders. Risk factors include: age, family history, gender, head injury, education, cardiovascular disease and the presence of Down syndrome. Involutional period covers the period from 45 to 65 years of age. In this period, women undergoing through multiple changes-physical, social, economic, and emotional. This period includes the menopause. It is very difficult to separate the signs related to menopause compared to the signs of aging.

Purpose: the aim of this paper is to highlight the importance of monitoring the various parameters that increase the risk of developing dementia in women in the involutional period.

Methods: A retrospective analysis of the case

Case report: Z. DJ., 59 year old woman, was first examined by a psychiatrist 5 years ago because of problems in terms of insomnia, depressed mood, intense anxiety, ideas of persecution. During the outpatient treatment she was treated under the diagnosis of acute psychotic reaction. Anxiolytic and antipsychotic drugs were prescribed in therapy. Applied to the therapy there was a slight improvement of mental condition. 11 months ago she was hospitalized in the neurology department in a comatose state caused by drugs intoxication. After that there were problems in the sense of disorientation, memory loss, emotional numbness, poor verbal production, inability to perform daily activities, walking difficulties, incontinence. Hospitalization at a psychiatric clinic was followed to assess mental state of the patient and the definitive diagnosis. Based on somatic examination, neurological examination, neuropsychological testing and CT scan everything indicated that it was dementia.

Conclusions: This case highlights the importance of monitoring risk factors for the development of dementia in women in the involutional period, with the aim of early diagnosis, treatment and prevention of complications.

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THE SEXUAL DOUBLE STANDARD REVISITED BY MALES: TOWARDS A NEW PORTUGUESE SOCIETY?

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This investigation analyzed the evolution of the sexual double standard from a male perspective, and its relations with sexual satisfaction, concerning the Portuguese context. The present study is transversal, quantitative and non-experimental, comparative, correlational and descriptive. Two distinct groups were formed, of appreciably identical dimensions, totaling n= 262 subjects. Group 1 consisted of persons aged ranging 20-30 years (N1=132), Group 2 formed by individuals aged within 40-50 years (N2= 130).

Two self-response questionnaires were administered: The Questionnaire for the Evaluation of the Sexual Double Standard - QADPS (Milhausen and Herold) and the Index of Sexual Satisfaction - ISS (Hudson; Hudson, Harrison and Crosscup). For statistical data processing, SPSS version 17.0 for Windows© was used.

Hypothesis A: The degree of sexual satisfaction of men who personally advocate the Sexual Double Standard will be significantly lower than the degree of sexual satisfaction of men who do not personally advocate it.

Hypothesis B: Group 1 will reveal a personal commitment to the Sexual Double Standard significantly lower than the Group 2;

Hypothesis C: The Sexual Double Standard will continue to exist at a social level, but it won't exist at a personal level.

Results

Hypothesis A : The average values obtained in the Index of Sexual Satisfaction by different groups based on their score in terms of the dimension "Personal Acceptance of Sexual Double Standard" do not differ significantly, therefore not corroborating Hypothesis A.

Hypothesis B : The results were statistically significant, showing greater personal commitment to the Sexual Double Standard by the Group 1. Hypothesis B was not corroborated.

Hypothesis C : The variable "Social Perception of Sexual Double Standard" has, indeed, a positive mean value, but also the variable "Acceptance of Personal Sexual Double Standard". Hypothesis C was only partially corroborated.

Conclusion

The results show that sexual satisfaction is not correlated with the personal acceptance of the sexual double standard, and that younger men are more attached to the sexual double standard than the older ones. We emphasize the need of a new clinical approach that takes into account these new realities, and we must consider the social impacts of these changes. Are men being sexually "ultraconservative"? What is happening to them and to their contexts?

EFFECT OF ROUTINE SPIRITUALITY PRACTICE ON MENTAL HEALTH OF OLDER POPULATION IN 3 OLD AGE HOMES IN KOLKATA, INDIA.

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Objective : To assess the effectiveness of Spirituality Practice on Mental Health of a Geriatric Population selected from 3 different old age homes.

Study Domain: Mental Health of an Elderly group of population after exposure to spiritual practice.

Participant - Inclusion Criteria 60 Geriatric Inmates, 20 each from 3 different old age homes in North Kolkata, India.

1. Age 65 yrs. - 75 yrs.
2. Gender - 30 Male & 30 Female (10 each from 3 Centers).
3. Existence of an Informed Consent of each participant of the study.

Participant - Exclusion Criteria 1. Blindness/Deafness.

2. Dementia (excluded by MMSE screen, although old age related Minimal Cognitive Impairment-MCI could not be excluded).
3. Any Psychological /Neurological problem by detailed thorough examination.

Methods: 3 old age homes were selected randomly in the northern part of the city of Kolkata, India. 30 Male inmates, 10 each from each Center and 30 Female inmates, again 10 each from each Center were selected, meeting the inclusion and exclusion criteria.

Trained Spirituality practitioner was introduced who advocated daily Spirituality practices in the form of Yoga, Meditation and regular Prayers. The chosen participants were served with religious books in consistency with their own personal religious beliefs.

Assessment: Periodic Assessment was done at 0, 6 weeks & 12 weeks from the date of commencement of the study, using WEMWBS (Warwick - Edinburgh Mental Well-being Scale).

Result The baseline WEMWBS score improved considerably after third assessment in about 70% of the participants which is quite significant because none of the participant had been regular follower of spirituality practices in their lives before being enrolled into the present study.

Statistically there was overall marginal increase in WEMWBS score among the female participants, male candidates over and above the increase in score although the significance of which is beyond the purview of the present study.

Conclusion: It is an well established fact that spiritual practice helps in mental well being. The present study reinforces this belief. Routine and regular spiritual practices, even if pursued at a later age in life, can have a demonstrable positive effect on mental well being. So it could be concluded with reasonable certainty that in a society stiffened with stress, spirituality should be a regular practice.

DROP-OUT AT THE PSYCHOSOCIAL REHABILITATION SERVICE OF HOSPITAL MAGALHÃES LEMOS FROM 2010 TO 2011

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Educational Objectives: To give an insight about the drop-out problem and the underlying reasons in a Portuguese Rehabilitation Service.

Purpose: To determine the reasons for dropping out and to characterize clinically and demographically the sample in order to prevent future cases.

Methods: In this descriptive study we have selected all the patients who were discharged for abandonment of the Psychosocial Rehabilitation Service (PRS) of Hospital Magalhães Lemos (HML) between 01/01/2010 and 31/12/2011. We have excluded the patients who did not get to attend any session. We have created a form for the sociodemographic characterization of the sample and we have searched up this information on the clinical files. Each element of the sample or a close relative was called and answered to a brief telephonic interview about the expectations as to the PRS and the reason for dropping out. The data were submitted to statistical treatment.

Results: From a total of 333 patients who enrolled the PRS list, we have obtained a drop-out rate of 21.9% (n = 73), representing 4% of the Day Care Center and 87% of the Therapeutic Club.

Most patients were male (60%), single, used to live with their parents and were unemployed. About 50% of patients had psychotic disorder (295/297- ICD-9), 16% had depressive disorder (309/311), 11% had mental retardation (317/318), 11% had bipolar disorder (296) and 11% personality disorder (301)

Most patients left the service for clinical worsening, or because the activities did not meet their expectations. A minority reported health problems, getting a job or other reasons. Most patients expected to fulfill time, to socialize or to have physical practice. About 20% had no expectations.

Conclusions: About 1/5 of the patients who attended the PRS during the study period dropped out. In order to minimize drop-out, it will be important to fit the occupational activities to the expectations of the patients and to promote motivation and sense of belonging.

PROJECT UNIT FOR PSYCHIATRIC REHABILITATION – IMPLEMENTATION AND EVALUATION OF A RECOVERY ORIENTED PROGRAM

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Educational Objectives: In 2009, a psychiatric rehabilitation unit for people with severe mental illness was established in the Department of Psychiatry and Mental Health of Centro Hospitalar Lisboa Norte, EPE - Hospital de Santa Maria. In a department with little tradition and few resources for rehabilitation, we describe the scope, objectives, methodology, difficulties and results of the work of this new unit.

Purpose: In this project we present the Project Unit for Psychiatric Rehabilitation of the Department of Psychiatry and Mental Health, Centro Hospitalar Lisboa Norte, EPE - Hospital de Santa Maria and the results of the three first years after implementation.

Methods: We review some notions of psychiatric rehabilitation that were the basis for the development of this new team. We describe the procedures and activities of the unit. We then characterize the patients participating in the program according to several dimensions – socio-demographic, clinical and occupational – and in three different moments – admission, discharge and 6 months follow up. We also present some clinical vignettes.

Results: The patients who were admitted to the unit were mainly diagnosed with long duration schizophrenia, with a moderate cognitive deficit, with no occupation and no previous rehabilitative treatment. The evolution at discharge was mostly assessed as “good” or “very good”, with a subjective feeling of improvement and changes in the level of occupation.

Conclusions: The results of this three first years of activity show that the work of this team may be useful in the network of care provided by our department. We discuss some of the difficulties found in this start of its activity.

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PSYCHOTHERAPEUTIC SUPPORT GROUP IN MOURNING

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Objectives: Working in Centro Hospitalar Psiquiátrico de Lisboa, Portugal's biggest psychiatric hospital, showed growing need to find an effective solution, using scarce resources, to a specific problem – the death of a loved one. With this work, authors intend to characterize the “Psychotherapeutic Support Group in Mourning”, in function since 2010.

Methods: To collect data about the group and individual patients the authors consulted hospital processes and clinical notes. Social, demographic and clinical data was collected.

Results: The “Psychotherapeutic Support Group in Mourning” is a semi-open group with biweekly frequency and session duration of 1 hour and 15 minutes. Maximum number of patients admitted is 10. Initially different types of loss were included in the same group, but experience showed that patients had greater improvement when similar losses were included in one group. Maintenance rate in the group is about 80% congruently with a clinical stabilization of most patients.

Conclusion: The group has clinical importance because improvement has been seen in most patients, particularly in managing their daily lives, with better quality of life, less isolation and the successful acceptance of the event. Therapeutic techniques allowed to approach emotional feelings of loss, management of negative emotions manifested as crying, anger, anxiety, guilt and sadness; restructuring the family with acceptance of new roles after the loss. Other studies will be addressed regarding this population.

MEASURES TAKEN BY MAJOR JAPANESE CORPORATIONS AT THEIR TOKYO HEADQUARTERS TO COPE WITH THE GREAT EAST JAPAN EARTHQUAKE DISASTER

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Objectives: Protecting the lives and safety of its employees is not only essential for continuing a corporation's activities but also for ensuring that its employees do not incur psychological trauma after a disaster. The Great East Japan Earthquake Disaster that struck on March 11, 2011, also greatly impacted Tokyo.

In order to investigate what kinds of measures were actually taken for employees, this survey was conducted on the actions major corporations with their headquarters in Tokyo took after the earthquake struck.

Methods: Questionnaires requiring written responses describing the kinds of measures companies took within their headquarters premises were sent to 867 corporations with their headquarters in Tokyo from among major corporations (those listed in the first section of the Tokyo Stock Exchange) registered in Japan.

The questionnaires were sent out on February 3, 2012, and asked to be returned by the end of March.

Results: Responses were received from 38 companies (response rate of 4.4%). Twenty-five companies (65.8%) had made preparations for a disaster in advance by storing food and water, blankets for over-night stays, and/or prepared disaster response manuals. Twenty-eight companies (73.7%) immediately took company-wide measures, such as setting up emergency task forces. Thirty-three companies (86.8%) took measures for individual employees, such as confirming the safety of employees and their families, providing food to stranded employees, etc.

One year after the disaster, 22 companies (57.9%) had revised their disaster response manuals, contact methods, evacuation procedures, and so on. Twenty-five companies (65.8%) had increased emergency provisions of food, blankets, etc. Nine companies (23.7%) responded that the measures taken at the disaster in 2011 was adequate and that no particular changes in their preparedness had been made.

Conclusion: Many of the companies (65.8%) that responded had developed disaster countermeasures in advance. Moreover, over half of the companies (57.9%) reviewed or revised their countermeasures after the disaster. Many of the companies (65.8%) enhanced their measures in practical ways, such as by increasing necessary food and water stocks. These kinds of safety measures taken by corporations can be considered as not only protecting substantially the safety of employees but also exerting a favorable impact on the psychological health of employees when a disaster strikes and on a daily basis before one occurs.

“The capability to cope with the situation” on an individual and an organizational basis is important for maintaining this “health.” A company that can appropriately cope when faced with difficult situations is a healthy company. Enhancing preparations beforehand to more effectively cope with disasters that may occur in the future is of clear importance for companies.

(This work was supported by JSPS KAKENHI Grant Number 23530443.)

RISKY BEHAVIOURS AMONG PEOPLE WITH MILD MENTAL RETARDATION

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Objectives: The 20th century brought new hazards associated with individual lifestyles and preferences, among them HIV, easier access to psycho-stimulants, an interest in extreme sports and hazard games, an increasing crime rate, and a decreasing motivation for pro-health behaviours. Thus a risk has become an important element of the young generation's life and the subject of scientific research.

The aim of this study was to assess the incidence of risky behaviours among people with mild mental retardation depending on their lifestyles as well as socioeconomic and psychological situation.

Methods: The study involved 400 secondary school students from Poland within the age bracket of 14–20. The respondents have been divided into two groups: the study group (A) consisting of 200 adolescents with mild mental retardation attending basic vocational special schools, and the control group (B) comprising 200 high school students at the normal level of intellectual development.

This survey-based study was performed using the author's original tool – the Youth Risky Behaviour Questionnaire.

Results: The study results show that people with mild mental retardation demonstrate risky behaviours far more seldom than those at the normal level of intellectual development. The difference is statistically significant ($p < 0.0001$). The analysis of socioeconomic situation and the tendency to take risk proved that the adolescents with mild mental retardation who assessed their family situation as 'very good' took risk significantly rarer than their healthy counterparts (22.2% and 58.1% respectively). The influence of family relations and intellectual development on risky tendencies has been observed. As many as 60% of the study group members with parents uninterested in their matters admitted to taking risk 'very seldom', while in the control group the same answer was only provided by 8.3% of the respondents. The respondents who described their family relations as 'good', 'none', or 'bad' (55.5%, 53.4%, 50% respectively) usually selected the answers: 'very seldom' and 'never', while the answer 'very frequently' was the least common. The study results confirmed the influence of gender on risk taking. Both in the study group (A) and the control group (B) the males showed a greater tendency to risky behaviours.

Conclusions: 1. There are differences in risk tendencies between adolescents with mild mental retardation and those at the normal level of intellectual development (those disabled take risk less often). 2. There is the correlation between risky behaviours and such variables as: the family structure, the parent-child relationship and physical fitness.

MORAL DELIBERATION: BUSINESS AS USUAL IN SOCIAL PSYCHIATRY

Astrid Vellinga
Arkin

Educational: After this lecture participants will be able to recognize moral dilemmas in their daily work and deliberate structurely about them

Purpose: To present a model for moral deliberation in the daily practice of psychiatry

Method: A literature search was done with respect to the effect of structural moral deliberation in medical practice. A model of moral deliberation was implemented in a large psychiatric institution in Amsterdam. The experiences of this five year project will be presented.

Results: Literature reveals that structural multidiciplinary moral deliberation improves care for the patients as well as the labor satisfaction of health care workers. Experiences of implementation of a moral deliberation model shows that moral deliberation can become an important and enriching part of our daily practice.

Conclusion: Structural moral deliberation should become a part of our daily practice. Especially in social psychiatry which enfaces multiple moral dilemmas in daily practice (like forced treatment).

SOCIAL VALUES AND ATTITUDES TOWARD BIOGENETIC EXPLANATION OF A MENTAL DISORDER IN JAPAN AND FRANCE: THE PERSPECTIVES OF THE INDIVIDUALS, THEIR FAMILIES AND PSYCHIATRISTS.

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Purposes: This study aimed to explore (1) how biogenetic explanation of an illness affects the attitude of individuals with schizophrenia/bipolar disorder, as well as their close family members and psychiatrists and (2) the social values related to biogenetic explanation through the comparison of two culturally different countries, Japan and France.

Methods: Semi-structured intensive interviews were conducted in urban areas of Japan and France. The grounded theory approach was adopted for data analysis.

For Japanese cases, 8 individuals with schizophrenia, 13 family members, and 8 psychiatrists participated in this study from July to November 2011. For French cases, 1 individual with schizophrenia and 2 with bipolar disorder, 9 family members, and 7 psychiatrists participated in this study from May to December 2012.

Results:

1. In Japan, individuals with the illness tended to leap to the conclusion that they would be tested for new medications upon hearing the word “gene/genetic,” and reacted with fear to trying advanced genetic technology. Contrastingly, in France, they simply expected the most advanced genetic technology to lead to the development of better medications with fewer side effects.
2. Regarding genetic predisposition, Japanese families possessed a responsibility for undertaking the care of the affected child, which was not observed in French families. French families thought parents should only be responsible for intentional actions on their children and that biogenetic information ensured a non-responsibility of parents for their children’s illness.
3. Japanese psychiatrists tended to avoid talking about the biogenetic causal aspect of illnesses in order to prevent the individual from blaming their parents. Contrastingly, French psychiatrists did not hesitate to give this information, rationalizing that biogenetic explanation of the illness exempted the individual and their parents from feeling responsible for the illness.

Conclusions: The sharing of biogenetic explanation of an illness is treated differently in Japan and France. Japanese society’s sense of value, which acknowledges the importance of blood relationships among kin, makes the sharing of biogenetic information a taboo since it assures the responsibility of the parents for their children’s illness. Thus, the individuals, family members, and psychiatrists have difficulty communicating this information to each other. However, in France, the belief that biogenetic explanation assures the non-responsibility of the individual and their parents results in this information being shared more easily. For this reason, the French participants readily approved of the continuing development of new genetic technology.

ADMISSIONS - AS DIFFERENT AS DAY AND NIGHT

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Objective

On July 2011, the Psychiatric Services of Thurgau started a new service called “Clearance and Admission Center” (CAC) as a model project of the canton Thurgau/Switzerland. The CAC is an easy-access portal for both non-professionals and referring physicians requesting psychiatric treatment. The CAC’s main function is to professionally set the course for further treatment. The CAC is open on workdays from 8 a.m. to 8 p.m. During this time, it is responsible for all stationary admissions into the psychiatric hospital Münsterlingen (PHM), which is the major psychiatric hospital in canton Thurgau with about 200 beds for adult psychiatric patients. During the night and at the weekend, the assistant physician on duty is responsible for the admissions.

The referring physicians judged the first year of the CAC very positively. One feedback said it was “as different as day and night”, thereby appreciating the professional competence of our CAC team. However, there might also be a huge difference between patients admitted during working hours and patients admitted during the weekend or at night. Thus, we investigated the differences of patients admitted on workdays, on weekends, and at night and examined whether these differences have changed since the start of the CAC.

Method

We analyzed all patients admitted into the adult psychiatry of the PHM from 1st of January 2010 to 31st of December 2012 (18 months before to 18 months after the opening of the CAC at 1st July of 2011) clustered by day and time of admission. Group 1: admission on workdays between 8 a.m. to 8 p.m.; Group 2: admission on weekends between 8 a.m. to 8 p.m.; Group 3: admission during the night between 8 p.m. and 8 a.m. We examined social and clinical data including ICD 10 diagnosis, global assessment of functioning (GAF) and clinical global impression (CHI) gathered from the basic documentation of every admission.

Results and Conclusion

At present, we are still analyzing the data. We are going to present the results of our study on the poster in Lisbon and we are looking forward to discussing it with you.

TREATMENT IN HOMELESS PATIENTS WITH PSYCHIATRIC DIAGNOSIS

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1. Parc de Salut Mar, Barcelona, Spain.

Educational Objectives: At the end of the presentation the participants should be able to comprehend the homeless population who is admitted at a psychiatric hospital.

Purpose: Describe the homeless population admitted at our monographic hospital during one year.

Methods: It has been performed a cross-sectional retrospective study which includes all consecutive admissions (n = 29) that meet the criteria for Category 1 of homeless person by HUDHRE in the psychiatric unit of Centre Forum in 2011. It has been collected demographic, clinical and social data.

Results: Results show that the most frequent nationality was the Spanish, despite of being only the 31% of the admitted homeless patients. Schizophrenic disorders were the most prevalent diagnosis (48%) and together all psychotic disorders reached the 79%. From the sample, 31% had also comorbid substance use disorder (especially alcohol). Nonetheless, 37.9% of patients did not consume any addictive substance.

The 93.1% of the patients received treatment with antipsychotics, which were the most prescribed drugs. The 44.8% of the sample received depot treatment although only the 10.3% received depot exclusively. Benzodiazepines were less prescribed (20.7%), ahead of antidepressants and mood stabilizers (10.3%, each).

Conclusions: Due to the comorbidity between schizophrenia and substance abuse one third of patients had dual diagnosis; alcohol was the most usual consumed substance, similar to other studies. Antipsychotics were the most prescribed drugs, specifically the atypical ones.

The homeless population represented a minority of the admissions. However, it is foreseen an increase of homeless population in the coming years. Estimations of future requirements are uncertain due to the lack of studies in this population.

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CHARACTERIZATION AND COMPARISON OF THE POPULATION ADMITTED TO TWO PSYCHIATRIC DAY HOSPITALS IN CENTRO HOSPITALAR PSIQUIÁTRICO DE LISBOA

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Objectives: The authors of this study intend to characterize the population of patients admitted to two different day hospitals of the Lisbon Department of Centro Hospitalar Psiquiátrico de Lisboa, Portuguese biggest Psychiatric hospital, and compare the data between the two. This is the first step of a larger study which aims to evaluate the effectiveness of the treatment in day hospital.

Methods: All patients with discharge dates from January of 2010 to December of 2012 were included in the study. Social-demographic and clinical data was collected from the hospital processes and statistically treated.

Results: A total of 212 patients were studied (137 from day hospital A and 75 from hospital B). The following information was collected: demographic and social data such as gender, age, marital status, years of study, professional status, clinical information such as diagnosis and previous medical history, and information about the period of treatment in the day hospital, including way of admission and duration. Special attention was paid to differences between periods prior and following treatment in day hospital.

Conclusion: With this work the authors were able to identify the population to be used in a following study about the treatment in psychiatric day hospital. Differences between both day hospitals concerning inclusion and exclusion criteria, as well as duration of treatment, are debated, and a tentative relation between this data and the therapeutic orientation of each service is discussed.

PSYCHIATRIC ACUTE ADMISSIONS IN THE SETTING OF THE ECONOMIC CRISIS. WHAT CHANGED?

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Educational Objectives: After the Lehman Brothers scandal in 2008, an international financial crisis ensued, and still endures, with particular consequences in Portugal. The effects of crisis have been subject of many studies, being the Psychiatric patients at greater risk.

Purpose: The purpose of this study is to assess eventual changes in the pattern of inpatient admissions to the Service of Mental Health in the Community of Matosinhos – Hospital de Magalhães Lemos, in the years of 2006, 2011 and 2012.

Methods: The authors reviewed all inpatients admissions to the service mentioned above in the years of 2006, 2011 and 2012. Variables considered included total number of admissions, the number of readmissions, the number of admissions of new cases, the number of readmission of new cases in the same year, the diagnostic distribution and length of inpatient treatment. The data analysis was performed with the use of the IBM® SPSS® Statistics Version 20.

Results: Authors found statistic significant results in number of readmissions of new cases in the same year, length of stay and diagnostic pattern. They found a significant decrease in the number of hospitalizations of patients diagnosed as Schizophrenic Disorder.

Conclusions: The global economic crisis associated with factors such as the creation of a communitary team may be the cause of the difference in results between the years studied. More studies on the difference in the pattern of acute admissions, as well as the causal factors of the same are essential to the definition of priority targets aid to better mental health services.

SOCIAL CRISIS AND FORMS OF THE SOCIAL ACTIVITY: A COMPARATIVE STUDY OF STABLE AND TRANSITIONAL SOCIETIES

T. Ivanova

Theoretical Framework

Existing studies of different dimensions of human activity are focused mainly on developed Western industrial countries. (Easterlin 2009). And the last researches on the basis of European Value Surveys, which use, for example, survey data from post-Socialist countries, are cross-sectional (Welzel and Inglehart, 2010) is the task of future studies still.

The main task of this study is the research of correlation between social involvement and total life satisfaction. One of the consequences of the former Soviet Union internal policy is an increased level of citizens' social passivity of, which is manifested in the unwillingness to take responsibility for social issues. People prefer to await solution from the Government and officials though very often the problem could be solved by community organizations. This behavior can be explained by using the theory of learned helplessness. Learned helplessness is a disorder of motivation as a result of uncontrolled situation experienced by an individual, i.e. inconspicuousness of the result and given efforts. According to the learned helplessness theory, depressive disorders and mental diseases are caused by the lack of control over the results of the situation the person has got (Abrahamson, L. Y., Seligman, M. E. P., & Teasdale, J. D. , 1978).

Nowadays despite the changes (economic, political, and partly - moral) that have happened in the post-Soviet countries, the behavior associated with learned helplessness, is still reflected and goes out through the passive social behavior.

However, studies show that highly developed democracy institutions and the ability to influence the situation are an important condition for the formation of a positive attitude to reality (B. S. Fray, A. Stutzer, 1999).

Social activity can be considered on two levels - a mandatory, which is activated by economic reasons (wages) and social norms. Another form of social activity is a participation in public organizations and associations, which suggests, first of all, personal activity of the individual (the search of the association or its personal creation), then, the structuring of his/her free time, self-organization. The result of such activity forms participation is not only a sense of one's involvement in the social life, but also a total life satisfaction.

The hypothesis of the study.

Crisis leads to a decrease in social activity. The citizens of the post-socialist countries do not have the skills to institutionalized social activity. This leads to a deformation of the social values and excessive growth of social passivity.

Some discrepancies may exist between the actual actions of the individual and the declared values. That's why the degree of respondent participation in various public organizations is to be used as an evaluation criterion of social activity.

It is planned to use the results of European Values Study (EVS) - 3 and 4 waves.

The planned criteria to make the measurements

- Country (post-Soviet countries (Ukraine, Russia and West European countries with high level of life satisfaction)

- Perceptions of Life

Parameters

social organization affiliation (women, youth, sport, etc.)

The total life satisfaction, estimation of one's health, depression.

- Politics and Society

Parameters

view government: very bad-very good

view political system in past: bad-very good
 political system: strong leader
 government maintain order vs. respect freedom individual
 democracy: causes bad economy
 democracy: best political system
 - Demographic characteristics –
 Age, sex, education, income level

At the level of analyses and modeling in order to test my question, since my research is quantitative, I am going to use Correlation Analysis (taking into account specificity of the scales of the variables) and Regression Analysis.

Expected results.

It is assumed that the level of life satisfaction is associated with the level of individual involvement in the various forms of social activity. This interrelation will be absent in the countries of the former Soviet Union. Besides, the level of social activity of the respondents from the countries of the former Soviet Union will be much lower than the level of the respondents from the East European countries. Low level of social life involvement, in addition to reduced level of subjective well-being will be correlated with an increased critical attitude to the authorities and to democracy in general.

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TRANSCULTURAL ACTIVITIES IN GERMANY

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Transcultural Psychiatry and Psychotherapy for immigrant patients at the Psychiatric University Clinic of Charité at St. Hedwig Hospital in Berlin M.Schouler-Ocak.

Transcultural Psychotherapy for Psychic ill Refugees at the Clinic for Psychosomatic Medicine and Psychotherapy of Heinrich-Heine University in Düsseldorf L. Joksimovic.

Best practice: integration of patients with migration background into general mental health care services.

I.Callies

How to treat psychic ill Migrants ? Transcultural Psychiatry and Psychotherapy at the Psychiatric University Hospital in Zurich.

B.Küchenhoff

SELF-COMPASSION AND EMPATHIC TENDENCY: A pilot study

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Educational Objectives:

Self-compassion which is a term derived from the word compassion means to be aware of the others grief and understanding people making mistakes. Empathy is the ability to understand other's emotions. For understanding the others', being empathic and compassionate needs being aware of oneself and showing self-compassion to oneself. Self-compassion is a way of transforming negative emotions into positive via accepting negative experiences as a part of human experience and could be the first step of empathy. The decrease in the empathy levels of medical students maybe the result of low level of self compassion. By this pilot study we should be able to recognize the relationship between self compassion and empathy in medical students.

Methods: In this cross-sectional study, an anonymous questionnaire consisting of gender, hometown, reason for being a doctor, Empathic Tendency Scale (ETS) and Turkish translation of Self Compassion Scale (SCS) was applied to every volunteer first year student. ETS consists of 20 items and total scores range from 20 to 100. Turkish translation of SCS is a 24-item scale and 11 of them are reverse.

In statistical analyses categorical variables were expressed as numbers, percentages and the continuous variables expressed as means with standard deviations. The association of the dependent variables with the independent variables was determined with Student t-test and One-way Anova. Statistical significance was set at p values less than 0.05.

Results: We analyzed 80 fulfilled questionnaires representing approximately one third of the first year students. Above the half of the students were female (n=46, 57.5%) and most of them (n=60, 80.0%) were coming from other cities. The SCS and ETS scores of the study group were 75.61 ± 15.61 and 67.16 ± 9.19 , respectively. There were no difference in SCS and ETS scores in respect to gender and hometown ($p > 0.05$). There was a significant positive correlation between SCS and ETS scores ($p = 0.001$).

Conclusions: There were no difference in empathic tendency and self compassion in respect to gender. The significant positive correlation between self compassion and empathy favors our theory that they support each other. Self compassion may be an effective way of coping with negative experiences for future doctors

ALGERIAN FIGHTER AND PSYCHOTRAUMATISM, FIFTY YEARS AFTER THE INDEPENDANCY.

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Objectifs

The elaborated objectives through this inquiry(investigations) are of two orders

Value the prevalence of psychotraumatism within a representative samples of ex service men

Define the morbidity of psychotraumatism with the other psychiatric troubles

The consequences of the Algerian war concerning mental health are important because of the duration and the intensity of the conflict

Methodology

This is a prospective study that began in march 2010 and lasts longer

The study population is represented by ex service men who were oriented to the psychiatry service by the moudjahidines guidance of the wilaya of Constantine city for an eventual revision of their rates of IPP

The diagnosis is clinically exposed by the psychiatrist of the service and confirmed through the evaluation according to Horowitz scale that allows the subjective measure of the fact impact

The score threshold= 42

The score \geq 42 (95% psychotraumatism)

The score \leq 42 (100% of controlled cases)

A succinct explanation of the work objective is being prodigal by the doctor who precises the objectives of the research leading to his primordial verbal agreement

Finally, the population is estimated to be 60 patients

Results

Sex: we have counted 55 men and 5 women

The average of age is about 70 years old with the extreme of 65 to 80 years old

The Horowitz score: 28 ex service men have shown signs of evaluated psychotraumatic (score \geq 42) with avoiding behavior (82%) a syndrome of repetition (75%) and sleep disturbance (78%) and all of them are males

This cohort of traumatized represent 47% for our general population

We have found an associated motion handicap at 57% of ex service men presenting a psychotraumatism

Concerning the previous personal under psychiatric care, 57% of the cases presenting a psychotrauma, have already been under treatment for at least two years, but were irregular and non precise

All patients have shown a recrudescence of their symptoms during these last ten years of violence associated with depressive diseases (36%), a generalized anxiety (29%) and panic trouble (18%) and only 21% have actively participated in the anti-terrorist fight

Lastly, a demanding paranoid function is found at 43% of ex service men developing under sinister mode having been able to structural altering of the secondary personality of psychotraumatism

Conclusion

- *to conclude, some remarks deserve to be stated*
- *the psychotrauma is not rare at the old cases (unrecognized, misunderstood, comorbidity)*
- *to think of psychotrauma in front of anxio-depressive symptomatology at an ex service man*
- *to know how to link his personal story to his present symptomatology*

RELATIONSHIP BETWEEN ANXIETY SENSITIVITY INDEX-REVISED AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PANIC DISORDER: PRELIMINARY RESULT

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Objectives: Panic disorder is a common anxiety disorder and often leads to chronic and disabling condition. Many studies have reported low health-related quality of life (HRQOL) and significant impairment in patients with panic disorder. Several factors such as panic-related symptoms, worry, and education are related to the HRQOL in panic patients. However, several studies have repeatedly shown that the limited relationship between those factors and HRQOL in panic disorder. Thus, we sought to examine the relationship between anxiety sensitivity which is known to be panic-specific anxiety trait and HRQOL.

Methods: Thirty panic patients were recruited consecutively from the outpatient setting. Anxiety sensitivity and HRQOL were assessed using anxiety sensitivity index-revised (ASI-R) and WHO Quality of Life Scale Abbreviated Version (WHOQOL-BREF), respectively. Pearson correlation coefficients were used to designate the relationships between ASI-R and each subdomains of the WHOQOL-BREF.

Results: There was significant negative correlation between the ASI-R total score and WHOQOL-physical health ($r=-0.532$, $p=0.004$). The ASI-R total score also negatively correlated with the WHOQOL-psychological health ($r=-0.417$, $p=0.03$). However, there were no significant correlations between the ASI-R total score and WHOQOL-social relationship ($r=-0.179$, $p=0.361$) nor WHOQOL-environment ($r=-0.321$, $p=0.095$).

Conclusions: The present study shows that individuals with higher anxiety sensitivity show lowered WHOQOL-physical and psychological health domain whereas anxiety sensitivity is not related to WHOQOL-social relationship and environment.

ACTIVELY SEEKING HELP FOR PSYCHIATRIC ISSUES WITHIN ONLINE COMMUNITIES ON THE INTERNET - A DESCRIPTIVE STUDY

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Background: Internet is now the omnipresent media of communication and information retrieval. The number of specialized medical websites delivering health information is increasing by the minute. But when it comes to asking specific question for personal issues, the patients or their relatives tend to prefer using more interactive websites such as forums, message boards, and online communities because of the accessibility and the more likelihood to have fast or immediate feedback since professional and specialized websites are for the main part only information display media that lack interactivity.

Objectives: Through this study we want to have some insight about psychiatric issues information seeking behavior within the online communities. Are the questions accurate and well postulated? Is the person seeking help satisfied at the end of the discussion? How often the answers are appropriate? How often do professionals intervene? ...

Methods: In this descriptive study, we evaluate 1000 queries concerning psychiatric issues that were initiated during the year 2012 on online communities' platforms. We prepared for this a data form to analyze each inquiry according to our objectives for this study. We used the main search engines "Google, Bing and Yahoo" and 50 English keywords for common psychiatric symptoms and well known diseases. We chose the inquiries that show on the top results because our objective is not to evaluate the amount of feedback a query gets but rather the quality of the feedbacks when it's actually answered.

Results: Preliminary results over 176 queries made within 23 different websites show the following: 78.98% of the inquiries were well explained, 55.11% of the enquirers already went to a specialist and the askers expressed that the discussion was helpful in only 7.39% of the queries. The total of answers is 853 of which only 60.84% are appropriate while 33.53% are inappropriate or not really helpful, the rest is made of trolls and banned posts. Professionals intervened in only 1.29% of the answers. 14.3% of the answers advised to see a specialist, 11.14% mentioned a similar case and when an opinion was to be made about the psychiatrist approach 98.32% of the answers were favorable.

A CLOCKWORK ORANGE –MEDIA AND THE SOCIETY

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In this article are studied some tendencies of modern media and their influence on the consciousness of the society and psychics of separate individuals.

In the novel of an English writer, Anthony Burgess, A Clockwork Orange, is shown the society where there is no place for repentance, forgiveness, love, morality - the basic norms of social functioning. Aggression can be controlled and manipulated easily, especially by means of mass media. The more intensive the attempt to ruin a person's positive social energy, the easier it is for negative – destructive and violent energy to develop in its place. On the one hand, the majority of people condemn violence and cruelty. On the other hand, there is an attempt to justify them as inevitable. We witness the introduction of new technologies and methods of manipulating with people's conduct and opinion. These new techniques make it possible for particular groups to program thoughts, ideas, emotions and the psychic state of the masses. One of the most influential and "privileged" symbols which makes it easy to penetrate the collective unconscious and manipulate with it is death. You can take away hope and faith from people. One effective way of doing this is by making death everyday, common and simple psychological and social phenomenon. Such conditions may cause many destructive emotions from neurotic reactions to deep psychic disorders. All these are the basis for ruining social connections and ultimate destruction of a person. Any culture is based on the system of positive values. But the leading role while overcoming frustration caused by solitude, anxiety or depression is taken by religion. It forms positive models, coordinates of moral and ethical conduct, gives a person the sense of stability and facilitates adequate perception of the real world. Psychological manipulations and tricks of mass media, the process of formation of "A Clockwork Orange"-type way of thinking may show one alarming facet of modern society.

ACTUAL CONDITION SURVEY ON OUTREACH ACTIVITY OF MULTIPLE-DISCIPLINARY TEAM IN JAPAN.

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Educational Objectives: In Japan, some agencies have begun to provide multiple - disciplinary outreach team for people with severe mental illnesses. And some studies suggested that multiple - disciplinary outreach team in Japan had positive effect on clients' satisfaction for services and diminish of length of stay^{1,2}. However such activity in Japan is not adequately institutionalized and these agencies only receive medical fee for their activities. However system of medical fee which is specially-designed to outreach team has not be developed, so existing fees cannot cover all activities of outreach team. This undeveloped legal system for outreach team and disadvantaged condition in finance is main obstacle to dissemination in Japan. 31 clients of outreach team in 3 community participated this study. They have severe mental illness (e.g., Schizophrenia, Bipolar Disorder, and Depression)

Purpose: In order to estimate and realize valid medical fee system for multiple - disciplinary outreach team, we described financial condition of such activities in Japan.

Methods: We collected data from the services for clients of 3 multiple – disciplinary outreach team from December 2011 to December 2012. Subjects of this study were people with severe mental illness (n=31). We recorded every face to face contact with clients by using service-code checklist for 1 month. And we described what part of services is not covered by medical fee.

Results & Conclusions: As at January 2013, we are currently in analysis on collected data. The details would be reported on the day of the conference. However, our interim data suggests that the existing medical fee system will not be enough to cover the activities of outreach team. Particularly, the current system for activities of social workers is not appreciated.

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ADVERSE EFFECT OF IN-UTERO ALCOHOL EXPOSURE ON CHILDHOOD ACADEMIC ABILITY: A PARENTAL COMPARISON ANALYSIS SUPPORTING A CAUSAL INFLUENCE

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Educational Objectives: Our findings demonstrate an intrauterine effect of episodic drinking consistent with 2 small glasses of wine or beer on lower academic ability, a pattern of alcohol use most people would consider moderate.

Purpose: This study will test the hypothesis that low-to-moderate maternal alcohol use in pregnancy is associated with lower school test scores in offspring aged 11 via intrauterine mechanisms.

Methods: We used data from the Avon Longitudinal Study of Parents and Children (ALSPAC), an observational birth cohort study based in the South West of England. Analyses were conducted on 7062 participants who had complete data on the following measures: - maternal and paternal patterns of alcohol use in the first trimester and at 18 weeks' gestation; child's academic ability measured at age 11, gender, maternal age, parity, marital status, ethnicity, household crowding, home ownership status and parental education. We compared maternal – offspring and paternal – offspring associations of alcohol consumption with child's National Curriculum Key Stage 2 (KS2) test scores. We used multivariable linear regression to estimate mean differences and 95% confidence intervals [CI] in KS2 scores across the exposure categories and computed f statistics to compare maternal and paternal associations.

Results: Our approach compares the association of offspring outcomes with maternal and paternal alcohol consumption, on the assumption that only maternal alcohol use will influence intrauterine processes. Drinking up to 1 unit a day during pregnancy was not associated with lower test scores. However, frequent prenatal consumption of 4 units (equivalent to 32 grams of alcohol) on each single drinking occasion was associated with reduced educational attainment in a parental comparison analysis.

Conclusions: This pattern of alcohol use in pregnancy may adversely affect childhood academic ability via intrauterine mechanisms. The project has achieved its objectives in that we aimed to demonstrate that low levels of alcohol consumption in pregnancy were detrimental to cognitive development in childhood. This study presents some of the most compelling evidence to date that this pattern of alcohol use consumed by mothers in early pregnancy may influence academic abilities in their offspring at age 11, via intra-uterine effects. Hence we believe our study has produced new important knowledge. We have used one of the most robust research designs, parental-offspring comparison analysis, to test whether drinking during pregnancy is causally linked to child's cognitive abilities. Our results implicate that even moderate amounts of alcohol consumed during pregnancy can lead to academic problems in childhood.

LIVING CONDITIONS, PSYCHIATRIC MORBIDITY, MENTAL HEALTH CARE AND PHENOMENOLOGICAL OBSERVATION IN A SAMPLE OF HOSPITALIZED FEMALE FOREIGN DOMESTIC WORKERS IN LEBANON: A PROSPECTIVE, COMPARATIVE STUDY

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Educational Objectives: This poster presentation aims to present the findings of a prospective study about the mental health situation and psychiatric conditions of female foreign domestic workers in Lebanon.

Purpose: The main purpose of this project is gather preliminary findings of the psychiatric admissions, presentation, diagnosis, and management of hospitalized female domestic workers as compared to hospitalized Lebanese female patients.

Methods: 33 female foreign domestic workers and 14 female Lebanese were enrolled. The Brief Psychiatric Rating Scale (BPRS) and the Clinical Global Impression scale (CGI) were administered on admission and discharge and socio-demographic, living conditions, mental health care data and phenomenological observations were collected. SPSS 20.0 was used to for data analysis.

Results: Sexual, physical, and verbal abuse were detected in the foreign domestic workers group (12.5%, 37.5%, and 50.0%. respectively). 66.7% of them were diagnosed with Brief Psychotic Episode. The mean duration of hospital stay (13.1 days) was significantly lower in the foreign domestic workers group. The mean cumulative antipsychotic dose of the foreign domestic workers group was 337.1 mg of chlorpromazine equivalent and the mean BPRS total pre-score of the foreign domestic workers group was 66.4 with a *much improved* state on the CGI global improvement scale, all of which were non-significantly different from the control group. Striking phenomenological findings among the foreign domestic workers group were acute anorexia (39.4%), nudity/exhibitionism (30.3%), catatonic features (21.2%), and delusion of pregnancy (12.1%).

Conclusion: Inpatient foreign domestic workers are more diagnosed with psychotic than affective disorders and receive approximately similar treatment as controls in spite of the trend to rapidly discharge and deport the worker to limit the costs. Both groups presented with similar severity, although the foreign domestic workers had peculiar phenomenological observations. The small sample size, lack of socio-culturally tailored assessment, language barriers, absence of structured diagnostic interviews, heterogeneity in the nationalities representing the foreign domestic workers group constitute major limitations in this study.

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Bio-psycho-social confluence of psychiatric sciences

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THE STUDY OF CAUSES OF THE PSYCHOLOGICAL AND PHARMACOLOGICAL ANORGASMIA IN AFFECTED WOMEN IN ARDABIL

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Introduction: many factors affect orgasmic function, age, education, job, folklore (taboos) religious beliefs, drugs, psychological disorders and gynecological surgery. Our main goal was the study of causes of the psychological and pharmacological of anorgasmia in affected women in Ardabil

Methods: The present study is a descriptive-cross sectional one. a total of 500 married women were selected and they completed the demographic and female sexual function index (FSFI) questionnaire. orgasm was assessed according to the relevant questions in the FSFI questionnaire. 122 women were anorgasmic and they completed the SCL-90 questionnaire. the data were analyzed using the statistical software SPSS and the descriptive statistics (frequency-percent) and the deductive statistics (Correlation-t test). P value < 0.05 was assumed meaningful.

Results: the prevalence of anorgasmia among women in Ardabil was 24.4% and the average age of th anorgasmic women was 31.1% .The relation between the obsession -compulsion disorder and the anorgasmia with P=0.000 was meaningful. The relation of depression with P=0.91 and using the SSRI drugs with P=0.28 and using the three cyclic anti-depression drugs with P=0.09 and using the ACE-I drugs with P=0.63 with the anorgasmia wasn't meaningful.

Conclusion: The prevalence of anorgasmia in Ardabil women is at its high level and psychological factors influence this disorder so the diagnosis of this disorder and control of effective factors will help reducing of family fade and its impacts on society.

Keywords: anorgasmia, depression, anxiety, OCD, SSRI, ACE-I, TCA

THE STUDY OF PERSONALITY COMPONENTS STYLE IN ORDINARY WOMEN AND WOMEN SACRIFICED BY TH HOME INDELICACY

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Introduction: The aim of this study is the comparison of attachment styles and personality sides between women who are victims of domestic violence and ordinary women.

Methods: this research included all of them who had complained to family court at first 150 people were randomly studied amid mentioned community by domestic violence questionnaire that 50 people were selected as main annoyed ones were examined in terms of population variable for analysis of data descriptive statistics and k2 and multi-variable variance analysis were used

Results: Achievements expresses that there is a difference between annoyed and ordinary women in terms of attachments styles also it was unfolded that annoyed women vary with those who are ordinary in terms of characteristic sides and it means that annoyed women got higher marks than ordinary ones at aggression point of view and it is mentionable that the difference between 2 groups is significant.

Conclusion: accounts of unsafe attachments styles at annoyed women is one of the reasons which cause reluctant interaction in sexual affairs , then lessens loyalty and kindness levels in joint life and finally leads to disruptive behaviors as violence annoyed women with high aggression low desired level , lack of flexibility and low extrovert personality decrease enjoyment of joint life and satisfaction level in sexual life and with a continues contradictions justify the account of domestic violence

A TWO-LAYERS BIO-PSYCHO-SOCIAL MODEL OF MEDICINE AND PSYCHOTHERAPY

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The bio-psycho-social model relates to a person as one system, with biological, psychological and social components in constant interaction. The model so far tends to objectivize the human experience of life and ignores a central component, existing exclusively in humankind, the subjective component of meanings, narratives, images, and dreams that are central in psychotherapy. This presentation proposes a two-layer bio-psycho-social model: an objective-rational layer and a metaphorical-spiritual layer. This model explains how physical state of the body corresponds with subjective-metaphoric state represented in imaginations, metaphors, and dreams, and how, on the other direction, metaphor therapy corresponds to physical health of people. The model is based on the assumption that people process and experience their stresses in two ways: an objective-rational way, typical of the left hemisphere of the brain, and a metaphorical-spiritual way, typical of the right hemisphere. Every medical, psychological, or social intervention, whether tending to use objective or metaphorical devices, will eventually activate both layers of the system. Some illustrative cases with physical or psychological symptoms will be presented.

Keywords: *Bio-psycho-social, system, psychosomatic, dream, psychotherapy, metaphor, narrative, hemisphere.*

RELATIONSHIP BETWEEN RESILIENCE AND SOCIAL SUPPORT, COPING STYLE OF CHILDREN IN MIDDLE SCHOOL

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Abstract: Objective To explore the relationship between resilience and social support, coping style of children in two middle schools for providing an evidence for improving childrens' resilience.

Methods Six hundred childrens were surveyed with the Connor-Davidson resilience questionnaire(CD-RISC), perceived social support scale(PSSS)and coping style questionnaire (CSQ).

Results ①Resilience had significant difference between male and female children. ②The resilience was positively correlated with social support and two factors of coping style:seeking help and solving problem, but negatively correlated with the other factors in coping style questionnaire.

Conclusion ①Children with high score in Connor-Davidson resilience questionnaire are more tend to the positive coping style. ②Social support is an important factor of resilience in children.

Key words: children;resilience;social support;coping style

TIME TO READMISSION AND IT'S PREDICTORS IN FIRST-ADMITTED PATIENTS WITH A DEPRESSIVE DISORDER

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Educational Objectives: Depressive disorders belong to the most common mental health problems. Worldwide about 350 million people are affected. To prevent chronicity, depression necessitates adequate treatment. Psychiatric readmission indicates a relapse and an insufficient response to outpatient treatment after discharge. It might be preventable in some cases by knowing the risk factors.

Purpose: Due to limited evidence concerning depression and psychiatric readmission, this study aims to analyse probable predictors (e.g. types of antidepressants) of the time to readmission in this patient-group.

Methods: We used routine health data of a German health insurance covering the years 2007-2010 and N=1918 with a depressive episode or recurrent depressive disorder. Patients were aged between 18 and 65 years. We applied multivariate time-hazards models (survival analysis) by SAS to examine the predictors of the time to readmission within 24 months. Probable predictors included patient-, admission-specific and clinical characteristics.

Results: More than 40% of the patients experienced readmission within the observation period, many of them in the first few weeks. Preliminary findings showed that the risk of readmission increased with a co morbid substance disorder or more severe depression. Employment and different types of antidepressants reduced the risk of readmission. The risk of readmission was about 50% less likely in patients taking medication.

Conclusions: Our results indicate that adequate use of medication might prevent from readmission in depressive patients. This does not correspond to all previous findings. More research is needed in this area.

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MENTAL HEALTH AND POLYGAMY: THE SYRIAN CASE

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In the Middle East, one risk factor for poor mental health among millions of women may be found in the practice of polygamy. Although accurate data regarding its precise prevalence are not readily available, polygamous marriage is known to be a common family structure in the Middle East. Previous studies found that women in polygamous marriages report low self-esteem and less life satisfaction than women in monogamous marriages. To the best of my knowledge the present study is the first to examine the psychological, self-esteem, family function, marital satisfaction, life satisfaction and degree of agreement with the practice of polygamy among polygamous women with a control group from monogamous women in Syria. At the conclusion of this presentation, the participants should be able to recognize the psychological, familial and economic effects of polygamy in Syria. A convenience sample of 136 women, 64 of whom were wives in polygamous marriages and 72 were wives in monogamous marriages participated in this study. A snowball method of sampling was used, conducted by undergraduate local female students trained to collect data according to culturally competent methods. The following research instruments were deployed: the Symptoms Checklist (SCL-90), the Rosenberg self-esteem (SE), the Life Satisfaction (SWLS), family function (FAD) and marital satisfaction (ENRICH). Findings revealed that women in polygamous marriages experienced lower self-esteem, less life satisfaction, less marital satisfaction and more mental health symptomatology than women in monogamous marriages. Many of the mental health symptoms were different; noteworthy were elevated somatization, depression, hostility and psychoticism and their general severity index (GSI) was higher. Furthermore, "first wife syndrome" was examined in polygamous families, comparing first with second and third wives in polygamous marriages. Findings indicated that first wives reported on more family problems, less self-esteem, more anxiety, more paranoid ideation, and more psychoticism than second and third wives. These results are best understood through consideration of the socio-cultural and economic realities facing these women. Practitioners and policy makers need to be aware of the psychological, familial and economic effects of polygamy on women and their children. As the results point out higher marital distress in a polygamous family may in turn exacerbate the negative role modelling and impede children's growth and achievements. Further research is required to compare women in polygamous marriages based on their order (first, second and third etc.).

PERSONALITY RISK FACTORS AND READINESS TO CHANGE IN MANDATED AND VOLUNTARY COLLEGE STUDENTS ENROLLED IN AN ALCOHOL PROGRAM

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Educational Objectives: This study demonstrates the value of utilizing theoretical models in research design and provides salient information for designing alcohol intervention programs. Students who violate the college/university alcohol policy are required by the dean of students or are *mandated* to attend an alcohol intervention programs The Transtheoretical Model (TTM) has been effective in studies of high risk behaviors including alcohol abuse. In the present study, an adaptation of the TTM, the Brief Readiness to Change Questionnaire was used to assess Precontemplation, Contemplation and Action stages of the TTM. Recent studies have suggested personality factors may predispose college students to excessive alcohol drinking. In the present study the following personality risk factors were assessed: Introversion/Hopelessness, Anxiety, Sensation Seeking, and Impulsivity

Purpose: The purpose of this study was to examine personality risk factors and readiness to change drinking behavior between mandated and volunteer groups of college students.

Methods: Participants were 583 freshman students (148 mandated group) and (436 voluntary group) enrolled in the campus MI program. Participants completed at baseline, 3 and 6 months three measures: the Daily Drinking Questionnaire, the Brief Readiness to Change and the Substance Use Risk Profile Scale, a personality measure. Substance Use Risk Profile Scale values at baseline were compared using MANOVA. Linear mixed models were used to determine an association of continuous outcome variables (Substance Use Risk Profile Scale subscales) with covariates overtime.

Results: Descriptive statistics, frequency tables, and summary graphs were used to summarize the study variables. (Table1). Participants in the Action stage had lower impulsivity scores. The number of volunteer participants in the Precontemplation stage decreased between baseline and 6 months and increased in the Action stage. The mandated group had a greater probability than the volunteer group of being in the Action stage over time. In the analysis of the scales, all personality dimensions were fairly similar both groups. Gender was significant, with females showing the highest anxiety and lowest sensation seeking. (Tables 2, 3).

Conclusions: The results provided solid data that alcohol intervention programs need to address the dimensions of readiness to change behavior and personality risk factors. In addition, gender factors should be considered in intervention programs. Further studies of personality factors and readiness to change are recommended.

HOMOSEXUALITIES AND ADOLESCENCE IN A BRAZILIAN SOCIO-CULTURAL CONTEXT: MENTAL HEALTH AND PSYCHOSOCIAL IDENTITY

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¹Researcher and former PhD student of the State University of Campinas.

²Full Professor at the State University of Campinas.

Educational Objectives and Background: This research is a cross sectional study that was carried out between 2009 and 2012. It was based on adolescence, homosexuality and mental health in the Brazilian social-cultural context. Empirical data about this area are still rare in Latin America. The first aim of the study was the investigation and comparison of prevalence of mental disorder, and of search for mental health services between a group of homosexual adolescents and its heterosexual control group. The second one was to investigate the impact of discrimination and prejudice on homosexual adolescents' mental health, and on the development of their psychosocial identity.

Purpose: The main purpose of this research was the production of empirical data about a population in Brazil that has not been investigated in terms of mental health and psychosocial identity yet.

Methods: "Snowball sampling" was used in order to form the two groups, matched according to gender, age and educational degree. Each adolescent was interviewed individually. Data were obtained by using the Brazilian version of MINI Plus and two specific questionnaires on the search for mental health services and on psychosocial identity. Statistical analysis identified frequencies, associations, and made comparisons concerning the dimensions that were investigated.

Results and Conclusion: When compared to the control group, the homosexual adolescents presented a higher prevalence of mental disturbance and attendance at mental health services. These results suggest that prejudice and discrimination in the Brazilian socio-cultural context may have an impact on the mental health of the individuals studied, affecting the development of their psychosocial identity.

BAYESIAN EXPLORATION OF DELUSION IN PATIENTS WITH SCHIZOPHRENIA

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Objective:

The aim of the present investigation was to investigate whether the delusion in the schizophrenic patients was influenced by “jumping to conclusion” according to a Bayesian lack of posterior probability inclusion in deduction.

Methods:

40 patients who had received the diagnosis of schizophrenia were randomly selected from two hospitals in Isfahan city. They were matched with a sample of normal people mainly according to sex and age. Both of the groups were presented with a task including two bottles, each of them consisted of black and white marbles in different proportions. The proportion of black and white marbles in the first bottle was 80 to 20, and in the second bottle was 60 to 40. Both of the groups were not aware of the proportion of marbles in different bottles. They were then asked to decide about the color of the next marble, after some trials.

Results:

There was a significant difference between schizophrenic patients and normal people ($p < 0.05$). The patients have been more eager to draw conclusion rapidly after two or three trials, and hence they have shown a tendency to jump to conclusion, in comparison to normal subjects.

Conclusion:

The findings confirmed the hypothesis that delusion can lead the patients to “jump to the conclusions”, after only a few trials. The findings are also concordant with the previous studies suggesting jumping to conclusion may occur in delusions, and that reasoning in delusional patients can be modeled according to Bayesian probability theory.

Keywords: schizophrenia, information processing, delusion, Bayesian theory.

A RANDOMIZED CONTROLLED PILOT STUDY OF COGNITIVE BEHAVIORAL SOCIAL SKILLS TRAINING (Korean ver.) FOR MIDDLE- OR- OLDER-AGED PATIENTS WITH SCHIZOPHRENIA: A PILOT STUDY

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Objectives: Cognitive behavioral therapy and social skill training has been proposed as a promising treatment modality in schizophrenia patients. The objective of this study was to evaluate the effectiveness of CBSST (Cognitive Behavioral Social Skill Training) in patients with chronic schizophrenia. **Methods:** 26 middle- or older-aged hospitalized patients with schizophrenia were selected in a mental hospital. 11 participants were randomly assigned to CBSST treatment and 15 participants were assigned to usual treatment. CBSST was administered over 12 sessions for 6 weeks in single group and the participants were assessed by blinded raters for baseline, 6 and end of treatment. **Results:** Compared to patients with usual treatment, those with CBSST treatment showed a significant reduction of HAMD score, although scores for other psychiatric symptoms did not differ significantly. In terms of QoL (Quality of life) analysis, scores of overall quality of life was more significantly increased in CBSST group than usual treatment group. According to ILSS (Independent Living Skill Survey), patients receiving CBSST performed social activities significantly more than the patients in usual treatment group. **Conclusion:** Psychosocial intervention for chronic schizophrenic patients is very important not only for the management of primary psychiatric symptoms, but also for QoL and social rehabilitation. The results of this study suggest that CBSST could be an effective way for them, such as improvement of depressive mood, overall life quality and social activities. This study is a pilot study performed in inpatient treatment setting. The further studies are required to clarify the advantage of CBSST on chronic schizophrenic patients, esp. under outpatients setting.

Key Words: *Schizophrenia, Social Rehabilitation, CBSST, Cognitive Behavioral Social Skills Training*

EXPLORING THE PATHOGENETIC ASSOCIATION BETWEEN SCHIZOPHRENIA AND TYPE 2 DIABETES MELLITUS DISEASES BASED ON PATHWAY ANALYSIS

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Abstract Background: Schizophrenia (SCZ) and type 2 diabetes mellitus (T2D) are both complex diseases. Accumulated studies indicate that schizophrenia patients are prone to present the type 2 diabetes symptoms, but the potential mechanisms behind their association remain unknown. Here we explored the pathogenetic association between SCZ and T2D based on pathway analysis and protein-protein interaction. **Results:** With sets of prioritized susceptibility genes for SCZ and T2D, We identified significant pathways (with adjusted p -value <0.05) specific for SCZ or T2D and for both diseases based on pathway enrichment analysis. To explore the pathway crosstalk, we constructed a pathway-based network including all of those significant pathways. Our results revealed that some pathways are shared by both SCZ and T2D diseases through a number of susceptibility genes. With 382 unique susceptibility proteins for SCZ and T2D, we further built a protein-protein interaction network by extracting their nearest interacting neighbours. Among 2,104 retrieved proteins, 364 of them were found simultaneously interacted with susceptibility proteins of both SCZ and T2D, and proposed as new candidate risk factors for both diseases. Literature mining supported the potential association of partial new candidate proteins with both SCZ and T2D. Moreover, some proteins were hub proteins with high connectivity and interacted with multiple proteins involved in both diseases, implying their pleiotropic effects for the pathogenic association. Some of these hub proteins are the components of our identified enriched pathways, including calcium signaling, g-secretase mediated ErbB4 signaling, adipocytokine signaling, insulin signaling, AKT signaling and type II diabetes mellitus pathways. Through the integration of multiple lines of information, we proposed that those signaling pathways, such as AKT signaling, that contain susceptibility genes for both diseases, could be the key pathways to bridge SCZ and T2D. AKT could be one of the important shared components and may play a pivotal role to link both of the pathogenetic processes. **Conclusions :** Our study is the first network and pathway-based systematic analysis for SCZ and T2D, and provides the general pathway-based view of pathogenetic association between two diseases. Moreover, we identified a set of candidate genes potentially contributing to the linkage between these two diseases. This research offers new insights into the potential mechanisms underlying the co-occurrence of SCZ and T2D, and thus, could facilitate the inference

of novel hypotheses for the co-morbidity of the two diseases. Some etiological factors that exert pleiotropic effects shared by the significant pathways of two diseases may have important implications for the diseases and could be therapeutic intervention targets.

Keywords

pathogenetic association, schizophrenia, type 2 diabetes mellitus, pathway crosstalk, protein-protein interaction

ANXIETY PREVALENCE AND SLEEPING HOURS-----RESULT FROM MACAO HEALTH SURVEY

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Objective: Anxiety is a common mental disorder in the modern society. It could cause sleeping problems but also can be affected by sleeping disorder. This report will explore the relationship between anxiety and sleeping hours based on the regional household random sampling data in Macao.

Methods: A household randomly sampling health survey was conducted in Macao 2006. The questionnaire, physical exam and lab tests were used for data collection. A total 2930 adults were included for the analysis. Anxiety was defined by answering “yes” for the question that “if a doctor told you that you had anxiety”. The sleeping hours also based on a questionnaire. In some analyses the sleeping hours were divided into two groups by 6. SPSS (17.0) was used for data analysis.

Results: Anxiety prevalence was 2.5%. After adjusting the effect of age and sex, the adjusted rate was 2.3%, more female than males had anxiety (3.2% vs. 1.4%). Compared with those without anxiety, people with anxiety were more in divorced or widowed (11.1% vs. 3.7%), lower individual income (50.7% vs. 34% below the median), unemployed (43.1% vs. 28.5%), sleep less than 6 hours (26.4% vs. 10.8%). However, no age and education difference between two groups. In a logistic regression model with all significant independent variables listed above by a forward method, only sex, employment status and sleeping hours were significantly related to anxiety.

Conclusion: Anxiety prevalence was 2.3% after adjusted other effects, the risk of anxiety is 2.15 between females and males, 1.64 between unemployed and employed and 2.67 between sleep less than 6 hours and those sleep 6 hours or more.

BRINGING THE FAMILY INTO FOCUS: NEW WORK AT A THERAPEUTIC COMMUNITY FOR PRIMARY SCHOOL AGED CHILDREN

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Objectives

When children are sent away from home or taken into care, the burden of responsibility for change can sometimes lie too heavily and somewhat unfairly on their shoulders. This paper will use two case studies to describe the work of the new Therapies and Networks Team at the Mulberry Bush School in Oxfordshire and how this work is integrated into the therapeutic milieu of the school.

Method

Qualitative: case studies

Results

The work of the team aims to bring the focus for change more firmly onto the family as a whole in order to share with the child the responsibility for change and emotional development. The case studies will look at how we assess children and their families, whether birth, adoptive, or fostered, and how these assessments inform the range of interventions we offer alongside the milieu therapy in which the children are immersed.

Conclusions

Through these case studies, the paper will briefly describe these interventions which include a range of individual therapies, family work or therapy, foster care support, and Family Weekends, in which the whole family is given an experience of the therapeutic milieu.

SALIVARY ALPHA-AMYLASE REACTIVITY TO PSYCHOLOGICAL LAB STRESSORS: A META-ANALYTIC REVIEW

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Educational Objectives: Participants will understand the state of the current literature with regard to salivary alpha-amylase (sAA), a proposed correlate of sympathetic nervous system (SNS) activity, as it relates to the human stress response. Importantly, participants will learn about the methodology and results of this meta-analysis, which have implications for biopsychosocial stress research.

Purpose: This meta-analysis reviews 53 laboratory studies and tests whether psychological laboratory stress protocols elicit sAA response in adults.

Methods: As a comprehensive literature search, I reviewed sAA articles from PsychInfo and PubMed, as well as conference abstracts. The selection of studies was restricted to those that utilized acute laboratory stressors and an assessment of sAA before the stressor and at least one assessment after the stressor. Each study was coded for moderators, including stressor type, study methodology, and method of saliva collection.

Results: Psychological stressors significantly increased sAA within 5 minutes ($d = 0.51$, $p < 0.001$) and at 10 minutes ($d = 0.16$, $p < 0.001$), post-stressor, with recovery occurring 15-20 minutes post-stressor. The effect sizes varied, however, depending on the nature of the stressor. Specifically, there was a significant rise in sAA if the stressor had elements of social-evaluative threat (SET; e.g., risk of negative social evaluation) and uncontrollability (UC; e.g., obstacles to attaining a goal). Meta-regressions indicated that, the higher the SET-score, the greater the difference in sAA concentrations from pre- to post-stressor (beta = 0.28, $p < 0.001$). This was also the case for the UC-score (beta = 0.52, $p < 0.001$). Furthermore, stressors characterized by SET resulted in longest recovery times, which occurred at 25-35 minutes post-stressor. With regard to saliva collection, salivette collection ($d = .61$, $p < 0.001$) resulted in a significantly larger increase in sAA than passive drool ($d = .24$, $p = 0.08$).

Conclusions: Results indicate that sAA increases in response to acute laboratory stressors. Recovery time is longest for SET-characterized stressors, indicating that researchers may want to measure sAA within 5 minutes post-stressor through to 35 minutes post-stressor to capture response and recovery. In addition, salivette extraction produced larger effect sizes. It is possible that passive drool is not capturing an accurate read of sAA. Findings support the *social-preservation system* theory in relation to the SNS. Specifically, threat to important goals, such as social approval, elicits sAA response as a means to mobilize energy and reduce threat. Sympathetic arousal during times of uncontrollable social-evaluative threat can be adaptive in order to perform optimally, thereby preserving social status.

PSYCHOECONOMIC NOSOLOGY

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In our exchange society, appropriative behavior is not only restricted to the appropriation of production but also to psychic appropriation, on which tendencies and possible hierarchical orders of domain and appropriation of manifest economy will be based. Our ultimate goal is to inaugurate a new approach in an attempt to create a new Psychoeconomic Nosology.

We intend to assemble medical, psychological, sociological and macroeconomic knowledge in order to initiate and channel psychosociological procedures from a medical and social perspective.

Community life involves supply and demand, appropriation and disappropriation. Human behavior, its dysfunctions, and the physiopathological disorders resulting from such appropriation have been theorized, classified and legislated, but the driving nature of the social psyche-soma has not been understood or subject to an interdisciplinary classification from the point of view of a psychoeconomic pathology.

In this sense, physiological functions are somatic-social, while psychoeconomic functions are psychosocial functions.

From now on, our intention is to derive psychoeconomic variables from a psychobiosocial approach, and to develop devices through health-disease variables for an understanding and therapy.

Key words:

Greedysis (*afanosis*) – Psychophagic – Exophagic – Social Crepuscular State – Sociomatic Medicine – Somatic-Social Illness – Social Vegetate Structure –

Possessive Obsession Disorder – Possessive Expectation Disorder – Paterfiliation – Filialpathy – Hyperegomia, Anegomia, Psychomatic Introjection, Possessive Neurosis, Somatosis, Sociosis, Encophoria, Anegomic Depression,

MENTAL HEALTH, EMPLOYMENT STATUS AND PARENTHOOD: THE IMPACT OF THE ECONOMIC DOWNTURN ON PORTUGUESE YOUTH MENTAL HEALTH

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Educational Objectives: To recognize the impact of the actual Portuguese economic downturn and unemployment on the health behaviour and mental health of parents and children.

Purpose: To identify links between unemployment, distress and its impacts on family interactions and adolescents' psychological well-being, school expectations and risk behaviours.

Methods:

Study 1 Collected data from the Portuguese Health Behaviour in School-aged Children Survey/WHO was analysed to explore the links between parental employment status and adolescents' low mood, irritability/bad temper and educational aspirations. The subjects were 4541 Portuguese adolescents with a mean age of 14 years old (DP=1.85).

Study 2 A cross-sectional paper-based survey of at least 300 unemployed adult participants (Lisbon/Portugal). The variables measured include demographic factors, mental health (GHQ-12), perceived deprivations of latent and manifest benefits due to unemployment (LAMB scale) and perceived family conflicts and adolescents' health and behaviours.

Results:

Study 1 Parental employment status influences adolescents' low mood and irritability/bad temper. Girls with non-employed fathers showed higher frequencies of low mood and irritability, whereas boys only irritability/bad temper. The mother's employment status had no effect. Parental employment status moderates leaving school aspirations. This is true for boys and girls, but determined by the gender of the parent. Age was found to be an important moderator. Younger adolescents showed higher frequencies of feeling low and irritability/bad temper.

Study 2 Work in progress hypothesis: Higher deprivation in both manifest and latent benefits will account for higher levels of distress among the sample; higher distress is expected among the long-term unemployed people, males, older people, and people with children; adolescents from unemployed parents are perceived to have higher emotional distress and behaviour problems and parents of such adolescents perceive higher rates of interpersonal conflicts within the family. Partial results should be available.

Conclusions:

This study provides evidence for the influence of employment status in adults and adolescents' psychological well-being and health behavior.

The evidence is relevant given the current economic recession and the high rates (16%) of unemployment in Portugal and can be useful to acknowledge the need to support non-employed parents to better cope with the situation and prevent distress among their children.

Taking action may improve the attainment of sustained benefits in health, economic growth and the reduction of prospective health demands by future ill-adults.

Investing in the populations' health and education may allow countries with financial strains to obtain the human capital boost necessary to increase nations' economic growth.

COMMUNICATION ATTITUDE AND EMPATHY LEVELS OF PRECLINICAL MEDICAL STUDENTS IN RELATION WITH THEIR LONELINESS, ANXIETY AND DEPRESSION LEVELS

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Educational Objectives: Although most of medical students enter medical school with a desire to care for people while they are becoming lonelier, anxious and depressive during education their humanistic values like communication and empathy decrease. At the end of this presentation the audience should be able to recognize the correlation between loneliness, anxiety, depression and communication attitude and empathy.

Purpose: The aim of this study was to analyze social features of preclinical medical students in respect to their mental well-being.

Methods: In this cross sectional study socio demographic questions, University of California Los Angeles Loneliness Scale (UCLA), Hospital Anxiety and Depression Scale (HADS), The Communication Skills Attitude Scale (CSAS), Empathic Tendency Scale (ETS) were applied randomly to the first and third year students voluntarily in an anonymous questionnaire with ethics approval. UCLA has 20-items with ten reverse items and the total score ranges from 20 to 80 points. HADS consists of 14 items, seven for anxiety and seven for depression. Each item was rated on a scale from 0 to 3. CSAS consists of 26 items with two subscales: positive attitudes (PAS), negative attitudes (NAS). The total score ranges from 13 to 65 for each subscale. ETS consists of 20 items with eight reverse items. Scores of the scale range from 20 to 100. Student's t-test, one-way ANOVA and correlation tests were applied. Statistical significance was set at p values less than 0.05.

Results: The mean age of the 252 students was 19.57 ± 3.01 and 64.3% of them were first year students. Above the half were female ($n=131$, 52.2%), 8% ($n=20$) were smoking, 10.4% had suicidal ideation in the past six months and 11.2% were always feeling lonely. The UCLA, Anxiety, Depression, PAS, NAS and ETS scores of the study group were 37.20 ± 12.31 , 8.25 ± 3.91 , 6.21 ± 3.80 , 49.84 ± 8.34 , 33.03 ± 5.84 and 68.01 ± 10.26 , respectively. There were no difference between academic years ($p > 0.05$), female students had higher PAS, ETS scores and lower NAS scores ($p < 0.05$). There were negative correlation between UCLA, Anxiety, Depression scores and PAS and ETS scores.

Conclusions: Loneliness, anxiety and depression levels of medical students were in negative correlation with PAS and ETS pointing out the importance of well being for medical practice. Female students had more empathic tendency and PAS.

POSSIBLE THERAPEUTIC ROLE OF INSULIN- LIKE GROWTH FACTOR-1 IN DEPRESSION.

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Objectives: Etiology of mood disorders (i.e. depression) still remains uncovered, and many theories attempting to explain the mechanisms of the onset of such psychiatric conditions have emerged. Up to date researchers have succeeded in drawing distinctions between the levels of numerous factors in depressed patients and healthy volunteers. Among them Insulin-like Growth Factor-1 (IGF-1) has been shown to be decreased in brains of animals with experimentally introduced depression, and antidepressant treatment restores its the physiological level. Moreover, it has been suggested that IGF-1 may have a putative antidepressant and anxiolytic activity.

Purpose: The aim of present work was to determine, if IGF-1 brain administration may reverse behavioral changes evoked by prenatal stress (widely used as an animal model of depression) and whether the IGF-1R antagonist JB1 can block this effect.

Methods: Pregnant Sprague- Dawley rats were subjected to stress sessions from 14th day of pregnancy. After weaning, male rats were housed for 3 months and afterwards were tested for behavioral changes. Some animals were killed two days after the behavioral test and the brain structures were rapidly dissected. The level of IGF-1 and expression of total and phospho-IGF-1 receptor were determined. The remaining animals were administered *icv* IGF-1(1µg) alone or after the IGF-1R antagonist (JB1- 20 µg) . Three days later animals were tested again in a behavioral study.

Results: It has been demonstrated that prenatally stressed rats showed depression-like behavior: an increase in immobility time in the Porsolt test and a decrease in the time spent in the open arm of the maze. In biochemical study, the level of IGF-1 and expression of total and phospho-IGF-1 receptor in the hippocampus and frontal cortex were decreased. In prenatally stressed animals, *icv* administration of IGF-1 produced an antidepressant and anxiolytic effects. Moreover, IGF-1R antagonist completely blocked those effects.

Conclusion: We report that behavioral changes in rats evoked by prenatal stress can be reversed by intracerebral administration of IGF-1, and this type of action is mediated by IGF-1R. We have demonstrated that when the level of IGF-1 in the CNS is increased both anxiolytic and antidepressant-like effects can be observed, and thus providing data supporting the possible use of IGF-1 for future therapy of affective disorders.

Acknowledgements: This work was supported by the Operating Program of Innovative Economy 2007-2013, grant No. POIG.01.01.02-12-004/09.

MOTIVATION AND RELATED FACTORS IN PATIENTS WITH SCHIZOPHRENIA

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Educational Objectives: This study attempted to elucidate the characteristics of motivation in schizophrenia patients.

Purpose: The purposes were to investigate differences in motivation between patients with schizophrenia and healthy controls using the General Causality of Orientation Scale (GCOS; Deci and Ryan, 1985) and to reveal the relationships between motivation, psychiatric symptoms, and social functioning in the patient group.

Methods: Sixteen outpatients with schizophrenia (13 men, 3 women; mean age 43.2 years) and 24 healthy controls (13 men, 11 women; mean age 33.6 years) were recruited. Following previous studies, 3 items from the Quality of Life Scale (sense of purpose, motivation, and curiosity) were used to assess their state of motivation. The GCOS was used to evaluate the strength of three orientations of motivation (Autonomy: A; Controlled: C; Impersonal: I). Orientations A, C, and I correspond to concepts of intrinsic motivation (IM), extrinsic motivation, and a tendency to lose motivation, respectively. Psychiatric symptoms were measured using the Brief Psychiatric Rating Scale (BPRS). The Japanese version of the Social Functioning Scale (SFS-J) and the Global Assessment of Functioning (GAF) were used to assess the patients' social and global functioning. The institutional review board approved the study protocol.

Results: The mean scores on the GCOS subscales in the patients and controls, respectively, were as follows: orientation A, 32.8 and 33.3; C, 27.4 and 22.4; and I, 27.4 and 22.7. The scores for C and I were significantly higher in the patients than in the controls ($P < 0.05$). Regarding the correlations between the GCOS and psychiatric symptoms in the patients, the score for A was significantly correlated with depression ($r = -0.489$, $P < 0.05$), while the score for I was significantly correlated with tension ($r = -0.615$, $P < 0.05$) on the BPRS. Regarding the correlations between the GCOS and the SFS-J or GAF, the score for A was significantly correlated with social withdrawal ($r = 0.654$, $P < 0.01$) and interpersonal relations ($r = 0.585$, $P < 0.05$). The score for C was significantly correlated with interpersonal relations ($r = 0.544$, $P < 0.05$), recreation ($r = 0.495$, $P < 0.05$), pro-social activities ($r = 0.510$, $P < 0.05$), and the total score ($r = 0.544$, $P < 0.05$).

Conclusions: Schizophrenia patients were motivated by extrinsic rewards to a greater degree than healthy people. On the other hand, they lost their motivation easily. Their social functioning was correlated with their motivation.

Literature Reference

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PSYCHOPATHOLOGY IN POSTMODERNITY

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Objectives

Late Modernity or Postmodernity has been characterized by some specific features from sociology. In rich countries, some examples related with Postmodernity are constituted by: the technological development and extension and generalization of their applications, the outsourcing of the labour market, the abstraction of job, the manufacturing relocation, the privatization of public space, the generalized reflexivity, the change in the way that individuals interact to each other because of the relationship virtualization, the legislation/regulation of more areas of life, among others.

These rapid changes developed in the second half of the 20th century, influence and determine the way in which people suffer a mental disease and its expressions.

Methods

A review of sociology texts (A.Giddens, Z.Bauman, K.Gergen), extraction of some concepts and categories, and their application to the psychopathological field in the light of referenced articles.

Results

The reviewed authors analyse the social processes that have led to a decrease in the external anchorage of the individuals' life. With the technological development, the modern forms of production, the new labour relationship and the new forms of diffuser authority, among other factors, there has been a process of reflexivity and individualization in all areas that carry consequences on the psychopathological field.

Some examples are the identity fluidization (according to the author, diffusion, liquidity, multiphrenia), the identity shift to the body support (with the promotion of diets, exercise, body-art, cosmetic, plastic surgery, as samples of it) and the rise of a kind of 'pure relationship' or normative regulations of the individual conduct based on ideals or examples rather than on the possibility of punishment (regulation by shame against regulation by guilt). The sociological contributions in the borderline personality disorder, anorexia or alteration in the expression of the depressive symptoms according to culture or historical moment are interesting in psychiatry.

Conclusion

Psychopathology, as a tool that tries to make intelligible the experiences and behaviours of the subject, should not be isolated from sociology as a discipline that is responsible for studying the societies and their changes.

Concepts and categories from sociology are useful in the interpretation and understanding of psychopathological phenomena. The social changes of the last century have conditioned the way in which subjects as individuals and as a community think, live and relate. The increase observed in some types of personality disorders or anorexia or depressive disorders may depend on social changes, at least partly.

IS PERSONALITY RELATED TO TRAIT (24-HOUR-AMBULATORY) HRV?

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Background: Heart rate variability (HRV) is protective of coronary heart disease, and is positively related to emotional regulation and well-being. Lower HRV is associated with depression, bipolar disorder, many anxiety disorders, and schizophrenia, as well neurological symptoms and syndromes.

Objectives: The current study aimed to measure trait HRV and relate it to a comprehensive personality profile in healthy older adults, in order to explore the relationship between personality, emotional regulation, and well-being.

Methods: 75 adult community volunteers, 20-80 years of age, completed an online comprehensive personality self-report which included the TCI, the Big Five, the Toronto Alexithymia Scale, the DS14, and the Positivity scale. They then had a 24-hour ambulatory heart recording. The resulting autonomic action reports (AAR's) were sent to the participants for personal use, and the HRV parameters were entered into a data file which included the personality data. The personality measures were then used as independent variables in a multiple regression analysis for the dependent variable HRV; in addition personality traits were dichotomized to above and below the median to produce personality profiles, and thus to identify combinations of traits that conferred an advantage or disadvantage for HRV.

Findings: Personality traits explained a significant portion of the variance of HRV. Combining different personality models allowed for constructing risk and resilience personality profiles for minimizing and maximizing HRV. In addition, personality traits were systematically related to subjectively reported sleep quality, but not to objective measures of sleep quality, including day/night HRV delta.

Conclusion: Trait HRV is systematically related to personality. The personality profiles derived in the current study are extensions of profiles that were identified in previous studies as associated with subjective health, well-being and happiness. They are of particular interest because they derive from different approaches to the measurement of personality and have implications for psychopathology and physical health. The intersection of personality, emotion, and heart activity is central to the psycho-bio-social understanding of well-being.

APATHY IN NURSING HOME RESIDENTS WITH DEMENTIA: WHO CARES?

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Objectives: While apathy may be considered less problematic for professional carers than overt behavioural and psychological symptoms of dementia, it merits attention because it is associated with adverse outcomes such as reduced functional level, decreased response to treatment, poor illness outcome, and caregiver distress. Apathy may be misinterpreted by professional carers as resistance to care. A recent review concluded that non-pharmacological interventions are able to reduce apathy in dementia, particularly if the activity is an individual one. Others have taken person-centred prescriptions of non-pharmacological interventions further by assessing pre-morbid personality and tailoring stimulation activities on that basis.

Nevertheless in practice apathy is often neglected in nursing home residents with dementia, both at the assessment and care planning stages of care. Our objective was to describe the prevalence of apathy in a sample of residents living in nursing homes, and examine the association between apathy and lifestyle activities.

Methods: We surveyed apathy among residents with dementia living in seven nursing homes in Melbourne, Australia. Of 710 residents, 310 had a diagnosis of mild to moderate dementia and a random sample of 90 agreed to participate in the study (ethics approval was provided). Apathy was measured using the Apathy Evaluation Scale which can be used to quantify and characterize apathy in dementia patients. In addition we documented participation in lifestyle activities and demographic information.

Results: The mean Apathy score for these residents was 51 (90, SD 13.3, range 18-72), which indicated moderate levels of apathy. Males had higher apathy scores than females. Residents were involved in 6 ± 3 lifestyle activities. Multiple regression analysis indicated that age, cognitive status, ADLs and number of activities were predictors of apathy levels. Depression and length of stay were not statistically significant predictors of apathy scores.

Conclusion: We found significant levels of previously-unassessed apathy in this sample of residents, and residents with high apathy tended not to participate in activities. Residential care staff need advice on how to assess apathy in people with dementia and how to use lifestyle activities to improve outcomes for these residents.

SLEEP DISTURBANCES, AWARENESS AND ATTITUDE TO THE HEALTH IN FEMALE POPULATION AGED 25-64 YEARS IN RUSSIA (EPIDEMIOLOGICAL RESEARCH ON THE BASIS OF PROGRAM WHO "MONICA-PSYCHOSOCIAL")

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Purpose: To explore the prevalence of sleep disturbances (SD) and its relation with awareness and attitude towards the health in female population aged of 25-64 years in Russia (Novosibirsk).

Methods: Under the third screening of the WHO "MONICA-psychosocial" (MOPSY) program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. The response rate was 72.5%. Awareness and attitude towards the health and preventive measures and also estimation of sleep were assessed by the questionnaire "Awareness and attitude towards the health". Chi-square test (χ^2) was used to assess the statistical significance.

Results: The prevalence of SD in the female population aged 25-64 years was 65.3%. Women with SD more likely to have negative self-rated health as "sick» - 36.5% ($\chi^2=82.32$ df=16 p<0.001). More than 90% persons with SD had health complaints but taking care of their health was insufficient (77.3%; $\chi^2=18.28$ df=8 p<0.05). In relation to cardiovascular prevention there were some tendencies: person with high grade of SD more likely to report the possibility of high chance to be ill with serious disease within next 5-10 years; they tend to mistrust the doctor's opinion and therefore check their health more often. With increasing levels of SD women more likely continue to work if caught a cold previously (poor sleep-56.5%, good sleep-37.5%; $\chi^2=15.91$ df=4 p<0.05). There was a lower rate of "never smokers" and higher rates of those who made unsuccessful attempts to quit smoking in women with SD (poor sleep-63.4% and 5.6%, a good sleep-67.1% and 0.7%, respectively; $\chi^2=41.38$ df=20 p<0.001). There was higher share of women with SD who fail in following the diet (poor sleep-34.1%; good sleep-22.6%, respectively; $\chi^2=33.88$ df=16 p<0.01). There was 2-fold decrease in physical activity the last year in women with SD (poor sleep-33.8%, good sleep-15.4%; $\chi^2=20.76$ df=8 p<0.01).

Conclusions: The prevalence of SD in female population 25-64 years is high and it is 65.3%. Women with SD more likely have a negative self-rated health and health complaints but aware that taking care of their health is insufficient. SD is associated with adverse behavioral profile: unsuccessful attempts to have a diet, to quit smoking and low physical activity.

EARLY DETECTION AND INTERVENTION PROJECT FOR YOUNG PEOPLE AT RISK FOR DEVELOPING PSYCHOSIS IN UCHINADA

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize a significance of the early intervention service for at risk mental state.

Purpose: Intervention in the prodromal phase of schizophrenia may prevent or delay onset of psychosis, reduce severity of illness, or improve long-term outcome. Promoting efficacious intervention requires implementation of optimal services, as well as developing better diagnosis and treatments specialized for at risk individuals.

Methods: The Outpatient clinic for Assessment, Support and Intervention Services in Uchinada (OASIS-Uchinada) for at risk mental state (ARMS) is a newly-established specialized clinical setting to study and treat young people (aged 15-30 years) at risk for developing psychosis. The OASIS-Uchinada was launched in October 2012 by the Kanazawa Medical University Hospital in cooperation with the Ishikawa Prefectural Mental Health Centre. We opened a website on the Internet (<http://www.kanazawa-med.ac.jp/~psychiat/oasis/>). Specific aims of the service are: (i) to provide young people suspected at risk with opportunities of being assessed by specialists and receiving specific intervention, (ii) to reduce the delays for persons already psychotic in accessing evidence-based treatment, (iii) to contribute to elucidation of the biological basis for risk of schizophrenia, and (iv) to develop innovative and optimized approaches for diagnosing and treating people at risk for psychosis.

Results: The number of referrals to the OASIS in the first half year was 2 (1 women, 1 men; age 16 years). They are not individuals with ARMS and have problem in completing the developmental task.

Conclusions: All referrals were help-seeking, distressed and would otherwise have had difficulty accessing mental health services. It may be possible that amelioration of prodromal symptoms aborts or defers the onset of psychosis.

Literature Reference: none

DOMESTIC VIOLENCE IN CHILE AND ITS IMPACT ON HEALTH.

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Educational Objectives: At the end of this presentation, the participants should have gained a general understanding of the research status on the relationship between domestic violence in Chile and its impact on health.

Purpose: To review the literature that describes the relationship between domestic violence and health in Chilean population with emphasis in mental health.

Methods: We conducted a systematic review with MeSH terms "Chile", "Mental Health", "Health" and "Domestic Violence", in PubMed, Scielo and Liliacs. 108 papers were found. By abstract reading we selected 9 articles that fulfilled the inclusion criteria: 1) focus on Chilean population and 2) that includes some type of standardization for the assessment of violence and / or health.

Results: Domestic violence is associated with physical and mental detriments of health. Physical violence is associated with increased morbidity during pregnancy and poor health outcomes for the neonate, up to one year of follow up¹. Violence is associated with more depressive and anxiety symptoms, with higher frequency of thoughts of death, and with post-partum depression. High monetary income of women or their partners is a protector factor for domestic violence. Only three out of nine studies were prospective.

Conclusions: Domestic violence is a prevalent problem in Chile. The presence of any type of violence is associated with poor outcomes in mental health and medical comorbidity. However, the amount of information and analysis regarding the relationship between violence and health is still insufficient. Most of the literature has focused on community samples. There are few longitudinal studies, and none of these have studied the impact of any intervention. There is no literature concerning violence against men. The literature regarding violence and mental health is particularly rare: there is no information on specific psychiatric diagnosis, or targeting risk and protective factors for the presence of violence, or the mediators between violence and health outcomes (such as social support, higher education, etc.). Future studies must address these problems.

Literature Reference 1:[Social and familial determinants of anxiety and depressive symptoms in middle to low income women]. Illanes E, et al Rev Med Chil. 2007 Mar;135(3):326-34

2: [Impact of domestic violence on reproductive and neonatal health]. Arcos E, et al. Rev Med Chil. 2001 Dec;129(12):1413-24

MINNESOTA MULTIPHASIC PERSONALITY INVENTORY (MMPI) FACTOR ANALYSIS REPORT FOR CHINESE DEPRESSION

PATIENTS

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Educational Objectives: Demonstrate the effectiveness and advantages of using MMPI factor analysis method to provide a basis for the diagnosis of depression patients. Recognize the mental conditions of the Chinese depression patients through MMPI evaluation.

Purpose: Use the MMPI factor analysis method to conduct psychological assessment of the Chinese depression patients, simplify the MMPI analysis method, and provide a basis for the diagnosis of depression patients.

Methods: Randomly select 200 depression patients as participates. The depression diagnosis is based on The Chinese Classification of Mental Disorders (CCMD-3), and diagnostic criteria edition three. Using the MMPI translated by Weizhen Li, Institute of Psychology, Chinese Academy of Science. The test is carried out through the Psychological evaluation instrument developed by Professor Wendong Hu, Fourth Military Medical University, which contains 399 questions, 3 validity scales and 10 clinic scales. The analysis method is based on principal component analysis, extracting six factors and varimax rotation. The six extracted factors are: Psychoticism factor P; Neuroticism Factor N; Extroversion Factor I; Masculinity-Femininity Factor M; Anti-society Factor A; Pretend for positive-negative Factor F.

Results: According to the factor loading matrix (table 1), the MMPI results from the Chinese depression patients, Psychoticism factor P shows a relative high positive load in F, Pt, Sc and Ma category; while has a high negative load in K and L. Factor N has high negative load in Hs, Hy, D, Pt. Factor I has a high positive load in Si and D, while has a high negative load in Ma. Factor M has a relative high positive load in Mf-m. Factor A has a high positive load in Pd, Pa. And factor F has a high positive load in L. The structural condition of the six factors reflecting the Chinese depression patients is as follows: 42% of participates score high in the Psychoticism factor P, 25% score low. In the N Neuroticism factor, 16% score high, and 60.5% score low. For I Extroversion factor, 43.5% score high, and 19.5% score low. For M Masculinity-femininity factor, 29.5% score high, and 18.5% score low. For A Anti-society factor, 42% score high, and 20 score low. And for F Pretend for positive-negative factor, 42.5% score high, and 23.5% score low.

Conclusions: The MMPI factor analysis method has good construction validity within Chinese depression patients, and could be used to show the psychoticism, neuroticism, social traits, and social adaptation models in a standardized form, which facilitate the interpretation of the MMPI analysis results. According to the results among the participated Chinese depression patients, a large number of participants showed an abnormal high score in the N (Neuroticism) factor, manifested as depression, anxiety, and insomnia; those participates usually have introverted personalities, and face difficulty with social adjustment. Based on this study, MMPI factor analysis method shows a certain value in providing a basis for the diagnosis of depression.

FACTOR STRUCTURE OF MOTHER AND INFANT CORTISOL REACTIVITY INDICES: STABILITY AND CONGRUENCE

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Educational Objectives: Our review of 130 studies revealed the use of 20 different cortisol indices. This heterogeneity is likely related to minimal psychometric knowledge of cortisol indices, a problem magnified when studying associations between mother and infant cortisol. This study provides knowledge of the psychometric properties of mother and infant cortisol measurements.

Purpose: The purpose of this study is to assess the factor structure of commonly used cortisol indices, as well as the stability of these structures across participant (i.e., infant and mother), time, and challenge.

Methods: A community sample of 276 mother-infant dyads participated in two differentially challenging sessions (Toy Frustration and Strange Situation) at infant ages 16 and 17 months. Infant and maternal cortisol was collected during each challenge at baseline, +20 and +40 minutes. Several cortisol indices were computed: baseline, +20, +40, percent change at 20- and 40-minutes, reactivity, peak, slope from baseline to 40-minutes, slope from baseline to peak, area under the curve with respect to ground (AUC_G), increase (AUC_I), baseline (AUC_B), and above baseline (AUC_{AB}). To examine how cortisol indices interrelate, Pearson correlations and principal component analyses (PCA) were conducted. Similarity of factors across time and participant were assessed with Tucker's coefficient of congruence.

Results: Initial correlations revealed multicollinearity, which was resolved via exclusion of highly correlated variables. Four PCAs, with oblique rotation, were conducted for infants and mothers, at both time points. For each factor analysis, two components emerged (eigenvalues > 1.0), explaining 74% to 83% of the variance. Components 1 and 2 represented total cortisol production and change in cortisol levels, respectively. Factor structures proved congruent across time, challenge and participant, with the exception of the 16-month infant factor structure.

Conclusion: PCA consistently revealed a two-factor structure representing total cortisol output and cortisol change. This factor structure is stable across time for mothers but not for infants. The factor structure was congruent across infants and mothers at 16 months, but not at 17 months. This likely reflects the fact that the challenge at 17 months was stressful for infants but not mothers, while the challenge at 16 months was not stressful for either infant or mother. Therefore, factor structure likely depends on the degree of challenge. Component loadings indicate that AUC_G and AUC_{AB} best exemplify total cortisol secretion and cortisol change, respectively. Results inform the homogenous use of cortisol indices, which is fundamental for progression in stress research.

FROM THE FAMILIAR TO THE UNCANNY: TOWARDS AN UNDERSTANDING OF SCHIZOPHRENIA

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Purpose: The goal of our poster is to shed some light into the psychotic phenomena and the schizophrenic experience.

Methods: We've gone into analysing familiarity and its loss from within different conceptual frames. Psychiatric phenomenology has drawn inspiration from Husserl's and Heidegger's works in order to conceptualize the experience of alienation, especially in schizophrenia. As much as estrangement experiences have been described in psychiatric disorders, we can find them as well in non-pathological situations, in which this feeling blooms. We have revised some of these situations thanks to Freud. Furthermore, our aspiration to find significant links between neuroscience and the lived experience has brought us to the salience hypothesis. The latter has an affinity with some of the aspects we have enhanced from the revised authors during the article.

Results: We have synthesized a conceptual common ground between different traditions in order to have a better understanding of the schizophrenic experiences.

Conclusions:

- There's a continuity between normal and schizophrenic experience
- The different perspectives reviewed point to a common feature: schizophrenic experiences entail changes in the prereflexive and preconceptual dimension of experience.
- The neurobiological salience hypothesis is compatible with the phenomenological and psychodynamic perspectives reviewed.
- Biological research models of schizophrenia could benefit from phenomenological and psychodynamic descriptions of normal and pathological experience.

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INCOME AND MENTAL HEALTH

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Educational Objectives: Scientific literature has indicated the importance of social determinants in the aetiology and course of mental disorders and suicide. The goal of this presentation is to identify the state-of-the-art regarding the associations between mental health and individual low absolute income, individual relative income, neighbourhood median household income and income inequality.

Purpose: I present the results of my literature review on the relation between socioeconomic status and mental health, with a special focus on the role of income.

Methods: A document search strategy was conducted on the topic of income and income inequality as determinants of mental health. Search was opened to studies from any region of the world, written in English, French, Portuguese or Spanish and published between January 1991 and September 2011, as well as older studies frequently cited in the literature. A total of 719 documents was extracted. According to pre-established criteria, 337 documents were excluded and 382 were accepted.

Results: The body of evidence shows that exposure to a wide range of psychosocial risks, such as low income, limited education and low occupational status, increases the likelihood of mental health problems. Differences in health follow a social gradient, with worsening health as the position in the social ladder decreases.

I summarize the literature on the role of context in producing health inequalities beyond individual characteristics. Of special interest is the potential health effect of relative income and the importance of income distribution as a health determinant.

I outline the possible mechanisms for health disparities associated with socioeconomic status, including access to health care, residential characteristics, environmental exposure, physiological processes, health and cultural behaviours and psychosocial factors.

Conclusions: Tackling health inequalities has become a public health priority and it is necessary to establish their causal pathways in order to implement effective interventions and policies. This literature review suggests that exposure to several forms of social disadvantage may play an important role in the aetiology of mental health problems. Further empirical studies on social inequalities in health are needed to make sense of some mixed research findings, to better understand the pathways through which they influence health and to find out ways of reducing their magnitude. The implications of this knowledge go beyond the strict scope of health and the solutions may encompass more equitable distribution of resources.

PRELIMINARY STUDY ON THE EFFICACY OF A PSYCHOEDUCATIONAL PROGRAM FOCUSING ON MEDICATION ADHERENCE IN CHILDREN WITH ADHD

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Educational Objectives: This presentation describes a method of intervention for improving adherence when children with ADHD are taking medication, as well as the efficacy of the intervention.

Purpose: Our research group undertook the development of a group psychoeducational program aimed at improving medication adherence in pediatric patients with ADHD. In our research, we are conducting a preliminary study using the program that was developed, and investigating the efficacy of the program, as well as issues encountered.

Methods: The research began in December 2012 and will be completed in March 2013. The subjects comprise five children with ADHD (age range, 10 to 12 years) who are currently undergoing medication therapy, and their parents. For data collection and analysis, we are using a psychoeducational program that we developed ourselves, and carrying out qualitative analysis of changes in the speech and behavior relating to taking medication among the program participants. Also, using existing scales, we are evaluating adherence to the medication regime, ADHD symptoms, family functionality, degree of satisfaction with the program, and other factors. In terms of ethical considerations, after an overview of the research was explained to the children who would be subjects in the study, and to their guardians, and it was made clear that participation would be on a voluntary basis, signed consents were obtained from both the children and their parents. This study was approved by the Ethics Committee of the Graduate School of Biomedical Sciences, Nagasaki University.

Results: Even from a global perspective, psychoeducational programs designed to target children with ADHD are quite new. We report here on the current state of the children and on changes that have been observed in the course of implementing the program.

- The first time, four of the five children attended as ordered by their parents, but starting from the second time, all of the children participated under their own initiative. Also, proactive behavior was observed; some children brought a booklet containing information about their medication, and some brought the medications they were taking.
- One of the parents expressed the following in a report: "Up until now, my daughter didn't take medication on her own, but after participating for the first time, she started taking the medication independently, although not always consistently."

Conclusions: We began to see clear changes in the children's proactive behavior with respect to treatment and taking medication as a result of participating in the program.

ALEXITHYMIA IN LATE- VERSUS EARLY-ONSET GERIATRIC DEPRESSION

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Objectives. Alexithymia is a style of thinking characterized by difficulties in recognizing or verbalizing emotions. Depression has been associated with alexithymia; however, little research has specifically focused on depression in late life. In the current study, we evaluated alexithymia in: 1) early-onset depression (first episode prior to 60 years of age; EOD), 2) late-onset depression (first episode at minimum 60 years of age; LOD), and 3) healthy comparison subjects free of psychiatric illness (HC). We hypothesized that both EOD and LOD groups would have higher levels of alexithymia than HCs. Further, given its predominant somatic presentation, LOD would be associated with greater alexithymia than EOD. To exclude overall deficits in emotional processing and cognitive function, we also administered measures of affective symptomatology, facial emotion recognition, cognitive appraisal styles, and cognitive abilities including language and perceptual abilities.

Methods. 26 older adults with major depressive disorder (11 EOD; 2 M, mean age 67 years (SD6.8); 15 LOD; 6 M, mean age 74 years (SD7.2)), and 13 HC (4M, mean age 69 years (SD4.4)), all free of psychotropic medications, were studied. Subjects completed the 20-Item Toronto Alexithymia Scale (TAS-20), a self-report measure assessing difficulty in identifying feelings (DIF), difficulty describing feelings(DDF), and externally oriented thinking(EOT). Participants additionally completed a facial emotion recognition task, the Geriatric Depression Scale(GDS), Spielberger State-Trait Anxiety Inventory(STAI), Dysfunctional Attitudes Scale(DAS), and Automatic Thoughts Questionnaire(ATQ), and a standard neuropsychological battery.

Results. Groups differed on the TAS-20, with LOD participants scoring in the alexithymic range, compared to EOD and HC (mean TAS-20 scores: LOD, 62.3 (SD 9.58); EOD: 49.1 (SD 13.1); HC, 47.8 (SD 8.0); $p=.001$). Specifically, group differences were found on the TAS-DIF only (LOD>EOD>HC; $p<.001$). Ability to recognize facial emotions did not differ across groups (LOD: 71.7%, EOD: 77.7%, HC: 81.9%; $p=.079$). Both depression groups scored higher on the GDS, STAI, ATQ and DAS, relative to HC, with no differences between EOD and LOD. Groups performed similarly on Wechsler Abbreviated Scales of Intelligence (WASI) Vocabulary, Boston Naming Test, letter and category verbal fluency, visuospatial abilities (WASI Block Design).

Conclusions. Depression in unmedicated older adults report greater difficulty in identifying feelings, with greater dysfunction in late- versus early-onset, in the context of preservation of ability to recognize facial emotions and language function. These findings are consistent with evidence of aberrant activity in the anterior cingulate in alexithymia and in LOD, which may potentially disrupt fronto-temporal networks involved in linguistic processing.

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THE INFLUENCE OF CIGARETTE SMOKING ON THE PROGNOSIS OF SCHIZOPHRENIA.

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Educational Objectives: The prevalence of cigarette smoking is known to be higher in patients with schizophrenia than general population. Nicotine has been found to be effect on cognitive function and negative symptoms in patients with schizophrenia. Although, it has been reported that schizophrenia patients are at elevated risk for cardiovascular disease due to high rates of cigarette smoking and they have approximately a 20% reduced life expectancy compared with general population, so smoking cessation in patients with schizophrenia is important. This study examined whether cigarette smoking affects the prognosis of schizophrenia.

Purpose: We examined the rate of rehospitalization by comparing smoking with no-smoking schizophrenics.

Methods: Total of 153 patients with DSM-IV schizophrenia who discharged from April 2010 to June 2011 were recruited from 4 hospitals. Follow-up began at their discharge, and participants were censored at rehospitalization or the end of follow-up of 600 days, whichever came first. We tested the association between smoking status and the prognosis of schizophrenia using a Cox proportional hazards regression model adjusted for age, sex, number of hospitalization and score of Global Assessment of Function (GAF) .

Results: Thirty four (54.8%) of 62 s moking schizophrenics and 30 (33.0%) of 91 n on-smoking schizophrenics were rehospitalized during the research period. Smokers with schizophrenia had significantly higher rate of rehospitalization. The hazard ratio for time to rehospitalization was 1.87 (95% CI=1.15-3.10, p=0.011).

Conclusions: This study suggested the possibility that cigarette smoking adversely affects the prognosis of schizophrenia. Even for the positive effects of cigarette smoking on cognitive function and negative symptoms in patients with schizophrenia, it seems that smoking cessation in patients with schizophrenia is important.

ARTTHERAPY OF AUTOAGGRESSION IN PERSONS OF DANGEROUS PROFESSIONS

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Educational Objectives: Currently, there are a lot of researches in the field of autoaggression, however, the optimal methods of treatment are still being looked for. Persons of dangerous professions are the most vulnerable category of patients with autoaggression.

Purpose: The aim of our study is to develop comprehensive treatment of autoaggression among persons of dangerous professions. This treatment based on identified predictors' autoaggression. The first stage of our study was the identification of predictors' autoaggression. It was found that the high level of personal anxiety and the associated high levels of alexithymia are predictors' autoaggression. The second stage was the development of comprehensive treatment of autoaggression which included psychopharmacotherapy and psychotherapy (including arttherapy). The use of arttherapy was determined by the need to work with a high level of personal anxiety and alexithymia. First of all we use the modelling of the plasticine, because it is the best way to overcome aggression. Then we used art – the best way to decreasing high level of personal anxiety and alexithymia. To achieve the goal in the study were included 157 miners (who was the victims of accidents at coal mines) - as an example of persons of dangerous professions. Anxiety-depressive syndrome was the main one. 92 miners (group A) were conducted comprehensive treatment psychopharmatherapy and psychotherapy (including arttherapy). While 65 miners (group B) were assigned psychopharmatherapy and psychotherapy (excluding arttherapy).

Methods. Evaluating the effectiveness of treatment based on the dynamics of psychopathological symptoms in accordance with the clinical diagnostic scale Montgomery-Asberg Depression Rating Scale (MADRS), Clinical Anxiety Scale (CAS), Hospital Anxiety Depression Scale (HADS) at 0, 7, 14, 28, 42 and 56 day of treatment. The data was processed with the help of standard statistical methods.

Results. Studies have demonstrated that the efficacy of combination of PPT and PT with arttherapy in the complex treatment of autoaggression among persons of dangerous professions higher efficiency PPT and PT (excluding arttherapy). Reduction of core psychopathological symptoms among the miners – group A was seen already at day 7 of treatment. In group B of miners it was seen at 14 day of treatment only. In addition, the frequency and severity of symptoms in the group B were higher than in the group A. Significant improvement was noticed on the 14 day of treatment in the group A and on the 28 day of treatment in group B.

Conclusions: In conclusion, the identified predictors autoaggressive behavior improved approach to psychotherapeutic treatment. Arttherapy accelerates the reduction of high level of anxiety and alexithymia and helps to achieve greater clinical effect in treating autoaggression among persons of dangerous professions. It was because of the fact that the art has a unique feature: it brings to the surface (a piece of paper, for example) the latent aggression.

THERE IS A PLEASURE SURE IN BEING MAD: THE EVOLUTIONALLY ADVANTAGEOUS ASPECTS OF AFFECTIVE DISORDERS AND AFFECTIVE TEMPERAMENTS

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Background: One great paradoxon in psychiatry is that psychiatric illnesses and genes encoding for vulnerability towards them do not become extinct over time with evolution. The most investigated and accepted explanation for this is that the same genes encoding for the increased risk of the development of a psychiatric illness also encode for traits determining greater adaptational and evolutionary success. This adaptive characteristic is most easily observed in healthy first-degree relatives of psychiatric patients, sharing overlapping genotypes and exhibiting attenuated manifestations of relevant endophenotypes. Besides the burden associated with affective illness, the advantage of genes and related (endo)phenotypes is observable on the individual and group/social level aiding several aspects of survival and reproduction. In order to gain deeper insight into the advantageous and disadvantageous sides of mood disorders as distinct integral entities, decomposing illnesses into smaller and more easily characterizable phenomena such as their affective temperamental bases may reveal how these disorders carry possibly adaptive aspects.

Purpose: We aimed investigating the distribution of dominant affective temperaments in 6 large-scale national studies representing different cultural and geographical areas.

Methods: We included six large-scale national studies measuring distribution of affective temperaments and compared dominant affective temperament frequencies using chi square tests.

Results: We found a significant difference in the frequency of affective temperaments among different studies in case of the Cyclothymic, Hyperthymic and Irritable temperaments. Furthermore, we found important parallels between the frequency of dominant affective temperaments and cultural dimensions described by Hofstede. Characteristics encompassed by the Depressive temperament show considerable similarities with Hofstede's Individualism-collectivism dimension, while those of the Hyperthymic temperament seem to be similar to Uncertainty avoidance, and the Irritable temperament shows similarities with Hofstede's Power distance. Furthermore, relative frequency of these dominant temperaments in case of the different national samples paralleled the relative scores of these countries on the corresponding cultural scales.

Conclusions: Our findings indicate an important relationship between affective temperaments and cultural dimensions suggesting that these phenomena may be manifestations of the same genetically determined predispositions in different forms. What's even more interesting and possibly in line with the above phenomena, is that the frequency of the s allele of the 5-HTTLPR, reported to be associated with affective temperaments, also shows a characteristic geographic distribution difference, with possibly similar cultural consequences. All the above indicate how the genetic make-up may be involved in cultural adaptation, possibly through the mediation of the emergence of temperamental traits.

SUBTHRESHOLD PSYCHIATRIC SYMPTOMS AND POST-PARTUM MOOD DISORDERS

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Objectives: During puerperium several mood disorders may occur, classified in: 1) Maternity Blues, 2) Postpartum Depression (PPD) and 3) Puerperal Psychosis. Psychiatric symptoms in pregnant women are significantly undetected, and treatment rates are very low (1). Research shows that risk factors related to PPD are a history of depression before and during pregnancy, prior maternity blues, marital distress, lack of social support and last stressful events (2-3). Aim of this research is to investigate possible relationships among subthreshold psychiatric symptoms during pregnancy and postpartum mood disorders.

Methods: The study was conducted in the Obstetric Unit of the University Hospital of Messina on a sample of 110 women recruited during the third trimester of pregnancy. The following instruments were administered to each subject: Beck Depression Inventory (BDI), State Trait Anxiety Inventory (STAI), and General Five Spectrum Measure (GSM-V). Moreover, the Kennerley's Blues Questionnaire (BQ) and the Edinburgh Postnatal Depression Scale (EPDS) were administered for measuring postpartum affective disorders respectively at day 3 and at month 3 and 6 after delivery.

Results: Statistical analysis (Pearson correlation) showed the following positive correlations: 1) BDI = BQ ($p < 0.0001$), EPDS month 3 ($p < 0.0001$), EPDS month 6 ($p = 0.005$); 2) STAI = BQ ($p = 0.008$), EPDS month 3 ($p = 0.045$); 3) GSM-V/Panic = EPDS month 3 ($p = 0.003$), EPDS month 6 ($p = 0.002$); 4) GSM-V/depressive = BQ ($p = 0.036$), EPDS month 3 ($p = 0.010$), EPDS month 6 ($p = 0.013$); 5) GSM-V/obsessive compulsive = EPDS month 3 ($p = 0.017$); 6) GSM-V/social phobia = BQ ($p = 0.013$); 7) GSM-V/anorexia-bulimia = BQ ($p = 0.037$), EPDS month 3 ($p = 0.004$), EPDS month 6 ($p = 0.024$).

Conclusions: Our findings suggest that subthreshold psychiatric symptoms should be considered as risk factors in predisposing and in maintaining postpartum mood disorders. A screening aimed to the early identification of subthreshold symptoms could play an important role in preventing postpartum mood disorders by structured psychological supportive treatment.

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PSYCHOSOCIAL VULNERABILITY TO POSTPARTUM DEPRESSION

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Educational Objectives: Maternity blues and postpartum depression (PPD) are affective disorders affecting women in the postpartum period. Many authors agree that about 10-15% of women develop PPD in the first months after delivery. The main symptoms are affective lability, anxiety, restlessness, sleep disturbance, diminished concentration or indecision, frequent thoughts of death or suicide, feelings of worthlessness or inappropriate guilt. Recent evidence highlights that psychological factors and personality traits, such as neuroticism, self-criticism and lower self-esteem play an important role in postpartum-onset depression (1-2).

Purpose: The aim of this study was to identify a range of psychosocial vulnerability factors, possibly increasing the risk of maternity blues and PPD.

Methods: 110 women, consecutively recruited from the Obstetric Unit at the University Hospital of Messina, were assessed by the following psychodiagnostic instruments: Big Five Questionnaire (BFQ), Toronto Alexithymia Scale (TAS 20) State Trait Anger Expression Inventory (STAXI-2). All enrolled subjects further completed the Kennerley's Blues Questionnaire (BQ) on day 3, and the Edinburgh Postnatal Depression Scale (EPDS) for measuring postpartum affective disorders on month 3 and 6 after delivery.

Results: Statistical analysis (Pearson correlation) shows the following positive correlations among the subscales of the STAXI 2 and BQ and EPDS questionnaires: 1) T/A = BQ ($p=0.001$), EPDS month 3 ($p=0.006$), EPDS month 6 ($p=0.036$); 2) AE/OUT = BQ ($p<0.0001$); 3) AE/IN = EPDS month 3 ($p=0.004$), EPDS month 6 ($p=0.038$).

Conclusions: Our findings suggest that, more than specific psychological profiles, the experience and the expression of anger can be considered as antenatal vulnerability factor of PPD onset; therefore, already during pregnancy, the detection of this emotional dimension and specific psychological approaches aimed to cope with this negative emotion may be useful for preventing post-partum affective disorders.

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UNWANTED PREGNANCIES AND PRECARIOUSNESS AMONG WOMEN WITH CHRONIC MENTAL DISEASES IN CASABLANCA, A FIVE CASE REPORT.

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Objectives : The women facility of Casablanca University Psychiatric center regularly receives relapsed patients, that have recently given birth in hard conditions, whose pregnancies have been totally unplanned and undesired and who end up alone, with very few support, and, in many cases, with housing problems. Our objective is to get closer to these women's profile and specificities in order to be able to discuss relevant and realistic contraception strategies as well as adapted ways of managing parenting difficulties among fragilized mentally ill mothers.

Method : In this five case study, recruited patients have been admitted at the Casablanca university psychitatic center from year 2011 to 2012. Sociodemographic and health information included age, education, marital status, psychiatric diagnosis, psychiatric follow-up, lifetime length of time homeless, number of pregnancies, date of last pregnancy, whether they had previous unintended pregnancies, and contraception methods used. We did also collect data about parenting difficulties and whether babies were looked after by their mothers, relatives or by professionals in child protection structures.

Results: None of the five women were married. They were all houseless with no contact with their families. Three of them suffered from schizophrenia. In all cases, women did not have a regular follow-up and had hardly access to medication. One of them was raped, two of them have had previous unwanted pregnancies. None of the five women used contraceptive methods and, in all cases, babies have been placed in child protection structures.

Conclusion: Being mentally ill is a risk factor for unwanted pregnancies. Symmetrically, an undesired pregnancy exposes a mentally ill mother to relapse. This vicious circle raises complex issues such as the management of contraception for women with chronic disabling psychiatric disorders, the indication of abortion and/or tubal ligation in such cases and the management of parenting difficulties.

CLINICAL AND THERAPEUTIC INTEGRATION – THE EXPERIENCE OF THE REFERENCE GROUPS IN THE TREATMENT OF INDIVIDUALS DIAGNOSED WITH MAINTENANCE-PHASE SCHIZOPHRENIA

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Educational Objectives: At the conclusion of this presentation, the participants should be able identify the advantages of using a reference group in the treatment of individuals diagnosed with maintenance-phase schizophrenia.

Purpose / Objective: The objective of this project is to describe the experience of the reference groups in the Community Mental Health Centre Prof. Luís da Rocha Cerqueira in São Paulo (SP), Brazil, and the advantages they may bring to the treatment of individuals diagnosed with maintenance-phase schizophrenia.

Methods: The reference groups were created and work as alternatives of clinical and therapeutic integration in the treatment of individuals diagnosed with maintenance-phase schizophrenia in the Community Mental Health Centre Prof. Luís da Rocha Cerqueira, the first of its kind in Brazil. Their aim is to offer a new approach, with benefits to patients, families and to the service.

Over the last 18 months, eight reference groups coordinated by two mental health professionals have been taking place monthly, with 60 minutes duration and participation of 8 to 12 patients and their families. During this period, parameters such as presence and participation in groups' sessions, adhesion to treatment, symptoms agudization, drug prescription (alterations of daily dosage), hospitalization, sociabilization and engagement in activities inside and outside the Community Mental Health Centre have been evaluated through observation and interviews.

Results: So far, the rates of adhesion have not changed significantly when compared to those of individual consultations, there were two cases of symptom agudization and two hospitalizations (1,8%) whereas the social and support network of patients and families increased significantly. Patients have engaged in different activities inside and more often outside, which is an important objective of the Community Mental Health Centre bio-psycho-social approach.

Conclusions: The reference groups seem to promote optimization of treatment adhesion, diversification and strengthening of the bond with the service and expansion of social network for the patients; for families, they offer the possibility of increased participation in their relatives' treatment, besides the creation of a new support network; and for the service they present a viable alternative concerning resources to be used.

CLINICAL FEATURES OF SEVERE SOCIAL WITHDRAWAL: A PILOT CROSS-NATIONAL STUDY OF HIKIKOMORI

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Educational Objectives: At the conclusion of this presentation participants should be able to: 1) define hikikomori and its core features; and 2) describe the psychopathology and treatment desires associated with hikikomori.

Purpose: Researchers have suggested that hikikomori—an emerging form of social withdrawal—may exist globally, but no study has evaluated hikikomori cross-nationally.^{1,2} This pilot study aimed to assess for and describe the features of hikikomori in multiple cultures.

Methods: Subjects were recruited from clinical and community sites in India, Japan, Korea, and the U.S. between December 2011 and November 2012. Hikikomori was defined as a 6-month period of spending most of the day and nearly every day at home, avoiding social situations, and avoiding social relationships, associated with significant distress/impairment. Psychiatric diagnosis was determined by the SCID I, SCID II, and Young Internet Addiction Test. Subjects completed several self-report measures including the UCLA Loneliness Scale (Version 3), Lubben Social Network Scale – 6 (LSNS-6), Sheehan Disability Scale (SDS) and modified Cornell Treatment Preferences Index (CTPI).

Results: 36 adult subjects with a current or past history of hikikomori were identified. Just 7 were female and 4 lived alone. 28 subjects desired treatment for their social withdrawal: 15 desired pharmacotherapy, 21 desired psychotherapy, 11 desired treatment by a primary care physician, and 26 desired treatment by a mental health professional. Subjects scored a mean of 55.4 (SD=10.5) on the UCLA Loneliness Scale, 9.7 (SD=5.7) on the LSNS-6, and 16.5 (SD=7.9) on the Sheehan Disability Scale. Of subjects who completed all diagnostic assessments, the common disorders associated with hikikomori were: avoidant personality disorder (11/26), paranoid personality disorder (8/26), and major depressive disorder (9/26). Five subjects had no history of any psychiatric disorders. The idiopathic hikikomori reported lower levels of loneliness, desire for treatment, and functional disability.

Conclusions: Hikikomori exists across cultures and is associated with substantial disability, desire for treatment, and psychopathology, especially when hikikomori co-occurs with psychiatric disorders. Future studies should include larger samples of hikikomori and compare them to control groups.

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THE ROLE OF PSYCHOSOCIAL FACTORS IN SCHIZOPHRENIA WITH UNFAVORABLE EVOLUTION

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Educational objectives: To emphasize the psychosocial risk factors in patients with long-term schizophrenia and unfavorable evolution.

Purpose: To highlight the role of psycho-stress and HPA axis hyperactivity (Bradley, 2010) in decrease of neuroprotection associated with brain structural alterations and social cognition deficits.

Methods: We have monitored a group of 10 patients diagnosed with schizophrenia according to DSM IV TR criteria, with unfavorable long-term evolution (over 15 years). The quality of evolution was assessed by Positive and Negative Syndrome Scale (PANSS) and Clinical Global Impression – Improvement Scale (CGI-I), and psychosocial factors were evaluated using Social Stress Indicators (SSI) (Turner et al, 1995), Personal and Social Performance (PSP) and Burden Assessment Scale (BAS). The level of neuroprotection reduction was investigated through Computed Tomography (CT) and cognitive level was assessed by Mini Mental Scale Evaluation (MMSE).

Results: All patients in the study group showed a significant decrease in cognition (MMSE \leq 23) and persistent negative symptoms (PANSS scores for N1, N4, N6 negative items $>$ 3) compared with positive symptoms of schizophrenia (PANSS scores for P1, P2, P3 positive items \leq 3). CGI-I scores were between 3 and 4, while CT showed frontal atrophy predominantly on the left lobe, and calcifications of choroid plexus and pineal gland in all patients. For all patients were highlighted intense psychostress factors at personal and family (caregivers) level associated with multiple hospital admissions. PSP scores ranged between 39 and 21 for all patients of our study lot, revealing an impairment of social cognition. Psycho-stress was obvious correlation with hypercortisolemia (Brenner et al, 2009), fact that can be emphasize by the presence of weight gain in all patients.

Conclusions: Cognitive impairment may be related to persistent negative symptoms, atrophy of the left frontal cortex and calcifications of the pineal gland choroid plexus. Psycho-stress factors and social disabilities amplify HPA hyperactivity and hypercortisolemia; weight gain may be a clinical indicator for prediction of psychosocial and neurobiological vulnerability in schizophrenia.

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THE PATHWAYS TO CARE OF ACUTE PSYCHOSIS IN A DEPARTMENT OF MENTAL HEALTH IN NORTHERN ITALY: A RETROSPECTIVE STUDY.

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Educational Objectives: To study the pathways to care for patients affected by acute psychosis in the Department of Mental Health (DMH) of Modena (Northern Italy).

Purpose: To describe the pathways to care of patients presenting with acute psychosis in the Department of Mental Health (DMH) of Modena during the year 2011 and to examine the demographic, clinical and social factors influencing routine integrated treatment for acute psychosis.

Methods: Through both retrospective charts review and interviews to specialists working in the 8 out-patient clinics of the DMH of Modena, we collected demographic, clinical and social characteristics of all patients who presented with an episode of acute psychosis (affective and non affective) from January 1st to December 31th of 2011 at the DMH of Modena. We compared patients who underwent NON psychopharmacological intervention (psychotherapy, social inclusion, supported employment, psychoeducational and family intervention) versus subjects who did not.

Results: 47 subjects, 68% males, 77% single, with a mean age of $27 \pm 5,4$, were included in our analysis. 40 patients (89%) received a psychopharmacological treatment as a part of usual care; 19 (41%) received a NON psychopharmacological treatment. We observed that subjects with lower education and foreign nationality were less likely to receive a NON pharmacological treatment, with a statistically significant difference ($p=0,036$ and $p=0,013$ respectively).

Comparing Italian patients (29, 62%) vs foreigners (18, 38%) no differences were observed in terms of numbers of admission to the psychiatric hospital and in terms of disengagement from the out patient clinic.

Conclusions:

- According to literature, our data confirm that psychopharmacological treatment is the predominant treatment in acute psychosis attending MHD but 41% of the total sample attended non pharmacological treatment as well.
- Our findings are consistent with international and national guidelines for interventions in acute psychosis: pharmacological treatment is the first line intervention, whereas non pharmacological ones are strictly related to the stage of illness, particularly indicated when acute psychosis symptoms are decreased.
- Foreigners and subjects with lower level of education were less likely to attend non pharmacological interventions, this may be due to social, linguistic and cultural barriers.
- Our findings are preliminary data and more analysis are needed to explore pathway of care in the different local and national mental health systems.
- Our study, despite its limitations of a small sample and the retrospective design, could be useful to achieve a higher quality of service through specific patient-centered programs, that should take into consideration cultural, social and linguistic features.

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PROPOSED LINKAGES BETWEEN PUBLIC OPEN SPACE AND MENTAL HEALTH: A REVIEW OF CURRENT LITERATURE

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Educational Objectives: To facilitate participant understanding of current evidence concerning the protective effects of public open space (POS) for mental health and wellbeing, and of the psychosocial and behavioural mechanisms that might explain such relationships.

Purpose: The aims of this project are to synthesise theoretical perspectives and empirical evidence on the psychosocial and behavioural mechanisms by which neighbourhood POS is related to mental health and wellbeing, and to propose a conceptual model for future testing.

Methods: A scoping review was conducted in October 2012. A broad range of empirical and conceptual articles were reviewed on the relationships between the accessibility and characteristics of neighbourhood POS and the mental health of local residents. Potential explanatory mechanisms were identified and a conceptual model was developed based on the literature relating to urban design and contextual influences on health and communities, human experiences with nature, and psychosocial stress processes.

Results: There is growing evidence suggestive of a protective effect of residential accessibility to POS on mental health. POS has been linked to better self-reported mental health, lower stress levels, and lower prevalence of depression and anxiety disorders, after controlling for individual sociodemographic characteristics. However, studies to date are limited by their almost exclusively cross-sectional design. Longitudinal evidence to support a causal relation is lacking. Positive outcomes, such as quality of life, have largely been ignored in favour of adverse symptomology, despite indications that pathways between neighbourhood attributes and positive vs. negative dimensions of mental health may differ.

By affording opportunities to meet and engage, and augmenting place attachment, POS may facilitate development of local social networks and contribute to a sense of community and mutual trust, thereby enhancing the availability of social support from personal networks and the greater local context. POS may provide opportunities for stress reduction, restoration of directed attention, and reflection, in turn allowing residents to think clearly and more effectively cope with daily stresses. Finally, POS provides accessible space for exercise, and may encourage physical activity for leisure or commuting purposes. The characteristics of POS, such as size, amenities, and aesthetic value, may influence its potential to activate each mechanism. Only a handful of studies have empirically tested these potential causal pathways. Loneliness, social support, social coherence, and recreational walking have been found in cross-sectional studies to mediate relationships between POS accessibility or neighbourhood 'greenness' and mental health. No study thus far has investigated whether residents' ability to cope with stress might explain the relationship.

Conclusions: While there is evidence that supports an association between neighbourhood POS and mental health, there is a clear need for causal investigations

based on longitudinal data to evaluate the temporal basis of such relations, as a requisite basis for causal inference. In addition, further research is needed to establish the causal pathways underlying this relationship. We present a conceptual model of proposed pathways, aspects of which will be tested longitudinally in an upcoming research project within a large, metropolitan psychiatric epidemiological catchment area.

BIO-PSYCHO-SOCIAL EXPLANATORY FRAMEWORK IN THE BACKGROUND OF CROSS-CULTURAL DIFFERENCES IN MAJOR DEPRESSION

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Objectives: Cross-cultural differences in unipolar major depression are in the focus of attention, but a thorough and complex explanatory model is still needed to unravel the background of these phenomena.

Purpose: Synthesising data from work previously published papers our aims were to draft a common framework to explain cross-cultural differences in major depression, by pointing out important candidate variables.

Methods: We searched the literature for papers investigating societal, psychological and biological-genetic factors associated with cross-cultural diversity in unipolar major depression, evaluating and incorporating the most important factors acting into a complex model.

Results: Among societal factors cross-country differences in GDP and Gini coefficient of income inequality should be considered. Closely linked to this societal level but as individual-level psychological-societal variables, gender, socioeconomic status (SES) and education level also have to be included. Important psychological background factors include cross-country differences in coping, social support, external health locus of control orientation (Stephoe and Wardle, 2001), and autobiographical memory. Genetic factors, acting in gene sets mediating the effects of environmental factors, including the 5-HTTLPR, BDNF, HTR2A and COMT are also crucial parts of such a model.

Conclusion: A complex bio-psycho-social explanatory model is indispensable to gain a better understanding of the etiopathology and cross-cultural diversity of depression.

THE IMPACT OF ONCOLOGISTS' COMMUNICATION SKILLS ON THE EMOTIONAL DISTRESS OF THEIR PATIENTS WITH ONCO-HEMATOLOGICAL DISEASES DURING THE INITIAL CHEMOTHERAPY

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Objective: Poor doctor-patient communication skills may lead to psychological distress including increased anxiety and depression and poorer psychological adjustment to cancer (Thorne et al, 2005). This study aims to identify the interrelation oncologists' communication skills and level of emotional distress of their patients with onco-hematological diseases.

Methods: 30 newly diagnosed patients with hematologic malignancies, and 15 oncologists were invited to participate in this study. Each of the doctors treated two patients. The following psychological measured instruments were used to identify the level of emotional distress of patients: The Beck Depression Inventory (BDI), State-Trait-Anxiety Inventory (STAI), Multilevel Personality Inventory "Adaptivity" (the modification of MMPI) and The Lüscher color test. The L. Michelson communication skills test was administered to examine the physicians' communicative competence and communicative dispositions scale (KOC-1) was given to assess physicians' affiliation. In addition to the psychological questionnaires, semi-structured interviews were conducted with each physician to determine the duration and structure of clinical consultations with patients held before the initial chemotherapy.

Results: The study showed that anxiety is a major component of the emotional background of patients, and the mental condition characterized by instability, lack of energy resources for coping with the situation and asthenia. The level of communicative competence oncologists was high despite the low rate of affiliation. The results confirmed the negative correlation between level of oncologists' communication skills and emotional distress of their patients; the reduction of patient's state anxiety correlated with high communicative competence of doctors. The patients created positive images of the doctors if the oncologist had a developed communication skills. Analysis of oncologists' verbal reports showed that physicians tended to concentrate on response to treatment and types and severity of side effects and how to treat them, while trying to avoid the topic of psychosocial well-being of patients.

Conclusion: Our findings underscore the importance of development of communication skills training for oncologists in Russia in light of the impact of oncologists' communication competency on emotional distress among hematological cancer patients.

Keywords: cancer, hematology, anxiety, depression, communication skills, communicative competence, patient-physician communication, clinical consultation

LIFE EVENTS RESEARCH IN PORTUGAL: A TRIBUTE TO PROFESSOR GEORGE BROWN

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Educational Objectives: To recognise the role of life events on physical and mental health.

Purpose: To present data of different research projects on life events and physical and mental health in Portugal.

Methods: LEDS (Life events and difficulties schedule) from Brown' methodology was used in a psychosocial framework including coping and social support studying the effects of life events in different groups of patients.

Results: We will show the outcomes life events in the beginning and relapse of patients with peptic ulcer, bowel inflammatory disease, irritable bowel syndrome, dysphasia and oesophageal motility disorders, multiple sclerosis, rheumatoid arthritis, lupus erythematosus and depression.

Conclusions: We concluded for the important role of life events in functional, "psychosomatic" and mental diseases and the respective specific role of different mediators.

TOWARDS HOLISTIC CARE USING A BIOPSYCOSOCIAL MODEL: PROFILE OF DISABILITY AMONG INDIVIDUALS WITH BIPOLAR AFFECTIVE DISORDER IN A NIGERIAN MENTAL HEALTH HOSPITAL

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Educational Objectives: At the end of this presentation, the participants should be able to recognise the problem of disability seen among individuals with Bipolar Affective Disorder (BAD) despite symptoms remission and plan evidence based rehabilitative intervention in order to achieve best overall outcome.

Purpose: This study is aimed at assessing the profile of disability among individuals with BAD and explores the associated factors.

Methods: A total of one hundred consecutively enrolled study participants made up of clinically stable, adult outpatients with BAD were interviewed. The participants were subjected to questionnaire to inquire about demographic and illness related variables. Structured Clinical Interview for DSM-IV-TR Axis I Disorders (SCID) was used to confirm diagnoses of BAD in them. Both *Young Mania Rating Scale (YMRS)* and *Hamilton rating scale for depression (HDRS)* were used to rate the severity of symptoms and lastly the *World Health Organisation Disability Assessment Schedule II (WHODAS II)* was used to assess disability in participants. The data were analysed using Statistical Package for Social Sciences version 15. The hypotheses for testing was the null hypotheses that individuals with BAD do not experience disability following symptom control and the identified socio-demographic factors have no relationship to the severity as well as pattern of disability among individuals with BAD.

Results: The mean WHODAS score and range for the participants were 24.93(±2.2) and 21.11-32.20 respectively. The WHODAS mean score in domain 3 [self care —2.39 ±0.30] was least, while domain 6 [participation in the society —7.55 ±1.18] had the highest mean score. Participants that were single ($t = -2.016$, $p= 0.047$) and unemployed ($t=-2.306$, $p=0.023$) were more disabled, while those that earned money were less disabled ($t= -2.898$, $p=0.005$).

Conclusions: Based on the findings of this study, people with BAD experienced varied degrees of disability in spite of symptoms' control and the severity of disability differed across the measured domains of functioning. The severest level of disability was observed in the aspect of society participation while self care was least affected among the participants. Both unemployment and absence of confiding relationship seems to define worse level of disability, while individuals with financial security were less disabled. Therefore, proactive multidisciplinary intervention (preventive, treatment and rehabilitative) approaches using bio-psychosocial model to address disability in individuals with BAD for better outcome and to mitigate the indirect socioeconomic cost are implied.

Keywords: *Associated factors; Bipolar Affective Disorder; Disability; Socio-economic*

CHRONIC NON ONCOLOGIC PAIN IN ELDERNIN

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Educational objectives: Promoting knowledge and strategies to deal with chronic pain – Stimulating self-evaluation and control of one's own pain. Social interactions between patients who share the same condition – Chronic Pain Disease.

Purpose: Social integration improving the quality of life and pain control in non-oncological chronic pain patients over the age of 80.

Methods: Selecting 8 non-oncological patients of chronic disease over the age of 80. These patients must have their cognitive functions intact, to be mobile, and accompanied by their caregivers. They should come to our unit every fortnight, seven times in total. On the first and last meetings, they go through:

- Medical consultation
- Functional evaluation by a physiatrist
- Psychological testing: Geriatric Depression Scale (GDS-15); Geriatric Anxiety Inventory (GAI); Quality of Life (QOL).
- Evaluation of the daily and social activity of the patients and their caregivers by the nursing staff: Brief Pain Inventory (BPI); Barthel Index; Lawton Index; Braden Scale

In the remaining sessions, the patients get group support meetings with a psychologist, as well as nutritional counseling. Muscular relaxation and breathing training, by the nursing staff to the patients and caregivers, family reunions with a nurse for daily caretaking habits. Rehabilitation sessions for posture training and exercises..

Results: The program accomplished a reduction in the administration of analgesics (NSAID) to our patients.

The patients learn techniques to reduce their pain, like postural correction, muscle relaxation, and respiratory techniques.

The psychological tests didn't show significant changes, yet, after the seven group sessions, we observed the creation of a positive social interaction between the patients, who also learned coping strategies to deal with pain.

Conclusion: This kind of program promotes the learning of means to both control and improve non-oncological chronic pain in the elderly population.

It also proves that pain can be reduced when physical and psychological conditions that contribute to the patients' wellbeing are met.

None of the family members showed signs of caregiver exhaustion.

THE LIVES GIVEN FOR LIVING: HOW MUCH WE ARE (DIS)COMFORT !

Dr. Saliha HALLAC

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Objectives: This paper reports on comfort concept which is an important outcome for the patients with cancer and nursing care. Comfort is an important concept desired life span by the people. It has a different value and meaning from people to people.

Methods: This paper is a review article.

Results: Comfort is defined as a satisfaction of basic human needs for relief, ease, or transcendence that arise from stressful healthcare situations. Comfort is complex by its very nature, encompassing physical, psychospiritual, social, and environmental dimensions (1). The experience of illness has increased expectations and desires of the patients and their relatives who are suffering from this illness. Whereas comfort is a concept central to nursing care and essential to the healing process. But this issue has been sometimes neglected, unspoken or hasn't been real valued (2). In this meaning, comfort is an important field of caring to patients with cancer and their nurses who are especially lived dense and very complex feelings. The patient is very restless and disorder because of his limited life with a corridor, a room and a bed. The patients shall entrust themselves and their own lives to doctors and nurses who are directly responsible for their care and considered to be safe. In this process, comfort is the most important thing expected and desired by individuals (2).

Conclusion : In accordance with the appropriate and realistic targets, that determined with the participation of the individual and the family, the comfort of the individual will increase, and its adjustment will be strong for behaviors to improve health (1). Meet the needs of the patients, finding a realistic and sincere answer to his/her questions, the perception of being interested himself as an individual, provide a real sense of comfort for him/her, relief, soothe his/her concerns, get strength his/her coping, nourish his/her hopes (2,3). All of these activities are directly related to the nursing care and it will provide satisfaction, motivation and will strengthen self for patients and nurses

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PROJECT CASE MANAGER IN MENTAL HEALTH AND PSYCHIATRY -FROM HOSPITAL TO COMMUNITY

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Centro Hospitalar Lisboa Norte-Hospital Santa Maria, Lisboa, Portugal

Educational Objectives: In 2010 the Department of Psychiatry and Mental Health of Centro Hospitalar Lisboa Norte, EPE – Hospital de Santa Maria implemented an innovator project, directed to people with severe mental disabilities, decreased autonomy, no social and family support but still needing assertive and continuous care.

Purpose: The authors will share their Project, which main goal is to insure the long term of mental care, to individuals with severe mental disabilities in order to maintain treatment adherence, creating and reinforcing community relationships, promoting the environment adaptation and other previous projects.

Methods: Working in the community, three case managers in full time in articulation with the individuals psychiatrist. The individual project has been built with the patient and his family in his community. The proximity work included: domiciliary visits, individual and family psychoeducational interventions and community interventions. The individuals in the program were characterized according to several dimensions (socio-demographic, clinical, occupational) and in different moments: zero, six, twelve and eighteen months of Projects beginning.

Results: The eighteen months of evaluation showed: a decrease on hospital admissions - number and time; improvement of life satisfaction (symptomology, medication adherence, autonomy, occupation and/or work); decreased level of family burnout and improvement of alliances with the community.

Conclusions: Case Managers soon became an important (sometimes the only one) mediator on monitorizing individuals with severe mental disabilities. The proximity work prevented the medication discontinuity and consequent relapses and hospital admissions. The partnership between Case Managers and family, allowed problems resolution in real time. We strongly believe that proximity work is an asset to individuals with severe mental disabilities and their families, their community and the health system.

THE PREVALENCY OF MENTAL ILLNESS AT THE CHILDREN IN REQUEST OF SOCIAL REINTEGRATION IN MARRAKECH.

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Educational Objective: the objective of our study is to discern the most frequent psychiatric disturbances at the children in difficult situation and who belong in search of means of social reintegration within the associative frame to Marrakech.

Purpose: the role of environment in the happening of mental illness at the child and the importance of the means of support in case of social risk factors in the prevention of mental illness.

Methods: they gathered a sample of sixty children in difficult socioeconomic situation, taken care in the associations of protection of the child in Marrakech. The valuation of these children was based on the data of clinical maintenance and signing of Kiddie-SADS (Kiddie-Schedule for Affective Disorders and Schizophrenia).

Results: we extracted 10 publications having an experimental dynamics, concerning the development of the well brought up children in a context of violence and we compared them with the results of our study. Results will be introduced in the congress.

Conclusions: disadvantageous socioeconomic environment has an impact mattering on the psychological development of the child, as it constitutes a risk factor of several pictures psychopathologiques. The means of social support allow to ameliorate the forecast of these children, on the condition of insert them into a multiple-subject therapeutic plan.

Literature Reference:

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GENDER DIFFERENCES DURING THE ACUTE TREATMENT PHASE OF A FIRST EPISODE DEPRESSION

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Educational Objectives: At the end of this presentation, participants should be able to recognize gender differences in the acute treatment phase of a first episode depression.

Purpose: This study examines gender differences among individuals treated in primary care for a first episode of a major depression on: (1) illness representations and self-stigma; (2) coping strategies and social support; (3) care received in the three months following a first diagnosis.

Methods: Participants were recruited through advertisements in newspapers, posters in medical clinics and drugstores, and information pamphlets distributed by primary care physicians and mental health caregivers. Inclusion criteria were: (1) ≥ 18 years old; (2) being English or French-speaking; (3) having a first episode depression as diagnosed by a physician in the previous eight weeks; (4) having received a medical prescription for an antidepressant or following psychotherapy; (5) having a PHQ-9 result (Spitzer et al., 1999) equal to or greater than 10 while starting their participation in the study. Participants completed self-administered questionnaires three months after their depression diagnosis.

Results: The sample included 80 participants (42 men and 38 women). Few gender differences were observed in illness representations: females attributed their depression more to psychological causes than males and they perceived more negative consequences to it. There is no gender difference in self-stigma. Females are more frequently seeking emotional support than males, but it is the only differences in coping strategies. Even if males reported having discussed depression with less family members or friends than females, they did not perceive having received less support. In the first three months after depression diagnosis, females report one more visit with their physician than males, but there is no difference in the therapeutic alliance. There are more females consulting a psychologist than males.

Conclusions: Males and female have more similarities than differences in their experience of a first episode depression. However, men received less care than women in the acute treatment phase of depression and this inequality could hinder their recovery. More researches are needed to understand the barriers to care for depression by men.

THE EFFECT OF A PSYCHO-EDUCATIONAL PROGRAM "PROFAMILLE" ON MOOD AND PSYCHOLOGICAL BURDEN OF SIX GROUPS OF FRENCH FAMILY CAREGIVERS OF SCHIZOPHRENIC PATIENTS

S. Fattah¹, Y. Hodé¹, F. Duval¹

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Background: Psycho-educational intervention for families of schizophrenic patients, like Profamille program, concurrently to pharmacological and psycho-educational strategies for patient, becomes obvious for a better management of schizophrenia. The last updated version of Profamille program includes one module of fourteen weekly sessions followed by a second module of eight sessions distributed over two years.

Objective: To assess the effect of Profamille on mood, on psychological and physical burden of family caregivers of schizophrenic patients. The outcome variables examined also the impact of Profamille Program on both patient medical condition and financial economic consequences.

Material & Method: Our study is related to Alsace teams assessing the effect of Profamille program among 6 consecutive groups (from the 20th to the 25th group) of family members during years 2009, 2010, 2011 & 2012. The evaluation was performed by the administration at the beginning, at intermediary endpoints and at the end of this program of self-questionnaires assessing depressive symptoms (CES-d), the knowledge, acceptance of diagnosis, coping, satisfaction of participants, the social validity of the program and the beneficial effect on patient's condition.

Results : Our results showed a significant and clear-cut positive effect on knowledge, coping, mood of participants and stabilization of patient condition. We performed additional CES-d analysis focusing on only participants with a baseline score greater than 16 (equivalent to suspicion of depressive symptoms): The overall analysis confirmed that there is a statistically significant improvement in the participants' mood at different endpoint of the program. The intermediary assessment of the mood showed a trend effect on mid-program, whereas the final evaluation showed a statistically significant improvement at the end of 14 sessions. These results showed the interest of achieving the entire program to observe the maximum effect. Regardless of a slight deterioration in the mood, one year after the 14th session, the improvement is significantly maintained on the long term.

Conclusion: The psycho-educational program PROFAMILLE can reduce the impact on mood and psychological and physical burden of family of schizophrenics; it has also beneficial effect on patient outcome and reducing the cost of management of schizophrenia. Despite the economic cost gain of this psycho-social strategy and despite its proved efficacy in the improvement of schizophrenia, its dissemination is not sufficient. Our encouraging findings may have implications in light of generalization of this program in clinical routine practice

SEX DIFFERENCES IN INTERGENERATIONAL TRANSMISSION OF MENTAL HEALTH PROBLEMS: ADOLESCENTS AND PARENTS IN A COMMUNITY POPULATION (THE HUNT STUDY)

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¹. Norwegian University of Science and Technology, Trondheim, Norway

². University of California, Merced, California, United States

Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize mental health problems that are transmitted between generations and how parent and offspring sex influence the transmission.

Purpose: The purpose of the study was to examine the role of both parental and offspring sex in intergenerational transmission of mental health problems, as very little research in this area distinguish between both mothers and fathers and daughters and sons.

Methods: The study was cross-sectional and based on data from a large, Norwegian community study (the HUNT study). The sample consisted of 5732 adolescents who had one (N=2503) or both parents (N=3229) participating. In adolescents, subjective well-being, self-esteem, and symptoms of anxiety, depression, and social anxiety were measured. In parents, mental distress, symptoms of anxiety and depression, alcohol abuse, and maternal eating problems were measured. Data were analysed by structural equation modelling using the WLSMV method (completely saturated model).

Results: When testing the measurement model, findings indicated a good model fit (CFI=.963, TLI=.962, RMSEA=.021). The χ^2 -statistic was significant, but that is to be expected with large sample sizes. The most prominent findings indicate that parental, and especially paternal, mental distress was associated with several mental health problems in both daughters and sons. Paternal mental distress was the parental mental health problem associated with the most adolescent latent variables. Symptoms of anxiety and depression in both daughters ($\beta=-.170$, $p<.001$) and sons ($\beta=-.116$, $p=.030$) and low subjective well-being in daughters ($\beta=-.099$, $p=.030$) were related to paternal mental distress. Also, paternal alcohol abuse was related to low subjective well-being ($\beta=.098$, $p=.057$) and self-esteem ($\beta=-.090$, $p=.058$) in sons. Quite surprisingly, neither parental anxiety symptoms nor adolescent social anxiety symptoms were transmitted between the generations.

Conclusions: In order to advance current knowledge on the role of sex in intergenerational transmission of mental health problems, the present study examines both parental and offspring sex in a large community sample. The findings indicate that transmission from mothers versus fathers indeed is different for daughters versus sons. The results show paternal mental health to be especially important for adolescent well-being. The fact that several areas of adolescent functioning are affected is a reason for caution. It probably indicates that mental health professionals should be especially aware of evaluating the mental health status of adolescent children when meeting parents who display mental distress.

COGNITIVE REHABILITATION IN SCHIZOPHRENIA: PRELIMINARY RESULTS

D. Maia¹, M. Figueiredo¹, S. Sousa¹, R. Curral¹, A. Roma Torres¹

¹. Centro Hospitalar de São João do Porto, Portugal

Educational Objectives: Several studies documented the presence of cognitive deficits in patients with schizophrenia. This is a central issue for many authors because they can affect many areas of life of the patient, including interpersonal and occupational ability. Recently, the implementation of rehabilitation programs focused on increasing cognitive skills, like attention, memory, speech, spatial orientation, among others, were one of the interventions with more impact on this patients.

Purpose: This work aims to realize the benefits of computerized cognitive rehabilitation program (RehaCom) for these patients.

Methods: The sample consists of 8 male patients diagnosed with schizophrenia, evaluated by a neuropsychological test battery before and after 50 sessions of cognitive rehabilitation (approximately 30 minutes each).

Results: Although the statistical analysis is not fully completed, preliminary results seem to indicate an improvement of skills in different areas.

Conclusions: An individual plan of cognitive rehabilitation, seems to be an improvement on cognitive abilities, quality of life and psychopathology.

IMMIGRANT MENTAL HEALTH, FAMILY STRUCTURE AND PSYCHOSOCIAL STRESS: LONGITUDINAL ASSOCIATIONS FROM A NATIONAL DATABASE

D. T. Browne, A. Kumar, O. Falenchuk, J. M. Jenkins¹

¹ University of Toronto, Toronto, Canada

Educational Objectives: To illustrate that Canadian immigrants show declining rates of mental health across the first 4-years post-immigration. The challenges faced by new immigrants may be even more burdensome when children are present, as rates of mental health problems amongst immigrant-parents are even higher after accounting for other psychosocial stressors.

Purpose: To model post-immigration trajectories of self-reported mental health problems, using the nationally representative Canadian Longitudinal Survey of Immigrants in Canada (LSIC), as a function of family structure and psychosocial risk.

Methods: The LSIC followed a representative sample of 7716 immigrants across 3-waves of data collection (6 months, 2 years and 4 years post-landing). To be eligible, participants must have been 15-years of age at baseline and have landed between Oct. 1, 2000 and Sept. 30, 2001 from abroad. Data on a variety of constructs were collected in person or by telephone using computer-assisted interviewing in 1 of 15 possible languages. Using multilevel mixed-effects logistic regression, a single response assessing emotional and mental health problems was modelled as a function of family structure (single-parent, two-parent, non-parent), psychosocial risk (low income, refugee status), demographic covariates and ethnicity. Model fit was selected based on the Likelihood Ratio Test and the Akaike Information Criterion. Odds ratios (OR) are reported.

Results: At each wave the odds of reporting a mental health problem increased by approximately 50% (OR=1.48). Female (OR = 1.36), refugee (OR=1.53), Latin American (OR=1.52) and Filipino (OR=1.30) respondents had higher odds of reporting mental health at landing. The odds for women and low-income immigrants increased over time, respectively (OR=1.14, OR=1.06). Finally, two-parent (OR=1.25) and single-parent (OR=1.41) immigrants have higher odds of mental health problems at landing, and these effects are maintained over time.

Conclusions: Amongst Canadian immigrants, the prevalence of mental health and emotional problems is greater for those who are parents (especially single parents). Additionally, these effects were evident after controlling for psychosocial risk and demographics, suggesting that this may be an effect caregiver strain, and not simply an effect of financial burden or pre-immigration hardship. Immigrants with children appear to be particularly susceptible to the risks and challenges associated with the immigration process.

CUMULATIVE PSYCHOSOCIAL RISK, DIFFERENTIAL PARENTING AND THE MODERATING ROLE OF IMMIGRATION HISTORY: A WITHIN- AND BETWEEN-FAMILY ANALYSIS

S. Puente-Duran¹ J.M. Jenkins¹

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Educational Objectives: The current study illustrates that cumulative psychosocial risk factors threaten parent-child relationships, not only by making parents more negative and less positive for all children in a family, but also by increasing the amount of differential treatment siblings receive (Jenkins et al., 2003). This relationship, however, functions uniquely among immigrant families.

Purpose: The parent-child relationship is an important influence on early child mental health; accordingly, this study demonstrates that psychosocial risks predict *changes* in family dynamics and parenting at family-wide and individual levels, and is moderated by immigration history.

Methods: Families were from the Kids, Families, and Places Study in Ontario, Canada (N=501, 50% immigrants). Outcome measures include self-reported parental positivity and negativity for both parents (*Parenting Practices Scale*), and observed mother-child interactions (*Coding of Attachment Related Parenting*). Predictor variables include a composite of cumulative risk (CR), comprising of income level, maternal depression, parental education, maternal abuse history, and neighbourhood safety. Parenting was examined as a function of CR and immigrant status using multilevel modelling to account for the nesting of children within families. Random variance functions were used to examine within-family variance (differential treatment) in parenting.

Results: Overall, fixed effects reveal that the CR composite and immigrant status were significantly associated with increases in family-average negativity and decreases in positivity. There was a significant decrease in maternal positivity and increase in negativity under high CR for Canadian-born parents. However, a significant interaction revealed that, among immigrants, parenting did not change as a function of low or high CR. The random effects indicate that increases in within-family differential positivity and negativity are highest under settings of high CR. In high-risk, however, immigrant parents increase in differential positivity and decrease in differential negativity. It appears that significant effects differ as a function of parenting constructs, observational methods and respondents.

Conclusion: Greater levels of psychosocial risks threaten parents' mental health and well being, thus affecting the ability to provide warmth and sensitivity to their children, and also increase negative reactions. However, in support of a *mental health advantage* that exists among immigrant families (Beiser et al., 2002), this parent-child relationship is uniquely affected by CRs (in low- and high-risk) at the family-wide and individual level compared to Canadian-born parents. Findings suggest that the impact of psychosocial adversity interacts with socio-biological processes, elucidating unique factors, such as social mobility and resilience, among immigrant families that may outweigh the negative impact of contextual risk.

CHARACTERIZATION OF THE POPULATION IN THE LONG ACTING INJECTABLE ANTIPSYCHOTIC PROGRAM IN CENTRO HOSPITALAR SÃO JOÃO - PORTO

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Educational Objectives: In November 2010 the Long-acting Injectable Antipsychotic Program of Psychiatry Department of Centro Hospitalar São João, Porto (CHSJ) implemented PsychCare, a web-based electronic medical record to manage data, prescriptions and administrations. The goals of using PsychCare are: effective monitoring of therapeutic adherence; automatic alerts for patients, carers and team members through SMS and email; easy access and updating of demographic, clinical and prescription data and electronically scheduling patient visits. Moreover PsychCare data allows a better understanding of socio-demographic and clinical characteristics of these patients.

Purpose: To characterize patients on the Long-acting Injectable Antipsychotic Program in Psychiatry Department in CHSJ.

Methods: Cross-sectional study of socio-demographic and clinical variables of the population on Long-acting Injectable Antipsychotic Program in Psychiatry Department in CHSJ.

Results: Preliminary results show that there are currently 295 patients on the Long Acting Antipsychotic Program. Mean age of the patients is 45±12 years. Male/female ratio is 2:1 (200 males and 95 females). Most patients are single (67%). Most patients are retired (60%) or unemployed (30%), and only 10% are actively employed. 34% completed more than 9 years of education. 35 (12%) patients are on Compulsory Treatment according to Portuguese Law. The most common diagnosis according to ICD-10 is Schizophrenia (71%), followed by Schizoaffective Disorder (7%) and Persistent Delusional Disorder (7%). The most commonly prescribed long acting injectable antipsychotic is haloperidol decanoate (67%), followed by long acting risperidone (28%). The remaining patients are on flufenazine decanoate or flupentixol decanoate.

Conclusions: Results allowed a better characterization of the patients included in the Long-acting Injectable Antipsychotic Program of our unit. Socio-demographic and clinical results are consistent with the literature. A longitudinal study is now needed to evaluate the efficacy of PsychCare in improving adherence, which is a major issue in preventing relapse in serious mental disorders.

MULTIDISCIPLINARY ASSESSMENT OF PATIENTS IN PSYCHIATRY DAY HOSPITAL – EXPERIENCE OF CENTRO HOSPITALAR SÃO JOAO, PORTO

R. Curral¹, D. Maia¹, S. Fonseca¹, V. Rocha¹, M. Mota¹, S. Sousa¹, V. Ribeiro¹, M. Figueiredo¹, D. Sousa¹, J. Pereira¹, L. Monteiro¹, M. Reis¹, P. Travanca¹, A. Roma Torres¹

¹ Department of Psychiatric at Hospitalar Center of São João, Oporto, Portugal

Educational Objectives: A multidisciplinary assessment protocol was designed to provide an individualized care plan, in order to promote psychosocial rehabilitation in patients admitted to Psychiatric Day Hospital (DH) of our Department.

Purpose: To characterize patients admitted in Day Hospital in between January 2009 and June 2012

Methods: Longitudinal retrospective study. Analysis of socio-demographic and clinical data at admission and discharge from Day Hospital was conducted. Assessment of quality of life, psychopathology and functionality was performed using The Short Form Health Survey (SF-36), Brief Symptom Inventory (BSI) and Occupational Self Assessment (OSA). Patient satisfaction was also assessed.

Results: 250 patients were identified. The most frequent category of diagnosis was Schizophrenia, schizotypal and delusional disorders (F2) from ICD-10. We found higher quality of life scores a lower number of psychopathological symptoms at discharge. Functionality assessment showed that self-care and problem solving skills were important issues for patients in their recovery process.

Conclusion: Results allowed a better characterization of the patients admitted to Psychiatry Day Hospital of our Department. At discharge patients there were improvements in quality of life and psychopathology. The identification of functionality areas perceived as relevant for recovery by the patient is important to the individualized care plan.

MENTAL HEALTH OF SLUM RESIDENTS IN MUMBAI

M. Kulkarni

Indian Institute of Technology Bombay

Objectives: The primary aim of the study is to assess the mental health of urban Indian slum residents in Mumbai. Slums in Mumbai are characterized by crowded tenements lacking basic amenities and very high population density.

Method: A sample of 491 adults residing in a slum and 380 middle class adults living in apartments were administered the GHQ 28 as an indicator of mental health to be able to understand the effect of social class on mental health.

Results: The results of the 2 groups on the GHQ subscales were compared. The impact of contextual factors, such as housing on mental health indicators were considered. The results are currently being analyzed.

Conclusion: The role of individual level and context level variables in mental health would be considered. The findings would have implications for designing mental health interventions from a public health perspective.

SOCIAL SUPPORT AND ATTACHMENT IN SLE PATIENTS

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Purpose: To study the role of social support and attachment in SLE patients. And to explore the relationships between social support, attachment and quality of life.

Methods: 70 sequential SLE patients were observed in a faculty ambulatory specialized consultation, with an average age of 41.41 and 88.6% were female. These patients were first evaluated by the medical doctor, and then were interviewed by the psychiatrist, and at the end they underwent a interview with the psychologist. All patients fulfilled the self-reported questionnaires: Social Support Satisfaction Scale (Social Support), AAS (Attachment) and SF-36 (Quality of Life).

Results: We found that SLE patients perceived an adequate social support, particularly from their friends and close relationships.

In what concerns attachment, we found that anxiety was negatively correlated with social support, and depend was positive associated with social support.

We found significant statistical positive associations between social support and some quality of life dimensions, namely social functioning, physical role, mental health and vitality.

Attachment dimensions were correlated with some quality of life dimensions, namely mental health and physical role.

Conclusions: Social support and attachment is strongly correlated with quality of life dimensions, influencing the way SLE patients experience their disease and life. This result highlights the importance of considering the social network of these patients, as well their close relationships.

We should empower SLE patients to strengthen their social network and to improve their close relationships with family members, and with close friends, to provide a emotional container for the negative emotions these patients experience in the course of their disease.

Educational Objectives: Health professionals should recognize and evaluate the social network and close relationships of SLE patients.

Health professionals should empower the involvement of the social network in these patients daily life, and in dealing with the disease.

Also, we should learn to help these patients deal with social isolation, and help them promote better close relationships.

LATITUDES AND LONGITUDES OF MENTAL ILLNESS STIGMA: A QUALITATIVE STUDY.

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³. Centro de Investigação e Estudos de Sociologia, Instituto Universitário de Lisboa

Educational Objectives: At the end of this presentation, the participants should be able to: understand the advantages and limitations of targeting Mental Illness Stigma in a psychiatric day-hospital; understand the lived experience of this phenomenon and what was revealed in our therapeutic setting; acknowledge the advantages of qualitative research in the comprehension of this experience.

Purpose: To study the subjective experience of mental illness stigma in a group of subjects attending a psychiatric day-hospital.

Methods: An open support group, where the subjective experience of stigma associated with mental illness could be shared and discussed by clinically stable subjects, was created in our institution's day-hospital. From October to December 2010, a sample of 18 subjects attended the group. Seven sessions covering pre-selected topics about mental health stigma were video-recorded and transcribed *ad verbatim*. Data was coded and analyzed thematically, using a modified grounded theory approach.

Results: The experience of mental illness stigma mostly appears in the relational dimension, in which we can identify two main categories: the experience of disclosure, and the spatiality of the interpersonal relation. The first experience, although momentary and associated with different levels of agency, defines the subject's self-concept in relation to the illness through the other, creating a power asymmetry between the subjects. The second experience is essentially passive and refers to the impossibility of controlling interpersonal distance, perceived as either too close or distant, which seems to reinforce the above-mentioned relational power asymmetry.

Conclusions: While acknowledging the pervasive nature of the experience of mental illness stigma, it's in the relational dimension that it becomes more prominent, appearing in this group as "what is most at stake for sufferers and their social world" (Yang, 2007). What seems to be more important is the fundamental difference in the quality of the relation, not necessarily an experience of exclusion or marginalization but an impossibility of positioning towards Otherness, where both proximity and distance are lived rigidly with discomfort and suffering. This, in turn, carries on a loss of agency and relational power. Approaching the experience of stigma in a clinical setting allows a better understanding of the phenomenon in its local "moral world" (Yang, 2007) and appears to carry therapeutic benefits (Yannos, 2011), which fall out of the scope of the present study.

Literature Reference

Yang LH, Kleinman A, Link BG, et al. (2007) Culture and Stigma: Adding moral experience to stigma theory. *Social Science and Medicine* 64(7): 1524-1535.

Yannos, PT, Roe D, Lysaker PH, (2011) Narrative Enhancement and Cognitive Therapy: A New Group-Based Treatment for Internalized Stigma among Persons with Severe Mental Illness, *International Journal of Group Psychotherapy*, 61(4): 577-595.

COMMUNITY PSYCHIATRY: WHAT ARE THE CLINICAL CASES REFERRED?

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Educational Objectives: The intervention of Community Psychiatry provides the close link with primary health care services, being one of several areas of intervention the orientation of requests for assessment by specialty, either through the guidance of requests for outer query or by consultation in the health center. Thus, the aim is a true multidisciplinary teamwork, allowing a bio-psycho-socio-cultural perspective of each patient, being fundamental to know the main reasons for referral of patients.

Purpose: The authors propose to present the characteristics of requests for outpatient Psychiatry, namely clinical cases frequently referred by general practitioner to one of the most popular Psychiatric hospitals in the country. At a later stage, we intend to compare the results with data from a Psychiatric service of a general hospital.

Methods: Descriptive analysis of statistical data obtained by collecting several variables of a sample of requests for outer query Psychiatry. The requests were made over a period of 3 months and addressed to one of the sectors of Centro Hospitalar Psiquiátrico de Lisboa.

Results: A total of 109 requests for consultations, 66% were referred for an appointment of Psychiatry and 34% of applications were returned to the doctor. Regarding clinical cases most frequently forwarded to the query, it was found mostly depression (25%), patients with psychotic disorders (bipolar affective disorder or other) (22%) and Geriatric Psychiatry cases (17%). With respect to applications returned to the physician, there was a predominance of depressive conditions (24%), anxiety (14%), addictions (14%) and cases where it was not possible to identify the psychopathology (14%). In 40.5% of cases refused, the reason was the lack of clinical information by general practitioners, followed by 24.3% of cases where, in addition to the scant clinical information, it was suggested referral to the emergency service for psychiatric evaluation. In 19% of cases, the applications were returned with therapeutic suggestions before forwarding to the query.

Conclusions: With the first results, we can conclude the importance of services of Community Psychiatry, in close relationship with the general practitioners, which often require the evaluation of patients by the psychiatrists. It is essential that requests contain information about the clinical psychopathology as well as therapeutic aspects, so that each patient is directed in the most appropriate and timely. It is important to develop the team work between family doctors and psychiatrists, for example by monitoring some clinical cases or the jointly discussion about patients.

BRIEF CHARACTERIZATION OF THE CRISIS INTERVENTION OUTPATIENT CLINIC

D. Maia, D. Sousa, V. Rocha, S. Fonseca, R. Curral, A. Roma Torres

Educational Objectives: Crisis intervention is an active brief intervention, focused on current problems and oriented to reality. It aims to recover the previous level of functioning.

The Crisis Intervention Outpatient Clinic in our Department was created in August 2009. Its purpose is brief intervention in individuals that need urgent psychological support due to emotional and behavioral disturbances occurring in the context of stressful life events that lead to failure of coping mechanisms.

Purpose: To characterize patients admitted in the clinic between August 2009 and December 2012.

Methods: Cross-sectional study based on clinical records.

Results: During this period, 240 patients were referred. Most patients were female (73%) and mean age was 40 ± 14 years. Emergency Department was the source of referral for 62% of the patients. The remaining 38% were sent from Primary Care Units. Several life events were identified. Divorce was one of the most prevalent. Most patients (52%) were referred to General Practitioner after intervention. Nevertheless 38% needed follow-up by a psychiatrist in our Outpatient Clinic.

Conclusion: Results allowed a better characterization of the patients referred to Crisis Intervention Outpatient Clinic of our Department.

CANNABIS AND PSYCHOSIS: ANALYSIS OF THE EVIDENCE

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¹ Santarém Hospital, Santarém, Portugal

Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize that cannabis use in adolescence is associated with an increased risk of psychosis later in life and the model that better explains this complex interaction is gene x environment interaction.

Purpose: To examine critically the evidence that cannabis is associated to psychosis using criteria of causality.

Methods: We identified four studies that included a well-defined sample drawn from population-based registers or cohorts and used prospective measures of cannabis use and adult psychosis; and one systematic review of cannabis use and risk of psychosis.

Results: Cannabis use in adolescence is associated with an increased risk of psychotic symptoms and psychosis later in life. The earlier the onset of cannabis use, the higher the risk of psychosis and worse prognosis. Cannabis use appears to be neither a sufficient nor a necessary cause for psychosis. It is a component cause, part of a complex constellation of factors leading to psychosis. The model of gene x environment interaction is the one that better explains the complex interactions between cannabis and psychosis. Multiple variations in multiple genes, instead of a single genetic polymorphism, may promote an individual vulnerability for the development of psychosis.

Conclusions: Cases of psychotic disorder could be prevented by discouraging cannabis use among vulnerable youths. The model of gene x environment interaction is the one that better explains the complex interactions between cannabis and psychosis. Further studies of the biological mechanisms underlying the gene x environment interaction and multiple genes and environmental factors interactions are needed in cannabis/psychosis.

WHAT IS THE CONTRIBUTION OF SCIENCE TO THE FUTURE OF PSYCHOPATHS?

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Objectives: To emphasize the role of neurobiological mechanisms in the prevention and treatment of psychopathy in the future.

Methodology: To describe the neurobiological mechanisms of psychopathy based on online *Pubmed* research.

Results: Psychopathy is a serious personality disorder, being present in approximately 15% to 20% of criminal offenders. Psychopaths tend to lack feelings of empathy, guilt, and remorse. Additional common traits are often lack fear of punishment, impulsivity, difficulty in emotional regulation, and displays of antisocial and violent behavior. Psychopaths may also use superficial charm, conning, and manipulation to take advantage of others. For this people there is no evidence of successful treatment, and this is one of the reasons why this subject has been a big concern in Neuroscience. A lot of brain structures, hormones, neurotransmitters and neuronal networks have been being identified as responsible for these anti-social traits of personality.

Discussion and Conclusion: In future research, it will be important to identify how these systems work together to produce the unique compilation of traits and behaviors characteristic of psychopathy. Finally, by considering the similarities and differences between psychopathy and other disorders of emotion, we may be able to gain insight into possible mechanisms that produce and maintain the disorder, as well as potential methods of treatment and prevention of violent behaviors. However, what is the limit of human behavior manipulation?

VIRGINITY CONCEPT IN THE MOROCCAN SOCIETY

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Introduction

Virginity concept including its multiple meanings or functions remains clearly unexplored. This Greek, Roman and Egyptian concept is believed to be older than religions.

The importance given to virginity is not a marginal phenomenon, It is widely reported from Africa to Japan with relays in Europe and North America (Prejean, 1994).

In the Moroccan society, it appears to be more a social and cultural concept rather than related a religious one.

Indeed, what is the perception of virginity in the Moroccan society in the 21st century? And what is its ranking in the societal conditioning and what are the consequences on the sexual education of the future generations?

Objectives

The ultimate goal is to rise the controversies and to assess the need of establishing a sanitary and school sexual education. Our aim is also to deepen the reflection on virginity by developing the social and anthropological components in order to distinguish amalgams between religion and tradition.

Methodology

The study was conducted at two separate clinics sites which are the Centre Hospitalier Universitaire IBN ROCHD and Private practice clinics.

It is a cross-sectional descriptive study and the analysis was performed using the Epi-info 6 fr software.

Results

Results reported female sex predominance.

Preservation of virginity until marriage is advocated in our sample for 67% of those who believe it is important in our society.

Discussion

The results are conclusive in favor of social conditioning which is still very present.

Thus, it is interesting to notice how women who believe that virginity is not a principle to teach to their children longer think it is more a choice, not a taboo to exceed and therefore do not reject it any way, unlike men.

Conclusion

This descriptive cross-sectional study deals with a social taboo in our society, although increasingly abandoned in favor of Western values remains a controversial issue in Morocco. North africa and the Arab world which retain an impression of the sacredness of virginity in monotheistic religions but also as a symbol of tribal honor for millennia.

PSYCHIATRIC ANALYSIS OF THE PATIENTS HOSPITALIZED IN A GENERAL HOSPITAL BY SUICIDE ATTEMPT

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Educational Objectives: Although it's important role for ER in the general hospital to treat the patients who performed suicide attempt, at the conclusion of this presentation, if the psychiatric unit exists in the hospital, it will become an entrance to psychiatric treatment for the patients.

Purpose: To clarify the meaning of existence of the psychiatric unit in the general hospital.

Methods: We analysed the psychiatric characteristic of the patients who consulted Japanese Red Cross Narita Hospital with total 700 beds and 50 psychiatric beds by suicide attempt for 5 years of 2008 to 2012 retrospectively.

Results: The number of patients who consulted our hospital by the suicide attempt in five years was 662 and 407 of them were hospitalized. 310 patients hospitalized to the ward for emergency patients and 22 of them admitted to ICU of the ward directly. 41 patients hospitalized to psychiatric ward directly and 48 patients transferred to psychiatric ward from the emergency ward. The patients, not hospitalized and hospitalized to emergency ward without ICU, were mainly occupied (over 60%) with F4 and F6 domain and the patients hospitalized psychiatric ward were mainly occupied (over 60%) with F2 and F3 domain.

Conclusions: Most of the patients who need psychiatric treatment immediately, such as schizophrenia or major depression, were hospitalized or transferred in the psychiatric ward, on the other hand most of the patients of adjustment disorder or personality disorder were not hospitalized or stayed only one night in the emergency ward. It turned out that existence of the psychiatric ward in the general hospital has screening and entrance function to psychiatric treatment for the patients who performed suicide attempt.

Literature Reference: Kirsi Suominen, Jouko Lönnqvist. Determinants of psychiatric hospitalization after attempted suicide. *General Hospital Psychiatry* 2006; 8(5) : 424-30

CONSUMPTION OF NONCOMMERCIAL ALCOHOL AMONG ALCOHOL DEPENDENT PATIENTS

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Background: The problem of the consumption of noncommercial alcohol in the Commonwealth of Independent States (CIS) countries has attracted the attention of researchers and specialists in the public healthcare field after the epidemic of poisonings by surrogate alcohols in 2006. Despite the extreme urgency of the problem, our knowledge with respect to the prevalence of the consumption of surrogates in CIS, as well as the style and motives of their consumption remains fragmented.

Purpose: The goal of this study was to some extent to fill this gap by studying the prevalence of the consumption of noncommercial alcohol among alcohol abuse clinic patients.

Methods: A study was conducted in the Belarusian city Grodno in 2012 with 223 alcoholics admitted to narcological clinic to explore noncommercial alcohol drinking using structured interviews. Types of surrogates consumed and reasons for their consumption were investigated.

Results: The most popular unlicensed alcoholic beverage among persons dependent on alcohol is moonshine (*samogon*), which 52.9% of patients consume at least one time a month while 14.3% do so at least one time a week and 8% do so 2-3 times a week, and 2.1% on a daily basis. These data suggest that at least 20.2% of patients regularly consume moonshine. According to the results, 11.8% of patients use surrogates (industrial spirits, medications containing alcohol: Hawthorn tincture, Motherwort tincture). Answers to the question regarding the reasons for consuming moonshine are distributed as follows: “moonshine is chemically a purer product than state vodka” – 41.4%, “the cheapness of moonshine” – 27.6%, “moonshine is a traditional alcoholic beverage” – 18.4%, and “physical availability of moonshine” – 10.3%. The majority of patients (77.4%) believe that moonshine is a chemically pure, “natural” product, and only 22.6% believe that moonshine is a chemically “dirty” product, hazardous to health.

Conclusions: The results of this study suggest that every fifth alcoholic regularly consumes moonshine, and every tenth of respondents periodically consumes surrogates, the most popular among which are medications with a high percentage of ethanol and industrial spirits. The belief that, according to quality criteria, moonshine exceeds state vodka is the main motive for its consumption. In this regard, it is urgent to inform the population about the potential risk to one's health from consuming moonshine and surrogate alcohols. The complex of these measures will allow the level of alcohol-related problems in society to be reduced.

PSYCHOSOCIAL DISTRESS AS A RISK FACTOR OF ISCHEMIC HEART DISEASE MORTALITY

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Background: Ischemic heart disease (IHD) is the leading cause of morbidity and mortality in the industrialized world. Recent research evidence suggests that psychosocial distress has been implicated as both a precursor to IHD and significant risk factor for death in those with established IHD. According to WHO, psychosocial distress will be the most harmful risk factors for the development of IHD in the near future. Some experts have underlined the importance of the psychosocial distress of economic and political reforms as the main reason for the IHD mortality crisis in Russia in the 1990s.

Purpose: The aim of the present study was to estimate the effect of psychosocial distress on IHD mortality rate in Russia.

Methods: Trends in age-adjusted, sex- and age-specific suicide (as an integral indicator for psychosocial distress) and IHD mortality rates in Russia from 1980 to 2005 were analyzed employing a distributed lags analysis in order to assess bivariate relationship between the two time series.

Results: Time series analysis indicates the presence of statistically significant association between the two time series for males and females at lag 0. The estimated effects of psychosocial distress on the age-specific IHD mortality rates for men were positive for all age groups ranging from 0,52 (15-29 age group) to 0,77 (45-59 age group). The estimated effects of psychosocial distress on the age-specific IHD mortality rates for women were positive for age groups 15-29 (0,29), 30-44 (0,62), 45-59 (0,63) and 60-74 (0,44). As expected, middle age men had the strongest association between psychosocial distress and IHD mortality rates

Conclusions: These findings indicate that psychosocial distress is an important contributor to the high IHD mortality rate in Russian Federation. The results from present study also suggest that the Russian IHD mortality crisis in the 1990s is most likely to have been precipitated by the psychosocial distress imposed by rapid societal transformation. The experience of Russia should serve as an example of how societal-level change can influence the health of a population.

THE MYTH OF GLOBALIZATION: THE REALITY OF THE STRUGGLE OF KINSMEN OF PERSONS WITH SCHIZOPHRENIA

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Globalization has led to the rapid rural-to-urban migration, diminishing social support, increasing prevalence of nuclear families and an imbalance in rural-urban distribution of need-based services to persons with schizophrenia. These kinsmen caregivers face greater burden among all 'functional disorders', yet there is low recognition of the role of kinsmen burden hailing from rural, semi-urban and urban areas.

Purpose: To estimate the effects of globalization on burden of kinsmen caregivers hailing from rural, semi-urban and urban areas

Methods: Data for this descriptive cross-sectional study was collected from a tertiary care centre in Bangalore, India. 2,680 in-patients records were initially abstracted for chronic mental illness information and 1,917 (71.53%), patients with diagnosis other than schizophrenia, were excluded and 764 (28.47%) persons with schizophrenia who were above the age of 20 years and a first degree relative, were eligible. However, a further 451 (both patient and kinsmen caregiver) did not meet the study criteria. A final sample of 200 (7.46%) kinsmen, who consented to participate, was recruited using multiphase, purposive random sampling. They were assessed on constructed socio-demographic and Burden Assessment Schedule.

Results: Tests included descriptive statistics, correlation and two-way ANOVA, using SPSS version 16 (SPSS Inc, Chicago, Ill). Severity of burden was experienced by kinsmen caregivers. Correlation was significant on education, type of employment and income ($p < 0.01$). Two-way ANOVA revealed that burden was significant in children ($p < 0.001$), 30 - 40 years age group ($p < 0.05$) and support of patients ($p < 0.001$) from rural areas; spouses ($p < 0.001$) and kinsmen with low profile jobs ($p < 0.01$) from semi-urban areas and uneducated ($p < 0.05$) and unskilled labourers ($p < 0.0$) from urban areas.

Conclusions: Study findings suggest that place of residence can be a crucial factor affecting kinsmen burden. The study supports the role of Psychiatric Social Workers in addressing the issues of kinsmen burden in the community, whose needs need to be met, as they are the major resource and backbone of the non-institutional care of persons with schizophrenia. This gains importance, as India is in the process of making amendments to the various Disability Acts in the country.

Key words: Burden, Globalization, Kinsmen relationships, Place of residence

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QUALITY OF LIFE IN SCHIZOPHRENIC INDIVIDUALS: 5 YEARS OUTCOME

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Aims: Schizophrenia is a long-lasting disease that affects life quality. Actually life quality is accepted to measure wellness and function of schizophrenic stabilized patients (1). This study follows to evaluate variables that can influence life quality measured through the course of disease.

Material and methods: Observational 5 years follow up study including 45 individuals with paranoid schizophrenia in outpatient specialized psychiatric, psychological and occupational clinical treatment. We assessed life quality using Quality of Life Scale (QLS) in 4 cut points.

In statistical analysis we used ANOVA mix design 4x2 looking for the relation between QLS scores in the four cut points and dichotomy variables: gender, intelligence quotient, illness duration and age of onset of schizophrenia.

Results: The relation between QLS score and independent variables on the inter-subject factor in each of the 4 evaluation cut off periods show a statistically significant association: women and total QLS score, QLS-Interpersonal relations score, QLS-Instrumental role ($p < 0.05$) and illness duration and total QLS score.

Conclusions: In our sample, life quality improves throughout the period measured (2), interestingly as the interpersonal relations rate increases (3). Women have better life quality than men (4) as others studies that emphasized gender importance had reported before.

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PREVALENCE OF PSYCHIATRIC DISORDERS IN MINOR DELINQUENT GIRLS INDOOR IN SOCIAL CENTER

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Background :

Violence, delinquency and psychiatric disorders are mostly connected. The relation between these three components is insignificantly evoked while the social authorities continual demand.

Objectives:

The goal of this study was to establish sociodemographic profile, delinquency and psychiatric evaluation of the minor delinquent girls.

Methods:

This transverse study was realized in the center for child protection of Fez, Morocco (CCPF). Fifty minor girls between 12 to 18 years living in (CCPF) were studied. A heterogeneous questionnaire containing the sociodemographic data, the impact of violence and delinquency was used. The psychiatric scales of evaluation such the MINI, for diagnosing the existing psychiatric disorders, the Hamilton's scale for assessing the severity of anxiety, and Beck's depression inventory were all used.

Results:

Most of the girls presented a generalized anxiety that has manifested as a major anxiety in 54 % of cases, with a score greater than 15 in the Hamilton scale. The depression scale found a severe depression in 40 % of cases. The post-traumatic stress disorder represented 38 %, and the panic disorder was recorded in 28 %. The drugs usage was found in 40 % of the investigated girls, while physical violence was practiced on 58 % of cases.

Conclusion :

This descriptive study noticed an important occurrence of psychiatric disorders among minor delinquent girls of this sample. A consideration of the diagnostic and therapeutic modalities of psychiatric complications is critical for the responsible authorities.

DUAL DIAGNOSIS IN GALICIA MIGRANT GROUP: FOLLOW-UP STUDY OF 12 MONTHS LIFESPAN.

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Educational Objectives: Immigration in Spain appears from the 90s and reaches nowadays about 14.1 % of the Spanish population. (0). Among the most important problems that present this population is unemployment, exceeding the 26.02% of the workforce in Spain. This coupled with the problems of the overseas population: cultural change, uprooting, etc., causes increased vulnerability present both to addictive disorders, like other psychiatric co morbidities, which is now called as Dual Diagnosis. The challenge of the care teams is to detect this condition and achieve effective approaches within the problematic of this population.

Purpose: To evaluate the prevalence of dual pathology and its evolution over the 12 month follow-up among the migrant population served in units of addictive behavior in the health area of A Coruña.

Methods: Longitudinal follow-up study for 12 months

1). - **SAMPLE:** migrant patients who started treatment in the two units of addictive behaviors (UCAS) of A Coruña (Galicia) in 2010. We studied a total of 123 subjects, 59 drug users from UAD and 64 of alcoholism.

2). - **INSTRUMENTS:** for registration of Dual Diagnosis, we have taken into account the information available in the medical records of two centers, based on the DSM-IV TR. And we select a set of variables that describe the patient profile and also unified the criteria for care intervention.

The data analysis was performed stratification of different subtypes of migrants (immigrants, returnees-born outside Spanish territory-, and nationalized.), as well as, according to their origin and situation (documented and undocumented).

RESULTS PREVIEW: In the group treated migrant, the prevalence of dual diagnosis amounted to 48% of the population. They represent 50.9% of those affected by drug and 44.2% of those affected by alcoholism.

1. On Axis I, in both UCAs predominate T. mood, but more pronounced in the drug (60%); in both centers, in this diagnostic category highlights the presence of bipolar disease in around 10%.
2. On axis II, we observed significant differences in both care units: in alcoholism unit predominates T. antisocial personality, compared to the limits unspecified drugs unit.

Conclusions:

The immigrant population has a high vulnerability. This makes recommended careful look out of this population. This could monitor for a health care process improvement

and encourage higher quality care for this group of patients, since they are highly stigmatized and socially marginalized.

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21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

2

Life-Span perspectives of mental health

Posters Session

CHARACTERISTICS OF “HEAVY USER” IN A PSYCHIATRIC DEPARTMENT IN VIENNA

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Objectives

Readmission rates can be seen as quality indicator in the psychiatric health care system. The risk of readmissions depends not only in the severity of illness but also on other factors like the accessibility of ambulant care, the inpatient duration of stay and coercive treatment. The aim of this study was the analysis and discussion of sociodemographic factors which may influence the frequency of readmissions at a regional psychiatric department in Vienna.

Methods

In a retrospective study within a 5-year period (2007-2011) all consecutive admissions have been analysed (n=4455 admissions/n=2325 patients) in a first step. 64 patients (2,8% of the sample) with $n \geq 5$ admissions/year have been analysed regarding to the following variables:

Characteristics of patients

- Diagnose (ICD 10)
- Comorbidity
- Age
- Sex
- Number of admissions (pre-study)
- Lodging situation (homeless, apartment, assisted living)
- Medical Care system outside hospital
- Trustee / Power of attorney
- Income and social situation

Characteristics of the admissions

- Length of stay
- Length to readmission
- Number of admissions within study period
- Involuntary/voluntary admission
- Situation of discharge (planned/aborted by patient)

Results

In the study period of 5 years 2,8% of all patients have been identified as “heavy user”. This small group of the cohort accounted for 18% of all admissions at the department. Results of a first analysis of patients of the acute admission ward (n=36) show that factors like controlled habitation situation and/or a functioning care system outside the hospital are likely not as strong factors as assumed. Risk factors like involuntary admission or the discontinuation of treatment by the patient have been over-represented in the sample. Further results will be presented and discussed.

Conclusion

In the future optimized treatment-concepts will be necessary for this patient group, which obviously doesn't profit sufficiently from the current health system opportunities. This group of patients with severe psychiatric illness brings up ethic considerations between self-determination/autonomy on the patients' side and the mandate/duty of care on the institutional/ legal side.

INFORMATION AND ATTITUDES OF THE RELATIVES OF INDIVIDUALS WITH MENTAL ILLNESSES ON NON-MEDICAL APPLICATIONS THEY USE FOR THEIR PATIENTS

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As the frequency of the psychiatric diseases is incontrovertibly high in the society, knowledge, attitude and behaviors of the society for the mental diseases and their treatment have gained more importance (1). Behavior of seeking help that can be handled with in multi-phased model such as recognizing and accepting any problem, understanding the medical /psychiatric quality of the problem, contacting the therapists for help and accepting and adjusting to the suggested help/ treatment methods is perceived within the social/cultural context the person lives in in every phase (2).

Aim: The inclination to the non-medical applications and attitudes to the mental diseases and their treatments in our society have led us to make a research in this subject. This study was carried out to determine the information and attitudes on non-medical applications of the first degree relatives of individuals with mental illness and the factors influencing this condition.

Material Method: First degree relatives of the patients monitored in psychiatry polyclinic participated in the research between January 2012 - May 2012. (n=80). Data of the research were collected through “Descriptive Information Form”, “Information and Attitude Data Form for Non-medical Applications” and “Help Seeking Attitude Scale”.

Results: 60% of participants have resorted to the applications regarding non- medical treatment for their patients whom they present care, 34.3% of those have stated they have applied to these practices as these persons are in desperation and hopelessness and 26.5% due to their personal belief. 89.1% of participants have sought religious/spiritual application but 67.5% have indicated that they do not want to keep on this application, 78.7% said that application has not affected well-being status. It has been found that help seeking attitudes of the individual who use non-medical applications. However, considering the characteristics of care providers, it is seen that the features such as being woman, being mother, living in the same house with patient, bringing to hospital forcibly, existence of financial income support increase the desire and attitude of help seeking.

Conclusion: As use of non-medical applications is at high rates in psychiatric cases, health workers should raise their awareness on this subject and give information about the importance of the continuance of medical treatment. The sustainability of communication with the family members in charge of patient care may be supporter for prevention of the side effects (drug interactions etc.) and the chronicity of diseases.

SOCIAL, DEMOGRAPHIC AND HEALTH OUTCOMES IN THE TEN YEARS FOLLOWING ADOLESCENT DEPRESSION: EVIDENCE FROM A NATIONAL CANADIAN COHORT

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Educational Objectives: To be able to recognize the social, demographic and health consequences of teenaged depression.

Purpose: To determine and describe the social, demographic, and health outcomes of adolescent depression during a 10-year period of transition into early adulthood, using a population-based cohort of Canadian teenagers.

Methods: Depression status on 1027 adolescents aged 16-17 years was ascertained from the National Population Health Survey. Social and health outcomes (i.e., employment status, marital status, personal income, education, social support, self-perceived stress, heavy drinking, smoking, migraine headaches, adult depression, antidepressant use, self-rated health and physical activity) were measured every two years until the ages of 26-27. Logistic regression was combined with a generalized linear mixed model approach to determine the odds of health and social outcomes in depressed versus non-depressed adolescents.

Results: Proximal effects of adolescent depression were observed (at ages 18-19) on all outcomes with the exception of physical activity. Significant effects that persisted after 10 years included depression recurrence, higher severity of symptoms, migraine headaches, poor self-rated health, and low levels of social support. Adolescent depression did not appear to significantly affect employment status, personal income, marital status or educational attainment.

Conclusions:

The transition from adolescence to adulthood is a particularly vulnerable period due to educational, employment and social changes that may be occurring. The results of this study indicate that the onset of depression during adolescence may be indicative of problems of adaptation that persist at least a decade into early adulthood.

PERCEPTIONS OF REMINISCENCE THERAPY AMONG DEPRESSED CHINESE AND WESTERN OLDER ADULTS

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Educational Objectives: Depressive symptoms are one of the leading health issues nowadays and as the number of older adult population are increasing globally and the percentage of older adults with depression and depressive symptoms is also increasing.

Reminiscence is one of the psychological therapies used to treat depression and depressive symptoms.

Purpose: The aim of this study is to review the effectiveness of reminiscence in treating older adults with depression or depressive symptoms among western and Chinese culture.

Methods: This study had adopted a meta-analysis approach of the present literature available using Effect Size (ES) calculation that were published before September, 2012. The inclusion criteria of the literature is that the sample of the studies should older adults aged 60 or above presenting with depression or depressive symptoms.

Results: Three (Chiang et al., 2009; Wang, 2005; Wang et al., 2005) of Chinese older adult depressive symptoms therapy studies were using reminiscence therapy to treat Chinese older adult depressive symptoms and it was compared against the Effect Size (ES) value of one western older adult depressive symptoms that had used reminiscence therapy to treat depressive symptoms (Jones, 2003).

From the above ES value, it was noted that reminiscence therapy is relatively more effective and applicable to Chinese older adult with depressive symptoms (Chiang et al., 2009) with an ES value of 1.06.

Scholar name and publication	Population	Assessment tool	Cohen's <i>d</i>
Wang, 2005	Chinese	GDS	0.60
Wang et al., 2005	Chinese	GDS	0.22
Chiang et al., 2009	Chinese	CES-D	- 1.06
Jones, 2003	Western	GDS	0.08

Conclusions: The results from the analyse shows that western older adults (ES=0.08) comparatively score lower in the effectiveness of using reminiscence in treating depression and depressive symptoms. This may be due to culture difference as Chinese older adults are always thinking and recalling on past experience and as an exposure of learning from the experience that had been taught by their ancestors.

EFFECTIVENESS OF COGNITIVE BEHAVIORAL THERAPY (CBT) AMONG CHINESE AND WESTERN OLDER ADULTS

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Educational Objectives: Studies stated that depression was the fourth highest source of Disability Adjusted Years (DALYs) in 1990, and it is estimated to rise to be the second most common cause of DALYs in 2020. CBT is described as an “active directive, time-limited, structured approach” in the sense of treating depressive symptoms.

Purpose: The aim of this study is to evaluate whether CBT is effective to be used to treat depression or depressive symptoms present in western and Chinese older adults.

Methods: A meta-analysis methodology will be adopted in this study to evaluate the studies that had been published using Cognitive Behavioral Therapy (CBT) to treat depression or depressive symptoms of older adults in western and Chinese population from June, 2012 to December, 2012.

Results: From the above ES value, it is noted that CBT is relatively more effective and applicable to western depressed elderly population (Cook, 1998).

Scholar name and publication	Population	Assessment tool	Cohen's <i>d</i>
Gallagher-Thompson et al., 2007	Chinese	CES-D	0.11
Cook, 1998	Western	GDS	- 0.62
Thompson et al., 2001	Western	BDI-LF	0.26
Thompson et al., 2001	Western	Ham-D	0.38

Conclusions: Cognitive Behavioural Therapy (CBT) is more effective to be used to treat Western older adults with depression or depressive symptoms which may be due to the personality and culture factor that is present in western older adults. Westerner is often more free and open to express their feelings which are one of the crucial factors in CBT to be successful or not.

TAI CHI AS TREATMENT FOR CHINESE AND WESTERN OLDER ADULTS DEPRESSION

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Educational Objectives: Practicing Tai Chi also enhances and improves the psychological health of individual as well. Brown et al (1995) and Chen and Sun (1997) had stated that individual who practice Tai Chi had a reduced and lower level of anxiety, depression and mood disturbance.

Purpose: The aim of this study is to evaluate whether CBT is effective to be used to treat depression or depressive symptoms present in western and Chinese older adults.

Methods: A meta-analysis methodology will be adopted in this study to evaluate the studies that had been published before September, 2012 that uses Cognitive Behavioral Therapy (CBT) to treat depression or depressive symptoms of older adults in western and Chinese population .

Results: From the above ES value, it is noted that Tai Chi is relatively more effective and applicable to Chinese older adult with depressive symptoms with a ES value of 2.44.

Scholar name and publication	Population	Assessment tool	Cohen's <i>d</i>
Chou et al., 2004	Chinese	CES-D	2.44
Fuzhong et al., 2001	Western	CES-D	0.922

Conclusions: Western older adults score comparatively lower than Chinese older adults when using tai Chi to treat depression and depressive symptoms. Tai Chi is a common form of exercise practiced among Chinese older adults. Thus, this helps in their adaptation in the exercise and feels more comfortable thus they can express themselves more freely.

A CONTINUUM MODEL OF CARE SYSTEMS: CAREGIVERS VS. CARETAKERS

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Educational Objectives:

To develop a continuum model of care systems for people with psychiatric disability, the psychoeducation program was more essential for the caretakers (well sibling carers) than the caregivers (parents), especially in training them coping with the psychiatric symptoms.

Purpose

The purpose of the study explored the continuum model of care systems for individuals with psychiatric disability that could be provided by their well siblings.

Methods:

The quantitative method was utilized to analyse the collected data. A total of 213 family members composed of an individual with psychiatric disability and his/her carer were recruited from three psychiatric hospitals and two community rehabilitation centres for ten months. A questionnaire that was administered to participants included questions regarding socio-demographic characteristics, level of involvement, control attribution scale, role identity, impact-on-family scale, self-mastery scale, stigma, self-esteem scale, family attitude scale and CES-D. T-test and F-test were employed to analyse differences between the groups.

Results:

There were 130 well siblings (mean age=50.37) care for the ill sibling (mean age=48.52), and 83 aged parents (mean age=66.17) provided care systems for their ill children (mean age=40.86). Compared with the caretakers, more caregivers tended to be the female taking care responsibility than the male. The well siblings having a stable socioeconomic status presented greater capacities in acting as caretakers. The caregivers had less alternatives to decide the role of care playing. There were significant differences in gender, education level, household income, the self-involvement of caring system, and illness attribution between the caregivers and caretakers. The caregivers believed that the ill family members had higher self-control abilities than the perceptions of the caretakers had ($t=2.24$). The self-esteem and the role of care identity of caregivers were higher perceived than the caretakers ($t=4.04$ vs. $t=2.48$). The moods ($t=-2.8$) and health conditions ($t=4.02$) of the caregivers were more strongly influenced by the severe mental illness than the caretakers. The caregivers and caretakers exhibited significant differences in their belief of a positive future ($t=2.60$) toward the family member with psychiatric disability.

Conclusions:

The well siblings are likely to be an important resource in the continuum model of care for individual with psychiatric disability. Clinicians need be aware of the essential roles of well siblings playing in the life courses of patients and to help their patients to develop more reciprocal relations with their well siblings and provide psycho-education programs to cope with the disturbances of psychiatric symptom.

PROGNOSIS OF THE EMOTIONAL AND BEHAVIORAL PROBLEMS OF THE JAPANESE YOUTH

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Purpose: The purpose of this study is to make clear the prognosis of the emotional and behavioral problems concomitant with mental disorders of the Japanese youth.

Methods: Retrospective data analysis of the medical charts was done to the patients who had been under the first author's treatment at Kita-no-Maru clinic. Forty youngsters below the age of nineteen at the first interview who had sufficient medical information and received treatment at least six months were chosen as objects of the study. The data at the first visit contained demographic factors, psychiatric diagnosis, behavioral problems, and mental status evaluated by GHQ28(=general health questionnaire), CBCL(=child behavior checklist) and YSR(=youth self report). The patient's adjustment or recovery levels were followed by GAF(=global assessment of functioning) scales at the first visit, 6 months later, 1 year later, 3 yrs later and 5 yrs later, respectively.

Results: 1) There were 22 males and 18 females and their average ages at the first visit was 15.6 years old ranged from 11 yrs to 18 yrs old. The psychiatric diagnoses were composed of *schizophrenia*(n=22), *depression*(n=14), *neurosis*(n=14), *psychogenic reaction*(n=11) and *developmental disorders*(n=7). The problems were *nonattendance at school*(n=30), *social withdrawal*(n=9), *self harm or wrist-cutting*(n=8), *communication problems*(n=7), *suicide attempt*(n=6), *delinquency*(n=5), *domestic violence from child toward parent*(n=4), *child abuse*(n=4), *bullying*(n=4), *eating disorders*(n=2) and *sleep disorders*(n=2).

2) The general mental health at the first visit was assessed by four subscales[0~7] of GHQ28[0~28]; *depression*(3.8), *social activities*(3.8), *anxiety/sleep problem*(4.4), *physical symptom*(3.6) and total GHQ28 score(15.6). The CBCL scores were; *withdrawn* 67.7*, *somatic complaints* 64.0, *anxious/ depressed* 68.6*, *social problems* 59.4, *thought problems* 64.5, *attention problems* 60.5, *delinquent behavior* 57.5, *aggressive behavior* 58.8, *Internalizing* 68.4**, *Externalizing* 60.2*, *Total CBCL score* 67.1** (normal range, borderline range*, clinical range**). Follow-up of objects by GAF[1-100] showed; 40.6(first visit, n=40), 55.4(6 months later, n=39), 59.7(1 year later, n=23), 65.5(3 yrs later, n=11), 85.0(5 yrs later, n=1), which were statistically different between each point of assessment.

3) A multiple regression analysis was made to find out factors affecting treatment outcome. Recovery rate at 1 year later was better for females than for males. Adjustment level at the first visit assessed by GAF was most significant to the recovery rate. Psychiatric diagnoses were significant for schizophrenia, depression and neurosis. Problems were significant for domestic violence, child abuse, suicide attempt and self-harm. Questionnaires(GHQ, CBCL, YSR) at the first visit had little significance.

Conclusions: There were three major factors at the first visit which related significantly to the treatment outcome. 1) Violence or violent aggressiveness which could be divided into two types. One is IntraFamily violence, such as child abuse(violence from parent toward child) and domestic violence of the Japanese type(violence from child toward parent). The other is IntraSelf violence which includes self-harm and suicide attempts. 2) Psychopathology inherent in psychosis, depression, neurosis and psychological reaction. 3) Social adjustment level assessed generally by GAF at the first visit.

Educational Objectives: The participants will recognize the importance to have the outlook with clinical evidence for the prognosis of the problematic youngsters.

THE IMPACT OF GENDER ROLE AND TRADITIONALISM-MODERNITY ON PATERNAL MENTAL HEALTH PROBLEMS AMONG HONG KONG EXPECTANT FATHERS: A LONGITUDINAL STUDY

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Educational Objectives:

At the conclusion of this presentation, the participants should be able to identify the high-risk expectant fathers and recognize the significant impact of gender role and traditionalism-modernity on paternal mental health problems. With the knowledge they should be able to design better prevention and interventions for paternal mental health problems, particularly catered for fathers with different personality traits.

Purpose:

The present study aims at identifying psychosocial risk factors and to examine the significance of gender role and traditionalism-modernity as personality traits for paternal anxiety, depression and psychosomatic symptoms in the perinatal period.

Methods:

622 expectant fathers were recruited in early pregnancy and were followed up at 36 gestational week and six week postpartum. Psychosocial (unplanned pregnancy, marital dissatisfaction, self-esteem, social support, work family conflict) risk factors were assessed. Gender Role and Traditionalism-modernity, risk factors and the outcome variables including paternal anxiety, depression and psychosomatic symptoms were assessed using standardized and validated psychological instruments in all 3 time points.

Results:

Expectant fathers with poor self-esteem, poor social support and high level of work family conflict were at particular risk of developing anxiety and depression and reported higher occurrence of psychosomatic symptoms across the perinatal period. Marital distress showed the strongest association with higher level of anxiety and depression among masculine fathers in late pregnancy. Marital distress had the strongest association with psychosomatic symptoms among feminine fathers in late pregnancy. However, at six weeks postpartum, the strongest association between marital distress and psychosomatic symptoms was found among undifferentiated fathers. For fathers who adopted traditional values, marital distress had the stronger association with higher level of anxiety and depression in late pregnancy and postpartum period compared to modern fathers. Poor self-esteem, poor social support and high level of work family conflict were associated with higher occurrence of psychosomatic symptoms in traditional fathers in the postpartum.

Conclusions:

The present study addressed the current research gap and points to the need for greater research and clinical attention to paternal mental health problems, particular in the context of changing societal expectations on gender role and fatherhood. The significant psychosocial risk factors identified the present study will be useful in guiding the screening of high-risk fathers. The present findings contributed to theoretical basis of the relationships among personality traits, risk factors and mental health problems and have clinical implications for the designing different identification, prevention, and interventions for fathers with different gender roles and adherence to traditional values.(398 words)

RECOVERY WITHIN THE PSYCHIATRIC MENTAL HEALTH AREA: NURSES' OPINIONS

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Recovery is identified as “a way of living a satisfying, hopeful and contributing life, even with the limitations caused by illness” (Antony, 1993) Symptomatic improvement may play a role in a person’s recovery, but personal recovery is specifically based on self-help or self-management and empowerment. Therefore the recovery approach requires a different relationship between service users and professionals. Recovery brings user involvement and person-centered care. Nurses should be aware of their beliefs to implement recovery-oriented service.

Educational Objectives: The participants should be able know:

- The recovery concept and the nurses’ opinions about it
- The importance of recovery-oriented service

Purpose: This study presents a thematic analysis to examine the nurses’ opinions about recovery in mental health area.

Methods: The methodology of the study is based on a qualitative descriptive design. The nursing group as participants of the study were various grades and experience currently working in inpatient mental health services. Four following themes being asked to nurses and written statements was used for data collection and thematic analysis was used for data evaluation:

What is “recovery”?

Is recovery possible for people with mental health problems ?

What the things that provide recovery?

What are the indicators of recovery?

Results: Recovery was identified as personal and social rather than the medical definition of absence of symptoms which could be referred to as clinical or complete recovery. However, nurses also expressed that recovery is not possible for everyone and recovery is depend on the type of illness, social sources that service users have.

-The factors that provide recovery were listed as related to life conditions and strengths of service users, treatments and health teams.

-Indicators of recovery are identified as meeting own individual needs, adopting to the social life, managing the illness process and having expectation from futures.

Conclusion: Nurses should be sensitive about recovery and need to understand what it means to support its implementation across services. Therefore, recovery should be included in both the curriculum of nursing education and in-service education programs.

Literature Reference

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ADDICTIVE BEHAVIORS AMONG TEENAGERS: THE NEED TO IMPLEMENT EFFECTIVE PREVENTION PROGRAMS

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The effects of the developing teenage brain – poor impulse control, favoring low-effort yet thrilling experiences, and heightened sensitivity to the social benefits of intoxication – may contribute to an initial decision to use drugs or begin pleasurable behaviors and make the experience rewarding enough to repeat it ignoring the negative consequences of such conducts. Therefore, adolescents are more vulnerable than any other age group to developing nicotine, alcohol and other drug addictions. As substance and behavioral addictions share common neurobiological mechanisms as well as characteristic clinical patterns, the present study aimed to assess the prevalence of behavioral addictions and psychoactive substances consumption in an adolescent population.

Five hundred high school Italian students were assessed in order to evaluate the prevalence of conducts referable to behavioral addictions including pathological gambling, physical exercise use, eating disorders and compulsive Internet use, and substances use and misuse: nicotine, alcohol, hashish, marijuana and ecstasy.

Seventy-five percent of the students consumed alcohol occasionally (one time a week or less) while 13.2% drank it frequently (almost one time a day). An occasional consume of psychoactive substances was found in 20.2% of students; 6.8% of the sample took frequently illegally compounds: the most used was marijuana. The majority of sample used Internet daily with an important percentage of students showing difficulties to manage time on web. 5.8% showed problematic gambling and 9.6% compulsive buying behaviors. For what concern eating, 22.8% of students reported some problems in this area.

Compulsive behaviors seem to be very frequent among adolescents as well as substance use and misuse. The strong presence of different forms of addiction, whether induced by psychoactive substances and behaviors, is in line with the hypothesis of a common psychopathological dimension underlying these phenomena. Procedures and instruments for detecting not only substance abuse but also behavioral addictions among adolescents should be predisposed with the aim to develop and implement effective prevention programs.

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PHYSICAL ACTIVITY AT 11 YEARS OF AGE AND INCIDENCE OF MENTAL HEALTH PROBLEMS IN ADOLESCENCE: PROSPECTIVE STUDY

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Educational Objectives: Display results about the association between physical activity practice and the incidence of mental health problems from 11 to 15 years of age using data from a birth cohort study in Brazil. At the conclusion of this presentation, the participants should be able to recognize the direction and magnitude of this association.

Purpose: The influence of physical activity practice on mental health is still unclear. The aim of this study was to evaluate the association between physical activity practice at 11 years of age and the incidence of mental health problems from 11 to 15 years of age using data from a birth cohort study in Brazil.

Methods: Mental health was assessed using the Strengths and Difficulties Questionnaire (SDQ). We excluded from the prospective analyses the 1.333 adolescents who presented mental health problems at 11 years. At 15 years, the continuous SDQ score was used as the outcome variable. The main analysis included 2.886 adolescents. Leisure-time physical activity was assessed via self-report, and individuals were categorized into three groups based on the weekly score.

Results: The incidence of mental health problems was 13.6% (95%CI 12.4; 14.9); it was higher among girls (15.3; 95%CI 13.5; 17.1) than boys ($p=0.006$). At 11 years, 35.2% of the adolescents achieved 300 minutes per week of physical activity; boys (46.0%; 95%CI 43.3; 48.7) were more active than girls ($p<0.001$). In the unadjusted analysis, physical activity practice was inversely related to the incidence of mental health problems ($p=0.043$). After adjustment for confounders, the association was no longer significant in the whole sample, but was significant among boys ($p=0.044$).

Conclusions: Physical activity appears to be inversely related to mental health problems in adolescence, but the magnitude of the association is weak to moderate.

DEPRESSIVE SYMPTOMATOLOGY AND ATTACHMENT REPRESENTATION DURING IMPATIENT PSYCHOTHERAPY

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Insecure attachment and maladaptive relationship patterns are meaningful risk factors for the development and perpetuation of Depression. Previous studies have reported associations between negative attachment experiences in childhood and depression in adulthood (Dozier et al., 2008). Attachment theory (Bowlby, 1980) offers empirically testable explanatory models of how negative attachment experiences (separations, losses) yield insecure attachment representations involving maladaptive relationship patterns. So far, little is known about the changes of attachment representations through psychotherapeutic inpatient treatments and their relationship to depressive symptomatology.

In order to better understand causes and factors for treatment of depression, an empirical examination of potential associations between changes in depressive symptomatology and attachment representations is urgently required.

The present sample consisted of 20 women aged 20-48, who were recruited from the inpatient unit of the Clinic for Psychosomatic Medicine and Psychotherapy, University Medical Centre Mainz. Inclusion criteria were the diagnosis of Depression and/or Dysthymia (SKID-Interview). Pregnant women and patients with Borderline-Personality or eating disorders were excluded. Average length of hospital stay was 8 weeks. Depressive symptomatology was measured via self-report by means of the PHQ-9 (Patient Health Questionnaire depression module (Loewe et al., 2002) at time of admission (T1) and discharge (T2). Attachment representation was also assessed at T1 and T2 with the Adult Attachment Interview (AAI, George et al., 1985). All Interviews were verbatim transcribed and afterwards coded with the four-way (secure, insecure dismissing, insecure-preoccupied and unresolved state of mind) coding system according to the Main et al. (2002) by trained and reliable coders. In line with findings of Roisman et al. (2007) the 'Coherence of Mind' Scale (range 1-9) was used as dimensional interpretation of Attachment Security. The study was approved by the local scientific ethics committee and written informed consent was obtained from all participants.

To present, data analyses are still running. We expect (1) insecure attachment to be overrepresented in our clinical sample (compared to nonclinical populations) (2) a significant decrease in depressive symptomatology after inpatient treatment (3) a significant increase in attachment security after inpatient treatment. We further hypothesize that decreases in depression are significantly associated with increases in attachment security.

Our study underlines the importance of incorporating patients' representations of early attachment experiences in the treatment of depression.

LIVING WITH MENTALLY ILL PARENTS: THE CHILD PERSPECTIVE

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Educational Objectives: It is known that health care workers are seemingly deprived of awareness to understand the experiences of the children have a parent with mental disorder. There is an obvious lack of relevant studies in Turkey investigating the emotions, thoughts and experiences of these children.

Purpose: This study aims to define the emotions, thoughts and experiences of children who live with parents have a mental disorder.

Methods: Phenomenological method was chosen and the study sample included 15 children according to the “data saturation”. Written statements of the participants were collected with a questionnaire form and analyzed suggested by Colaizzi.

Results: The study sample included eight girls and seven boys. Six of the participants were attending primary schools and nine were high school students. While 13 children had mentally ill mothers, both parents of two children were diagnosed with a mental disorder. Five main themes emerged: “everything has changed”, “do you call mine a life?”, “milestone”, “these days too shall pass”, “mother, come to your senses and pull yourself together already!!”

Conclusions: Living with a parent with a mental disorder adversely influenced the children’s interfamily relations as well as their school life which, as a result, urged children to undertake a considerable burden to cope with these problems. It is suggested that a series of intervention programs be implemented and a special manpower be trained in order to inform the children and other family members, strengthen their coping skills and facilitate the access to services provided.

Literature Reference

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THE ASSOCIATION OF ATTENTION DEFICIT HYPERACTIVITY DISORDER WITH SOCIO-ECONOMIC DISADVANTAGE: ALTERNATIVE EXPLANATIONS AND EVIDENCE.

G. Russell,

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Educational Objectives:

To discuss possible explanations for association of childhood attention deficit hyperactivity disorder (ADHD) and socio-economic disadvantage.

Purpose:

Studies throughout Northern Europe, the USA and Australia have found an association between a childhood attention deficit hyperactivity disorder (ADHD) and socio-economic disadvantage. This presentation reports further evidence for the association and reviews potential causal pathways that might explain the link. Proposed mechanisms draw on models from health inequalities literature, health economics, disability studies, genetics and psychiatry.

Methods:

Secondary analyses of a large UK dataset (the Millennium Cohort Study, n=19,519) was used to assess the association of ADHD with socio-economic disadvantage and related evidence for several of the potential pathways.

Results:

Both parent-reported diagnosis of ADHD at age 7 (n=187), and parent/teacher report of ADHD symptoms (using the 'probable hyperactivity disorder' algorithm) were strongly associated with a range of indicators of social and economic disadvantage.

Socio-economic status (SES) measures that were associated with ADHD included poverty, OR=0.50, (95% CI 0.12- 0.88), housing tenure, maternal education, income OR=14, (95% CI 20-5), lone parenthood OR= -0.731 (-0.35- -1.11) and younger motherhood OR=-.063, (-0.091--035). There was no evidence to support reverse causality theory, as income of parents of a child with ADHD did not drop compared to controls. Family breakdown was not more likely after identification of a child's ADHD. The prevalence of ADHD was equally elevated in socio-economically disadvantaged groups for both clinical diagnosis of ADHD and parent-teacher report of symptoms, suggesting there is not an additional clinical bias to label ADHD in low SES groups. The strength of association between ADHD and measures of SES was reduced after adjustment for the effects of tobacco use in pregnancy and poor parental attachment measures; two risk factors for ADHD previously identified in the literature. These results did provide some evidence to support critical period and/or life course models that suggest differential exposure to risk factors may moderate the relationship between SES and ADHD.

Conclusions: The development of childhood ADHD cannot be divorced from the context of the child. The aetiology is influenced by socio-economic situation, although genetic and neurological determinants are likely the primary predictors of outcome. The results do suggest health inequalities model are the most promising analytic framework to explain the high prevalence of ADHD in disadvantaged groups. More rigorous examination of the various mechanisms that may link ADHD to SES would be welcome.

THE PSYCHOLOGICAL COPING MECHANISM AGAINST DESPAIR IN PORTUGAL IN COMPARISON WITH JAPAN

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Educational Objectives: At the conclusion of this presentation, the participants should be able to take opportunity to consider about their own country's coping mechanism against despair and get the way to investigate the mechanism.

Introduction: One of the issues to be fought in psychiatric patients is despair. In Japan, there is the desperate situation of the damage caused by the earthquake, in Portugal there is severe situation of economics to make people despair. Therefore, the investigation about the mechanism against despair in Portugal and Japan is expected to have significance.

Purpose: To investigate the psychological coping mechanism against despair in Portugal in comparison with Japan, through the structure analysis of therapeutic factors on psychiatric patients and the people who have some connection to psychiatric patients.

The Materials and Methods:

Subjects (Persons): Psychiatric patients (21), patients' families (5), volunteers (6).

Research periods: Nov.2012~ Jan 2013

Methods: Individual semi-structured interviews (for patients and families) and focus group interviews (for patients and volunteers) using the group therapeutic factors investigation inventory (Sugiyama, 2012) and Antonovsky's sense of coherence scale (SOC). We did pre-test to check the procedure and uniformity of interviewers. All subjects did informed consent and all interviews were recorded by IC-recorders in case of subject's agreement.

Results: 1. The interviews: All groups discuss about negative things (attempting suicide, helplessness, "closed door", the burden) as well as positive things (gratitude they feel for being able to help others, positive qualities of persons, "opened window"). The factors mentioned as most important to have and keep hope are psychological balance, keeping faith in the future believing/expecting better, faith in God and the support they receive from others. 2. The questionnaires: The Portuguese data is higher than Japanese in the selection rate of the group therapeutic factors investigation inventory, and total points of SOC. The group therapeutic factors investigation inventory: Portuguese have higher meaning to help the others, having hope for future and thinking about family. The results of the cluster analysis show that those in close relation to "hope" were "interpersonal learning" for all subjects, "accept a hopeless matter" for patients, "family understanding" for families, and "to have own role" for volunteers. In Japanese data, "advice" is useful to "accept a hopeless matter". Therefore, in Portuguese data, "hope" is useful to "accept a hopeless matter" directory. SOC subscale: Meaningfulness is higher than comprehensibility and manageability.

Conclusions: The results of this research suggest that the Portuguese can still have hope for the future after, even having recognized that there is a hopeless situation.

From the results of SOC, meaningfulness is highest, and in the interview investigation, the importance of believing that the future will be better is talked about. In the therapeutic factors investigation, to have interpersonal relationship in the group is useful to have hope for future. The results of patients and families show that the group helps the acceptance of the despair situation. A meaning of mutual support was also found in the results of interviews.

From these results, it is suggested that the Portuguese use the coping strategy, which they simply believe hope for future and continue having hope, by acceptance and change of cognition of the despair situation with meaningfulness and the mutual support. We'll discuss more details about a comparison with Japan and structural analysis at the presentation.

MENTAL HEALTH PROBLEMS IN YOUNG ADULT HOMELESS

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Objectives The goal of this study is to describe mental health problems in young adult urban homeless people and to assess the impact of developmental trajectories on profile of psychiatric symptoms.

Methods In-depth face to face interviews were conducted with 75 young adult homeless living in Prague (age 18 through 26, mean 22.7, sd 2.3 years). Beside the interview each of the subjects has been asked to fill in a structured questionnaire. Brief Symptom Inventory (BSI) was used to assess psychiatric symptoms.

Results The mean values of the homeless group were statistically higher compared to normative data in all dimensions of the BSI. However the homeless group was not homogeneous and based on developmental trajectories three types were identified: type A characterized by pathological family of origin, type B represented by those who were placed into institutional care in early childhood, and type C which consisted of persons with conduct problems and grow up in conflicting family. Persons belonging to type B were highly hostile, at the same time they reported depressive symptoms, paranoid ideations and psychoticism. Given the developmental trajectory of this type, we may speculate about the impact of long-term psychological deprivation, which is typical for development outside the family.

Conclusion Accumulations of mental health problems in this type indicate that the impact of institutional care is worse than the effect of development in the family, even a severely disturbed. It is a type B, which would require most the professional psychiatric help. Without adequate treatment the successful social reintegration is hardly imaginable.

21st World Congress of Social Psychiatry - 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

3

**Natural
Disasters/Man-made
(including Fukushima)
and mental health**

Posters Session

A REAPPEARANCE OF OCD DUE TO THE GREAT EAST JAPAN EARTHQUAKE.

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³. Dept of Nuclear Medicine, Osaka City Univ. Osaka, Japan

Educational Objectives: The participants should be able to recognize the fear of radiation contamination and harmful rumours may lead to the reappearance of obsessive-compulsive disorder. In case of great natural disaster, mentally-ill patients, even though they do not live in disaster area, are apt to fluctuate in complicated and various ways.

Purpose: We would like to clarify the influence of Great East Earthquake in Japan on mentally-ill patients such as OCD patients living in non-damaged area as well as damaged area.

Methods: A 40-year old male patient has visited our clinic two months after Great East Earthquake with the complaint of fear of radiation contamination at the beginning of May 2011. He was diagnosed as OCD twenty years ago and it achieved a remission after 6 months pharmacotherapy. Working as engineer with his family and living in northwest area in Japan where damage of earthquake did not occur, news reports on the explosion of Fukushima-1 nuclear power plant made him afraid of radiation contamination. He can not eat any fresh vegetable, fish and other food even after washing them many of times. Due to these symptoms, he quit his job and his family moved to Kansai area, however obsession of radiation contamination and compulsion of washing food still continued though he recognized them excessive and ridiculous. He was diagnosed as OCD and admitted to our hospital in the middle of May to have pharmacotherapy and cognitive behavioural therapy.

Results: After admission, paroxetine 10mg per day was prescribed to decrease depressive mood and OCD symptoms. At first, we proposed his to get a lot of rest and then paroxetine was gradually increased to 40mg per day. After confirming motivation for cognitive behavioural therapy, the patient wrote a sheet of anxiety hierarchy and we set it in train from easy problems to difficult theme. His score of the Yale–Brown Obsessive Compulsive Scale (Y-BOCS) improved from 32 point to 10 point (68% improvement). The patient was able to stay overnight outside hospital without reappearance of OCD symptoms and was discharged from hospital at the end of June. After discharge, he returned for follow up visit to continue CBT and found a new job as engineer in Kansai area. He is able to eat fresh vegetable, fish and seafood now after reading newspaper article about earthquake. Paroxetine was gradually decreased to 20mg per day and having a comfortable daily life in 2012.

Conclusions: Sensational news reports on the explosion of Fukushima-1 nuclear power plant may lead to provoke anxiety about radiation contamination. As a result of those reports, mental disorder would develop among people in non damaged area as well as damaged area. Therefore, in case of natural disaster, it is important that medical experts pay attention to non damaged area, too. Inaccurate reports on disaster include potential risk for the appearance of mental disorder and work both ways.

Literature Reference: Yutaka K, Hiroyuki U, Masaru M: Mental Health and Psychosocial Support after the Great East Japan Earthquake. Keio Med 61(1):15-22, March 2012

THE FLOOD OF OCTOBER 1 - 2009 IN MESSINA AND GIAMPILIERI, PSYCHOPATHOLOGY AND MENTAL DISORDERS

Prof. Diletta La Torre , Dr. Nicola Gambardella,
University of Messina, Italy

The psychological-psychiatric implications represent an important aspect of the environmental disasters. A team consisting of psychiatrists and psychologists (Complex Operative Unit of Psychiatry of the 'AOU Policlinico "G. Martino "of Messina and the Department of Mental Health South of Messina ASP Messina) traveled for three years in the various hotels where refugees were housed, offering their psychological and psychiatric support. From this experience it is then developed an epidemiological survey focused on psychopathological aspects of a significant sample of people involved in the flood that hit tragically Messina, Giampileri and surrounding towns (33 victims). The team of volunteers conducted structured interviews using as a tool the Mini International Neuropsychiatric Interview MINI which was designed as a short interview structured for psychiatric disorders are most relevant from the statistical viewpoint, both for the 'Axis I DSM-IV both for the ICD-10. We did three evaluations: 1) immediately after the catastrophe, 2) after 5-6 months and 3) after more than one year, the disorders most recorded are: Post-Traumatic Stress Disorder PTSD (42%), Major Depressive Disorder (34%), Disorder Panic Attacks (DAP 32%), Generalized Anxiety Disorder GAD (14%). Following these disorders in one year it was found that PTSD and DAP undergo to a significant reduction, Major Depressive Disorder, although slightly reduced, remains stable, while the DAG tends to increase significantly. The frequency of pathological conditions is the same reported in the literature. From these data it is possible to do some significant reflections: in the months immediately following the catastrophe the disorders most represented were those of the "acute phase" as depression and crisis of anxiety while in the following months these disorders tend to fade sharply and instead we observed an increase of "basic anxiety" which can be seen as "chronic phase". On the other hand, it was also noted that the presence of major depression in anamnesis may be a risk factor for the development of a new depressive episode. In terms of comorbidity subjects who developed PTSD showed in the three observations also significant levels of major depression.

FUNCTIONAL IMPAIRMENT AND EXACERBATION IN PSYCHIATRIC OUTPATIENTS AND THEIR ASSOCIATED FACTORS AFTER THE 2011 GREAT EAST JAPAN EARTHQUAKE

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Objective: To examine the functional impairment and exacerbation of the psychiatric conditions of patients with mental disorders and their associated factors after the 2011 Great East Japan Earthquake and the Fukushima nuclear accident.

Method: Seven hundred and one patients who lived in the area next to the most severely affected area and who visited our outpatient unit regularly were examined 1–4 months after the disaster. We evaluated the Global Assessment of Functioning function subscale (GAF-F) and the Clinical Global Impression of Change (CGI-C) before and after the disaster. Posttraumatic stress symptoms were assessed with the Japanese-language version of the Impact of Event Scale-Revised (IES-R). The examination also included questions covering background characteristics and disaster exposure.

Results: Patients with schizophrenic, mood, and neurotic disorders accounted for 87% of the participants. Statistical analyses were thus performed for these three groups. We found that 17% of the patients declined in function after the disaster and the psychiatric conditions of 19% of the patients were exacerbated after the disaster. Functional impairment and exacerbation of psychiatric condition after the disaster were more severe in patients with neurotic and mood disorders than in those with schizophrenic disorders. Twenty-eight percent of the patients scored higher than the IES-R cut-off score. The total IES-R scores of patients with neurotic and mood disorders were higher than those with schizophrenic disorders. We also found that having anxiety disorders, scoring higher on the IES-R, and having a lower level of function pre-disaster were associated with functional impairment and exacerbation of psychiatric condition post-disaster in patients with neurotic disorders. The factor associated with functional impairment in patients with mood disorders post-disaster was high total score on the IES-R. Factors associated with the exacerbation of psychiatric condition in mood disorders were high total score on the IES-R and proximity to Fukushima. We did not identify any factors that were associated with post-disaster functional impairment in patients with schizophrenic disorders. On the other hand, factors associated with the

exacerbation of psychiatric condition in patients with schizophrenic disorders were high total score on the IES-R and proximity to Fukushima.

Conclusion: Functional impairment and exacerbation of psychiatric condition were prevalent among psychiatric patients living close to the most severely affected area within 4 months after the disaster. The factors found to be associated with functional impairment and exacerbation could be helpful in planning effective early intervention for patients with psychiatric disorders.

CAR ACCIDENT PRONE PERSONALITY: AN ISRAELI NATION WIDE SURVEY

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This three-year longitudinal study examined the relation among the big five of personality, sensation seeking behavior, impulsivity and involvement in car accidents in a representative 1,500 participant sample of the Israeli Jewish adult population during 2009-2011.

Methods: Participants were interviewed over the phone, using a comprehensive demographic and health questionnaire, a shortened Hebrew version of Costa and McCrae's (1992) NEO-PI, and Zuckerman's (2008) ImpSS. They were also asked about their involvement in car accident before the study, and after one and two years.

Results: The results validate the concept of accident proneness, as participants who had been involved before the study were more involved in accidents than those who had not been involved in accidents before the study. No one of the pedestrians who perceived himself as responsible of the accidents, which had happened before the study, was involved in accidents during the study (although this tendency has not reached statistical significance because of the small number of pedestrians, who participated in all the three interviews). However, no significant accident differences were found among drivers between those who perceived themselves responsible and those who have not perceived themselves responsible for the pre-study accidents. In accord with previous studies, men were significantly more involved in accidents than women, but the negative relation between accident involvement and age has not been as strong as found in those studies. Two personality traits are included in the final predicting model. Among men impulsivity predicts accidents, while openness to experiences additionally predicts accidents: The higher the level of the authoritarianism factor, as a part of the openness to experience scale, the lower the accident risk among women. This finding is of special interest, given the negative connotations authoritarianism usually has (e.g., blind obedience to authority or rigidity which hurts psychological adjustment). At least as far as car accidents are concerned, authoritarian obedience seems to play a role of a safety factor in women. ADHD has been also found as a predictor of involvement in car accidents.

Conclusions: Results are discussed in light of the structure of both openness to experience and impulsivity, the latter being inherent to ADHD.

- The positive effect of authoritarianism among women is of special interest, given the negative connotations this trait usually has (e.g., blind obedience to authority or rigidity which hurts psychological adjustment). At least as far as car accidents are concerned, authoritarian obedience seems to play a role of a safety factor in women.
- Psychiatrists are called to consider reporting ADHD patients to the authorities.

Literature Reference:

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PSYCHIATRIC SYMPTOMS REPORTED BY PRIMARY SCHOOL CHILDREN AROUND TAHRIR AREA SUBJECTED TO ONGOING THE TRAUMATIC EVENTS OF 25TH JANUARY REVOLUTION

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Purpose: to find out the effect of repeated traumatic events on children whose schools are situated in the area of down town surrounding Tahrir Square-right at the heart of a series of traumatic events since the beginning of the Egyptian revolution of the 25th of January and if patterns of responses will differ according to sex and socioeconomic status.

Method: A descriptive cross sectional study. The study sample consisted of 515 Egyptian school children attending governmental, tagreebya, and private language school. 55.6% (n=285) were boys and 44.1% (n=226) girls. The majority 53.4% (n=275) was attending governmental schools, 26.0% (n=134) tagreebya schools and 20.6% (n=106) private language schools (Lycee and Frere). A specially designed questionnaire was applied to assess psychiatric symptoms in these children. The questionnaire covered symptoms of depression, post traumatic stress disorder, anxiety and aggression.

Results: Girls had higher rates of almost all symptoms of depression, PTSD anxiety and aggression compared to boys. Lower social class children (those of governmental and tagreebya schools) had higher rates of depression, PTSD, anxiety and aggression than those of the higher social class (private language school). Children who viewed their lives as worse after the revolution had higher rates of all the symptoms of depression, PTSD, anxiety and aggression.

BEHAVIORAL AND EMOTIONAL PROBLEMS IN CHILDREN ONE YEAR AFTER LOSING A PARENT IN VIOLENT EVENTS DURING THE EGYPTIAN 25th OF JANUARY REVOLUTION

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Purpose: To assess the behavioral and emotional problems of children 1 year after they lost a parent in one of the violent events during the 25th of January revolution.

Methods: Subjects were 17 children who lost one of their parents in one of several violent episodes during the early days of the Egyptian 25th of January revolution. Children were examined, one year after the loss, using child Behavior Check List (CBCL)/6-18, parent version (Achenbach, 1992), which comprises 8 syndrome scales, Internalizing and Externalizing Behaviors Scales and Total Score and six DSM- oriented scales including Affective Problems, Anxiety Problems, Somatic Problems, Attention Deficient/Hyperactivity Problems, Oppositional Defiant Problems, and Conduct Problems.

Results: Age ranged from 6 to 15 years (Mean±SD = 9.7059 ± 3.21). 58.8% (n=10) were females. 88.2% (n=15) of the participants lost their father while 11.8% (n=2) lost their mother. After one year of losing a parent, a high percentage of children scored within the clinical range (i.e. needing psychiatric help): 70.6% on the Internalizing scale, 58.8 % on Externalizing scale and 76.5% on the Total Score. This was reflected in the higher percentages of children who obtained scores within the clinical range on the DSM oriented scales of Affective Problems (47.1%) and Anxiety Problems (41.2%) compared to Conduct Problems (17.6 %) and Oppositional Defiant Problems (11.8%). The most frequent CBCL syndrome scales within the clinical range were: Anxious/Depressed subscale (52.9%), Withdrawn/Depressed subscale (47.1%), Aggressive Behaviors subscale (47.1%) and Somatic Complaints subscale (23.5%). No significant correlations were present between age and any of CBCL subscales, and no significant differences were found between boys and girls nor older (above 10) and younger children.

Conclusion: Losing a parent in a violent event could be a risk factor for emotional and behavioral problems in children one year after the loss and warrants close monitoring and follow up. Internalizing problems were more frequent than externalizing problems. Age and gender of the children did not have an impact on the type and the severity of the problems.

DEVELOPMENT OF DISASTER MENTAL HEALTH GUIDELINES THROUGH THE DELPHI PROCESS IN JAPAN

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Educational Objectives: The participants will be able to identify the agreed on items on disaster mental health guidelines in Japan.

Purpose: To develop the guidelines based on experience and knowledge acquired by Japanese mental health professionals through systematic consensus building the Delphi process

Methods: After a thorough literature review and focus group interviews, 96 items regarding disaster mental health were included in Delphi Round 1. Of 100 mental health professionals experienced in disaster response who were invited to participate, 97 agreed. The appropriateness of each statement was assessed by the participants using a Likert scale (1: extremely inappropriate, 9: very appropriate) and providing free comments in three rounds. Consensus by experts was defined as an average score of ≥ 7 for which $\geq 70\%$ of participants assigned this score, and items reaching consensus were included in the final guidelines.

Results: Overall, of the 96 items (89 initially asked and 7 added items), 77 items were agreed on (46 items in Round 1, and 19 positive and 12 negative agreed on items in Round 2). In Round 2, three statements with which participants agreed most strongly were: 1) A protocol for emergency work structure and information flow should be prepared in normal times; 2) The mental health team should attend regular meetings on health and medicine to exchange information; and 3) Generally, it is recommended not to ask disaster survivors about psychological problems at the initial response but ask about their present worries and physical condition. Three statements with which the participants disagreed most strongly in this round were: 1) Individuals should be encouraged to provide detailed accounts of their experiences; 2) Individuals should be provided with education if they are interested in receiving it; and 3) Bad news should be withheld from distressed individuals for fear of causing more upset.

Conclusions: Most items which achieved agreement in Round 1 were statements described in previous guidelines or publications, or statements regarding the basic attitude of human service providers. In addition, the revised guidelines were developed based on the collective wisdom drawn from Japanese practitioners'

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EARTHQUAKE IN CHILE: EVOLUTION OF THE GLOBAL CLINICAL IMPRESSION AND POST-TRAUMATIC SYMPTOMS IN A COHORT OF WOMEN IN TREATMENT FOR SEVERE DEPRESSION IN A PUBLIC HOSPITAL, WHO CONFRONTED THE EARTHQUAKE ON FEBRUARY, 27TH 2010.

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Educational Objectives: At the end of this presentation the participants should be able to recognize the evolution of posttraumatic symptoms post earthquake in women with severe depression who continued in treatment as usual in public mental health service

Objective. To reveal the impact on the global clinical status and post-traumatic symptoms evolution in women in treatment for severe depression in a public hospital who confronted the F-27 earthquake

Methodology. 75 women in treatment for severe depression were evaluated from the first working day after the catastrophe. According to the ICD-10, acute stress (AS) and post-traumatic stress disorder (PTSD) were clinically determined. The routinary use of the Clinical Global Impression scale (CGI) allowed the monitoring of the clinical status before and after the earthquake. The eight-item treatment-outcome post-traumatic stress disorder scale (TOP-8) was applied twice, the first and sixth months.

Results. AS: 58.7 %, PTSD: 53.3%. Significant deterioration in CGI was observed one month post-event ($\chi^2 = 3.88$; $p < 0.05$) and an ostensible improvement six months later ($\chi^2 = 4.65$; $p < 0.04$). The post-traumatic symptoms did not improve significantly. More severe CGI immediately after the earthquake was significantly associated to AS ($\chi^2 = 13.794$; $p < 0.008$) and to the subsequent development of PTSD ($\chi^2 = 16.437$; $p < 0.002$). More severe CGI after six months was correlated significantly with previous AS ($\chi^2 = 15.849$; $p < 0.003$), with PTSD ($\chi^2 = 17.780$; $p < 0.001$) and with records of childhood trauma ($\chi^2 = 18.431$; $p < 0.01$).

Conclusions: After a significant clinical deterioration observed immediately post disaster, at six month it improved the CGI, but it did not improve post-traumatic symptoms. This treatment did not prevent that those patients with a history of childhood trauma aggravate significantly the CGI six months after the earthquake. These results suggest that in these clinical groups it is necessary to research the effectiveness of already validated specific interventions, focused on trauma and implemented early after the event

This study was developed in a public mental health service, in the natural conditions of the real world, but with the exceptional ability to be performed in the middle of a massive experience

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NATURAL DISASTERS AND THE ROLE OF GIS IN EVALUATING POST-DISASTER MENTAL HEALTH PROBLEMS DEVELOPMENT

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Introduction

A natural disaster has been generally defined as an event of nature, which overwhelms local resources and threatens the function and safety of the community. Extreme precipitation events such as heavy rainfall and flooding can have serious effects not only on people and property, but also on essential services, infrastructure and the environment. Population exposure to natural disasters has been associated with psychological distress and more in particular with post-traumatic stress disorder development. On this context, extreme precipitation event analysis based on geographic information system (GIS) may help to study natural disaster characteristics, being a valuable tool to describe and locate the phenomenon. A GIS lets us analyze and interpret extreme events and population data to reveal relationships, patterns and trends.

Objectives:

The aim of this study is (i) to characterize a precipitation extreme event that occurred in Almeria (SE of Spain) and (ii) try to explore the link between this extreme event characteristics and mental health problems using GIS technology.

Method:

Historical climatic records from about 30 meteorological stations were used to characterize Almeria precipitation patterns from about 1950 to 2012. All this information was later incorporated on a geographical information system using GvSIG program. Moreover, a sample of 52 individuals were screened with a socio-demographic questionnaire, 12-item General Health Questionnaire (GHQ-12) and the Questionnaire to rate Traumatic Experiences (TQ) in December 2012/january2013. We also counted the distribution of stress exposure among people with various kinds of exposures (physical risk or/and economical losses). Extreme precipitation events and information from questionnaires was analyzed searching for relationship and patterns.

Results:

Historical climatic records study showed that an extreme precipitation event occurred in 2012. Also, Preliminary results demonstrated that there is an important relationship between extreme precipitation event location occurred in 2012 and psychological distress. Mental health problems tent to be related with population and locations receiving extreme rainfall events and flooding.

Conclusion:

We concluded that the distribution of mental health problems is related to the precipitation event extreme characteristics and that this relationship can be evaluated using GIS methodology.

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THE MENTAL HEALTH STATUS OF FILIPINO NURSES LEAVING FOR JAPAN THREE MONTHS AFTER THE GREAT EAST JAPAN EARTHQUAKE

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Educational Objectives:

At the conclusion of this presentation, the participants will be able to:

1. Identify the degree of worries about the aftermath of the Great East Japan Earthquake of Filipino nurses.
2. Identify the indicators of mental health of Filipino nurses leaving for Japan a few months after the Great East Japan Earthquake.

Purpose: This study aim to find the predictor of the mental health status of the 3rd batch Filipino nurses coming to Japan under the Japan-Philippine Economic Partnership Agreement, a few months after the Great East Japan Earthquake.

Methods: A four-page-long English questionnaire was developed and distributed to the 3rd batch Filipino nurses, who wished to go to Japan under the above agreement, at the venue of Pre-departure Orientation held in Metro Manila, Philippines in May 2011. GHQ (General Health Questionnaire) was used as a marker of mental health status.

Results: A total of 70 respondents answered the questionnaire, with a respondent rate of 100%. Eighty-six per cent of the respondents were females. The average age was 27.8(SD2.8) years old. Forty-seven per cent of the respondents answered that they were worried about the aftermath of the Great East Japan Earthquake very much/ much.

The Multiregression model indicated that the biggest factor significantly associated with the GHQ score was 'I was jobless at the time when I applied for this program' (beta=-.316, p<0.01), followed by 'Degree of knowledge about Japanese perceptions toward Filipinos' (beta=.313, p<0.05) and 'I want to utilize my experiences in Japan for my future work at the hospital in other countries' (beta=.304, p<0.01). No significant association was found between degrees of worries about aftermath of the earthquake with GHQ score.

Conclusions: The multiregression model indicated that degree of motivation to fulfil the financial and migratory needs, and knowledge about Japanese people, which augurs for their successful life condition in Japan for the next few years, is a major indicator of mental health of the candidates, but not the worries of earthquake.

THE EXPERIENCE OF SUPPORTING CHILD CARE SYSTEM AFTER THE TOHOKU EARTHQUAKE IN JAPAN

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Educational Objectives: The participants should be able to know the actual situation of the psychological changes in the state of the victims of the Tohoku earthquake and learn how people made efforts to support child care system after the disaster

Purpose:

The purpose of this study is to clarify future problems by looking back on a process of the psychological support for the child care support system of the disaster area.

Methods:

Subjects : Child care supporters working at the disaster area, victims, local supporters of the neighborhood of the disaster area.

Research periods: May.2011~May 2012

Methods: Investigation of the process of support: period, places, contents, subjects, issues of the support.

Results(The summary of process): 1. The Early Period (After a disaster until four months (March 2011-July 2011)) Place: The disaster area. Content: Workshop regarding the psychology of victims (including children), group work for networking. Needs: to understand psychology and to make new network. The worry to children was the opportunity of the support request, but there was really needs to support the supporters. The feelings of victims were sadness of loss, denial, and helplessness. In the area with relatively little the damage, a sense of guilt became the problem.

2. The middle Period (August 2011-December2011) The support request spread through from the neighborhood where many parents and child evacuated. Subgrouping by the degree of the damage has begun to happen in the seat of the damage. The support of the neighborhood area was very polite and kind. The feelings of the refuge inhabitants for it were seen in anxiety and the sense of separateness with thanks. Fatigue, anger, a sense of guilt and a feeling of ineffectualness were seen in the victim who stayed in the stricken area, and the problem of alcoholic and physical disorders increased. The anxiety to the damage caused by radiation by the nuclear plant accident was increased, and subgrouping of the inhabitants who denied damage and the inhabitants who expressed anxiety became deepened.

3. The "One year later" (January 2012- May 2012) Main contents of the support looked back on the rearranging of feelings toward the first year, and examination toward the future. The symptoms of serious PTSD including the flashback were frequent. The denial for the nuclear power generation damage and the opposition of the anxiety deepened it. Elation disappeared in the area of the neighborhood and began to show fatigue, and a prospect was necessary for support not to be over. However, in the serious area of the damage, the people began to accept the present conditions, and some movement to recover by themselves was begun.

Conclusions: The recovery of the victim is still at the beginning phase, and the nuclear plant accident does not converge, too.

For the future, it goes without saying that systems construction for realistic revival is necessary. Psychologically, at the first, the effort to solve opposition and separation between various levels subgroups is important. Also, it is necessary to establish a system that can be effective individual support.

THE TUNISIAN REVOLUTION: WHICH PSYCHOLOGICAL AFTERMATH?

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Educational Objectives: At the end of this presentation, participants should be able to recognize the variety of psychiatric disorders that might occur following man-made disasters.

Purpose: This study aims to outline the different mental disorders directly linked to the events of the Tunisian Revolution and to scrutinize the social, demographic and clinical features associated with these disorders.

Methods: A cross-sectional study was undertaken. We included all patients who first presented at the outpatient clinic at Razi hospital with psychiatric symptoms directly linked to the Tunisian Revolution between January 15th and October 15th, 2011. Data were collected by the means of a form detailing social, demographic and clinical characteristics (these included gender, age, job, marital status, family and personal history, chief complaint, management, outcome). Diagnoses were made on the basis of DSM-IV-TR criteria. Data were entered and analyzed using SPSS version 20 for Windows.

Results: Our population consists of 107 subjects: 28 women (26.2%) and 79 men (73.8%), with an average age of 40+/-12. The majority (66.4%) were married. Most (57.9%) patients had a secondary education level. Agents of order represented the largest occupational group accounting for 36.4% of the population. The most prevalent psychiatric disorders included major depressive disorder (30.8%), adjustment disorders (30.8%), PTSD (27.1%) and acute stress disorder (7.5%). Other conditions were diagnosed namely panic disorder (3.7%), schizophreniform disorder (3.7%), conversion disorder (2.8%) and alcohol dependence (2.8%).

Conclusions: Although man-made disasters are associated with a high prevalence of several mental disorders, most studies emphasize on posttraumatic stress disorder (PTSD). This study emphasizes the diversity of psychiatric disorders that can occur following a psychological trauma, in this case during the Tunisian Revolution.

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THE IMPACT OF DISASTERS IN MENTAL HEALTH: A REVIEW

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Objective:

Disasters do have implications in mental health of a significant proportion of the communities that experience them.

The authors pretend to review the trajectory of mental health responses to disasters, how to identify people who are at high risk for subsequent disorder and how does the ongoing stressors work.

They also explore the differences between survivors and rescue workers, different types of disasters and differences between developing and developed countries.

Finally, factors that foster resilience among population affected by these phenomena are also addressed.

Methods:

The authors review reports and literature about disaster mental health.

Results:

The prevalence of mental disorder is higher among victims than rescue workers.

Posttraumatic stress disorder is the most common identified mental disorder followed by depression and complicated grief. Anxiety disorders, maladaptive substance use and interpersonal conflicts are also reported.

Surveillance of early markers and ongoing stressors will allow the institution of target interventions in order to prevent long term problems.

The risk of impairment is higher in countries with worse systems of post-disaster care and when malicious human intent and mass violence are present.

Maturity and experience associated with the construction of a meaning as an active process can affect positively the outcome of a traumatic experience.

Conclusion:

Most survivors will eventually adapt after disasters. The access to mental health care is one of the major determinants of good prognosis, so mental disorders and their risk factors should also be addressed by early intervention teams.

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

4

Co-morbid mental and physical illnesses

Posters Session

COMORBIDITY BETWEEN MENTAL AND PHYSICAL ILLNESSES AND THEIR RISK FACTORS IN EARLY ADOLESCENCE

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Educational Objectives: Our results provide knowledge about a wide range of deleterious factors associated with mental and physical illnesses and have to be monitored in early adolescence.

Purpose: To assess the impacts of socioeconomic factors, alcohol/tobacco/cannabis/hard drugs uses, repeating a school-year, sustained physical/verbal violence, sexual abuse, depressive symptoms, and involvement in violence on suicide attempt among boys and girls in early adolescents.

Methods: The sample included 1,559 middle-school students from north-eastern France (mean age 13.5, SD 1.3), who completed a self-administered questionnaire including gender, birth date, father's occupation, parents' education, nationality, family structure, income, last-30-day alcohol/tobacco/cannabis/hard drugs uses, low-school-performance (last-trimester-grade<10/20), lifetime sustained physical/verbal violence (20-item scale), lifetime sexual abuse, lifetime involvement in violence (11-item scale), last-12-month suicide ideation, and social relationship, living environment, mental and physical illnesses (measured with the four WHOQoL-Bref domains, score<10th percentiles). Data were analyzed using logistic regression models.

Results: Mental and physical illnesses affected respectively 14.4% and 9.7% of adolescents. They were strongly linked: gender-age-adjusted odds ratio gaOR 7.07. They were linked with most socioeconomic factors: female (vs. male, gaORs 1.79 and 1.67), increasing age (1.25 and 1.28, per year), reconstructed family (2.25 and 2.34, vs. intact family), separated/divorced parents (2.46 and 2.35), non-significant (ns) for single-parent, other family categories (3.36 and 2.36), craftsman/tradesman/firm-head offspring (1.70 and 1.70, vs. manager/professional offspring), intermediate-professional offspring (1.84 and 1.70), manual-worker offspring (1.54 (ns) and 2.30), unemployed/retired offspring (2.88 and 3.11), European immigrants (1.39 (ns) and 2.28, vs. French), non-European immigrants (1.32 (ns) and 3.29), insufficient income (1.76 and 1.72). Mental and physical illnesses also related to low-school-performance (gaORs 2.13 and 3.80), alcohol use (1-5 times: ns; 6+ times: 3.85 and 2.23), tobacco use (1-5 times: 2.67 and 3.30; 6+ cigarettes/day: 4.41 and 3.82), cannabis use (1-5 times: 1.91 (ns) and 2.25; 6+ times: 2.55 and 2.06), hard drugs use (4.50 and 4.05), no regular sports/physical activity (2.09 and 3.49), obesity (2.00 and 1.68), sexual abuse (8.25 and 6.22), suicide ideation (10.3 and 5.61), physical/verbal violence (score 1-3: 1.37 and 1.42; score 4+: 3.08 and 2.76, vs. score 0), involvement in violence (score 1-5: 2.44 and 2.05; score 6+: 4.86 and 5.70, vs. score 0), altered social relationship (4.16 and 8.95), and altered living environment (9.59 and 11.7).

Conclusion: This study has achieved our aims to identify factors associated with mental and physical illnesses in early adolescence. These original findings provided knowledge which may help public policy promoting adolescent mental and physical health.

Keywords: Adolescents, mental illness, physical illnesses, co-morbidity, risk factors.

Type of contribution: Oral presentation

Topic: 4. Co-morbid mental and physical illnesses

PSYCHOPATHOLOGY AND DRUG ADDICTION: AN OVERVIEW ON E.T. OF COIMBRA PATIENTS

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Educational Objectives: Evidence suggests that psychiatric disease and addictions have a straight connection, being defined by WHO since 1995 as dual pathology. However, there is a high occurrence of non characterized psychopathological problems, estimating a prevalence of 44% on psychiatric patients, although this value may vary from 18 to 70% concerning the variables on study. Moreover, this double diagnose causes more frequent exacerbations and worse treatment response.

Purpose: This study aimed to evaluate dual pathology's prevalence on the studied population.

Methods: Using the Brief Symptom Inventory (BSI) with Portuguese adaptation and a sociodemographic questionnaire, we studied the psychopathological dimensions of 40 drug addicted patients on ambulatory treatment at ET of Coimbra and their relationship to age, gender, age at which they have started consuming drugs, type of drug and duration of dependence.

Results: The psychopathological profile of the sample stands between that of the general population and of people with emotional disturbance, exception being made for sub-dimensions anxiety and obsessions-compulsions which presented slightly lower than general population values. Statically significant differences were found between age, age at which they have started consuming drugs and the sub-dimensions somatization ($p<0,001$), interpersonal sensibility ($p=0,037$ e $p=0,032$, respectively) and fobic anxiety. Concerning gender, type of substance and duration of dependence it was only possible to establish relations with somatization ($p<0,001$) and regarding duration of dependence we could also relate to interpersonal sensibility ($p=0,019$).

Conclusions: The authors conclude that there is comorbidity between drug abuse and psychopathology, supporting the hypothesis that mood disorders, anxiety and impulse-control dysregulation are the core of addiction pathology, demonstrating the need to adequate the clinical and social interventions on this matter.

VITAL EXHAUSTION AND RISK OF CARDIOVASCULAR DISEASES AMONG MALE AGED 25 TO 64 YEARS IN RUSSIA (EPIDEMIOLOGICAL RESEARCH ON THE BASIS OF PROGRAM WHO “MONICA-PSYCHOSOCIAL”)

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Purpose. Examine the relationship between vital exhaustions (VE) symptoms and the risk development within 14 years of arterial hypertension (AH), myocardial infarction (MI) and stroke among men ages 25 to 64 years.

Methods: Within the framework of program WHO MONICA-MOPSY was examined representative sample of men 25-64 years old (1994 year). Total sample was 657 persons. VE symptoms were measured at baseline with the use of the MONICA - psychosocial Interview Vital Exhaustion scale. The incidence of news cases of AH, MI and stroke was revealed at 14-year follow-up. Cox - proportional regression model was used for an estimation of hazard ratio (HR).

Results: Prevalence of VE in cohort of men with AH was 73.7% (58% men had high level of VE and 15.7% - an average level of VE); with MI – 65.8% (an average level of VE – 44.7%; high level of VE – 21.1%); with stroke – 58.8% (an average level of VE – 41.2%; high level of VE – 17.6%). The risk development of AH within 5 years in group of men with high level of VE, in comparison with group of men with low level of VE was 3.2 times higher, within 10 years HR=1.6 times, within 14 years HR=1.4. HR of development of MI during the first 5 years of supervision in a group with VE was 2.7 times, within 10 years HR=2.25, within 14 years HR=2,1 times higher what without it. Men with high levels VE during 5 - the years period of had a higher risk of stroke compared with those with lower levels of VE (HR= 3.2), within 10 years (HR=4.9), within 14 years (HR=2.1) (p<0.05).

Conclusions: Vital exhaustion predictor the higher risk of AH, MI and stroke in middle-age men.

E-HEALTH IN DISEASE MANAGEMENT AND PSYCHOSOCIAL SUPPORT: FINDINGS FROM A FEASIBILITY STUDY

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This pilot study explored (i) feasibility of an e-health program for people with mental health and physical disease or risk factors (ii) technology interaction by patients and providers.

Methods:

Background

Better overall coordination is needed in care for people with mental illnesses. Coordination must encompass mental health and social care and physical health management. It must involve the range of health and social care providers, patients and carers. E-health technologies may be useful in collaborative care management and in engaging, informing and motivating patients. We piloted an e-health supported program designed to facilitate communication between agencies and between patients and agencies. We assessed acceptability to patients and agencies and considered strategies to overcome uptake barriers.

Intervention

An e-health supported disease management intervention was created from the Flinders ProgramTM, a disease management, coordination and self-management support program, and GoACT, a telehealth platform for disease management. The e-health platform was accessed using web-enabled mobile phone or computer and supplemented face to face and phone interactions in the chronic disease management program.

Recruitment

Patients who had severe mental illness or high psychological distress scores and also physical chronic illness or risk factors were recruited in rural South Australia. Potential participants were approached when nearing discharge from hospital or when attending a community provider for psychosocial support. We aimed to recruit 10 patients for this feasibility study.

Measures

SF36, K10, and Partners in Health Scale were measured at baseline and 6 months. Use of the e-health system was monitored. Reports of clinicians involved in recruitment and program delivery were analysed qualitatively.

Results:

Acute care priorities and hospital processes limited patient invitations. Patient decisions limited recruitment, though reasons stated were unrelated to technology. Eleven participants agreed to join, with 3 leaving before they started the program. Of the remaining 8, all had high-burden medical and social problems. Outcome measures indicated patient improvements over the course of the program. Co-ordination and patient involvement was improved. Both care coordinators and patients required extensive technical training and familiarisation to use the e-health platform. Engagement with the e-health platform was lowest in patients with multiple and acute problems, increased after new messages, and declined over the period of each patient's program.

Conclusions:

E-health technologies warrant further study in patient-inclusive biopsychosocial care coordination. Technology features, program design, provider and patient training and recruitment routes all need attention to optimise relevance, ease of use and acceptance and ongoing engagement by patients. Existing research and theories can provide guidance.

MANAGEMENT MENTAL DISORDERS IN CARDIAC SURGERY

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Educational Objectives: Mental disorders (cognitive and affective phenomena) are important factors for the quality of postoperative clinical and social rehabilitation of cardiac surgery patients. Management of mental disorders is an obligate component of clinical and statistical models of cardiac surgery outcomes.

Purpose: Based on a study of psychopathological characteristics in cardiac patients we made an algorithm of psychotherapy and psychoprophylaxis.

Methods: Clinical-anamnestic, clinical-psychopathological, neurophysiological, statistical.

Results: According to the study 231 patients with cardiovascular diseases (170 persons with surgery intervention - the main group; 61 persons - control group), it was determined that transient or permanent cognitive disorders are present in 100% of patients undergoing cardiac surgery. Preoperative and postoperative study of cardiac patients showed decreasing cognitive decline (processing, memory, storage and playback of meaningful information, volume, distribution and speed of switching attention) and increasing affective (anxiety, depression) indicators. These deviations were due mainly stress influences the operations and expectations of the surgery, rather than the severity of somatic patients. The dominant psychopathological syndromes appeared asthenic, asthenic-depressive, but most share was for anxiety-depressive syndrome. The use of psychotherapy (combining KBT and IPT) contributed to the reduction of clinical and psychopathological phenomena, adaptive changes in vital strategy patients and improve quality of life.

Conclusions: Correction of cognitive and affective mental disorders was significant component of clinical and statistical model results cardiac surgery, which causes urgency of its application in real clinical practice to improve the quality of rehabilitation patients.

RELATIONSHIP BETWEEN PSYCHOSOCIAL FACTORS AND ASTHMA MORBIDITY: A CASE-CONTROL STUDY

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Educational Objectives: To evaluate the influence of social psychic factors on the incidence of Guangxi Zhuang patients with asthma.

Methods: We performed a hospital-based case-control study on 188 cases of Zhuang patients with asthma as case group and 203 cases of healthy people as control group. Their family and socio-economic status were investigated, and psychological tests were assessed by irritability, depression and anxiety scale (IDA), trait coping style questionnaire (TCSQ) and social support rating scale (SSRS).

Results: The results show that the scores of depression, anxiety negative coping (NC) and external irritation internal irritation in the case group are significantly higher than those of the control group ($P=0.000$), whereas subjective support and utilization of support degree are lower than those of the control group ($P<0.01$). In accordance with multivariate logistic regression analysis, family history of asthma ($P=0.024$, OR=2.521), cultural level ($P=0.000$, OR=0.463), depression ($P=0.000$, OR=1.428), irritability ($P=0.030$, OR=1.180), NC ($P=0.020$, OR=1.063) and subjective support ($P=0.000$, OR=0.892) are the independent risk factors for patients with asthma.

Conclusions:

- Social psychic factors have a significant effect on asthma.
- An integrated approach, based on clinical treatment, biological, psychological factors, involving in individual level, social and family factors, should be established for prevention, intervention and treatment for the patients with asthma.

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PREVALENCE OF OBESITY AND METABOLIC SYNDROM IN PATIENTS WITH BIPOLAR DISORDER IN A HOSPITAL SETTING FROM ROMANIA

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Introduction: Bipolar patients have a high risk for somatic comorbidities that need to be treated by non-psychiatrist medics. The presence of metabolic syndrome is an important risk factor for cardiovascular disease and diabetes. Its incidence and prevalence have risen dramatically as a result of the increasing prevalence of obesity. Medications that are commonly used in the management of bipolar disorder are now known to contribute to weight gain, dyslipidemia, and diabetes.

There are limited data on the prevalence of the metabolic abnormalities in disorders other than schizophrenia in which antipsychotic medication is part of routine treatment.

Objectives. This study sought to evaluate the presence of the metabolic syndrome and to detect risk factors for the development of metabolic syndrome in patients with bipolar disorder what will allow appropriate treatment to improve their quality of life.

Methods. The study was conducted by interviewing and physical examination of a group of 57 consecutive patients who were hospitalized between 1 January to 1 March 2012 in the Clinical Hospital of Psychiatry "Socola" Iasi and were diagnosed with bipolar disorder according to DSM-IV-TR criteria. In this cross-sectional study patients were evaluated for presence of metabolic syndrome as defined by the National Cholesterol Education Program Expert Panel on Detection, Evaluation And Treatment of High Blood Cholesterol in Adults (NCEP ATP III).

Results. Patients age range was 28 to 71 years (SD 8.4 years). Of the subjects 59.6% were female and 40.4% men (sex ratio=1,47). The study shows that 61.4% of patients with bipolar disorder smoked regularly, and 43.8% consumed alcohol abusively. Patients were receiving 2.96 (SD 0.98) drugs. More than half of the sample (54.4%) met the NCEP ATP III criterion for the metabolic syndrome. Patients with the metabolic syndrome and patients endorsing the obesity criterion were more likely to report a lifetime history of suicide attempts. The most common somatic diseases associated were dyslipidemia, obesity, alcoholism, anxiety, hypertension, type 2 diabetes mellitus.

Conclusions. The prevalence of the metabolic syndrome in patients with bipolar disorder is alarmingly high, as it is for the general population. The patients with bipolar disorders showed a high proportion of alcohol abuse and smoking. Our findings are a reason for concern, considering the difficulty in implementing prevention and treatment programs in the bipolar population.

Keywords: bipolar disorder; somatic comorbidities; cholesterol; diabetes; metabolic syndrome; obesity; triglycerides

BECAUSE OCCAM'S RAZOR DOESN'T ALWAYS WORK.

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Introduction: Throughout the life of a patient, physicians find comorbidities that complicate existing diseases. Sometimes we do not think about it, attributing the symptoms to a disease known, delaying diagnosis and treatment.

In psychiatric patients it is alarmingly common, largely because of the stigma of mental illness and medication side effects.

Objectives: The purpose of this case report is to show how a poor initial evaluation could delay diagnosis and made impossible an early treatment.

Methods: We conducted a pathobiographic study of the patient, analyzing all the admissions and tests made over the years in all departments of our hospital.

Results: Female 57, diagnosed with Schizoaffective Disorder, with multiple admissions and constantly and permanently use of all devices and social welfare of the area.

In 2008 the patient arrived to the hospital after a fire at home. Minor burns were treated in the ER and she is sent to psychiatry, where first night suffered a pulmonary embolism (PE) that forced her transfer to ICU, where the PE is attributed to neuroleptics.

Since that time we see a torpid course, with multiple admissions because of behavioral disorders. In her last entry (2012) impresses as a major cognitive impairment (MMSE 16/30), too much for her age and in spite of her psychiatric disorder (which ultimately manifested itself only with serious behavioral disorders and moderate depressive symptoms, without psychotic or manic symptoms).

For this reason different tests were performed, appearing striking alterations on the NMR: bilateral symmetrical lesions in *Globus Pallidus* features carbon monoxide poisoning in chronic phase.

Given this evidence, and considering her pathobiography, it was decided the diagnosis of dementia due to toxic (F02.8)

Conclusions: We must reflect on the need for an exhaustive study in psychiatric patient. For years PE was justified as drug-induced, without considering other possibilities, like a toxic origin, which could have helped to a most appropriate therapeutic approach.

However, everything was attributed to mental illness and his treatment side effects, forgetting that psychiatric patients may also have other associated pathology.

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PSYCHIATRIC AND PSYCHOSOCIAL ASPECTS IN PATIENTS INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS

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The Infection with the human immunodeficiency virus is an object of actuality in terms of epidemiology, access to care and psychological impact. The prevalence of psychiatric disorders is high in HIV infected individuals. Antiretroviral therapy, chronicity of disease and social factors places the HIV patients at greater risk for psychiatric comorbidity than the general population. Major depression and anxiety disorders are the most frequently psychiatric disorders in HIV patients.

Objectives: the aim of this study is to explore the prevalence of major psychiatric disorders in HIV patients and identify the involvement of psychosocial factors in these disorders.

Methods: a cross-sectional study was conducted in the department of infectious diseases. Patients followed for an organic disease or a chronic psychiatric disorder were excluded. A questionnaire consisting of socio-demographic data, characteristics of the infection (beginning, mode of transmission, announcement of diagnosis, and clinical signs), treatment and socio-professional impact has been completed for all patients. We used for the study the scales for assessing psychiatric disorders: Beck Depression Inventory, Hamilton Anxiety and MINI International Neuropsychiatric Interview.

Results: forty patients with HIV + status were seen in consultation, but only thirty agreed to participate in our study. The average age was 38 years old. 76 % of patients had a low socio-economic level. Prevalence of psychiatric disorder among the study population was 73%, whose depression was in 53 % and anxiety disorders were in 46%. The impact on work was reported in 40 % of patients.

Conclusion: psychiatric disorders are more common in patients infected with HIV compared to the general population. The management must be multidimensional, involving pharmacological treatment, psychotherapy and social care.

WHAT IS THE MENTAL HEALTH PROFESSIONALS' ROLE IN THE CARE OF CANCER PATIENTS: A PROPOSED STUDY IN PSYCHO-ONCOLOGY AT THE UNIVERSITY HOSPITAL HASSAN II OF FEZ

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Educational objectives:

Psycho-oncology aims to integrate the psychosocial dimension at all stages of the management of cancer. It supports the adaptation process of the patient and his environment which may vary from a simple emotional reaction to characterized disorders or dysfunction in the family dynamics that can heavily impact on the care process.

Purpose:

To better assess the need for psycho-oncology in our cultural context and to identify areas of intervention, we propose a work study in collaboration with the oncology department in the University Hospital of Fez. It will aim first to determine the prevalence of anxiety-depressive disorders and suicidal intention in cancer patients and then analyze the risk factors for depressive disorders and factors associated with the risk of suicide.

Methods:

A cross-sectional study of prevalence of depression, anxiety and suicidal ideation.

A questionnaire developed to collect demographic data, medical and surgical history, data on the perception of the disease from the patient's point of view and objective data collected from the health care team. Then, will be presented The Hospital Anxiety and Depression scale and The Mini-International Neuropsychiatric Interview in these categories: major depressive disorder, depressive disorder with melancholic characteristics and the suicide risk. The analysis of results will be done in collaboration with the department of epidemiology at the University Hospital of Fez.

Results:

in progress.

Conclusion:

We hope through this study to have an insight of the diagnosis of the situation of psychiatric disorders in this population and determine our local specificities, and thus open the way to an effective collaboration that could lead subsequently to the establishment of this new discipline in our practice as a mental health professionals.

FIXED DYSTONIA: HOW MUCH ORGANIC OR PSYCHOGENIC?

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Mental and physical health are inextricably linked. Even so, opinions concerning the aetiology of dystonia have changed throughout times, reflecting whether the focus of the analysis is more biological or psychological. Nowadays, most dystonia cases have a defined neurobiological substrate, but functional (psychogenic) dystonia is still largely enigmatic. These patients find themselves highly disabled, often misdiagnosed, misunderstood, and mistreated.

Objectives

To present a case of fixed dystonia related to complex regional pain syndrome (CRPS), discussing both neurological and psychiatric approaches. This work expects to update and enhance the knowledge concerning dystonia and functional neurological symptoms, their assessment, management, history and outcome. These entities and its relationship with other mental and physical co-morbidities will be discussed.

Methods

One paradigmatic clinical case is described, and online search/review of the literature has been carried out, using Medline/Pubmed, concerning 'dystonia', 'psychogenic' and 'functional symptoms'.

Results

We report on a 28 year old female patient, followed at our outpatient clinics in the department of neurology, psychiatry, and pain unit, after being diagnosed with CRPS and dystonia, characterized by a fixed, flexed posture of the wrist and hand fingers, pain, and subjectively reported oedema, with spread of symptoms to the other hand 4 years later. No other accounting for the degree of pain and dysfunction could be diagnosed. Several treatments (pharmacological and physical) had been carried out by pain experts and physiotherapy, with poor success, before re-assessment and agreement to proceed with psychotherapy.

Conclusion

New insights from functional imaging, genetics, neurophysiology, psychotherapy and surgical treatments, have been recently brought to light with regard to functional dystonia. Still, differences on experts' opinion subsist, occupying a grey area between neurology and psychiatry that often none is willing to take charge, while the border between psychogenic and organic becomes blurred. Yet, it is remarkable that most patients with features of CRPS and dystonia present typical features of psychogenic dystonia.

Functional dystonia is the second most common functional movement disorder. However, there is an absence of appropriate health-service provision and research interest despite prevalence, effect on quality of life and health-care economics. Symptoms may improve with multidisciplinary intervention, with an emphasis on cognitive-behavioural therapy, as in this case. Nevertheless, many patients will remain significantly disabled, which reinforces the need for further multidisciplinary research and enhanced management strategies.

SMOKING AND ALCOHOL CONSUMPTION IN CHILDREN OF PARENTS WITH CHRONIC PAIN

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize a potential high-risk group of adolescents, who are exposed to parental chronic pain.

Purpose: The aim of the present study was to investigate the associations between parental chronic pain and smoking and alcohol intoxication in adolescents.

Methods: The present study was based on cross-sectional surveys performed during 2006 to 2008 from the Nord-Trøndelag Health Study (HUNT 3 and Young-HUNT 3). The sample consisted of 3227 adolescents aged 13 to 18 years for whom information was available on maternal and paternal chronic pain and health status. The mean (SD) age for girls ($n = 1594$) was 15.7 (1.67) years, and the mean age for boys ($n = 1633$) was 15.8 (1.62) years. Separate analyses were conducted for girls and boys, adjusted for child age.

Results: If both parents experienced chronic pain, boys had an increased risk of smoking (OR = 2.12, CI = 1.32 to 3.57, $p = .005$) and alcohol intoxication (OR = 1.70, CI = 1.15 to 2.50, $p = .007$) compared with boys for whom neither parent had chronic pain. Girls had an increased risk of alcohol intoxication if their mothers had chronic pain (OR = 1.39, CI = 1.07 to 1.81, $p = .014$). These results remained after adjusting for the possible effects of confounding factors, including child age, cohabitation, parental age, education, organ-specific illness, mental health and substance use. However, adjusting for maternal smoking reduced the risk for boys' alcohol intoxication to a non-significant level (OR = 1.43, CI = 0.97 to 2.11, $p = .074$).

Conclusion: Presence of concurrent maternal and paternal chronic pain is a high risk factor for smoking and alcohol intoxication in boys. The findings should prove useful in preventive and clinical work with adolescents of families affected by parental chronic pain.

DO OFFENDERS OF ALCOHOL-IMPAIRED DRIVING ATTRIBUTE THEIR PROBLEM TO ALCOHOL USE?

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Objectives: Harmful alcohol use and alcohol-impaired driving (AID) are both global problems. To prevent further AID, harmful alcohol use is addressed in remedial treatment. However, heterogeneity of the offender population is also acknowledged. This study was conducted to compare offenders' perception of their alcohol use and their behaviour of AID.

Purpose: We investigated attribution patterns of consequences of AID among Japanese offenders in order to help to propose optimal remedial approach for treatment courses designed to prevent recidivism.

Methods: We interviewed male AID offenders ($N = 219$) during educational courses. Internationally validated instruments were administered to measure current mental distress, personality (locus of control and impulsivity), indicators of harmful alcohol use (Alcohol Use Disorders Identification Test [AUDIT], other relevant instruments and biomarkers) and attitudes towards AID (justification of AID, likelihood of future AID and self-efficacy to avoid further AID). Qualitative data were also collected relating to perception of their past AID behaviour and strategies to avoid further AID.

Results: The sample consumed 75g/day alcohol on average (including 7 % abstainers). Mental distress was reported by 36 % of the sample. Biomarkers identified clinically significant evidence of alcohol dependence in 36 % of the sample, and AUDIT detected harmful alcohol use in 38 % of the sample. A series of multiple regression analyses suggested that impulsivity and frequent AID behaviour in the past are significant predictors of current alcohol misuse, together with other indicators pertaining to alcohol use. On the other hand, subsequent multivariate analysis showed that indicators of AID were not explained by variables pertaining to alcohol use: rather, younger people, those who reported less self-efficacy to avoid further AID and those whose alcohol use behaviour remained unchanged after the last conviction tended to trivialise and justify AID.

Conclusions: Harmful use of alcohol is common among Japanese AID offenders. Whether offenders are ready to acknowledge their alcohol use problem and change their AID behaviour may not be accounted for by objective indicators of alcohol use. More effort may be necessary to effectively address potential alcohol use problem and its link between AID conviction to offenders in designing and implementing remedial treatment.

INTEGRATIVE ASSESSMENT AND INTERVENTION FOR THE COMPLEX MEDICAL ILL

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Educational Objectives: To know how to do an integrative assessment and intervention in complex medical ill.

Purpose: To describe the use of an assessment protocol and integrative care for complex patients in a university general hospital.

Methods: AIDOC (Integrative assessment and intervention for the complex medical ill) is an instrument created based on some existing tools and evaluates in a clinimetric perspective six dimensions: physical, psychic, social, existential, ethic and relational.

Results: We will present some examples of the applicability of this protocol to different subgroups of patients who suffer specific difficulties and complexities: the elderly frail, chronically ill with multiple co-morbidities, patients with dual pathologies such substance abuse and patients with functional or psychosomatic problems.

Conclusions: AIDOC as a flexible resource modular-oriented and person/relation based demonstrates an easy way to cluster problems and action oriented potentialities. Our study contributes to early detection of risk factors in these complex populations, allowing the implementation of integrative healing strategies in a context of multisystem evaluation multitherapies and multidisciplinary professional approach.

UNCONTROLLED PRESCRIBING OF OPIATE PAINKILLERS (ANALGESICS) BY PHYSICIANS

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Introduction: Addiction is defined as a chronic, relapsing disease characterized by compulsive seeking and use of a substance despite adverse consequences on physical and mental health.

Opioid analgesics are often prescribed without control in practice while neglecting the potential possibilities of creating a dependency on them. Recently, there has been increase in the incidence of patients with this problem in outpatient psychiatric settings.

Purpose: The aim of this paper is to highlight the problem of uncontrolled prescription of opiate analgesics in practice.

Methods: Retrospective analysis of case

Case report: M. A., 79 year old woman, is admitted due to suicidal thoughts, depression, anxiety, insomnia, lethargy. Based on anamnestic data, it was found out that the patient has been using uncontrolled opioid analgesic for the last 9 months, which was prescribed by internist because of the pain in legs caused by ischemic disease. Over time, the patient increased the dose on their own initiative, without knowing that causes addiction, nor it is explained by physician or pharmacist about harmful effects and how long she can use that medicine. During the outpatient treatment with a gradual reduction of dose there was an emphasis on depressive symptoms, which required hospital treatment. Only after hospital treatment with the introduction of appropriate therapy, there was the withdrawal of the symptoms and the establishment of abstinence.

Conclusions: This case highlights the need for additional education of physicians on this issue because this is ongoing problem in psychiatric settings.

Keywords: analgesic drugs, addiction, uncontrolled prescribing

MENTAL DISORDERS AMONG OBESE PATIENTS SEEKING BARIATRIC SURGERY

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Background: The correlation between obesity and mental disorders is observed in the general population and clinical samples. However, few investigations have used standardized interviews to evaluate systematically the occurrence of mental disorders in the pre-bariatric surgery. In addition, the small size of the sample may be a limiting factor for accurate conclusion. Comprehensive assessment of this population may help to understand the outcome and mental health complications in the post-surgery.

Objective: To estimate the frequency of mental disorders among class III obese patients before undergoing bariatric surgery through standardized interview.

Design: Cross-sectional

Method: Obese adult patients (at least $BMI \geq 40 \text{ kg/m}^2$) were recruited from the waiting list of a University-based bariatric surgery clinic (N=393). The exclusion criteria were: previous gastroplastia and incomplete data collection. The final sample was 79.1 % of women; mean age: 43.0 years (SD 11.5); mean BMI: 47.8 kg/m^2 (SD 7.5) and mean global assessment of functioning (GAF): 76.8. Men subgroup was significantly more obese than women during pre-surgical period (50.2 vs. 46.4, $p=0.01$). The assessments were administered by trained clinicians through Structured Clinical Interview for DSM-IV Axis I Diagnosis (SCID-I).

Results: The current frequency of any mental disorders was 52.2% (54.9% for men vs. 51.4% for women). The highest rate was any anxiety disorders with 46.3%. There were no gender difference of mental disorders, except for substance use disorders that prevailed among men (7.3% vs. 1.9%, $p=0.01$). The lifetime frequency of any mental disorders was 80.9% (81.7 vs. 80.7%, NS). Any lifetime affective disorders were the most frequent diagnosis with 64.9% (35.6% bipolar disorders and 29.3% depressive disorders). Men subgroup presented more diagnosis of lifetime bipolar disorder than women (45.1% vs. 33.1%, $p=0.04$) and more substance use disorders (36.6% vs. 12.5%, $p<0.0001$). Among those respondents presenting any lifetime mental disorders, about 30% presented 1 disorder, 35% 2 disorders, and 36% 3 disorders.

Conclusions: Mental disorders are frequent conditions found among class III obese patients before bariatric surgery. High rates of lifetime mental disorders in the sample suggest that obesity might share common etiological factors or exert mutual causal relationships. Prognostic implications of previous mental disorders on bariatric surgery and weight loss should be demonstrated in follow-up study. Integrated mental and medical treatment should be recommended in managing the obese patients.

THE ROLE OF AFFECTIVE TEMPERAMENTS IN MAJOR AFFECTIVE DISORDERS

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Educational Objectives: Affective disorders (AD) are major cause of disability and psychosocial impairment worldwide. AD are often associated with suicide and attempted suicide having a devastating social impact in the general population. Affective temperaments may play a significant role in the psychopathological characteristics of AD.

Purpose: A comprehensive overview of the current literature concerning the association between MAD and affective temperaments was performed.

Methods: The search used the following terms: “Major Affective Disorders” OR “Mood Disorders” AND “Affective temperaments”. Only article in peer reviewed journals were considered. In addition, the reference lists of all papers identified were reviewed.

Results: Approximately 100 articles were selected and included by the combined search strategy. Most studies including nonclinical/healthy populations suggest the possibility to identify subjects who are at particular high risk for developing clinical forms of AD according to affective temperaments assessed by Temperament Evaluation of the Memphis, Pisa, Paris and San Diego-Autoquestionnaire (TEMPS-A). Affective temperaments play a significant role in determining the clinical evolution of minor/major mood episodes, the direction of polarity as well as clinical symptomatology, long-term course, suicidality and even medication adherence. Studies using the TEMPS-A found a strong aggregation of cyclothymic temperaments in non-affected first-degree relatives of bipolar I patients. Unfortunately, most studies were limited by the small sample size that did not allow to generalize findings.

Conclusions: Affective temperaments appear as predictors of psychopathology in patients with MAD. A systematic assessment of affective temperaments in subjects with MAD as well as in nonclinical/healthy populations of subjects is crucial for clinicians [Abstract words: 212].

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THE PICTURE OF THE BODY AND THE RESPECT OF ONE AT THE CHILDREN VICTIMS OF SEXUAL ABUSES IN THE TEACHING HOSPITAL OF MARRAKECH.

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Educational Objective: The objective of our study is to search the psychological ring of sexual abuse at the child, more particularly on the unthinking perception of its body and on its respect of one as well as their improvement by psychotherapy.

Purpose: The role of the psychotherapy in the improvement of the forecast of the child victim of sexual abuse.

Methods: They called a sample of sixty children victims of sexual abuse, signalled to pediatric emergency or addressed by an associative frame in pedopsychiatric consultation to the TEACHING HOSPITAL MOHAMMED VI of Marrakech. Valuation of these children was based on signing of:

- ladder of Esteem of One of Rosenberg;
- Questionnaire of the picture of the body.

The results of two sub-samples were compared:

- group with psychological made monitoring;
- not profitable group of psychological monitoring.

Results: study is under way; results will be introduced in the congress.

Conclusions: sexual abuse is a traumatic event which is accompanied often of psychopathology. Multiple-subject collaboration between the poles of intervention pediatric, pedopsychiatric, psychological, judicial and social is necessary.

Prevention plays a role mattering in the reduction of impact, raised, sexual abuses of the children.

Literature Reference:

The sexual harassment: of the individual psychopathology in the social factors (mailmen). S. Lepastier, J.-F. Allilaire. Medical psychological annals, Vol 162, Iss 7, 2004, P 577-585.

METABOLIC SYNDROME AND MENTAL ILLNESS: A STUDY OF INPATIENTS IN NORTHERN PORTUGAL

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Educational Objectives: Recognize the relevance of the metabolic Syndrome (MS) in psychiatric patients.

Purpose: To evaluate the prevalence of the Metabolic Syndrome in a sample of psychiatric patients and to contribute to the identification of the patient profile and risk factors associated with the MS in Portugal.

Methods: 105 patients hospitalized in the Department of Psychiatry and Mental Health of the *Unidade Local de Saúde do Alto Minho*, Portugal, were evaluated during a time frame of 3 months. Data were collected through an interview, using a questionnaire designed by the authors. Anthropometric and analytical parameters were obtained on admission. The prevalence of the MS was assessed using the American Heart Association / National Heart, Lung and Blood Institute diagnostic criteria.

Results: Most patients were female (71.4%). The mean age was 47 ± 15 years. The prevalence of the MS was 32.4%. Considering the individual components of the MS, reduced HDL cholesterol was the most common change (71.7%), followed by elevated waist circumference (47.1%), elevated blood pressure (33.3%), elevated triglycerides (25.7%) and elevated fasting glucose (19.0%). 24.6% of patients had a previous diagnosis of dyslipidemia, 21.5% of hypertension and 12.3% of diabetes. All of these patients complied with specific therapy for any of these three medical conditions. Regarding body mass index, 32.3% of the patients were overweight and 21.5% were obese.

There was a statistically significant association of the MS with increased body mass index and older age. We did not find any association between the use of psychotropic drugs at the time of admission and the presence of the MS. We also didn't find any association between the MS and lifestyle risk factors, such as smoking and lack of physical exercise.

Conclusions: As was expected, the prevalence of the MS was high in our sample. Thus it is of crucial importance to be aware of this syndrome, in order to treat it properly. Considering the international literature, it is surprising the lack of association between the MS and psychoactive drugs in our study. It would be important to perform further studies to bring into light new perspectives on this issue, including the contribution of the use of different psychoactive drugs in this syndrome.

COPING STRATEGIES AND ANXIETY AND DEPRESSION SYMPTOMS IN SUBJECTS WITH TRAUMATIC SPINAL CORD INJURY

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Educational Objectives: The complexity of spinal cord injury (SCI) affects all life domains of the person with this severe condition. Requires a multidisciplinary approach in which psychological and social aspects embody a central role in the whole process of adaptation to SCI. With this presentation, the participants should recognize the coping as a crucial key variable in this process.

Purpose: This study aims to highlight the importance of anxiety and depression as predictor variables of the process of adaptation to SCI.

Methods: This study was conducted Nationwide in collaboration with: Centro Hospitalar do Porto (HSA); Sul and Rovisco Pais Rehabilitation Center; Gaia's Professional Rehabilitation Center, Salvador Association and Portuguese Association of Disabled People. 168 subjects with Traumatic Spinal Cord Injury participated in this study. The Hospital Anxiety and Depression Scale was used to assess the anxiety and depression and the Brief cope to assess coping strategies.

Results: Most of the SCI subjects are male (75.6%) and 24.4% are females. The data of anxiety and depressive symptoms show that SCI subjects present anxiety symptoms (73.8%) in which 26.8% have moderate/severe anxiety. On other hand 71.4% of the SCI subjects present depressive symptoms and 20.8% of those have moderate/severe depression.

The main coping strategies used by SCI's subjects are: active coping (M = 4.59, SD = 1.29) and acceptance (M = 4.57, SD = 1.28) and the least used is the substance use (M = 0.32, SD = 0.98). The use of the positive reinterpretation (p = 0.003), is associated with a lower incidence of anxiety symptoms. Conversely, strategies self-blame (p = 0.014), venting, (p = 0.000), denial (p = 0.000) and substance use (p = 0.003) were associated with a higher incidence of anxiety symptoms. For depressive symptoms, there are significant associations for the strategies: active coping (p = 0.012), positive reinterpretation (p = 0.002), substance use (p = 0.022) and humor (p = 0.004). SCI subjects that have a lower incidence of depressive symptoms are those who use active coping, positive reinterpretation and humor. On the other hand those who resort substance use are those with more depressive symptoms.

Conclusions: This study highlights the need for therapeutic plans targeted to this particular population and focus the importance of the coping in this dynamic adaptation process. The aims of these plans are to enable the individual to manage the physical and psychological consequences maximizing their potential to join and benefit from the rehabilitation process.

PHYSICAL ACTIVITY LEVELS OF OUTPATIENTS WITH SCHIZOPHRENIA ATTENDING A STRUCTURED PHYSICAL ACTIVITY PROGRAM

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In general, individuals with schizophrenia present high rates of mortality and co-morbidities, a situation aggravated by the presence of diabetes mellitus, hypertension, coronary heart disease and obesity. Therefore, interventions based on physical activity focused on individuals living in the community are essential. Such actions improve the body mass control, lipid profile control and self-esteem, as well as improve social functioning. These benefits directly reflect an improvement in their quality of life. For this reason, the Department of Special Physical Education of the Faculty of Sport of the University of Porto established partnerships with one Mental Health Institution and two Public Hospitals in Porto, Portugal to develop a structured physical activity (PA) program for people with Schizophrenia.

Objective: This study aimed to assess the level of PA in outpatients with Schizophrenia in their daily activities, before the beginning of the structured PA program, and verify the correlation between body mass index (BMI) and level of PA.

Methods: In its first stage, the project have twenty one males and eight females (M=40,3 yrs; SD=7,3 yrs) diagnosed with Schizophrenia. The level of PA was obtained with Actigraph accelerometer model GT3X. Spearman correlation test was used to compare the level of PA with the BMI ($P<0,05$), and evaluate its statistical significance.

Results: The results correspond to the first stage of the project. The majority of this group (51,7%) did not performed at least 30 minutes of moderate to vigorous physical activity per day, as recommended by American College of Sports and Medicine Guidelines. There was a significant weak negative correlation between level of PA and BMI ($p=0,036$; $r=-0,39$).

Conclusion: Most participants presented a low level of PA before the beginning of the structured PA program. The results demonstrate a negative correlation between BMI and level of PA, indicating the importance to encourage the development of more PA programs for this population. This action may help to decrease co-morbidities and mortality, as well as to improve the quality of life of these patients.

SCHIZOPHRENIE ET TABAC : CARACTERISTIQUES ET IMPLICATION DE DANS LA LUTTE ANTI-TABAC

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Introduction et objectif :

L'association entre la schizophrénie et la consommation de tabac a été décrite dans la littérature dans plus de 1000 articles. La schizophrénie est le trouble psychiatrique où l'on retrouve la plus grande proportion de fumeurs. Il est donc très important d'inciter les patients à arrêter de fumer.

Méthodologie de l'étude :

Il s'agit d'une étude épidémiologique descriptive transversale intéressant 25 patients schizophrènes fumeurs. Un questionnaire semi-structuré a été proposé aux patients concernant les caractéristiques démographiques et cliniques des patients schizophrènes fumeurs ainsi que leurs habitudes tabagiques, la gravité de leurs dépendance à la nicotine, leurs raisons de fumer et enfin leurs raisons de cessation de fumer, et ce en utilisant des instruments d'évaluation validés.

Résultats :

Dans notre étude, la moyenne d'âge des patients était : 32.8 ± 11.82 ans.

96% des patients ayant répondu au questionnaire fumaient quotidiennement.

Concernant l'âge de début du tabagisme, 84% avaient fumé leur première cigarette avant l'âge de 20 ans.

Dans notre étude, 52% des patients schizophrènes fumaient entre 10 et 20 cigarettes ou moins par jour. 20% des patients étaient fortement ou très fortement dépendants à la nicotine. Quand à la motivation à l'arrêt de la nicotine, 80% n'avaient jamais essayé au par avant d'arrêter de fumer. 64% avaient des chances réelles de réussir mais des difficultés à prévoir. 64% des patients questionnés trouvaient dans la cigarette un soutien psychologique et un moyen pour lutter contre l'anxiété. 56% trouvaient du plaisir dans l'action de fumer et 48% patients fumaient par habitude.

Conclusion : Le tabagisme est très prévalent chez les patients souffrant de schizophrénie et constitue un problème de santé publique important. Ces derniers sont motivés à cesser de fumer, mais n'y parviennent pas autant que la population générale.

ANXIETY AND DEPRESSION SYMPTOMS IN INFORMAL CAREGIVERS OF SUBJECTS WITH SPINAL CORD INJURY

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Educational Objectives: With this presentation, the participants should be able to recognize the informal caregiver's of people with spinal cord injury as a special group and should be aware to specially evaluate Anxiety and Depression.

Purpose: The aim of this study it's to know the Anxiety and Depression expressivity symptoms in Portuguese informal caregivers of people with Spinal Cord Injury.

Methods: This study was conducted Nationwide during the year 2012 in collaboration with Centro Hospitalar do Porto; Sul and Rovisco Pais Rehabilitation Center; Gaia's Professional Rehabilitation Center, Salvador Association and Portuguese Association of Disabled People. 160 Informal Caregivers of subjects with Traumatic Spinal Cord Injury participated in this study. The Hospital Anxiety and Depression Scale was used to assess the Anxiety and Depression.

Results: Based on the HADS, there was evidence of high levels of Anxiety and Depression symptoms in the Informal Caregivers, with 70, 3% with Anxiety symptoms, in which 33,5% of the carers presenting moderate/severe Anxiety. On the other hand 70,3% of the caregivers present Depression symptoms, 31,6% of those present moderate/severe Depression.

To verify dependence between the Anxiety and Depression symptoms and socio-demographics variables we used the Chi-squared test. The results show that the anxiety symptoms don't vary according with socio-demographic characteristics. In other way, depressive symptoms of the informal caregivers in this study don't depend of age or education ($p>0,05$), but depend of gender ($\chi^2=6,195$; $p=0,013$), comparatively, the males have a greater tendency to severe depression than the female.

Conclusions: The prevalence of Anxiety and Depression symptoms in informal caregivers of people with spinal cord injury is considerably high. These findings highlight the importance to assess the contribution of mood disorder, especially anxiety and depression in this specific group and also the need to develop and implement more and better psychological strategies to promote informal caregiver's well being.

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Topic

5

Globalization, instant communication and mental health

Posters Session

SYSTEMATIC STUDY OF THE DESTRUCTIVE SOCIAL EPIDEMICS PHENOMENA

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Educational Objectives: at the end of this presentation, the participants should be able to understand the concept of the "destructive social epidemics" (DSE), its main characteristics, universal mechanisms and risk factors, the algorithm and technologies of resistance development towards DSE, and will learn about the results of the implementation of such technologies in Kazakhstan.

Purpose: to overcome the doctrinal and institutional deficits, increase the effectiveness of counteracting efforts towards DSE.

Methods: Diagnostics (clinical-psychopathological, psychological, sociological, epidemiological), experimental, analytical (statistics, comprehensive analysis of economic efficiency, the method of expert's estimates). Main tools: Pavlodar multifunctional questionnaire, basic research card, disciplinary matrix model, scale to control levels of DSE spreading. Main research's stages: baseline data collection and analysis (2001-2004), experimental and analytical (2005-2008), conceptual (2009-2012).

Results: DSE refers to the process of engaging people in chemical dependencies (alcohol and drugs) - up to 7%, psychological dependence (sects and extremist groups, gambling, computer addiction) - up to 3%, and adaptation disorders with signs of demoralization syndrome (vulnerable groups to destructive chemical and psychological addiction) - up to 12% of the population. DSE has a tendency to uncontrolled spreading with direct and indirect interdependences. The major driving force of DSE spreading are increasing environmental hostility (informational), degradation of natural sanogen mechanisms and progressive decrease in population's adaptive capacity, devastating delay in elaboration of effective social self-organization;

The universal mechanisms, risk factors, and algorithm of resistance development towards all types of DSE have been carefully studied. It demonstrates that when we forcefully developed the certain psychological features to secure high resistance to hostile environmental, the importance of standard risk factors could be significantly reduced.

Based on gained results, we developed the DSE meta-concept that includes the updated strategy for effective social counteraction, computer programmes of risks assessment for each age group, measures of risks correction in educational curricula, efficient forms of medical and social rehabilitation for people with chemical and psychological dependences. These innovative approaches have been implemented as part of the national programmes in Kazakhstan since 2009.

- **Conclusions:** The obtained intermediate results and tracked trends in DSE spreading indicate that the main objectives of the research have been achieved. The meta-concept of destructive social epidemics is able to explain adequately the phenomena of DSE and demonstrate the possibility of effective social resistance development. The large-scale institutionalization of such innovative approaches contributes to the establishment of effective control in the area of DSE spreading, and to overall growth of social efficiency.

A STUDY ON THE LONELINESS LEVELS OF ADOLESCENTS WHO LIVE IN AN ORPHANAGE AND THOSE WHO LIVE WITH THEIR FAMILIES

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Purpose: This study aims to compare the loneliness levels of male adolescents who live in an orphanage and who live with their families.

Methods: Participants were a total of 86 male adolescents aged between 15-18 years, 43 of whom live in an orphanage and 43 of whom attend high school and live with their parents. The sociodemographics of these adolescents and their families were gathered with the “Adolescent Introduction Form”, and loneliness levels were identified with the “UCLA Loneliness Scale” designed by Russell, Peplau and Ferguson (1978) and tested for validity and reliability by Demir (1989).

Results: The results showed that the significant difference between the loneliness mean scores of adolescents living in an orphanage and with their families ($t_{(84)}=5.37$, $p<.01$). The loneliness mean scores of adolescents living in orphanages ($X[\text{mean}]=45.46$) were higher than those of adolescents living with their families ($X[\text{mean}]=36.30$). These findings suggests a meaningful relationship between loneliness and whether adolescents live in an orphanage or with their families. 67.4% of male adolescents in orphanages experience moderate levels of loneliness, while 69.8% of those with their families experience low levels of it. There were no participants in either group who were experiencing high levels of loneliness according to the UCLA Loneliness Scale. A significant relationship was found between living in an orphanage or with a family and loneliness levels ($\chi^2_{(df=1, n=86)}=11.913$, $p<.01$). It was concluded that adolescents living in an orphanage experienced higher levels of loneliness than those living with their families, and that the difference was statistically significant ($t_{(84)}=5.377$, $p<.05$).

Conclusions: This comparative study has shown that adolescents living in orphanages form a psychological health risk group. The following may be recommended in light of these findings:

Children and teenagers living in orphanages should be monitored regularly for symptoms such as loneliness, hopelessness, anxiety, worry and depression,

Adolescents should be given training in social, communicative and problem solution skills, whose lack may cause loneliness,

Key words: Adolescent, Orphan, Loneliness, Orphanage

References: Karadağ-Çaman, Ö., & Özcebe, H. (2011). Adolescents living in orphanages in Ankara: Psychological symptoms, level of physical activity, and associated factors. *Turkish Journal of Psychiatry*, 22, 93-103.

SUPPORTING HEALTH PROFESSIONALS WORKING WITH PEOPLE WITH DEMENTIA IN REMOTE AND ISOLATED AREAS IN AUSTRALIA: AN INNOVATIVE SERVICE

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Objectives: Preventing job strain and its detrimental effect on quality of care in residential care staff and other health professionals is most important when considering the care of people with dementia. An innovative service for Australian carers is the Dementia Behaviour Management Advisory Service (DBMAS), which is available to support residential and community care staff in caring for people living with dementia. The service in Melbourne Australia is now supporting staff working in remote Northern Territory, 3,700 kilometres away. This paper describes the service and its impact.

Methods: A) We interviewed residential care staff who were new users of the DBMAS. Each staff member was nominated by their facility and in total 137 (82.5%) of all eligible Residential Aged Care Facilities (RACFs) (n=166) participated in the study. B) We also collected data on the impact of education on health professionals provided via teleconference and videoconference.

Results: We found that residential care staff were affected adversely by behavioural and psychological symptoms of dementia (BPSD), most particularly screaming and physical violence. However job strain (including staff confidence, perceived skills and stress) was reported to improve following the introduction of the DBMAS. Staff reported improvements in confidence and stress levels as well as a number of work productivity measures such as absenteeism and reduced length of resident care time. In addition education provided by the remote service in Melbourne was received very favourably and was successful in improving knowledge in key areas of practice.

Conclusion: Results provided evidence for the positive effects of DBMAS support. Remote support is an effective way to share scarce resources of psychogeriatric and specialist medical and allied health support.

THE CHARACTERISTICS OF THE USE OF FORMAL, FAMILIAR AND NON-FORMAL LANGUAGES IN PSYCHIATRIC COMMUNICATIONS. A FUTUROLOGICAL PERSPECTIVE

Tamas Barnabas

GAMIAN-Europe, MHE, ENIL And WNUSP

Objectives: One of the principal characteristics of the democratization and globalization of the English tongue is the lack of differentiation between thou and you. This streamlining aspect of linguistics has a time tested and proven record of high effectiveness in psychiatric communications in general and in treatment practices in particular.

Methods: Analytical interpretation of comparisons of communicational practices will constitute the methodology of the presentation.

Results: The presentation highlights the English good practice of the undifferentiated use of thou and you in various areas of official psychiatric communications without making the linguistics of the differentiated use of them look inferior. Demonstrating some of the most constructive elements of the formal, familiar and non-formal communication techniques in psychiatry, the presentation displays both, the undifferentiated and the differentiated usages as equally good alternatives in the context of institutional as well as community situations.

Conclusion: In conclusion the presentation explores some examples of institutional and community bound instant communications and suggests whether the employment of differentiated or undifferentiated thou – you language is more efficacious in the given cases.

Keywords: “The psychiatric effectiveness and good practice of the English undifferentiation between thou and you has been time tested...”

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Topic

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Mass movements of populations: migrants, refugees, others

Posters Session

MATCHMAKING MARRIAGE, MEDIATING CAPITAL? EXPLORING THE ROLE OF TRANSNATIONAL MARRIAGE AGENTS ON THE ACCUMULATION OF SOCIAL CAPITAL OF IMMIGRANT WIVES IN TAIWAN

Yi-Han Wang

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The prevalence of transnational marriage can be witnessed in Taiwan in the late twentieth century where Chinese and Southeast Asian women, mainly from Vietnam, dominate numerically. Social capital, referring to the idea that human beings rely on social networks to meet various needs and interests, has been identified as the most important resource for immigrants to access resources, make quick adaptations to the new environment, improve mental health and develop a sense of belonging. However, there is a shortage of research exploring social capital among these immigrant wives. Thus this paper aims to explore this domain by focusing on the role of transnational marriage agents.

Statistic data had pointed out that most immigrant wives marry Taiwanese through the operation of profit-pursuing marriage agents (i.e. *Zhongjie*). It was recognized that *Zhongjies* made negative impacts on these women's life in Taiwan due to their commodified mediation. Taiwanese government thus amended the Immigration Act and decreed that since 1st August 2008 it has been unlawful to set up a profit-pursuing marriage agent. Hereafter only a non-profit association which got a permit from the competent authority can provide transnational matchmaking service. The kind of non-profit transnational marriage agent is called *Xiehui*. By the end of 2012, forty-one *Xiehuis* have been permitted and most were transformed from *Zhongjies*.

Based on in-depth interviews with 14 interviewees working in 12 *Xiehuis* conducted from May 2011 to April 2012, I show that *Xiehuis* play a key role on the accumulation of social capital of immigrant wives. I further found that these matchmakers, whose services are underpinned by profit-pursuing (*Xiehuis* still operate commercially), professional ethics, traditional family gender division and racialization, can benefit immigrant wives to construct "strong ties" or "bonding capital" but place them at a disadvantage in connecting "weak ties" or "bridging capital". As demonstrated by scholarly efforts, "weak ties" or "bridging capital", consisting of persons to whom the central person is marginally connected and has little contact with, can provide better and more access to information about opportunities than "strong ties" or "bonding capital" which indicates a relative, friend, neighbor, or co-worker that the central person sees often and interacts with on a frequent basis. It cannot be denied that "strong ties" or "bonding capital" in the host society can provide immigrant women for instrumental aid (e.g. child care, helping with finances and emotional support), these women, however, can be more empowered cognitively and experientially by "weak ties" or "bridging capital" to seek out individuals who can connect them to more opportunities and engage more heterophilous ties.

This paper thus concludes that the Taiwan's state should identify *Xiehuis*' diverse roles and call for programs to develop *Xiehuis*' cultural competence so that immigrant wives' well-being can be truly improved when they begin new lives in Taiwan.

PTSD AMONG IRAQIS DISPLACED TO EGYPT AFTER THE GULF WAR 2003

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Purpose: To identify the extent and risk factors of PTSD among Iraqis displaced to Egypt after the Gulf War 2003

Methods: It is a cross-sectional survey of a sample of adult displaced Iraqis living in Cairo, Egypt. Subjects were 127 Iraqis, aged between 18 and 65 years, identified through snowballing and Random walk techniques.

The Mini International Neuropsychiatric Interview (Arabic version, modified to colloquial Iraqi) was used to detect mental disorders. A specially designed questionnaire was used to evaluate the effects of the Iraqi war and consequent displacement on the level of distress in the subjects.

Results: 21.2% of the sample received the diagnosis of PTSD. Studying the characteristics of PTSD group (n=27) compared to non-PTSD group (n= 100), revealed that: 88.5% of the PTSD group were males compared to 59.1% of the non-PTSD group, 85.2% of the PTSD group were married compared to only 59.6% of the non-PTSD group and the mean age of the PTSD group was (43.3±11.9) while that of non-PTSD group (37.6±13), those differences were significant.

There was no significant difference between both groups regarding the actual exposure to traumatic events. However the significant difference was the persistence of the effect of trauma. 87% of the PTSD group perceived the influence of the trauma as still existing at the time of the study compared to 54.4% of the non-PTSD group. The entire PTSD group (100%) reported that it affects their mental health compared to 76.8% of the non-PTSD group. The PTSD group had significant higher comorbidity with anxiety disorders and significant higher past history of MDD (47.4% compared to 10.8%) and panic disorder (51.9% compared to 3.3%). Suicidal risk was significantly higher in the PTSD group (59.3%) compared to the non-PTSD group (8.5%)

Conclusions: Nine years after the exposure to the traumatic events of the Gulf War, PTSD is related to the perception of the trauma's effect, not merely to its occurrence. Risk factors included male gender, older age and past history of MMD and panic disorder. Suicidal risk was significantly higher in individuals with PTSD. These findings highlight the need for mental health services and routine screening of PTSD, other comorbid mental disorders and suicidal risk to all displaced Iraqis and other refugees subjected to similar conditions.

DO THE ECOLOGICAL MIGRANTS HAVE HEALTHIER LIFE IN THE NEW PLACES IN CHINA?

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² School of Public Health, Ningxia Medical University, Yinchuan China

Educational Objectives: at the conclusion of this presentation, the participants should be able to have an understanding of the general health status of the ecological migrants who were affected by the massive ecological relocation project in Northwest China.

Purpose: To investigate differences in general health status between the ecological migrants and local residents, and to explore the predictors for a good health status among the migrants.

Methods: The survey was conducted in Ningxia Hui Autonomous Region, Western China. Multi-stage cluster sampling method was used to identify individuals from households in randomly selected villages. The Short Form (SF-36) Health Survey in Chinese was used for evaluating the health status of participants. Information on demographic characteristics was also collected. Comparison was made in the eight sub-scores of SF-36 and two summary measures of physical and mental status. Logistic regression was used to identify the predictors for better physical and mental health status.

Results: The questionnaires were completed by 626 participants, including 365 ecological migrants and 319 local residents. There were significant differences in age, ethnicity, education level and family income between the ecological migrants and local residents. Overall, there was a significant difference in physical functioning between migrants and local residents (80.44 vs. 86.42, $P=0.003$), and between Hui ethnic and Han ethnic participants (84.76 vs. 80.66, $P=0.007$). Among hui ethnic participants, significant differences were also found in the scores of role limitation due to physical health and body pain between migrants and local residents (60.73 vs. 72.02, $P=0.015$; 73.90 vs. 79.62, $P=0.011$, respectively). There was significant difference in summary score of physical status between migrants and local residents (67.06 vs. 70.61, $P=0.029$). Male participants had significantly better summary scores of physical status and mental status than female participants (summary physical score: 72.03 vs. 66.02, $P=0.002$; summary mental score: 67.80 vs. 64.35, $P=0.024$). Those migrants who were younger, with higher education level and higher family income had higher probability to have better summary score of physical status. Those migrants who were younger and had higher family income had higher probability to have better summary score of mental status.

Conclusion: The ecological migrants had worse physical health status than local residents while there was not much difference in mental health status. Those migrants having less income and being older were vulnerable to unhealthy conditions. Local government and health sectors should pay close attention to the health of these migrants, especially the elderly and the poor, and ensure them to have a better quality of life in the new places.

ALTERNATIVE FUNCTIONS OF MIGRATION IN MENTALLY ILL CONTINGENT FORMATION IN SIBERIA

I. Artyemyev

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Educational Objectives: Migration of the population can act as a nosogenic or prophylactic determinant in various ecological conditions. Participating in the process of enterprise by his/her physical or intellectual work producing goods and services human being spends his/her energy accumulated in his/her health i.e., finally all is produced at the expense of health.

Purpose: To reveal influence of migratory processes on mental health of the population at population level.

Methods: We have studied correlation interrelationships of prevalence of mental diseases, alcoholism with migratory parameters (migratory increase, result of migration and its turnover) for urban population of all 18 administrative territories of Siberia for 10 years.

Results: We have carried out investigations of mental health of intensive mastered gas producing regions of Siberia and territories of southern Siberia where migratory flows have traditional character. So, in developing city where population for considered period has increased by 1,5 times, incidence rate of neuropsychiatric disorders is lower as compared with a city of southern Siberia where increase of population has constituted 10%. Interrelationships of prevalence of mental diseases and alcoholism on territories where there is relative slowing down of migratory increase and result of migration as a rule are negative and dynamic of considered by us classes of diseases reflects accumulation both of mentally ill and suffering from alcoholism. We have found that on territories with positive migratory increase, correlations of parameters of migration and prevalence of mental diseases have positive sign; in alcoholism, these interrelationships are not reliable. Because both processes – increase of population and accumulation of mentally ill occur one-directed so migrating population can promote increase of mentally ill at the same moment all-around increase of alcoholism is not associated with its higher level in newcomers.

Conclusions: Migration thanks to its selective function comprising of change of qualitative composition of the population exerts ambiguous influence on prevalence of mental diseases and alcoholism in populations of places of settlement. Migratory flows into districts of new industrial mastering promote minimization of incidental level of prevalence of mental diseases and alcoholism while in traditional ones there was not such interrelationship. Newcomers promote “recovery” of places of settlement however further “accumulation” of neuropsychiatric pathology and leveling with level of traditional regions occurs. Consequently, moving of population – is first of all migration of health on labor market. Siberia in this regard is situated in extraordinary non-benefit situation.

MENTAL HEALTH OF FOREIGN IMMIGRANTS' CHILDREN IN JAPAN

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Introduction:

In Japan, as foreign immigrants have been recently increasing, the numbers of the second generation in young age accompanied with their parents have also been rapidly growing. They are required to adapt to a new culture and a new language, and it must be hard to achieve. Their difficulty must be influenced by whether they can use the new language well or not, because it can help communication with friends and teachers.

Purpose:

We undertook this research to investigate mental state and stress of the second generation, and to examine influence of their daily-using language.

Methods:

The objects were students belonging to junior high schools in Kobe, whose parents settled in Japan after 1980. Participants were examined with a structured interview to determine their ability to use the Japanese language and the native language, socioeconomic status of family, socio-cultural adaptation of family and scholastic achievements. We evaluate the stress and the mental state of participants using Birleson Depression Self Rating Scale for Children (DSRSC), and Modified Health Checkups for High-School Students (MHC-H) used for checking stress and anxiety in the previous study.

Results:

46 students and their parents agreed and signed the consent of the investigation. We used the results of 40 participants who have fulfilled all the questionnaires. As a daily language, 19 participants used their native language (Group N) and 21 used Japanese (Group J).

The mean score of DSRSC was 10.9 ± 5.0 , and 22.5% of the participants showed higher scores than the cut off points of 16. These results were almost the same with those of the Japanese students. There was no significant difference between groups.

The mean total score of MHC-H was 12.8 ± 7.1 . That was as same as that of Japanese students, but the items on which participants said 'yes' were different between Japanese and foreigners. Japanese had much concern on their study and grades, and foreigners cared about human relationship. There was no significant difference in total score between groups, but the items chosen were different. The number of students, who showed difficulty on their communication with teachers, was significantly larger in Group N.

Conclusions:

The second generation of immigrants showed the similar level of mental state with Japanese, but its difficulty had different characteristics. What language they daily used also seemed to have influence on their mental state, so we should take that aspect into consideration when we support them.

PSYCHIATRIC MORBIDITY AMONG IMMIGRANTS IN SINGAPORE: A RETROSPECTIVE REVIEW

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Background

Singapore, a “multicultural kaleidoscope”, has emerged one of Asia’s most cosmopolitan cities, with the major ethnic groups of Chinese, Malays, Indians, Peranakans and Eurasians calling it home. Since the year 1990 there has been a surge in development in the region leading to an increase in the immigrant population, who constitute about 30% of the population. Migration itself brings about some amount of stress and is likely to have an impact on the mental health. Those of them who develop a mental health issue may be seen at the psychiatric services at any of the general hospitals, but a majority of them are referred for management at the Institute of Mental Health (IMH). IMH is a 2,000-bedded tertiary psychiatric hospital offering a comprehensive range of psychiatric services to clients of all age groups in Singapore.

Aims and objectives

To study the psychiatric morbidity and socio demographic variables among immigrants attending Emergency Services at IMH

Method

We will be reviewing the demographic data, psychiatric diagnoses and other variables of immigrant patients who have attended the Emergency Room between January 2011 and December 2012 (2 year period) at IMH Singapore.

Results

The study is still ongoing. Preliminary pilot data suggest certain specific diagnosis categories such as Adjustment Disorder, Depressive episodes and Acute and Transient Psychotic Disorders. Results will be discussed in detail during the conference.

Conclusions

This ongoing study focuses on the challenges in assessment such as language and socio cultural barriers and management of such patients in a socio cultural perspective. There remains a palpable dearth in securing the background history of the patient and lack of available collateral information from the nearest relatives. Most of them were brought by police or on a mental health act section which poses further challenges in management. Those who presented with psychotic episodes have an acute onset and more florid symptoms as compared to the local population.

NEGLECTED RESEARCH OF PSYCHOSIS IN IMMIGRANTS: A CRITICAL REVIEW OF THE SPANISH LITERATURE.

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Educational Objectives: At the conclusion of this presentation, participants will 1) appreciate the current state of research on the relation between psychosis and immigrants to Spain; 2) understand why the Spanish psychiatric literature is relatively undeveloped in this field; and 3) learn what next steps are needed to clarify rates and outcome of psychosis in Spanish immigrant populations.

Purpose: This study will assess the state of the Spanish literature with respect to psychosis and migration to better understand why the field has been neglected and to clarify the attitudes of Spanish psychiatry toward this topic.

Methods: A computerized search strategy was applied to identify relevant articles published before September 2012 with database-specific medical and social key words. The following topics were reviewed in the retrieved literature: characteristics and quality of the studies, attitudes of researchers regarding the study population, and clinical and epidemiological characteristics of psychosis in immigrants to Spain.

Results: 13 articles were found that touched on the topic of psychosis in immigrants to Spain. One article was a case-series, three were opinion articles and nine were observational retrospective studies, but none of the identified studies specifically addressed rates or outcomes of psychosis in immigrants. All articles were published after 2001. Key concepts, such as definition of immigrant or classification according to place of origin, were heterogeneous and non-standardized. Well-known international findings, such as high rates of psychosis in immigrant populations, were mentioned in only half of the articles. Furthermore, subjective and non-rigorous attributes to the migration-process and to immigrants were found in most of the publications. Articles assessing clinical features and management agreed on higher severity of the disease and elevated rate of mystic-religious delusions in immigrants compared to the native born. Coercive measures, such as higher rates of hospitalization and more use of mechanical restrains, were reported in some of the studies.

Conclusions: Though Spain has one of the highest rates of immigration in Europe, the Spanish psychiatric literature shows a clear lack of publications regarding psychosis in immigrants. Neither incidence nor treatment outcome studies of psychosis in immigrants to Spain have been carried out to date. Furthermore, we found a lack of standardized concepts critically relevant for enabling comparison and contextualization within individual publications and with the international literature. Moreover, the lack of standardized assessment of immigrants to Spain could lead to misdiagnosis of psychosis in vulnerable populations and an overestimation of rates of psychosis in these populations.

LANGUAGE-PROFICIENCY AMONG HOSPITALIZED IMMIGRANT PSYCHIATRIC PATIENTS IN ITALY

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Purpose: Lack of cultural adaptation may risk or worsen mental illness among immigrants, and interfere with assessment and treatment. Although language-proficiency (LP) seems essential for access to foreign environments, research available is very limited, encouraging this preliminary study of its relationships to demographic and clinical factors.

Methods: We reviewed clinical records of all immigrant psychiatric patients hospitalized at the University of Foggia in 2004–2009 (N=85), and tested prevalence of factors-of-interest between patients considered to have adequate versus inadequate (needing an interpreter) Italian-language proficiency (LP).

Results: Immigrant inpatients (44 men, 41 women; 35.7±10.0 years-old) represented 3.62±0.94% of all hospitalizations. Most had emigrated from other European countries (60.0%). Many were diagnosed with DSM-IV unspecified psychosis (40.0%) or adjustment disorder (18.8%), and 45.9% involved first-lifetime episodes. Average Italian-language-proficiency (LP; comprehension and spoken) was considered good-moderate in 62.4%, low-inadequate in 37.6%. In multivariate modeling, *adequate-LP* was more prevalent among women than men, and associated with an EU country-of-origin, taking more psychotropic drugs at hospitalization, having entered Italy legally, and weakly with being employed.

Conclusion: The findings support an expected importance of LP among immigrant psychiatric inpatients, and encourage language-assessment and training as part of comprehensive support of such patients, especially men.

IMMIGRATION AND LANGUAGE BARRIER IN A COMMUNITY MENTAL HEALTH CENTER.

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Objectives:

The objective of this study is to analyze the differences in demographic and clinical profiles of the immigrant patients who come to the Community Mental Health Center in order to compare the results based on the presence or absence of language barrier.

Methods:

A total of 59 patients visited in the Community Mental Health Center "Martí i Julià" in Santa Coloma de Gramenet, Barcelona, between June and December 2012 were included. Evaluated assessments included sociodemographic and clinical variables. Data were retrospectively collected for an observational study, in order to evaluate the differences between the variables in terms of presence or not of language barrier.

Results:

Of a total sample of 59 immigrant patients, the mean age was 33.8 years, with a frequency of 52.5% of men. The 69.5% of patients did not have family support, having required a social work intervention in a 61% of the patients, independently of the place of origin. Demographic variables are described in Table 1. Table 2 describes the frequency depending on the origin of immigrants, being the most frequent group from Maghreb (47.5%) or South America (33.9%). In Table 3 are described the frequencies according to primary diagnosis, the most frequent were psychotic (47.45%) and affective (27.11%) disorder. In relation of treatment, 76.27% of the patients received antipsychotic, 13.55% of them required three or more antipsychotics, and 13.55% were with long-acting antipsychotic. We analyzed whether there was a relationship between these variables and the presence of language barrier, and the results were not significant ($p > 0.05$). We analyzed the antecedent of agitation and we did not find a significant relation depending on the presence of language barrier.

Conclusions:

The profile of the immigrant patient recently treated at the Community Mental Health Center of Santa Coloma is a young man without family support and social problems, which the most frequent is from North African origin. There were no significant differences in clinical or therapeutic profiles depending on the origin of the patient, we did not find either differences when the variable agitation or the use of as many antipsychotics were analyzed, in relation to the existence or not of language barrier.

In our sample, the language barrier would not be a determining factor in the immigrant patient with mental health problems management.

21st World Congress of Social Psychiatry, 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

7

Suicide and its prevention

Posters Session

EMOTIONAL IMPACT OF THE SUICIDE OF A PATIENT IN THE STAFF OF A MENTAL HEALTH PRIVATE CLINIC IN CHILE

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Introduction: Multiple studies have shown that the suicide of a psychiatric patient can produce high emotional impact on the mental health staff – which normally has high levels of baseline burnout and psychopathology. This reality has not been studied in Chile.

Purpose: To measure the emotional impact of the suicide of an inpatient in the mental health staff of private psychiatric clinic in Chile.

Methods: Two months after the suicide of a patient in a psychiatric inpatient ward all the service members were invited to anonymously answer the questionnaires PCL-S, BDI and MBI of posttraumatic stress symptoms, depression and burnout, respectively. Frequencies were calculated for probable PTSD, probable major depression disorder and burnout. We sought independent occupational risk factors using multiple linear regression analysis.

Results: Over 80% of staff participated. 14.63% had probable PTSD, 21.95% probable major depression, 24.39% higher levels of emotional exhaustion, 14.63% high levels of depersonalisation and 19.51% low levels of personal accomplishment. The group of people who works inward, in permanent contact with the patients (university nurses, paramedical and support assistants) had PTSD scores and emotional exhaustion significantly higher than the group consisting of psychiatrists, psychiatry residents, psychologists and occupational therapists, who usually are located outward ($p < 0.008$).

Conclusions: With these results we conclude that the suicide of a hospitalized patient could produce almost 15% of possible PTSD, equivalent to the emotional impact of any other traumatic events. The people in permanent contact with the patient have a significantly higher risk for PTSD. The project achieved its objective by measuring the impact of suicide and creates new knowledge about the risk factors that can lead to PTSD, mayor depressive disorder and burnout. Knowing these facts is essential to arise awareness in which both professional schools and health organizations incorporate this reality into their agendas, in order to prevent, mitigate and respond better to this phenomenon.

Educational Objectives: At the conclusion of this presentation, the participants should be able to see the suicide of a patient as a complex situation. This phenomenon can be a cause of PTSD in mental health teams, whom are usually under high basal stress.

FOSTERING RESILIENCE AS A PROTECTIVE FACTOR IN A COLLEGE SUICIDE PREVENTION PROGRAM

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Educational Objectives: At the end of this presentation, the participants should be able to describe Western Michigan University's resilience building workshop that emphasized a strength-based approach to foster resilience within a college campus environment. Resilience is an important protective factor in buffering individuals from mental health difficulties and suicidal behaviors.

Purpose: The dual purpose of the Resilience Building Workshop was (1) to increase resilience within Western Michigan University's campus constituency and (2) to increase knowledge about resiliency and its function as a protective factor against suicidal behaviors.

Methods: The 2-hour long workshop incorporated multiple educational approaches including a PowerPoint presentation, one video demonstration of resilience, psychoeducation, group discussion, and edutainment (poetry reading). The workshop opened with the definition of resilience, a review of assumptions regarding resilience, and psychoeducation about the impact of resiliency. Next, participants identified protective factors associated with resilience and participated in an activity depicting a physical representation of resiliency. Then, a short video clip of Martin Luther King Jr's (MLK) resilience was presented followed by comments by audiences. The participants were then divided into six groups to identify and discuss factors increasing or impeding regarding resilience. Groups recorded their responses on paper and presented the information to the larger group. Finally, a poetry reading about personal struggle and resilience was performed. Evaluation forms assessing the effectiveness of resilience building workshop were administered.

Results: Following the workshop, the majority of participants agreed that they had a greater understanding of concept of resilience and could identify strategies to increase resilience. Results also indicated that the participants might use information learned at the workshop to increase their resilience, with the majority endorsing "I plan to apply what I learned in this workshop to my own life."

Conclusions: Analysis of the results appears to indicate that a brief psychoeducational and experiential workshop met its goals and increased participants' understanding of resilience. Exposure to the program content may also help those exposed to increase their personal resilience. Further study is needed to determine the relationship between the participants' intention to use program content to increase personal resilience and actual change in their behaviour. This potential finding could have important implications for increasing resilience and eventually decreasing suicidal behaviour among college students. We suggest further research be done to identify if any lasting effects or changes came about from the workshop.

Literature Reference (optional list one or two maximum)

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PERSONALITY CORRELATES IN SUICIDE ATTEMPTERS IN INDIA

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Introduction

The increasing instance of attempted and completed suicide the world over is a cause for concern and a better insight into this phenomenon would hopefully further efforts to foster preventive intervention. Clearly, it is a major mental and public health problem worldwide, not only in the western developed world, but also in India, China and Taiwan (Yuan 2003). The literature on the issue implicates factors such as interpersonal stressors at home or the work spot, substance abuse, terminal illness, economic factors, inability to cope with daily life stressors and specific traumatic life events as being causative factors in suicide. In a comprehensive review of the literature, Brezo et al. (2006) identified hopelessness, neuroticism, and extroversion as important personality variables in relation to risk screening for suicidal behaviors.

Objectives

This study attempts to investigate a few pre-determined personality correlates such as self-esteem, neuroticism and pessimism in suicide attempters. It also examines the relationship among these variables.

Methods

Fifty consecutive respondents were enlisted for this investigation from the Neuro-Psychiatric Center, Tiruchirapalli following a failed suicidal attempt. They were administered the Neuroticism Scale Questionnaire (Schier and Cattell, 1961), the Hopelessness Scale (Beck et al., 1974) and Mac. Kinnon's Self-esteem Index (1981). The presumptive Life Events Scale (Singh et al., 1984) and Suicide Intent Scale (Beck, 1974) were also administered.

Results

Data analysis revealed that the majority of respondents manifested low self-esteem and high degrees of pessimism and neuroticism. They also reported more stressful life events. However an overwhelming majority showed 'low' suicide intent on the Beck's scale. t tests based on their gender did not obtain any statistically significant differences. Similarly no significant differences were seen in terms of their marital status (single/married) on all subject dimensions except for self-esteem and depression scores with those married obtaining higher mean scores on these two dimensions. Correlational analysis of the data showed a significant positive correlation between the stressful life events experienced and the depression and pessimism scores. Self-esteem correlated negatively with anxiety and neuroticism related positively with pessimism. Further the suicide intent scores also showed a significant positive correlation with the 'tender-mindedness' component of the NSQ.

Conclusion

The personality profile of suicide attempters shows that they have low self-esteem and high levels of neuroticism and pessimism. They also experience more stressful life events and the majority have 'low' suicide intent. These findings have implications for intervention and point to issues that need to be addressed.

THE ADOLESCENT DEPRESSION SCALE: DEVELOPMENT OF A NEW ONLINE SCREENING INSTRUMENT

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Participants in this presentation will gain some new insight into the issues that face adolescents, particularly in relation to depression. Participants will also find out about a new instrument to screen for depression in schools, the Adolescent Depression Scale (ADS).

The purpose of the current study was to develop and validate a multidimensional measure of depression, the ADS; an online questionnaire designed to screen for depression in adolescents.

Four focus groups were conducted with teenagers and professionals in an attempt to contribute to better understanding, treatment, and potential prevention of incidences of teenage depression. These results, along with a literature review, formed the basis of item writing for the questionnaire. Details of the preliminary stages of development of the ADS will be provided, including results of pilot sample review (N=40) of the initial 256 items drafted for the ADS, as well as results of an expert panel review (N=10) of these items. Finally, preliminary results of the evaluation of the 97 item ADS using a sample of 3,316 secondary school students (1003 males, 2313 females) aged between 12 and 20 years (M=15.67, SD=1.55), will be provided. Eighteen schools around Australia were involved, including schools in Sydney, rural New South Wales, Melbourne, Hobart, Adelaide, Darwin, and Alice Springs over approximately four months.

Although including a number of well-recognized depression symptoms, a number of major themes not previously reported in the literature emerged from the focus groups, including the observation that clothing choice, music choice, and time spent online were significantly impacted by the experience of depression in an adolescent cohort. After data analyses were carried out on the survey data, four reliable factors comparable to those identified in previous research were obtained from an obliquely rotated factor extraction, resulting in a final 28 item instrument, illustrating construct validity.

The results of this research have revealed that the ADS is suitable for use within high schools with further validation. Thus in this regard the project aims were met. Participants highlighted a number of difficulties in identifying adolescent depression, which included the paradoxical and masking behaviors that some teenagers engage in to conceal symptoms, and general lack of knowledge that adolescents have regarding depression and ways to obtain assistance. The findings of this research illustrate that outcomes of adolescent depression may be improved by providing better education about depression, and more generally to work on reducing the negative stigma attached to depression.

SUICIDALITY IN THE SERBIAN POPULATION – SEVEN YEARS AFTER MAJOR TRAUMA

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Educational Objectives: Suicidal ideation and suicide attempts are important indicators of extreme emotional distress.

Purpose: The aim of this study was to assess the suicide rate in a general population and estimate potential sociodemographic risk factors, some years after traumatic experiences to which the whole population was exposed to.

Methods: The sample consisted of 640 subjects chosen by random walk technique in five regions of the country. Assessment has been carried out by the MINI-5 and Sociodemographic questionnaire.

Results: Our findings have shown that suicide rate was 13% in general population. High level had 2.5% of sample, medium level had 1.4% and low level 9% of sample. Older age, low education level and low monthly income were associated with suicidality. Also, people with children under the age of 18, had higher suicidality.

Conclusions: Our results showed high level of suicidality in the general population as well as the impact of some demographic of risk factors. These findings could be helpful in identifying those who need more intense treatment strategies in order to prevent suicidality and eventually suicide.

SUICIDE ATTEMPTS PRIOR TO FATAL DRUG OVERDOSE IN LUXEMBOURG FROM 1994 TO 2011

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Educational Objectives: This study may help participants to recognize factors influencing suicidal behavior that should be assessed or monitored in the context of substance use.

Purpose: To assess the prevalence of lifetime suicide attempts in opiate and cocaine related Fatal OverDose (FOD) cases. To analyze associations between suicide attempts and socio-demographic, life and substance use profiles of FOD victims in Luxembourg from 1994 to 2011.

Methods: A triangulation approach allowed to cross-examining data from national law enforcement sources, the national drug use surveillance system (RELIS) and of forensic and toxicological evidence. Bivariate statistical analysis was performed by means of Chi-square χ^2 tests as well as logistic regression analysis of the association between suicide attempts and selected variables.

Results: Prior to death, 16.8% of FOD victims reported a single suicide attempt, 37% multiple attempts and 46.2% declared none. No associations were found between suicide attempts and the following variables: sex, age, nationality, penal past (including prison stays), educational, occupational status and income of victims, occupational status of parents and detection of psychotropic prescription drugs in post mortem toxicological analysis. After adjustment for sex and age, FOD victims who showed one or more lifetime suicide attempts were more likely to have experienced non-fatal overdoses [AOR = 5.755 (95% CI 1.633 – 20.278), and (licit or illicit) substance abuse of one or both parents [AOR = 2.859 (95% CI 1.250 – 6.539), $p=0.013$]. The greater likelihood of unmarried FOD victims to witness suicide attempts ($\chi^2:4.573$; $p=0.032$), compared with married decedents, was no longer observed after sex-age adjustment.

Conclusion: Suicide attempts are frequent in fatal drug overdose victims and a strong association has been observed between the former and the frequency of non-fatal overdoses experienced by decedents included in our sample. Family contexts may be at stake when it comes to explain the likelihood of suicide attempts in victims of fatal drug overdose. The fact that substance abuse in parents was positively linked to suicide attempts in FOD victims suggest that increased attention should be paid to family histories in the prevention of drug overdoses and suicide, and the link between both. Our findings could inspire further research, building upon bigger study samples and prospective cohort designs, allowing to collecting more in-depth data on the social and family support experienced by FOD victims.

ATTITUDES TOWARDS SUICIDE AMONG MASTER'S DEGREE STUDENTS: A CROSS-CULTURAL COMPARISON BETWEEN CHINA AND FINLAND

Yu Mo

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Attitudes towards suicide among Master's degree students in Chang Sha (China) and Helsinki (Finland) were compared in order to explore possible cross-cultural differences. The sample included 206 Master's degree students, 101 Chinese and 105 Finnish. Data were collected using the 30-item Multi-Attitudes Suicide Tendency Scale (MAST) and a demographic information form. According to the results, both Chinese and Finnish students held positive attitudes towards life, they held contradictory attitudes towards suicide, with Finnish students having more permissive and liberal attitudes towards suicide than their Chinese counterparts. In addition, three socio-demographic characteristics, namely religion, family structure, and economic status, associated with attitudes towards suicide among the Chinese Master's degree students; meanwhile, all socio-demographic characteristics, including gender, religion, major subject, family structure, economic status, and received social support related to attitudes towards suicide among the Finnish Master's degree students. However, after examining the interaction effect between socio-demographics and cultural backgrounds on attitudes towards suicide, the attitudes of Chinese students were more related to gender, marital status, family economic status, and received social support, whereas Finnish students were more influenced by religion. These findings suggest that culture plays an important role in shaping country-specific differences in attitudes towards suicide and their association with socio-demographic characteristics. Understanding individual attitudes towards suicide could help in intervention to prevent the development of suicidal ideation and in providing appropriate psychological counselling to reduce mental problems. Therefore, these cross-cultural differences may provide indications on how to conduct suicide prevention programs while considering culture-specific contexts.

CONTRIBUTIONS OF CHILDHOOD MALTREATMENT, COGNITIVE EMOTIONAL REGULATION, AND PSYCHIATRIC SYMPTOMS FOR SUICIDAL IDEATION AMONG OUTPATIENTS WITH DEPRESSION AND ANXIETY DISORDERS

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Educational objectives: Suicidal ideation is an important precursor to later attempted suicide. Based on earlier data regarding the risk factors for suicide, childhood maltreatment, cognitive emotional regulation strategies, and psychiatric symptoms have been suggested. In clinical setting of patients with depression and anxiety disorder, identifying specific predictive factor for suicide ideation will be useful and potentially preventive.

Purpose: We investigated the predictability of childhood maltreatment, cognitive emotional regulation strategies, and psychiatric symptoms for suicide ideation.

Methods: A total of 256 outpatients with nonpsychotic depression and anxiety disorders completed questionnaires comprising the Childhood Trauma Questionnaire, Cognitive Emotional Regulation Questionnaire, Beck Depression Inventory, Spielberger's State Trait Anxiety Inventory, and Alcohol Use Disorder Identification Test. Suicidal ideation by BDI item 9 and patients were grouped into two categories of no or mild suicidal ideation (0-1) and moderate to severe suicidal ideation (2-3). After univariate analyses between groups with different levels of suicide ideation, hierarchical logistic regression analysis was performed to find significant predictors of each categories.

Results: In the hierarchical logistic regression model after controlling for age and marital status, emotional neglect, sexual abuse, catastrophizing, and depression severity were included. In the final model, emotional neglect during childhood and depression severity were significantly predicted moderate to severe suicidal ideation.

Conclusion: Emotional neglect and severe depressive symptoms independently predicted moderate to severe suicidal ideation. These factors might be considered in risk assessment of suicide and prevention in outpatients with depression and anxiety disorders.

Key Words: suicide ideation, childhood trauma, cognitive emotional regulation strategies, depression

참고 table

Table 3

Hierarchical Logistic Regression of Girls' Recent (Past 30-Day) Alcohol Use

	OR	95% CI	B	SE	$\Delta -2 \log$ likelihood	$\Delta\chi^2$
Intercept			-1.07	1.31		
Block 1: Background variables					746.75	$\chi^2(2, N = 1187) = 26.31^{**}$
Age	1.08	0.85-1.37	0.77	.12		
Academic grades	0.97	0.75-1.25	-0.03	.13		
Block 2: Psychological variables					672.16	$\chi^2(3, N = 1187) = 74.60^{**}$
Depression	1.56	1.10-2.22	0.42*	.18		
Body esteem	0.92	0.72-1.16	-0.09	.12		
Self-efficacy	0.50	0.35-0.72	-0.69**	.19		
Block 3: Peer use					625.82	$\chi^2(1, N = 1187) = 46.34^{**}$
Perceived peer alcohol use	1.60	1.38-1.86	0.47**	.08		
Block 4: Family variables					588.98	$\chi^2(5, N = 1187) = 36.84^{**}$
Maternal drinking						
No	ref					
Yes	2.84	1.82-4.43	1.02**	.23		
Parental monitoring	0.85	0.64-1.13	-0.16	.15		
Family rules against alcohol use	0.94	0.84-1.04	-0.06	.05		
Parental involvement	0.94	0.85-1.04	-0.06	.05		
Mother-daughter communication	0.96	0.77-1.33	-0.05	.08		

Note. Values are taken from the final block (fourth) of the analyses, where OR denotes the odds ratio and CI denotes confidence interval. The final model was significant, $\chi^2(11, N = 1187) = 184.08, p < .0001$, and the Hosmer and Lemeshow test (Hosmer & Lemeshow, 2000) result was nonsignificant, $\chi^2(8, N = 1187) = 7.10, p = .53$, indicating the fit of the observed frequencies of cases in the categories compared with those expected based on the logistic regression.

* $p < .05$. ** $p < .0001$.

THE ASSOCIATED FACTORS OF DIFFERENT TYPE OF INVOLVEMENT IN SCHOOL VIOLENCE AND SUICIDE IDEATION AMONG SENIOR HIGH SCHOOL STUDENTS

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Educational Objectives: 1. To identify the associated factors of different pattern of involvement of school violence and suicide ideation. 2. To recognize the fundamental elements of effective bully prevention program.

Purpose: The purposes of this study were to describe the distribution of different types of involvement in school violence, to examine the associated factors of different types of involvement in school violence, to determine the predictive factors of suicide ideation among senior high school students in Taiwan.

Methods: The survey was conducted using school-based and employed a two-stage cluster sampling design in 2011. A Chinese version of Student School Survey instrument with Cronbach's α ranged from 0.78 to 0.96 was used to measure the involvement of bully, moral approval of bullying, perceptions of peer social support, self-esteem, school climate, and suicide ideation. A total of 726 senior high school students completed the self-administered anonymous questionnaire with a response rate of 95.7%.

Results: The prevalence of bully perpetration, bully victimization, bully-victim, and bystander among senior high school students were 42%, 15%, 11%, and 44% respectively. The verbal bullying was the most common type of school violence, followed by physical, and then by internet bullying. Senior high school students with the experience of ever bully other students had significantly lower perceptions of peer social support, self-esteem, school climate, and higher scores of suicide ideation than students who never bully other students. Perceptions of peer social support, self-esteem, school climate, and suicide ideation were also significantly associated with being a bully victim or bully bystander. Compared with those who never bully other students, bully perpetrators had significantly higher moral approval of bullying. Moral approval of bully was not significantly associated with bully victimization and bystander. Gender and grade were not associated with the involvement of school violence. Less perception of school climate, peer social support, self-esteem, and being a victim, less willing to report a school bully event were significantly associated with higher score of suicide ideation using stepwise multiple regression ($r^2 = 0.53$).

Conclusions: To prevent school violence and suicide ideation, an intervention should be designed and implemented from a comprehensive approach that includes strategies to empower peer social support, to enhance self-esteem and moral disapproval of bully through an anti-bully campus climate.

A STUDY OF LOCUS OF CONTROL, PERCEIVED PREVENTIVE LOCUS, SUICIDAL CHARACTERISTICS AND THEIR RELATIONSHIP IN ATTEMPTED SUICIDE IN SOUTH INDIA.

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Educational Objectives: To find out: 1) The demographic characteristics and characteristics of suicidality in attempted suicide. 2) Locus of control, perceived locus of prevention. 3) Relationship of locus of control, perceived preventive locus with suicidal characteristics.

Purpose: To study the relationship of locus of control, perceived preventive locus and suicidal characteristics in attempted suicide.

Methods: In this hospital based cross sectional study 109 consecutive subjects admitted for suicidal attempt in hospital and those that were stable were recruited after obtaining informed consent by purposive sampling method from January 2011 to December 2012. Inclusion criteria were both male and female, suicidal attempt within 15 days of assessment, age more than 14 years. Subjects were excluded if they had any severe or terminal physical illness, inability to recall details of suicidal attempt, presence of psychotic symptoms. Subject who met the study criteria were assessed using socio-demographic and clinical proforma designed for the study, questionnaire for suicide specific behaviour, pierce suicide intent scale. Group difference for categorical variables were examined with the chi-square test, whereas an independent 't' test was used for continuous variables.

Results: For the sample media was common source of suicide information about months to years back, brief period of decision to attempt and preoccupation. At the time of attempt they tend to be sad with poor emotional control, tensed, choose a method that was available and did not have much concern for anything. Eighty one percent have internal locus of control at varying degree and 28 % have external locus of control for their attempt. Seventy six percent of suicide attempters felt to have preventive locus of their attempt and 16% did not. Locus of control has statistically significant correlation with perceived preventive locus, distractive thought during attempt while perceived preventive locus has significant correlation with duration of decision to attempt, activity that may have helped, emotional control during attempt and locus of control.

Conclusions: Locus of control, perceived preventive locus and suicidal characteristics in attempted suicide appears to be interrelated. It may have therapeutic and preventive implication which needs to be explored.

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ANALYSIS OF CURRENT SUICIDAL ACTIVITY IN UKRAINE

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Educational Objectives: Suicidality is one of the main death reasons all over the world. Suicidality is the important social problem. The suicidal activity is one of the criteria of quality of life and important component of social, economic and political status of society. Ukraine has the highest suicidal rate. There are also "hidden" suicides, which include other causes of death in life. Known, that the cause of most so-called "death from accidents" (drugs overdose, road accidents, falling from height etc.) is actually a suicide.

Purpose: So, it's very important to verify real cause of accidents death for further suicide prevention.

Methods: We analyzed the suicide average value in Ukraine last 15 years and regional pattern distribution of mortality from external causes at home in 2011

Results: The highest rate of suicides in Ukraine was in 1996-2000 (30 cases per 100 000 population). Since 2000 the suicidal level in Ukraine decreased. Over the last decade this number declined by 50%. In 2009 compared to 2008 the number of suicides increased by 2,7% (259 cases) to 9717 cases (+ 5%) in Ukraine. In 2010, the number of suicides dropped to 9500 cases. Average suicide rate in Ukraine in 2011 was 21,7% of total deaths from causes at home, in the first half of 2012 suicide attempts increased to 23%. Suicide rates in urban areas in 2011 was 55,3%. However, in rural areas suicide rate was 1.7 times higher per 100 000 population in 2011 compare to the first half of 2012. The highest mortality rate from suicides recorded in the industrial regions of the Eastern Ukraine and in areas affected by the Chernobyl accident. In 2011 8952 cases (19,6 per 100 000 population) in Ukraine committed suicide, but this figure must be added as a certain percentage of people who died as a result of road accidents (5791 cases), accidental alcohol poisoning (3882 cases) and other substances (2070 cases), drowning (2597 cases) and fire (1759 cases). For example, mortality from acute poisoning in Ukraine is 66,5% of the total level of suicides. Confirmed acute ethanol poisoning (mostly with vodka) were 65,2%. A large proportion of deaths from poisoning in Ukraine are hidden suicide, as evidenced by their typical distribution.

Conclusions: Such a redistribution of the relative number of suicides among the causes of mortality from external causes in everyday life confirms the need for more detailed analysis of mortality from accidents and the need to create programs psychological and psychiatric support people receiving medical care after an accident.

PATHWAY ANALYSIS OF RISK FACTORS FOR SUICIDE IDEATION IN THE ELDERLY: A COMMUNITY-BASED SURVEY IN SOUTH KOREA

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Educational Objectives:

Among the various risk factors associated with suicide in elderly population, depression is most direct and important risk factors related with suicide. Early detection and intervention regarding clinical depression would be the focus of the geriatric suicide prevention program.

Purpose The objective of this study is to identify the risk factors associated with suicide ideation among the geriatric population in South Korea.

Methods:

In our study, 684 subjects over the age of 65 were enrolled. Socio-demographic data, alcohol problems, insomnia, depression, psychological well-being, social relationships, and physical illnesses were taken into account. The Korean version of the Beck Scale for Suicide Ideation was applied to evaluate suicide risk. Correlation analysis and hierarchical multiple regression analysis were performed to identify factors associated with the K-BSI. The results from these studies were tested using a pathway analysis.

Results:

Depression was positively correlated with suicide ideation, while economic status, psychological well-being, and social relationships were negatively correlated with suicide ideation. Depression and psychological well-being had the largest direct impact, while economic status and social relationships had indirect impacts on suicide ideation.

Conclusions:

Depression was found to be the most important risk factor associated with suicide ideation among the elderly population. Other direct and indirect risk factors were shown to play secondary roles. Effective suicide prevention strategies should focus on early detection and active intervention for depression. Other socio-economic programmes would also have an indirect impact on suicide rates among the geriatric population.

Literature Reference (optional list one or two maximum)

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SUICIDAL BEHAVIOR AMONG HOMELESS PEOPLE IN JAPAN

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Educational Objectives: High suicide rate, long economic recession, high social trust, and low homeless population are thought to be the characteristics of contemporary Japanese society. At the conclusion of this presentation, the participants should be able to understand the present condition of the homeless people in Japan and understand the challenge of our society.

Purpose: To investigate frequency and correlates of suicidal behavior among homeless people in Japan.

Methods: A face-to-face survey was conducted in two districts of Tokyo, Japan, with 423 subjects who resided on streets and riversides and in urban parks and stations (street homeless) or who were residents of shelters, cheap hotels, or welfare homes for homeless people (sheltered homeless).

Results: When questioned about suicidal ideation in the previous two weeks, 51 subjects (12.2% of valid responses) had a recurring wish to die, 29 (6.9%) had frequent thoughts of suicide, and 22 (5.3%) had made suicide plans. In addition, 11 (2.9%) subjects had attempted suicide in the previous two weeks and 74 (17.7%) reported that they had ever attempted suicide. In univariate logistic regression analyses, street homelessness, lack of perceived emotional social support, poor subjective health perception, visual impairment, pain, insomnia, poor mental well-being, and current depression were significantly associated with recurrent thoughts of suicide in the previous two weeks. Among these, current depression had the greatest significance. In multivariate logistic regression analyses after controlling for depression, street homelessness and lack of perceived emotional social support were significantly associated with recurrent thoughts of suicide in the previous two weeks.

Conclusion: Comprehensive interventions including housing and social support as well as mental health services might be crucial as effective strategies for suicide prevention among homeless people.

SUICIDE IN JAPAN: REVIEW OF PREVENTATIVE EFFORTS OVER THE PAST 15 YEARS.

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Educational Objectives: The annual total of completed suicides dropped to below 30,000 for the first time in 15 years in Japan. Statistical information and administrative efforts will be presented in order to help the participants contextualize suicide in a given culture and identify ways to prevent suicide effectively.

Purpose: We aim to critically discuss and present the effectiveness of efforts that have been made in Japan over the past decade for suicide prevention, in light of complex social and economic factors.

Methods: The history of suicide in Japan is reviewed comprehensively. Statistical information is to be taken primarily from the National Police Agency, and preventative measures are to be reviewed with focus on the Basic Act on Suicide Prevention, which went into 2006, and the Emergency Fund for Reinforcing Local Suicide Prevention, which was started in 2008 to provide funding for local initiatives. A case of a district in the Tokyo metropolitan area is to be presented as an example that mobilized the resources from the aforementioned fund in conjunction with contribution by a non-profit organization and the local municipal office. Relevant epidemiological data that have been published only domestically are also to be presented.

Results: The initiatives taken so far to address the high rate of suicide in Japan seem to have gained momentum in 2012, given the consistently fewer cases of completed suicide in each month in comparison to the previous years. However, epidemiological data indicate that factors other than the administrative efforts may have contributed to the observed decline of the suicide rate, especially the change in the constituents in terms of age.

Conclusions:

- The initiatives for suicide prevention appear to have succeeded in lowering the suicide rate, but the scope of their contribution is unknown and needs to be carefully reviewed.
- Local efforts that have been attempted to address the issue of suicide need to be reviewed and evaluated individually, in order to inform future initiatives to be taken to address the needs of the constantly changing society.

SUICIDAL ATTEMPTS: A DESCRIPTIVE STUDY IN AN EMERGENCY ROOM OF A GENERAL HOSPITAL

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Introduction: Suicide behavior is a very common cause of urgent psychiatric assistance. In Spain it is estimated that the suicide rate is 12/100.000 inhabitants / year, but suicide attempts are 10-40 times more frequent and represent the most important individual predictor of consummated suicide.

Purpose: The aim of this study is to know the sociodemographic and clinical features associated with suicide attempts in a public general hospital with a reference population of more than 325 thousand people.

Methods: All the suicidal attempts at the Complejo Asistencial de León (CAULE) between July 2012 and December 2012 were revised. We registered the following variables: sex, age, place of residence, diagnosis and derivation after the psychiatric intervention. The statistical analysis was done with the SPSS 20.0 program. We registered also missed data.

Results: In six months 723 cases required psychiatric intervention in Emergency Room. 157 of this referred patients (21,7%) presented a suicidal attempt. Sex rate were 66 male (42,31%) and 90 female (57,69%) (N=156, 1 missed). Age ranging from 14 to 81 (mean 39,97 +/- 12,48) (N=143, 14 missed). 57 patients lived in urban area (city of León), 24 came from a suburban area and 54 from a rural area (N=135, 22 missed). The most common diagnostic group registered in suicide attempters were neurotic disorders (22,3%), followed for mental and behavioral disorder due to substance use (18,5%), personality disorders (16,6%), and affective disorders (7,0%) [N=157, in 46 cases (29,3%) were no diagnosis registered]. In most cases, patients were sent to ambulatory Mental Health consultation (70,7%), while the number of psychiatric hospitalizations after a suicide attempt was 27 (17,2%) (N=155, 2 missed).

Conclusions: The profile of a patient that has committed a suicide attempt in the CAULE was a women around 40 years old that lives in León city and has a diagnosis of the neurotic disorders group (mainly adaptative disorders) or no diagnosis registered and that is sent to an ambulatory Mental Health consultation after a brief psychiatric intervention in the Emergency Room.

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SUICIDE AMONG ETHIOPIAN IMMIGRANTS IN ISRAEL

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Objectives: a) to assess suicide rates among Ethiopian immigrants (EI) to Israel; b) to compare these rates to those among other immigrants to Israel (those from the Former Soviet Union - FSUI) and among Israeli-born Jews (IB); c) to describe suicide methods among EI; d) to explore reasons for the occurrence of suicide among EI and possible prevention strategies.

Methods: Data from the Ministry of Health (1985-2010) were analyzed in order to document the prevalence rates of suicide (5-year running average) among the three study groups. Sixty six key EI informants were interviewed about possible reasons for suicide and its prevention.

Results: a) In all population groups and at all ages, suicide was more frequent among males; b) suicides among EI decreased between 1997 and 2001, increased between 2002 and 2006, and decreased again from 2007. There were no similar trends among the other groups, even though some decrease in suicide rates was also observed since 2006 among FSUI and IB ; c) during the 1990's the suicide rates were the highest among the older EI (age 45⁺), while afterwards the younger (age 15-24) were the most at risk; d) for the period 1997 and 2010, the suicide rates were the lowest among IB, slightly higher among FSUI and significantly higher among EI (e.g. in 2004-2008, 39.1//100,000 for EI compared to 11.6 for FSUI and 6.7 for IB); e) hanging was the most common suicide method among EI; f) key informants attributed EI suicides to the deterioration of men's status and loss of authority in conjugal relationships vs. their women's growing independence, the loss of parental authority, the declining influence of traditional mediators, the Ethiopian 'culture of silence' (avoiding disclosure of personal problems) and the difficulties of EI in using Israeli mental health services.

Conclusion: The lowest suicide rate observed among IB is probably due to the fact that immigration is a risk factor for mental disorders and suicide. The high suicide rate among EI as compared to other immigrants is certainly related to their socio-cultural disadvantage, but family and communal disorganization, seem to be also significant factors. Prevention strategies among Ethiopians should be culturally sensitive, taking into consideration the rapid social changes that have occurred following immigration.

INFLUENCE OF DEPRESSION AND OTHER SOCIAL-CULTURAL ASPECTS ON TOLERANCE TO SUICIDE

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Objectives

Over the last decades suicide has become a major reason of death and occurs in nearly all known human communities. It is obvious that there is an evident link between suicidal thoughts and mental illnesses such as depression. But there is less correlation between the severity of depression and suicidal act. A person's tolerance to suicide as a notion may influence suicidal thoughts and facilitate their turning into suicidal act. The frequency of depression in Georgia is the same as in other countries but suicide frequency is quite low. Because of this we are trying to find out whether any ethno-cultural and religious aspects have any influence on rarity of suicide in Georgia.

Methods

The questionnaire - "Legend for motives of suicide" consists of a brief explanatory introduction, a section on socio-demographic data and 46 closed questions on the conceivability of motives for suicide (with the alternative answers "not at all", "under certain conditions" and "yes"). Underlying motives for suicide may be: Guilt, shame/loss of honor, altruism, narcissistic mortification, revenge, impairment of physical integrity (illness, disfigurement, and torture), menace to economic existence, personal conflicts and religious reasons. We used the following structured questionnaires: For definition of suicide motives -Legend for motives of suicide; Beck Depression Inventory®-II (BDI®-II) was used to evaluate the depth of depression in depressive patients, as well as to screen depression in "healthy population". During of our study we examined 500 people of different religious faith, professions, age group, marital status, etc.

Results

According to our results, the severity of depression is not in direct correlation with the tolerance to suicide. As it was established, religious, cultural and other social aspects also have a very serious influence on suicidal act.

Conclusion

After initial examination of the results, it was ascertained that the orthodox religion and marriage reduce tolerance to suicidal act, which might explain the rarity of suicide in people from the aforementioned groups.

SUICIDE AMONG GRADUATE STUDENTS IN JAPAN

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Educational Objectives: The participants should be able to recognize suicide trends among graduate students in Japan.

Purpose: Our objective was to examine suicide trends among graduate students in Japanese national universities, 2002-2010.

Methods: Japanese National University Council of Health Administration Facilities have conducted annual surveys on deaths of graduate students in Japanese national universities since 2002. We extracted suicide cases for the period 2002-2010 (academic year) and examined demographic characteristics.

Results: There were 143 suicides among graduate students for the 9-year period, accounting for 40.3% of all deaths. The graduate student suicide rate for this period was 13.5 per 100,000 per year. Suicide rates among male graduate students showed an upward trend with a little fluctuation, up to 22.2 per 100,000 in 2009. The departments with the highest crude suicide rates were humanities and engineering, whereas engineering had the largest number of suicides. Large graduate schools with enrollments over 5,000 had a higher suicide rate compared to those with fewer than 5,000.

Conclusions: The suicide rate for graduate students in national universities was lower than the rates for the general Japanese population aged both 20 to 24 and 25 to 29 years during the same period. However, the rates have been on the increase, especially among male graduate students. Our results also showed that the occurrence of suicide varied among departments and school sizes. These data provide some directions for developing suicide prevention strategies.

BURNOUT AND SUICIDAL THOUGHTS AMONG MOROCCAN MEDICAL RESIDENTS

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Purpose:

The aim of this study is to assess the prevalence of burnout among Moroccan medical residents and its relation with suicidal thoughts.

Methods:

This investigation was conducted using an analytic-descriptive study among Moroccan medical residents.

They received an online self-report questionnaire. A general questionnaire on demographic and professional variables data was used. Burnout was measured with the MBI (Maslach Burnout Inventory), Anxiety and depression with HAD (Hospital Anxiety and Depression scale). They were asked about thoughts or plans of suicide and their frequency using the MINI (Mini International Neuropsychiatric Interview). They also were asked if they already used psychological help and if they thought that they need it.

Results:

Ongoing study.

Conclusions:

This study documents evidences of burn out syndrome in medical residents and its relationship with suicidal thoughts. Medical residents are most likely to suffer from burnout syndrome as a result of numerous stress factors. Knowledge about the relationship between burnout and suicidal thoughts among these young healthcare providers is important. Hence preventive strategies are required, based on an improvement of work organization and optimization of available mental care in these hospitals.

Educational Objectives:

Studies have shown that medical residents have a high risk for developing burnout. This study demonstrates the connection between burnout and suicidal thoughts among medical residents, thus making it necessary to draw up burnout prevention programs, promoting understanding and discussion.

MANAGEMENT OF SUICIDALITY IN GENERAL PRACTICE

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Purpose:

While everyday the media echo acts of suicide, suicide is still a taboo subject in Morocco. There is currently no national registry dedicated to identify the cases of suicide and no national policy on suicide prevention. Knowing that the general practice is the first front for the diagnosis and prevention of suicide, this study aims to assess whether GPs are confronted with this problem, their diagnostic and therapeutic conduct as well as their difficulties and their demand for training.

Method:

This is a qualitative descriptive study conducted with 50 GPs from all regions of Morocco.

Results:

Physician profiling: The study involved 50 doctors who work for the majority in health centers in the public sector in all regions of Morocco. 58% were women and 42% men. The average age of practitioners was 34.2. The average number of years in practice was 6.2. Suicidality of patients: Each month a GP sees on average 20.38 depressed patients. Within a month of consultation, each physician received on average 1.4 patients who had suicidal ideation and 0.45 patients who have attempted suicide. 15% of practitioners have learned of the suicide of one of their patients. Management: Only 32% of physicians seek systematically if their depressive patients are suicidal. No doctor uses specific test or scale to assess depression and suicide risk. 14% of doctors prescribe antidepressants to a suicidal patient, 93% refer the patient to a psychiatrist and 5% inform the authorities. Only 8% of physicians are trained to detect suicidal patients and 94% of them expressed the need for training and updating their knowledge.

Conclusion:

This study highlighted the frequency of suicidal patients who consult in general practice and the difficulties that GPs face in terms of support and training. It is time to consider the suicide as a public health problem in Morocco and establish a prevention policy.

STIGMATIZATION OF SUICIDE ATTEMPTER: AN ADDITIONNAL BURDEN

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the stigmatization of caregivers and take it into account during the project of prevention of the recurrence of suicidal behaviour.

Purpose: We aim to investigate the attitudes of members of the families of suicide attempters toward the latter and to compare their attitudes with families of non mentally ill relatives.

Methods: Participants were families of all suicide attempter who were hospitalized in the university hospital of Ibn Rushd during the period from March to May 2013. Controls were families of non mentally ill inpatients. They were asked to fill out questionnaires exploring the attitudes toward suicide attempters. These questionnaires used the validated arab version of the stigma-devaluation scale.

Results: will be presented and discussed in light of the literature.

THE ROLE OF MEDIA IN SUICIDE: PAPAGENO AND WERTHER EFFECTS

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¹. Local Health Unit of Guarda, Guarda, Portugal

Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the importance of the way media reports suicide.

Purpose: The aim is to clarify the role of suicide-related reports, pointing their harmful and/or protective effects.

Methods: Review of the existing literature on these subjects.

Results: There has long been evidence that there is an increase in suicide rates following media reports of suicide, the so called Werther effect, but recent evidence shows that built differently those articles can have a distinct impact and even acquire a protective potential as indicated by the decrease of suicide rates after some publications. This positive impact was named Papageno effect.

Studies have revealed that probably such differences are mainly related to the individual specificities of the news receiver as well as with the content of the report, including the words and expressions used to broadcast the message. The recognition of this responsibility on behalf of the media, made the World Health Organization, amongst other entities, create and publicize recommendations for the suicide reports. Data shows that these measures can increase the quality of the reports and decrease the rates of suicide.

Conclusions: The literature review allows the authors to conclude that as expected, the media have a critical role in the prevention of suicide. The potential coping effects are relevant and have to be considered. The publication of guidelines for reporters was a major step in this field, raising awareness amongst journalists about the potential harmful and/or protective impact caused by the way they design and write their work. It is expected that an improvement in the quality of media reports can contribute to destigmatize and raise a preventive perspective regarding suicide. Nevertheless we must not fail to take into account that the proactive role of media regarding suicide is not straightforward as it is a balance to reconcile the duty to inform and provide public service, with the duty to promote the prevention and cause no harm.

Given that for many years suicide was coined with stigmas and prejudices, now that we are aware of these effects, it is even more important to show that it exists and can be prevented, emphasizing the aspects of the construction of the news so not to perpetuate misinformation about the act.

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

8

Stigma of mental disorders and psychiatric institutions

Posters Session

INTERNALIZED STIGMA IN MENTAL ILLNESS

Gamze Sarikoç, Fatma ÖZ

MSc, RN

It is known that the history of stances and behaviors towards the individuals with mental illnesses and their illnesses is as old as the human history. Societies, within the scope of their own cultures, have a tendency to label the people who make them afraid or the people having disturbing behaviors based on the behaviors they consider improper, abnormal or aberrant. Therefore, each society, in line with the "mentally ill" stereotype it created in mind, determines behaviors towards these people, alienate and exclude them. When someone is labeled in this way, personality of the individual in question is ignored. Thus, the labeled person or group is perceived as different and as a result of this difference many negative features are attributed to those labeled people. These people, who are labeled initially and to whom some negativities are attributed later on, are cast out from the society, isolated and left on their own so that they disappear and no effort is exerted for them to exist .

Negative beliefs and stances developed by society against mental illnesses can impede individuals with mental illnesses to fit into society by posing obstacles in the social lives of these individuals. It is stated that the greater the labeling content of the psychiatric diagnose used for these patients, the greater the severity of the symptoms of the disease. Within this context, it is underlined that people with mental illnesses also feel they are being labeled. This situation called as 'internalized stigmatization' refers to shying away from society because of the negative feelings like unworthiness and shyness emerging as a result of the fact that individual internalizes the stereotypes existing in the society for himself/herself.

The social isolation emerging in patients as a consequence of the stigmatization leads to a more restricted life opportunity and delayed call for help. Internalized stigmatization can also damage the self-confidence of the individuals, can decrease self-esteem, can cause them feel trivialized, can make them be afraid of being rejected and they feel desperate and can decrease quality of life. In addition, there are numerous results caused by stigmatization in literature: discrimination in finding accommodation and job opportunity, isolation, failure in developing long term relationships, income loss, domestic conflict, depressive symptoms increasing in time and social incompetence. It is important to change wrong beliefs continuing for centuries with realist beliefs in order to overcome negative stances and expectations against psychiatric patients in terms of reducing or eliminating labels and prejudices.

BEFORE EMPOWERMENT: RESIDENTS' MEMORIES OF THE ROLE OF THE HOUSEMOTHER IN DIACONAL RESIDENTIAL CARE SETTINGS IN GERMANY 1945–1995

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In the 20th century, houseparent families represented a significant resource in the long-term care of people with mental illnesses and physical disabilities in diaconal care settings in Germany. As little empirical material on life in institutional families existed, a qualitative study was undertaken to explore the experiences of contemporary witnesses, particularly those who had experienced the duties and responsibilities of housemothers in the second half of the 20th century. For the purposes of this presentation has combined the experiences of residents (n = 8) and biological children of houseparents (n = 5) from a qualitative study (n = 42). The qualitative study took a grounded theory approach, the phenomena of power and domination forming the central category. The findings show that life in houseparent families of the time was shaped by rules which the family members had to obey. This study explores a highly controversial area which is of great relevance for current mental health nursing practice: the power relations in diaconal families. This demonstrates the importance of integrating autonomy and empowerment into everyday communal life and contributes to professional nursing practice.

This results appeared in the July 5st, 2012 issue of the Journal of Psychiatric and Mental Health Nursing. Other co-authors of the paper are Michael Schulz (RN, MScN, PhD) and Johann Behrens (PhD, habil.).

ATTITUDE ON SEXUALITY OF ADULTS WITH MILD TO MODERATE INTELLECTUAL DISABILITY (ID) AMONG HEALTH CARE TAKERS IN AUSTRALIA, SINGAPORE AND HONG KONG

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Educational Objectives: Adults with ID deserve the right to receive sexuality education but very often this had been neglected. Attitudes of health care staff towards the sexuality of individuals with ID are important because they have potentials of direct influence and support in relation to this aspect of life.

Purpose: The aim of this study is to assess the attitudes of health care takers of Adults with ID in Australia, Singapore and Hong Kong.

Methods: In this study, a cross-sectional descriptive design was adopted and it was conducted from August, 2012 to December, 2012. An instrument 'The Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability (ASQ-ID: Cuskelly & Bryde, 2007)' was used to measure the Chinese health care taker's attitude toward sexuality of adults with ID. The total score of the questionnaire ranges from 28 to 168. The higher the score the individual score implies the individual processes a more positive perception on the sexuality of adults with mild to moderate intellectual disability.

Results: According to the results, the mean of total score in Hong Kong is 109.78, which was medium high and the respondents generally showed positive attitudes. However, comparing to the other studies taken in different countries such as Australia and Singapore, the mean of total score of Hong Kong was relatively low.

Country	Year	Sample Size	Mean of total score
Queensland, Australia	2010	169	160.67/168
Queensland, Australia	2004	62	156.40/168
Singapore	2009	82	112.43/168
Hong Kong	2012	100	109.78/168

Conclusions: Comparing results between Australia, Singapore and Hong Kong. Australia shows a more positive sexuality attitude to adults with ID. This may be due to the characteristics of population in Australia which composites of mostly western population. Westerners are comparatively more open in accepting different kinds of sexuality that individual's process. Culture maybe another contributing factor affecting health care taker's attitude on the sexuality of adults with mild to moderate intellectual disability. Australia (Queensland) composites of mainly western population and have a comparative higher score than Singapore and Hong Kong who composites of Chinese population. Chinese are often more conservative in the discussion of sex than the western.

DIFFERENT PERCEPTION ON PARENTHOOD OF ADULTS WITH MILD TO MODERATE INTELLECTUAL DISABILITY (ID) AMONG CHINESE AND WESTERN HEALTH CARE TAKERS

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Educational Objectives: Every individual have a transition to adulthood, no matter whether they are normal adult or adult with id. Parenthood is one of the major and common changes that happen in adult hood. Parenthood is an important aspect in the sexuality of individuals no matter whether they are normal adult or with ID.

Purpose: The aim of this study is to explore the attitude of health care takers on parenthood of adults with mild to moderate intellectual disability.

Methods: In this study, a cross-sectional descriptive design was adopted and it is conducted from August, 2012 to December, 2012. The Attitudes to Sexuality Questionnaire – Individuals with an Intellectual Disability (ASQ-ID) was used in this study to measure the Chinese health care taker's parenthood attitude toward sexuality of adults with ID. This tool is specially designed to assess different attitudes of the sexuality of adults with mild to moderate intellectual disability and attitude towards parenthood of adults with mild to moderate disability is one of them.

Results: It shows that Hong Kong health care takers have a significantly lower value of the acceptance of parenthood among adults with mild to moderate intellectual disability than Australia.

Origin	Mean	Standard deviation
Hong Kong	3.6957	0.7902
Australia	4.51	0.84

Conclusions: Western health care takers are comparatively processing a more positive parenthood attitude on adults with mild to moderate disability than Chinese health care takers. This may be due to the difference in environment and culture present in the two countries and different value of moral values that the Chinese process are more conservative comparing to the western.

PSYCHOLOGICAL FACTORS IMPEDING THE USE OF WHITE CANES BY THE VISUALLY IMPAIRED

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Objective: The purpose of this research is to investigate the factors making it difficult for the visually impaired to use white canes.

Methods: An open-ended response preliminary questionnaire inquiring about problems using white canes targeting 26 visually impaired persons was carried out to identify specific factors. Based on the results of the preliminary survey, a final survey with 74 questions was prepared. The survey, using the questions prepared, was then carried out targeting 120 visually impaired persons currently using white canes. The purpose and the methodology of the research were explained to the subjects in writing, and their consent was obtained.

Results: Of the target persons, 83 replied. Among them, valid responses were received from 68 respondents (35 males, 28 females, and five whose gender was unclear). The standard deviation of the average age of the target persons was 55.6 plus or minus 12 years. As far as the eyesight of the valid respondents, 42 have eyesight of 0.01 or above, 21 0.01 or below, and 5 not known. The majority have poor eyesight.

A factor analysis was carried out by principal component analysis (Varimax rotation). Six factors named as follows were identified: 1) “resistance against being treated as disabled,” 2) “actual feeling of cane efficaciousness,” 3) “misunderstanding by others,” 4) “unease over revealing disability,” 5) “worry about causing trouble to others,” 6) “specific disadvantage.” The alpha coefficients for factors 1-4 among the six showed a generally dependable internal consistency of 0.76–0.91. The cumulative contribution ratio was 51.0%.

Conclusions: The “actual feeling of cane efficaciousness” has a strong negative connection to the psychological burden of using a white cane, and it is believed that works as a factor to lessen the psychological burden and distress for the visually impaired. Moreover, consideration of the other, lower-ranked items such as “misunderstanding by others” and “specific disadvantage” suggests that correcting misunderstandings and inappropriate responses through greater educational awareness for all citizens in society, who will at sometime interact with the disabled, is necessary and that guaranteeing continuous employment is also essential.

REPRESENTATIONS OF MENTAL ILLNESS CONSTRUCTED BY HEALTH PROFESSIONALS IN PRIMARY CARE IN BRAZIL: AN INTEGRATIVE REVIEW OF THE BRAZILIAN LITERATURE

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Abstract: History of madness in Brazil is marked by a disease-centered care and asylum model. With the onset of the psychiatric reform in Brazil, new public health policies that intend to replace the current hospital-centered model for people with mental disorders are being considered and articulated with other substitute services. Until recently the responsible for these individuals have been mental health experts in Ambulatory Health Services, with the new policies primary care professionals are also responsible. Studies show that not all primary care professionals have the same perception and understanding in relation to the care of the person with mental disorder, demonstrating resistance to care for these individuals. Objectives: To assess the knowledge produced in Brazilian literature on the social representations of madness on the part of health professionals in primary care. Method: Integrative review. The question that guided this study was: what are the health professionals' social representations about madness in primary care? Results: Five articles were selected; the articles were written by nurses, psychologists and psychiatrists and published in refereed journals. All articles were qualitative and published between 2007 and 2012. Conclusion: professionals are centered in an organicist model, on the doctor, on medicalization, and have ambiguous and often unscientific concepts about mental illness. Some believe there is no cure or improvement for mental illness, relate aggression and violence to mental illness, and admit to having little knowledge about mental health and feel unprepared to work with these individuals. social reintegration practices were not identified.

Keywords: Mental health, social representations, primary care.

SOCIAL INTERACTION AT ITS WORST: BOYS WITH AN AUTISTIC SPECTRUM DISORDER REPORT ON BEING BULLIED BY PEERS AT SCHOOL

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Educational Objectives: Participants will understand how boys with an Autistic Spectrum Disorder (ASD) experience bullying at school, how it affects their anxiety and depression and what strategies they use to cope with it.

Purpose: To understand what kind of bullying boys with an ASD experience, how it affects their anxiety and the methods they use to cope with it.

Methods: Data were collected directly and confidentially from 60 high-functioning male participants with an ASD aged between 7 and 18 years ($M = 11.4$ years) who attended mainstream state-run schools. The online survey contained a researcher-constructed ASD *Recognise-Report-Cope* Bullying Scale and the DSM-IV-TR-based anxiety and depression scales of the Child and Adolescent Symptom Inventory.

Results: 82% of participants reported they were regularly bullied at school, and on a daily basis for 36% of them. Bullying included verbal behaviours such as name-calling, as well as physical aggression, and also social exclusion. These events were most often reported by the boys with an ASD to their parents and teachers, but those reports did not reduce bullying attacks to any marked degree. Participants' most common methods for coping with bullying were: verbal retaliation and cognitive or physical self-withdrawal. Over 25% of participants reported that they kept secret their experiences of being bullied from adults and instead dealt with their distress through outburst or withdrawal behaviour at home. There was a strong association between frequency of bullying and anxiety. Social exclusion was correlated with higher levels of anxiety in the participants than was physical bullying. Depression symptomatology was not strongly linked to bullying experiences.

Conclusion: These data provide a clearer picture of how bullying occur and its effects on boys with an ASD. Bullying events which result in social exclusion are more detrimental to the mental health of boys/adolescents with an ASD than those involving physical aggression. Adverse peer interactions appear to cause long-term distress which impacts on the responses of children/adolescent with an ASD in the home environment and might be an antecedent for school-refusal behaviour, and clinical interventions need to take this into account.

RELATIONS OF INTERNALIZED STIGMA AND PERSONALITY IN PATIENTS WITH SCHIZOPHRENIA

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In recent years, research on the comorbidity of personality disorders and other clinical conditions has increased. Nevertheless, it is quite surprising that very little research has been done in terms of personality, internalized stigma and its disorders in patients with schizophrenia. Most of the studies related to the binomial construct of personality disorders and schizophrenia are limited to the study of premorbid personality, which emphasizes the importance of the interaction between trait-personality disorder-schizophrenia symptoms.

Until now, we are still far from reaching scientific consensus to be unanimously shared by all researchers with respect to those issues.

Objective: To assess the associations between self- stigma and temperament and character dimensions

Population: A total of 100 patients with a diagnosis of schizophrenia were consecutively included in the study. Self – stigma was assessed with the Stigma Scale of King, personality dimensions with Temperament and Character Inventory and psychopathology with Positive and Negative Symptom Scale.

Results: From the total of 100 patients with schizophrenia 66% of the patients were male and 34% were women, with an average age of 36.6 years (SD= 11) and education of 11.3 (SD=3.1). Most patients were without a partner at the time of the study (81%) and only 19% had an economically gainful work activity. According to the classification established by the institution of recruitment, 93% of patients had low socioeconomic status. Most of the patients had a diagnosis of paranoid schizophrenia. Substance use was present in 80%, (nicotine and alcohol use). Using the Pearson correlation coefficient was determined the level of association of the severity of psychotic symptoms assessed with the PANSS subscales and dimensions of temperament and character assessed with the ITC-R. There was a direct association between severity of depressive symptoms and damage avoidance (HA) and an inverse association with the severity of depressive symptoms and reward dependence. These associations were significant even when statistically had a low correlation value.

The results showed that higher level of harm avoidance, lower self- directedness, and persistence correlated with Stigma Scale of King and all its subscales. Self transcendence correlated with Stigma Scale of King subscales alienation, discrimination and stigma resistance. Regression analyses controlling for psychopathology, age, length of illness and number of hospitalizations revealed that higher level of harm avoidance and low self- directedness predicted internalized stigma

Conclusion the finding suggests that the experience of self stigma is related to personality dimensions. Interpretations of these findings include the possibility that, irrespective of patients psychopathology or functional characteristics, experience of self- stigma and its consequences might depend on personality dimensions. Further studies are needed.

RESEARCH ACTIVITIES BY PERSONS WITH MENTAL ILLNESS: PARTICIPATORY ACTION RESEARCH ON SELF-HELP GROUP ACTIVITIES

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Educational Objectives: The educational objective of this study is to present the significance of self-help groups composed of varied members and the importance of supporting research activities conducted by persons with mental illness themselves.

Purpose: Self-help and peer support are both essential for recovery from a mental illness. In self-help groups (SHG), people with mental illnesses talk about the problems they have faced, and share their experiences with peers, forming deep mutual bonds. Supporting SHG activities is an important task. However, few reports have examined supporting activities of SHGs comprised of people in various positions, or supporting research activities whereby the individual with mental illness receives help and wisdom from peers to find the best way to help themselves. We conducted Participatory Action Research (PAR) on a SHG comprised of varied members, and report on the research activities carried out by individuals with mental illness.

Methods: PAR was conducted on an SHG that holds 2-h meetings once a month. The study period was from April 2011 to January 2012, during which time 22 meetings were held (mean number of participants per meeting: 15 people). The SHG currently has 29 registered members (15 people with a mental illness, 6 family members, 6 volunteers, 2 professionals; 19 men, 10 women). Meetings were structured into two parts: self-introductions and selection of a topic for all participants to work together to clarify patterns leading to the problem and investigate better methods for coping with the problem.

Results: All members participated as equals, and became comfortable enough to express their own weaknesses in a warm, humor-filled atmosphere. They worked together to enjoyably carry out research activities. They learned to externalize their problems, recognizing that it is not the person that is the problem, but the problem that is the problem. The goal for the research activities eventually changed from solving the problem into believing that they could continue living a fulfilling life despite the problem.

Conclusions: Through input from various members, participants have been able to enrich their perspectives and behaviors. By conducting research with peers on the way of looking at problems and on coping methods, those problems that members had felt they wanted to get rid of were transformed into subjects of interest. The present study shows that they can then view the problem objectively, so that it starts reducing in significance, enabling the individual to become better able to control the problem.

DISQUIET IN CARE RELATIONSHIP WITH ADDICTED PATIENTS: A QUALITATIVE STUDY

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Educational Objectives: At the conclusion of this presentation, the participants should be able to interrogate their own experience and practice and to wonder whether disquiet is a relevant concept for their own care setting. They could also start thinking at new ways to move beyond relational difficulties in care situation.

Purpose: The relationship between care professionals and addicted patients is known as difficult and sometimes severely damaged by mistrust. This study aims to understand the sources and effects of mistrust in the care relationship and to find out how care teams and professionals cope with those difficulties.

Methods: We set up a qualitative research and met three different care teams working with addicted patients. For each team, we conducted one focus group (6-8 pers., 3h) based on a semi-structured questionnaire. We analyzed narratives with Interpretative Phenomenological Analysis.

Results: Mistrust and difficulties are reported by care teams and can lead to a feeling of disquiet. This feeling is based on 1)the fact that professionals have to get involved with patients having difficult past and present lives; 2)the social and moral stigma weighing upon patients and also sometimes upon professionals; 3)the uncertainty professionals have about their own skills and knowledge. Disquiet causes the professionals to restrain their involvement in care relationships or conversely to avoid disappointments by controlling and regulating every step of the care relationship. But disquiet also appears to encourage care teams to create innovative care settings.

Conclusion: Disquiet is widely experienced by care professionals and can harm the therapeutic efficacy and the ethical quality of the care relationship. But if care teams are solid enough to avoid being disorganized by disquiet, it also helps them to be innovative and to recreate conditions for a sincere care relationship. This study underlines the significance of including these aspects in the training of personnel and in care provision planning.

THE PERCEPTIONS AND ATTITUDES MOROCCAN MEDICAL STUDENTS TOWARDS PSYCHIATRY.

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Introduction:

Nowadays, considering the rise of mental illness in Morocco, the need for psychiatrists and mental health professionals is growing. Improving the demography of psychiatrists remains reliant on number of students in medicine who choose psychiatry as a specialty. To get an overview of their opinions on psychiatry, we conducted this study at the University Hospital of Fez.

Purpose:

Knowing the perceptions and attitudes of students towards psychiatry and find the factors affecting its choice as a specialty.

Methods:

Prospective study.

Location of study: University Department of Psychiatry, CHU Hassan II Fez.

Target Population: 40 students in the fifth year of medicine who completed their training in psychiatry department between 22 October 2012 and 14 December 2012.

Tool: anonymous self-administered questionnaire in the first and last day of training. The questionnaire consists of three sections:

- The socio-demographic profile of the student.
- The student's main criticisms towards psychiatry.
- The interest of psychiatry training and intend to choose it as a specialty for the future.

Results:

Sample size: 40 students

Sex ratio M / F: 0.9

Average Age: 22.55 year.

Statistical analysis showed that the training in psychiatry department has improved the perception of students towards psychiatry on several points:

- 13 students (32.5%) changed their opinion on the fact that psychiatry is a dangerous.
- 18 students (45%, $p = 0.0002$) who considered psychiatrists as abnormal have changed their mind after completion of their training.
- 15 students (37.5%, $p = 0.0095$) who did not think to make a career in psychiatry have changed their views and may consider it in the future.

Conclusions:

Despite of its limitations (small sample), our study remains interesting because it could identify the misconceptions that students may have about psychiatry. Improving the image of psychiatry in society goes through improvement of healthcare professionals perceptions including medical students. This can be done through a proper guidance and adequate support during their hospital training in psychiatric department.

HAS STIGMA TOWARD PERSONS WITH MENTAL ILLNESS IMPROVED IN JAPAN? A REVIEW OF STIGMA RESEARCH OVER THE LAST DECADE

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Educational Objectives: At the conclusion of this presentation, participants will have a better understanding of how stigma toward persons with mental illness has not improved over the last decade in Japan, and recognize the need for further anti-stigma activities.

Purpose: The purpose of this study is to review how stigma toward persons with mental illness has changed in Japan in the last decade, and reveal contemporary problems.

Methods: Studies published over the past ten years were reviewed and measured by using a scale that can compare over time the stigma toward mental illness by the Japanese. The number of samples, mean score and standard deviation of each study were extracted, and then a t-test was carried out to determine whether differences were significant from each first study. All statistical tests were two-sided, with a significance level at 5%.

Results: Two measures and eight studies written in English or Japanese met the inclusion criteria. Most of the studies were targeted at study participants who were students in vocational college or university. The stigma for both "mental illness" and for "schizophrenia" did not significantly improve among vocational college or university students. A study of the general population showed a significantly lower level of stigma than that of the students.

Conclusions: Over the last decade, there has been no significant improvement in regards to stigma toward persons with mental illness among vocational college or university students. Recently in Japan, the number of patients with mental illness, mainly mood disorders, has increased dramatically, and anti-stigma and educational activities have been conducted and targeted mainly toward a middle-aged demographic. These programs appear to have not impacted students who are at a peak age for onset of mental illness. Future programs need to strengthen anti-stigma activities for college-aged students.

PSYCHIATRY AND COMMUNITY

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Educational Objectives: Attitudes towards psychiatry vary considerably in the modern world. At the end of presentation the participants should be able to recognize existing public attitudes to mental health in Georgia that play crucial role in constraining “intellectual” barriers preventing people from gaining access to appropriate psychiatric services.

Purpose: Reveal the approach of society to psychiatrists, mental patients and psychiatric services.

Methods:

Community beliefs to mental health issues, to psychiatrists and to people with mental disorders were assessed in the survey - "Psychiatry and the Community." Survey contained 25 questions with multiple choice answers. Poll of 250 people from various social strata was involved.

Results: Participants - 250 mentally healthy subjects with mean age 34.4 ± 9.68 , female - 56%, men - 44%. The majority of respondents reported that in case of the “signs of mental disorders, as well as emotional disturbances”, they will appeal to the neurologist (44%) and/or to psychologist (32%), and/or to the priest (16%). Only 8% of responders agree to contact psychiatrist in case of mental problems. Almost 45% of respondents believe that there is “no protection of confidentiality of medical records”, that’s caused by technical staff (32%) and psychiatrists (28%), or both. Despite of expressed sympathy towards mental patients, 36% of responders believe that “it is necessary to stop the spread of severe mental illnesses by certain social restrictions, such as “prohibiting, giving a birth to child if both parents are mentally ill”. Only 24% think that it is the patient's choice. Overwhelming majority of respondents believes that high intelligence (80%) and delicate behavior (52%) are necessary for psychiatrists, although 44% believe that the psychiatrists “have some strange behavior and a particular manner of action”. Noteworthy is the fact that 32% of participants of the study still believe that “the Georgian psychiatrists have medications that will lead to the development of mental disorders in mentally healthy individuals”. The answer: "I do not know," we received in 40%, while only 8% denied the existence of “such medication”.

Conclusions:

The data of survey clearly indicates that despite the organizational reform of psychiatric services in Georgia, it is still necessary to involve more communication and psycho-education for reduction of stigma in the community that still prevents people from seeking adequate help.

STIGMATIZATION OF PERSONS WITH “LEBEL” MENTAL ILLNESS

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Educational Objectives: Contemporary understanding of stigma reflects the social attitudes towards mental illness that is deeply discrediting and socially embarrassing.

Stigma produces changes in feelings, attitudes and behavior in people who are the subject of stigma and the members of their families. Discrimination leads to absenteeism seeking, Failure to treatment, the material poverty and social marginalization. These experiences create a barrier clinical recovery of patients, tapering his great chances and lowering self-esteem.

Purpose: The aim of the current study is to investigate the effect of seemingly normal people with psychiatric "label", the attitude of employees in the health care center compared to the approach of patients hospitalized in other departments. Additionally, we investigated whether gender affects the stigmatization of the person answering the psychiatrist.

Materials and Methods: The study included 198 people. The sample was divided randomly into two groups: group A received a description of the case with psychiatric "label", while group B received the same description of the case but without a psychiatric label.

Results: We did not obtain a statistically significant difference in the degree of stigmatization regarding group of professionals and group of non-professionals ($p > 0.05$). Stigmatization correlates positively with the intimacy of the relationship of the individual with the person "labeled" as mental ill. Females were significantly higher stigma people with psychiatric label in person, while such differences by gender were not at attributing stigma in social interaction.

Conclusion: The results have reinforced our view that stigma related to mental illness is not limited to public only. Employees in public health care center area part of the stigma as well. The present paper showed that females, more stigmatizing people with psychiatric labels and to personal contacts in the field, while in the context of attribution of stigma in the wider social interactions they set the same as the opposite sex, neutral.

Therefore, there is a need to educate medical staff on issues of stigma in order to understand mental illness seriously thriving to its reduction, which would be a key component of improving mental health.

This study examined the stigma by gender and profession in relation to the type of interaction with the subject, and provide information essential for recognition, confrontation and Understand stigma.

Keywords: Stigmatization, discrimination, professionals, non-professional, gender

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EXTERNAL PERCEPTIONS CONCERNING MENTAL DISORDERS

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Illness experiences are deeply related to the complex web of personal experiences and belief systems ingrained in our cultural and social world. In 1978, Kleinman and associates used the terminology “explanatory models” to represent patient’s conceptualization of the illness: *“Eliciting the patient’s (explanatory) model gives the physician knowledge of the beliefs the patient holds about his illness, the personal and social meaning he attaches to his disorder, his expectations about what will happen to him and what the doctor will do, and his own therapeutic goals.”*

But what are the beliefs of the health system workers concerning the mental disorders?

The aim of this investigation was to characterize the beliefs on the mental disorders by the General Practitioners and the Residents specializing in this area.

To achieve this goal the authors used a questionnaire developed by Bruce Link (Link, B. 1999), where he assessed the following topics related to the beliefs on mental disorders (1) recognition of mental illness, (2) beliefs about the causes of mental illnesses, (3) acceptance of psychiatric labels, (4) beliefs about how dangerous people with mental illnesses are, and (5) the desire to keep people with mental illnesses at bay, i.e. to reject them from society. This questionnaire was applied in 2008 on the General Practitioners and in 2012 on the General Practitioners Residents, both from a specific area of Central Portugal, Baixo Vouga.

The authors presents the beliefs concerning the mental disease in this two populations (General Practitioners and their Residents) in order to understand whether these beliefs can interfere with the quality of care given to our mental health patients and can be related to stigma processes.

The explanatory model is an important tool to understand cross-cultural and our own cultural medical practices, and to identify areas of conflict between health system workers that should be (re)negotiated to improve our medical care.

STIGMA EXPERIENCED BY PATIENTS IN FORENSIC SERVICES

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Objectives: Stigma experienced by mental health patients can have many negative consequences including being an obstacle to recovery. There is limited literature looking at stigma within forensic mental health services. The objective of this piece of work is to assess the stigma experienced by psychiatric patients in secure forensic services.

Methods: We used a validated 28 item self-report stigma scale created by King et al¹. The scale identifies three factors affecting the stigma felt by the patients, the first factor relates to discrimination, the second to disclosure and the third to positive consequences experienced due to mental illness. The results were then compared to those of the general psychiatry patients included in the study by King et al.

Results: 30 patients completed the scale, 28 of whom were male and 2 female. The mean stigma score was 56.20 (SD 13.00). This compares with 62.60 (SD 15.40) for the general psychiatry cohort used by King et al. The mean discrimination sub-scale score was 23.20 (SD 8.18) compared to 29.10 (SD 9.50) for the general psychiatry cohort. The mean disclosure sub-scale score was 24.63 (SD 7.18) compared to 24.70 (SD 8.00) for the general psychiatry cohort. The mean positive aspects sub-scale score was 8.27 (SD 3.06) compared to 8.80 (SD 2.80) for the general psychiatry cohort.

Conclusion: Results show on average the patients involved in this study feel less stigmatised than those in the general psychiatry cohort used by King et al. Looking at the three factors the lower levels of stigma felt can almost all be attributed to lower levels of perceived discrimination. This difference could be due to a number of reasons including; whether the care was general or forensic, whether the patients were inpatients or outpatients or a change in service provision over the time that has elapsed between the two studies.

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THE SOCIAL REPRESENTATIONS OF MENTAL ILLNESS : GENERAL POPULATION SURVEY

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Educational Objectives

Mental health has become a priority for the Ministry of Health in Morocco in response to the deficit in resources. In fact, mental health has long suffered from a lack of budget, inadequate and obsolete structures that have become unable to house admit, the legal vacuum and the absence of political will, but also and especially the negative image of the mental patient in our society. This image, made of heterogeneous representations, remains critical and determines the relationship between society and psychiatry, especially in a society burdened by traditional cultural heritage focusing on irrational considerations and ancestral customs.

Purpose

In order to better understand these representations, a field survey was conducted in the city of Fez. It involved 300 people met in various parts of the city. Their ages ranged from 15 to 50 years. A questionnaire consisting of 30 questions was presented to them. It explores the representations of the mentally ill, the mental illness, its causes, and attitudes towards the patients and the healing odds.

The sample was chosen in collaboration with the department of epidemiology at the University Hospital of Fez.

Results:

65% of the people surveyed think that mental illness is not a disease like any other and only 4% for the illiterate. 80% of sample rejects the possibility of living with a mental ill, and only 10% feel they can behave normally with a mental ill. 84% believe that the mentally ill is a major burden for his family. Two-thirds of respondents still think that social integration is possible. 22% believe that the mentally ill frightens 24% think that it is a source of stigmatization of the family.

Drug addiction was mentioned as a cause in 27%, 20% for the social problems, witchcraft is blamed for 13%, the jinn and the evil eye 13% also psychological causes were discussed in 10% of cases. The treatment was perceived as possible for a minority (13%) and those who think it is necessary to use modern medicine represent only 36%. Only 35% say that the psychiatric hospital provides appropriate care.

Conclusion:

A state of affairs quite dark and a clear lack of information emerge from this work. This pushes the population to refer primarily to its cultural heritage and don't easily accept openness to modern psychiatry. It is therefore important to further promote the educational component of mental health to bridge the gap between psychiatry and societal representations which are still too traditional.

A COMPARATIVE STUDY: FROM INSTITUTIONALIZATION TO DEINSTITUTIONALIZATION

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The theoretical basis of this study was based on the Brazilian Psychiatric Reform process of deinstitutionalization, which relied on the Italian Psychiatric Reform created by Franco Basaglia.

The objectives: a) to analyze the process of institutionalization of young people with mental illness in a psychiatric unit of a hospital in the state of Sao Paulo, b) conduct a comparative study with the deinstitutionalization model of Trieste, Italy.

Methodology: Due to the complexity of the research topic, we opted for the action research methodology. In the final stage of the research, interviews were conducted with directors and technicians of the Department of Mental Health of Trieste as well as document analysis.

Results: The residents of this institution have a history similar to many others. As children, abandoned by family, mainly because of serious disorders in their overall development, they were referred to juvenile shelters, beginning their long institutional career. After passing through various institutions without specialized assistance, they have become dependent and a burden to the institution. No longer able to stay in these places, they were sent to the only place that opened the doors: the *asylum*. The performance of the staff is that of maturation, which ends up producing the infantilization of these people, rather than strengthen their capacities and skills, essential conditions for them to recover their active role. The staff has great difficulty in changing their habits because this means reviewing its role, knowledge and performance. The asylum model contaminates the institutional context. The formation of a new staff model is one of the pillars for the construction of the deinstitutionalization process. In Italy, the end of the psychiatric hospital was the arrival point and not departure. The work undertaken by the technical staff of Trieste exceeded the practical issues related to the concept of mental illness and sought specific answers regarding housing, work, education and social life.

Conclusion: The Italian radicalism consisted in the proposal of replacing the psychiatric hospital with a network of community-based services, the intersectionality, which is an indirect way to solidify the transformation in care: the service should not only assume the treatment, but also must build actions that break with segregation and restore it the right of these individuals. In Brazil, despite the existence of specific legislation that seeks to support people with mental distress, the actions are still insufficient, requiring effective measures for its implementation, so that the law might be fulfilled and substitutive mechanisms be tools to resize the current process of mental health reform.

PSYCHIATRIC TREATMENT IN CHILDHOOD: COMPARING STIGMATIZING BELIEFS IN PARENTS WITH CHILDREN ATTENDING A MENTAL HEALTH SERVICE VS THOSE WHO NEVER ATTENDED

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Objectives

Despite the high prevalence of mental health problems in children and adolescents, less than one in five children ever receive treatment. Stigma is a major barrier in mental health. This study's main aim was to assess parental beliefs about child psychiatric treatment, as it may be a major determinant of mental health services seeking. It also intended to compare stigmatizing beliefs between parents with children attending a mental health service to those never attending.

Methods

We used a cross-sectional design, and applied a questionnaire to a convenience sample of 226 parents with at least one child, aged 2 to 16 years, attending Braga Hospital Department of Child Psychiatry during 2009. The second group consisted of a convenience sample of 206 parents without any contact with Child Mental Health Services recruited in two primary care units, located in Braga's Hospital catchment area, during the same period.

The questionnaire contained sociodemographic data and four questions regarding stigmatizing beliefs towards psychiatric treatment extracted from the *Special Section on the National Stigma Study-Children - Stigmatizing attitudes and beliefs about treatment and psychiatric medications for children with mental illness*.

Results

26 participants from the first group and 6 from the second group were excluded due to incomplete data. 200 patients from each group were included in the analysis. Sociodemographic variables were compared between the two groups and showed significant differences regarding parent's age and residence area.

Approximately 60% of parents from both groups believe that the community is aware of children's psychiatric treatment status despite medical confidentiality and about 35% stated that stigma perpetuates into adulthood. More than 40% of parents agree that having mental health treatment for a child would make the parent feel like a failure and almost the same percentage believes that these children may suffer rejection in school. Statistically significant differences between both groups were obtained only regarding school rejection, with parents that have a child attending psychiatric consultation revealing more negative beliefs ($p=0,039$). There were no significant differences between the two groups regarding global level of stigma related to child psychiatric treatment (2.28 ± 0.76 vs 2.27 ± 0.66).

Conclusion

First, we found that a significant proportion of parents have stigmatizing beliefs regarding psychiatric treatment in children which can lead to serious consequences for child and adolescents mental health. Second, we found that the close contact with a child mental health service does not appear to alter the parental notion of stigma, what should alert to the need to invest in education and awareness amongst the general population and, in particular, amongst parents who attend to child psychiatry services.

PUBLIC STIGMA IN ITALIAN HEALTHCARE STUDENTS: A PSYCHO EDUCATIONAL STUDY

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Purpose: The aim of the present study was to explore the way healthcare students stigmatize mental patients using Stigmaquest test [Bellomo, Ferretti, Starace] for attribution model of public discrimination towards people with mental illness.

Methods: The questionnaire is a semi qualitative parametric questionnaire-based and cross-sectional that comprises scales about stigma in terms of the perception of societal stereotypes, public-stigma in terms of stereotype agreement and structural discrimination. Participants come from 8 health courses of the Medical University of Foggia, Italy: 236 final-year students covering health professions from nursing to social assistance. Students were presented with a person who got a not specified psychiatry treatment. They were asked to complete the self-report questionnaire measuring attitudes towards public stigma, stereotypes and social/media desirability.

Results: Differences between clinical and social oriented students were found in each Stigmaquest item: five sub scales dealing with stigma social cognition emerged by factor analysis. Gender and age adjective stereotypes were identified by cluster analysis. In the qualitative analysis all students showed discrimination towards mental professions and a high negative media desirability was constant as also anger and dangerousness beliefs.

Conclusions: This study provides evidence that an educational programme focused on stigma is needed in the study course of health professions. In order to improve the effectiveness of service provision and treatment outcomes for mental illness it is important that health care service providers and teaching institutions consider the implications of these factors when developing staff and services, and base interventions on theoretical models of stigma and discrimination.

QUALITY OF LIFE AND PUBLIC STIGMA AMONG MENTAL HEALTH PROFESSIONALS

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Purpose: The aim of the present study was to explore how mental health professionals feel about their professional quality of life and the way they think and feel about people with mental illness.

Methods: Participants were interviewed using a semi-qualitative questionnaire (Stigmaquest version 1.5) that comprises scales associated with stigma towards mental patients and 5 semi-structured questionnaires (WHO-5, GAD-2, GAD-7, PHQ-2, PHQ-9) that assessed the quality of professional life. Data were obtained from 70 participants working in the mental health sector (psychiatrist, psychologists, nurses etc.).

Results: There were several key findings: 1) the majority of respondents reported high levels of burnout and depressive symptoms; 2) there were many different terms used to refer to people with mental illness reflecting a wide range of expertise and experience among professionals; 3) they had a meaningful awareness of the importance of their role; 4) additionally they defined themselves as being able to help patients through effective communication; 5) moreover, gender, age and ethnicity of the mental patients influenced prejudiced views and stereotyping among professionals.

Conclusions: These results have implications for mental health professionals training to avoid burnout and maintain a high quality of life and work satisfaction. Replication of the current findings with additional samples of mental health professionals would be useful to further explore the relationships between the professional quality of life and the prejudicial beliefs.

COERCION IN PSYCHIATRIC ACUTE WARDS AND PATIENTS' QUALITY OF LIFE

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Coercive treatments such as involuntary admission, restraint, seclusion and forced medication are used in mental health services. Coercion has attracted much attention and clinical practice and outcomes of coercion have been reported. In addition, importance of quality of life (QoL) has been regarded in psychiatric disorders.

The purpose of this study was to investigate the influence of coercion on patients' QoL in psychiatric acute wards.

We used subjective and objective measures of coercion. We also investigated other variables that may affect QoL including social functioning and insight. All 202 patients admitted to the acute wards of Gojyouyama Mental Hospital and Maizuru Medical Centre were enrolled. As subjective coercion, patients' perceived coercion at admission and during hospital stay were assessed by a 10 point visual analogue scale based on Cantril's Ladder. As objective coercion, we investigated legal status of admission and the occurrence of restraint, seclusion and forced medication. Subjective QoL was measured using the EuroQoL-5 Dimensions (EQ-5D) score, consisting of the Health-Related Quality of Life (HRQoL) score and the EuroQoL Visual Analogue Scale (EQ-VAS). Patients' insight was measured on the Japanese version of the Scale of the Unawareness of Mental Disorder (SUMD-J). Social functioning was assessed according to the Global Assessment of Functioning scale (GAF) at admission and discharge.

To our knowledge, this is the first study evaluating the influence of insight and multiple aspects of coercion on QoL. We could not reveal that either subjective or objective coercion was associated with QoL. However, we found that functional improvement was a common predictor of QoL. This finding is consistent with the previous study (Trompenaars et al., 2007). It would be reasonable to conclude that a good outcome led to a better QoL.

It has also become clear that GAF improvement and insight were correlated with QoL.

Our results propose that we need take QoL into consideration, especially in case of coercive treatments in psychiatric patients. Further studies on the coercion in patients' QoL should be necessary.

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THE INFLUENCE OF THE IMAGINARY ON NURSING CARE TO PSYCHIATRIC PATIENTS IN EMERGENCY SETTINGS

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Educational Objectives: To demonstrate the influence of the imagination on insanity nursing care provided to the psychiatric patients in an emergency settings.

Purpose: To analyse the imaginary of the nurses with regards to the care of psychiatric patients in general emergency settings

Methods: Qualitative research inspired by Sociopoetics and based on Creative Imagination. Data were produced by means of interviews for subject characterization, participative observation and researcher-group. The subjects were 15 nurses of a general emergency hospital in the municipality of Rio de Janeiro. The project was submitted to the Research Ethical Committee of the Municipal Secretary for Health and Civil Defence in Rio de Janeiro according to resolution 196/96 (CNS), and approved as established on protocol 10/11 CAAE - 0268.0.314.000-11.

Results: The results point to passivity, lack of information, fear, and working conditions as the main elements that influence the care given to the psychiatric patient by the nurse in an emergency setting. Results also indicate a profile of generalist nurses, under the influence of stigmatised perceptions of insanity, who describe their motivation when caring for the psychiatric patient as being guided by feelings such as compassion and obligation.

Conclusions: The professionals present a level of difficulty when performing on the interface general health/mental health. Their attitudes are impregnated with prejudice and fear of insanity. Despite the fact that the temporal insertion is that of the Psychiatric Reform, concepts and interventions of nurses with regards to the psychiatric patient are still within a framing where the latter is not perceived as part of a relationship with exchanges and respect for each other's subjectivities. This study shall present as its final product an orientation guide based on the principles of the Psychiatric Reform, with the purpose of implementing actions regarding nursing care of psychiatric patients in situations of general emergency.

Literature Reference: Goffman E. Estigma: Notas sobre a Manipulação da Identidade Deteriorada. 4^a ed., Rio de Janeiro: LTC; 2008.

ENGAGING WITH CULTURALLY DIVERSE COMMUNITIES - THINKING OUTSIDE THE SQUARE.

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Educational Objectives: Participants should be able to identify strategies which can be effectively used to engage with Culturally and Linguistically Diverse (CALD) communities around Mental Health issues.

Purpose: Reluctance to access Mental Health Services (MHS) by people from CALD communities has been recognized as an issue for early intervention and effective management of people with a mental illness. Stigma surrounding mental illness, lack of familiarity with services and fear of potential treatments to be offered have been identified as barriers to access to appropriate mental health care. The purpose of the project was to educate spiritual leaders in CALD communities around mental health issues in order to increase acceptance of, and access to mental health services.

Method: Over a period of 6 months the spiritual leaders of several diverse communities were contacted and a series of interviews and consultations were conducted to ascertain their particular perspectives on mental health and mental illness. The Multicultural Mental Health Service Coordinator led a series of presentations, in collaboration with the leaders and community managed organisations, to the individual communities aimed at mental health promotion, prevention and early access to services. MHS staff from a range of diverse cultural background presented mental health promotional material, written information regarding access to mental health services in different languages as well as specific issues identified in the consultation process.

Results: Follow up interviews showed that fear of accessing services and stigma against mental illness had reduced in the communities visited. Referrals to the local MHS from diverse communities increased and support for people with chronic mental illness had improved.

Conclusions: Putting a human face on mental health services is an effective way of breaking down the barriers to service access. Using the multicultural workforce available in our mental health service in South Metropolitan Health Service has increased the awareness of CALD communities to mental health issues and increased referrals from the communities to mental health services. The methodology used is an effective way of engaging with our diverse population through the spiritual leadership and can be used in many different communities.

SCHIZOPHRENIA STIGMA AMONG DOCTORS IN THE UNIVERSITY MEDICAL CENTER OF MARRAKECH

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Educational Objectives:

Through time, the schizophrenics have, hereby, been the object of measures of exclusion and social disgrace. The objectives of our study are to know if in the University Medical Center of Marrakech, the doctors stigmatize patients who suffer from schizophrenia, and if they do so; then, how this discriminative attitude is conveyed in their diagnostic and therapeutic approach.

Methods: the study was conducted among 117 residents and internes in the University Medical Center of Marrakech. We used a heteroquestionnaire, which estimates doctors' attitude towards patients with schizophrenia. This has enabled us to determine healthcare professionals' perception of the patients and the illness, and if schizophrenic's social label bias their decisions. Residents of psychiatry were excluded from the study.

Results: The mean of questioned doctors' age was 31,5 years, SD 25-38 ; 58,1 % were women. They all spent less than six months of their cursus in psychiatry. 76,06 % confirmed having already had patient with schizophrenia in their consultations and 34,83 % of them allotted their patient directly to psychiatry without making an interrogation or clinical examination. Most doctors (62,3 %) declared that they are cautious and prefer to examine the psychotic patient in presence of a third person. Nevertheless, 58,97 % of the questioned doctors think that a schizophrenic even if he was in treatment can be dangerous and violent and more than the half (64,1 %) considers that he is unable of having a normal social life, this could explain the percentage of the doctors (67,5 %) who prefer to explain the diagnosis and the treatment details to the patient family instead of the patient himself.

Conclusions: according to our study, doctors also stigmatize schizophrenic patients.

Literature Reference

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Logiques de la stigmatisation, éthique de la déstigmatisation
INFORMATION PSYCHIATRIQUE 2007 ; (8) : 649-654

MENTAL HEALTH USERS EMPOWERMENT; EDUCATION AND NEW TECHNOLOGIES

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Objectives

To organize training in mental health and health promotion.

To set up a users and carers training.

To legitimize patient experience.

To promotion advocacy, the active citizenship of people with severe mental illness.

Method

Through on-going meetings during the last two years the creation of a website (emiliaonline.org) and a Facebook (<https://www.facebook.com/AssociacioEmiliaBcn>) has been achieved. Numerous user's options and personal inputs have been taken into account in making the web site user friendly while showing a clear outline of proposed training.

Also on the website different topics about mental health have been treated (family, mental illness, recovery) and there has been an active promotion of educational workshops through which the Life Long Learning (*LLL*) process is continued. The users continue the process of offering themselves as a mental health teaching advisory group, as mediators or coaches, taking a step further in legitimizing their role as patient experience.

Results

Thanks to the users association, various publications have come about in the last six months:

- 3 news letters about schizophrenia, recovery and family-patient relationships with an average of 200 readers
- A Forum in which topics like stigma related to mental illness, user-environment relation and the patient as an expert are discussed
- Notes about cultural activities
- Update information about the association projects and events on the Facebook
- Face-to-face workshops with an average assistance of 40 people each

The level of activity of the association has increased with the participation from other community groups who also struggle to reduce stigma and by the education of other users and professionals.

Conclusions

The Emilia association has grown from strength to strength through the creation and utilization of their website. Through it, users are more empowered to promote a healthy attitude to mental illness while offering an exclusive patient-orientated training easy for professionals to follow.

NARRATIVE MEDICINE AND MENTAL HEALTH TRAIN OF PRE-GRADUATED MEDICINE STUDENTS

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Educational Objectives: To recognise different techniques of narrative medicine in teaching mental health to medical students.

Purpose: To present the method of narrative medicine in mental health training.

Methods: Observation and illness-related life-writings of patients, care-givers and writers, film group discussion and role playing in clinical conversation.

Results: We discuss the difficulties (the limits of representing illness) and the advantages with this approach. This methodology is an excellent way of exploring multiple realities of human suffering in different contexts allowing a subsequent meaningful and deep contact of mental health problems.

Conclusions: We situate narrative medicine in a context of other clinical and scientific developments such as personalized medicine showing effectiveness of illness narratives in practice.

STEREOTYPES ABOUT DIVERSITY AND MENTAL ILLNESS. AN ITALIAN STUDY ON STIGMATIZING ATTITUDES IN ADOLESCENT POPULATION

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¹ University of Foggia, Foggia, Italy ² Apulia Governmental Health Agency (A.Re.S), Bari, Italy ³ Apulia Government, Bari, Italy ⁴ ASL Bari, Bari, Italy

Purpose: The aim of this study is to explore, in a prevalent qualitative perspective, stereotypes in adolescent among Goffman's social discriminated categories (mental illness, physical handicap, extra community person, eccentric personality) before and after a six month institutional prevention campaign on mental health with 60 mental health professionals engaged in.

Methods: Participants (n.1430 at T0 and n.1460 at T1) were interviewed before (T0) and after (T1) the prevention campaign with the questionnaire Stigmaquest (Bellomo, Ferretti, Starace) in its 1.4 version. It was asked to attribute negative, positive and neutral adjectives to each category.

Results: Cluster analysis and chi squared test reveal stereotypical profiles. Differences for gender and age were found, both in intra and inter categories at T0 and T1. We compared dual relationship among categories for a total of 25 liaisons. The big evidence but not single difference was that mental illness is not seen like a handicap state.

Conclusions: In bio-psycho-social terms this study focus on the not acquired social component as like a social heritage. It is proved how deep are pre-judices and how difficult they are to change with a cognitive approach. Several evidences in gender, aging and scholarship differences suggest that a better way to fight stigma is a mind theory-empatic approach.

SELF-STIGMA AMONG DEPRESSED ADOLESCENTS

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Introduction :

The World Health Organization (WHO) , World Psychiatric Association (WPA) and World Association for Social Psychiatry (WASP) are working to reduce the stigma against schizophrenia , depression and other mental disorders, stressing that these are common diseases, and patients need help and treatment.

According to several studies, self-stigma reduces self-esteem, self-efficacy, seeking care and treatment compliance.

The majority of adolescents with depression live in the same cultural environment as those who stigmatize them. Therefore, they tend to adopt the same negative attitudes and beliefs.

Objective :

The aim of the current study is to assess the intensity of self-stigma among a sample of depressed adolescents.

Methods :

The sample will be recruited in the child psychiatry Ibn Rushd of Casablanca. We used:

-A self-questionnaire pre-established by the authors in order to collect socio-demographic data.

-A scale of self-stigma translated into Arabic and validated:

Internalized Stigma of Mental Illness Scale (ISMIS) which consists of five subscales::

*alienation

*stereotype endorsement

*discrimination experience

*social withdrawal

*stigma resistance

-Recruitment of adolescent patients with depression diagnosed according to the criteria of DSM-IV

-Collection and statistical analysis of data will be realized using Epi-Info software.

Results :

Results will be presented on meeting

21st World Congress of Social Psychiatry 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

9

Investing in mental health

Posters Session

TREMA, OMEN OR INCIPIENT SCHIZOPHRENIA?

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¹. CHUC, Coimbra, Portugal

Educational Objectives: Schizophrenia limits are not well defined, although some authors have tried to define its borders. Different perspectives, drawn over the last two centuries, resembles with Psychiatry own history. Schizophrenic symptoms harm what we cherish the most: the world 's meaning, unit of the self and the comprehension of others. The symptoms don't always start to appear suddenly, it is a process that could take months or even years. Identification of this phase, one of particular interest, in special if we consider it as a prodromic phase, and the early intervention that could interrupt the deteriorating development of this disease.

Purpose: Review several authors opinions about the prodromic phase of Schizophrenia.

Methods: Review of the literature about prodromic phase, early intervention and its benefits.

Results: The bibliography shows several differences in the way that different authors see the prodrome. Klaus Conrad was the first to consider it as the first stage of a dynamic-evolutionary Schizophrenia. Others consider possible an eventual crystallization in the Trema phase and an attenuated form of schizophrenia in line with a spectral vision of this entity.

Conclusions: Schizophrenia doesn't seem to begin with the first psychotic episode, and often develops with a slow and gradual course by an abnormal neurodevelopment process.

Frequently it presents with non specific symptoms, resembling more a neurotic state than a psychotic one.

Without denying the possibility of the existence of crystallized forms of Trema, but looking at them in a spectral perspective, the identification of the pre-psychotic phase assumes an undeniable value.

Intervention in the early phase could change the natural course of the disease, improve patients life and avoid the deteriorating course that often occurs.

ECO-SYSTEMIC APPROACH IN TREATMENT OF ALCOHOLISM AND OTHER MENTAL BREAKDOWNS

Danica Boskovic Djukic, Dragana Deh
Institute For Mental Health

Eco-systemic approach, which has been used for many decades in treating alcoholism with presented high level of success, not only in Serbia but also in the countries of ex- Yugoslavia, should be a good enough argument to use this approach in other countries too, and maybe even more important, to use it when treating other pathologies (somatic or psychological ones). 75-80% of patients and their families have been keeping abstinence successfully and lived more quality after they had been treated by this method.

Alcoholism as socio-medical illness has included in its treatment maybe most the elements of the surrounding and emphasized the importance of the mutual causality of the individuals – the substance and the society.

The special modality is Belgrade eco-systemic approach in the treatment of alcoholism, which includes or connects those three levels of the system (individual – family – social) handling them on seven mutually connected levels of the multi – system: biological (organic), individual, dyadic, family, wider social level in the local community, national and international level.

Available resources of the social community and the ability of the family to use them, are the crucial factors for overcoming the problems. Relationships with the social surrounding are vital for the function of the family in a stressful situation, and family isolation and the lack of the social support, contributes the non-function in a stressful situation. As for the social support we took into consideration connection of the family with relatives, friends, neighbors, working area, institutions for professional help, spiritual support, since we think that they are the natural net of our families, determined by culture and tradition.

By the review of the approach, we tried to make a conclusion about social – cultural dimension and about their circular connection with an individual and his family. Is the economical factor the only reason why the society is not ready to use the approach which successfully treats the problems of addiction? Or the reason is disconnection of the social factors, alienation of knowledge and practice... We think that globalization as worldwide trend could be a frame for the application of the eco- systemic approach for solving many problems of the mental health.

MENTAL HEALTH AMONG DIFFERENCES COURSES OF EDUCATION AT KURDISTAN UNIVERSITY OF MEDICAL SCIENCE

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Abstract

The aim of this study was to determine mental health among different courses of education at Kurdistan University of Medical Science.

The number of sample was 1000 (382 male & 618 female) that selected using Convenient samples. Data was collected by GHQ-28.

Results of the study showed that there was a significant relationship ($45/436 \chi^2 =$, $p < 0.01$) between types of courses and mental health. According to result of this study, there were no significant relationships between parents' job, parents' education and respondents' mental health.

Key word: differences courses, Mental health, Differences courses, Education, Kurdistan University of Medical Science.

REINVENTING THE "I" IN THE THIRD AGE: THE ROLE OF THE SENIOR UNIVERSITIES IN MENTAL HEALTH

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Abstract

This study seeks to demonstrate the role of senior universities, a psycho-social contribution to the mental health of the elderly. This is based on a theoretical framework that argues that the frequency of activities in these institutions promotes welfare and satisfaction through a change in the vision of the innerself.

Several studies emphasize the need for seniors to maintain an active life both physical and cognitive in order to prevent changes due to aging.

Basically it is argued that in a perspective of positive psychology and well-being because of advancing age nothing prevents new capabilities hitherto unknown to be discovered. Aging should be seen as a progressive process in which the biochemical and physical changes should not limit the psychological capacities of the individual allowing a full and happy life.

This study proposes to evaluate the possible relationship between the attendance at a senior university and the mental health status in a sample of 40 elderly, aged 65 till 80, with a control group of 40 seniors who do not practice any activity.

In terms of methodology, other than a questionnaire on sociodemographic characteristics, the Mini Mental State Examination will be used for screening of cognitive changes whereas the Questionnaire SF-36 and evaluation of the health status.

The study is ongoing at this time so results can not be provided now. It is thought that these will coincidence with results obtained in other studies, namely that the attendance and participation in the activities at these universities, promotes physical and mental well being, maintaining or even improving the self-esteem of the elderly. With increasing life expectancy, it is important to ensure that seniors not only live longer, but also with more quality and personal satisfaction. The role that senior universities play to promote quality of life is a response to this new need of developed societies.

Keywords: Elderly, senior university, mental health.

THE SIGNIFICANCE OF MENTAL SUPPORT ROOM FOR JAPANESE UNIVERSITY STUDENTS MANIFESTING SCHOOL REFUSAL

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Purpose

Recently the increase of young adults with social withdrawal has become one of major issues in Japan. Individuals with social withdrawal remain at home and go to neither school nor work for more than six months. Most of them might have not mental disorders such as schizophrenia. Mental Support Room was established in Wakayama university Health Administration Center in 2002 to provide support programs such as individual counseling and group therapy (SST and Psychodrama) for students with social withdrawal. The purpose of this study is to investigate the significance of the Mental Support Room for students manifesting school refusal.

Method

This qualitative study was based on interviews with four students that manifested school refusal and referred to Mental Support Room. They showed the recovery from school refusal before their interviews. They were instructed to talk freely about their troubles and sufferings. Interview sessions were recorded with the consent of participants.

Results

All participants suffered from social relationships and expressed loneliness and anxiety in their period of school refusal. The result showed that Support programs of Mental Support Room improved their communication skill and self assertion. It is suggested that these improvement would reduce their troubles in social relationships. Moreover group therapy reduced their loneliness and other group members could provide them useful information about their academic activity. As a result, this study showed that Mental support Room had potential to treat the problems of students with social withdrawal and improve their states.

ANXIETY, DEPRESSION AND QUALITY OF LIFE IN MOTHERS OF CHILDREN WITH AUTISM SPECTRUM DISORDER

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Educational Objectives: Autism Spectrum Disorders (ASD) presenting with social, communicative and cognitive impairments. Symptoms start from the first year of life and continue through the lifetime. Most patients need lifetime intensive care. Mother's role in treatment of these patients is essential and they are at high risks of depression and anxiety.

Purpose: Considering the growing number of diagnosed disorders in recent years and lack of knowledge about these disorders in our society, we decided to survey the score of quality of life, depression and anxiety levels in mothers with children suffering from ASD.

Methods: This descriptive cross sectional study is done on 127 mothers with children suffering from ASD. Diagnosis is conducted by the child psychiatrist through clinical interviews with children based on DSM IV- TR standards.

Demographic questionnaire contains mother's age and education, age and gender of the child, and the time passed since diagnosis of- ASD in the child. The WHOQOL-BREF questionnaire and Beck depression and anxiety inventory were filled in by mothers.

Results: The most important discovery of this survey was the large number of mothers with high levels of depression and anxiety. Thus 2.3 of mothers showed some levels of anxiety and half of them suffered from depression. Also quality of life in these mothers is lower than the average score of women in general population. There's a strong connection between the increasing age of the child, duration of diagnosis of ASD, the severity of mothers' depression and low quality of life in mothers.

Conclusions:

- Depression, anxiety and low quality of life in mothers with children suffering from ASD are more common.
- It is important to pay attention to these mothers.
- Early diagnosis and treatment of mothers ASD children can help the quality of family mental health.

Key words: Autism spectrum disorders, mothers, depression, anxiety, quality of life

THE COOPERATIVE WORK IN THE AMBITO SOCIALE XXIV OF MARCHE REGION. THE NETWORK OF GENERAL PRACTITIONERS, DEPARTMENT OF MENTAL HEALTH, HOSPITAL OF AMANDOLA, LOCAL AUTHORITIES, COMPANIES AND SOCIAL WORKERS.

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The integration of services, institutions, social network, companies and families is important to give to the patient with psychosis the answers and resources that allow him to have a social role and enable his integration and development of professional, social and personal abilities.

The task of the service is to prevent, as far as possible, the chronicity; the constant integration allows the patient and his family to have always one or more references, who are able to receive requests for help, so that these requests should not develop into acute psychotic episodes, with all their psychological wounds and sufferings.

Here we present the experience gained in these years in the territory of Ambito territoriale sociale XXIV of the Marche Region. The aim is not to propose models, but to improve this collective work in comparison with other experiences

We took into account the clinical conditions of patients followed by the service in a considerable period of time without using questionnaires or interviews. The observation over time is determined by the nature of severe psychiatric disease, which occurs at a young age in a percentage that varies between 0.4 and 1.4% of the population and needs long term complex of cares, which involve health system, and also social and institutional network. The focus is on the temporal aspect that engages us with psychosis, and with its outcomes ever complex to be defined and also to follow. We have chosen quite arbitrarily some indicators among the many possible

The observation relates to the patients being treated for severe disease (ICD9 295-296-297-301 e 303; ICD 10 F20-F29; F30-F39; F60-F69; F10) and we have focused attention on the age group 18-55 in order to avoid contamination of data because of cognitive impairment.

Results

The assessment of psychiatric work has wide space in scientific treatises, and it has not a settlement uniquely accepted in services. The objectives of evaluation are very different depending on the person carrying it out, but is it possible to get a share of the criteria and languages?

The analysis of the activities of Mental Health Dept (MHD) allows more adequate observation of the work and also helps to make a comparison with other services. The resistance of the operators are inevitable when confronted with the evaluation of the work, and that happens not only in the Italian experience. The Progetto Obiettivo nazionale "Tutela della Salute Mentale" and these of each region establish in Italy the evaluation of services as a basic element of the MHD and this will allow all operators to get elements not only quantitative for improving the work, even if it is easy to be considered self-referential by those who are strangers to psychiatry for work and training.

The DRG (diagnosis related group) system measures only the MHD- hospital function and not to the territorial function, which is or ought to be predominant; the "Progetto Obiettivo" provides guidelines and principles for the functioning DSM, determines the type and quantity of manpower, the number of beds, acute, residential and semi-residential. The outcome evaluation is still unusual, and so the comparison is done in terms of quantity or almost exclusively (number of visit, accessibility, number of hospitalizations and duration ...).

The focus is pointed more easily on the ratio between the number / duration of hospitalization vs. staff / bed nr of the acute ward, while the number of retirements due to illness can be neglected because they are not health expenditure in Italy and are considered almost inevitable. But the same example can be made between drug expenditure vs. absence from work due to illness or alcoholism between psychotic patients.

THE NETWORKING in the Ambito territoriale XXIV of Marche Region

The Collaborative work between General Practitioners, Department of mental health, Hospital of Amandola, local authorities, companies and social workers, is always brought to offer patients the most appropriate responses and in the time necessary and appropriate to prevent conditions of particular distress in the patient and in familiar that can make difficult the therapeutic approach.

It often happens that GP and specialist act together at home, especially when you need to start a course of treatment or when it is necessary to update, after an interruption of therapeutical program. The joint action between specialist and GP allows the patient to accept the specialist's approach with less alienation and fear, thanks to the "guarantee" that offers the GP. In some cases, the presence of GPs has been essential for the acceptance of a integrated therapeutical program, without the need to resort to compulsory treatment or hospitalization, thus allowing the patient to live in their own environment without undergoing particular removals, which are painful experience in the small communities in which we operate. it would be interesting for me to know if the urban experience is the same as I describe.

The access to specialist care or their resumption often occurs during a stay in the hospital in Amandola for medical reasons; the hospital team provides the patient with a global care which also includes psychiatric care (when needed), which is considered from patient along with the other treatments; sometimes that enables patients to overcome their distrust of psychosis. The purpose of networking is to simplify and facilitate access and maintenance of a therapeutical program based on the cooperation of the patient, so the network is necessary to motivate the patient to trust in the therapeutic relationship with a specialist. At the same time, the partnership allows the psychiatrist to avoid unnecessary overestimation or underestimation of symptoms that the patient reports. It happens, in the best cases, that the patient is almost accompanied in the therapeutic rather than sent from one doctor to another.

The same networking happens with the social and productive network when there is the need to ask a social or occupational grant. The mayor, employer or co-worker, policeman or priest work and live, in our small municipalities, with the patient and his family every day, and have of course a different opinion about the patient, different from what the specialist can have even if working in the district almost every day. When there is the need to ask a social grant for helping a patient to begin or restart to work it should be discussed with the community, which has an opinion about the patient. The opinion depends on how a patient lives in the community with his civil right. It is also notable that many of the grants are carried out in local companies, and it happens that the choice or an indication of the patient is followed as far as possible. This allows him to develop the perception of a self valuable and productive like his countrymen, and they can appreciate him as a citizen and worker rather than as a simple patient.

It is estimated that the rate of relapse between patients in remission for one year or more is 75% in 12-18 months after discontinuation of NL therapy, while the rate of disability retirement is estimated at 60% in the first year of illness and the suicide rate is 10%.

The social costs caused by mental illness are: loss of employment, sick leave, early retirement, removal from the household, dissociality and imprisonment, loss of social role and personal, and come to represent a share variable between 60 and 80% of the costs of major psychiatric disorder, and should be added to the health care costs for a more complete analysis of the costs in mental health care

RECOMMENDATION FOR SPECIALIZED MENTAL HEALTH SERVICES FOR SENIORS LIVING IN THE COMMUNITY

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize the key elements to implemented efficient mental health services for seniors living in the community.

Introduction: Specialized mental health services for seniors living in the community are not that common in developed countries. More often than not this clientele is followed for mental and psychiatric problems by professionals from traditional services that focus more on the functional and physical health of individuals. Some innovative programs that exclusively serve seniors living in the community with a mental health problem are currently being offered throughout North America. In Québec, for the past 10 years, the Adult Mental Health Program of CSSS Cavendish, which offers specialized mental health services for 60+, has been a prime example of a structured organization of services adapted to the reality of this clientele.

Purpose: The specific purpose of the project is to identify a series of recommendations in order to implement specialized mental health services for seniors.

Methods: An evaluation of the process and impact of the program was conducted from 2009 to 2011 in order to explore the effects on the population served and the perceptions of the program's practitioners. An analysis was then carried out by comparing the best practices emanating from the scientific literature and the evaluation data gathered in the field

Results: Recommendations were made and address the philosophy of interventions (e.g.: the importance of the therapeutic alliance, psychosocial autonomy, social participation), terms of service delivery (e.g.: service offering, collaboration with organizations in the community network) and organization of services (e.g.: resources involved, funding).

Conclusions: The project achieved its objectives to identify recommendation that did inspire the Québec the provincial Ministry of Health and Social Services of Québec to in his Action Plan (2012) for services to offer to seniors. Such recommendations can have important implications for all professionals offering services to the population.

CORRELATION ANALYSIS BETWEEN PERSONALITY AND RESILIENCE IN NON CLINICAL SUBJECTS

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The resilience process has been defined as achieving positive adaptation despite experiencing significant threat, adversity, or risk. Among individual factors contributing to the dimension of resilience, the role of temperament, defined as the genetic/biological component of personality, has been discussed. One of strongest evidences is that having a temperamental proneness to react negatively to novelty is considered a risk factor for social withdrawal and anxiety disorders (Degnan and Fox, 2007). Other studies put into evidence how some temperamental traits such as flexible self-control, sociability, and task orientation can be useful in order to enhance resilience in children. Within the framework of the Cloninger's (1993) conceptualization of temperament and character, in healthy adults resilience is positively related to reward dependence, and negatively related to harm avoidance (Daphne et al., 2007).

The aim of the present study was to evaluate possible correlations between resilience and personality traits according to the Cloninger's model (1993), by assuming that this model may explain individual differences in cognitive appraisals and in responses to stressors way.

Methods: To 323 healthy subjects Temperament and Character Inventory (TCI, Cloninger, 1999) and Connor Davidson Resilience Scale (CD-RISC, 2003) were administered.

Results: statistical analysis of data showed significant positive correlations ($p < 0.0001$) among CD-RISC total score and Persistence, Self-Directedness e Cooperativeness, and an inverse correlation between CD-RISC and Harm avoidance. A further linear regression analysis has put into evidence that the four TCI variables were all good predictors of resilience. When entered in a forward stepwise fashion, only Harm Avoidance and Persistence was strong predictors of resilience ($p < 0.0001$).

Conclusions: Results confirm that personality traits play a significant role in determining the individual ability to cope with stressors. A proper evaluation of such aspects could provide useful indications on the capability to successful adaptation to life-events.

PROFILE OF CARE AT A MEDICAL SCHOOL EMERGENCY DEPARTMENT IN 2001 AND 2011 RELATED TO DRUGS USE AND ABUSE - MARILIA/ SP BRAZIL.

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There is a significant increase in the use of multiple drugs. The use and abuse is a current and alarming phenomenon. The use of this substance is a challenge to public health.

Objectives: To describe the epidemiology and clinical care of the emergency department by use of licit and illicit drugs in 2001 and 2011. Compare if there was a change in profile over the past 10 years.

Methodology: epidemiological descriptive study. We analyzed 1982 medical records in 2001 and 2465 in 2011. The study was approved by the Ethics Committee.

Results: Regarding sex, remained unchanged; the male is responsible for most of the medical care. Regarding age, there was no change over the last ten years, being individuals between 20-39 years old the highest rate of attendance. As the etiologic profile, there has been a change over the last 10 years. In 2001 the diagnosis of ICD-10-F10 (Mental and behavioral disorders due to use of alcohol) was predominant. In 2011 the ICD-10 and ICD-10-F19 (mental disorder and behavior due to multiple drug use and use of other psychoactive substances). As for the number of attendances, in 2001 there was a large concentration in the first quarter, while in 2011 it was better distributed throughout the year. There was an increase in the number of visits in 2011 compared to 2001.

Conclusion: We believe educational and preventive actions are necessary to minimize the increase in drug use. It is also necessary to have measures to reduce damage.

Keywords: Epidemiology, emergency care, alcohol and drugs, crack.

DISMINUCIÓN DE GROSOR CORTICAL EN POLO TEMPORAL Y REGIÓN CINGULADA ANTERIOR IZQUIERDA EN REOS VIOLENTOS EXTREMOS PSICÓPATAS

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Psychopathy is formed by a confluence of personality characteristics including manipulation, shallow affect, callousness and lack of remorse, irresponsibility, impulsivity, aggression and loss of empathy. The aim of this research was to determine whether brain regions involved in emotional processing and behavioral show structural alterations in violent psychopathic criminals. CIVET was used for processing structural imaging Nuclear Magnetic Resonance T1, to detect associations between the thick cortical gray matter and total score psychopathy scale (PCL-R) on a full analysis of the cortex, in 97 violent offenders (29 with and 68 without psychopathy). It was found that psychopathy is associated with a highly significant decrease (FDR = 0.01) cortical thickness in the dorsal anterior cingulate cortex and the temporal pole of the left hemisphere. These findings are consistent with reports of fronto-temporal abnormalities in psychopathic and support the hypothesis that alterations in anterior cingulate regions and the temporal pole, contribute to poor empathic and emotional processing associated with psychopathy

Key word: Psychopathy, MRI, thickness cortical, criminals

TEMPORAL POLAR AND ANTERIOR CINGULATE CORTICAL THINNING IN PSYCHOPATH OFFENDERS

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Psychopathy is formed by a confluence of personality characteristics including manipulation, shallow affect, callousness and lack of remorse, irresponsibility, impulsivity, aggression and loss of empathy. The aim of this research was to determine whether brain regions involved in emotional processing and behavioral show structural alterations in violent psychopathic criminals. CIVET was used for processing structural imaging Nuclear Magnetic Resonance T1, to detect associations between the thick cortical gray matter and total score psychopathy scale (PCL-R) on a full analysis of the cortex, in 97 violent offenders (29 with and 68 without psychopathy). It was found that psychopathy is associated with a highly significant decrease (FDR = 0.01) cortical thickness in the dorsal anterior cingulate cortex and the temporal pole of the left hemisphere. These findings are consistent with reports of fronto-temporal abnormalities in psychopathic and support the hypothesis that alterations in anterior cingulate regions and the temporal pole, contribute to poor empathic and emotional processing associated with psychopathy

Key word: Psychopathy, MRI, thickness cortical, criminals

PICA: NOSOGRAPHICAL AND PSYCHOPATHOLOGICAL ASPECTS

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In published studies, clinical explanations about Pica are limited to examine diagnostic pattern or to underline relation with other psychopathological problems, ignoring the dynamic development of the illness.

Considering that a definition of general psychopathology needs to respect the specific characteristics of single cases, we studied the anamnesis and the physic exam of a woman, that we saw in outpatient regimen, showing a Pica, associated to a OCD.

The Authors, after examining a clinical case of OCD, associated to Pica syndrome, analyse psychopathological development of the symptomatology in its complex, refuting some statements of published studies, that include Pica within obsessive-compulsive disorder spectrum. On the contrary, they think the coexistence of the two symptomatologies simply as an expression of a comorbidity. So, we thought a more careful knowledge in psychic development of the examined woman, and her life events, would let us perform a more appropriate psychopathological evaluation, and perhaps a different diagnostic assessment.

We knew, than, that it surely would not be a single case to enlighten us for a new aetiological hypothesis about Pica. We were also interested in understanding better why it seemed too restrictive circumscribing this problem within obsessive syndromes. From these remarks, we think it right to include Pica syndrome within eating disorders, with a particular element, related to the ingestion of non edible substances. Our task is not only to label symptoms, but above all to understand, because it is only from a right comprehension that can result a therapeutic response suitable and effective.

PERSONALITY FACTORS AND PSYCHODINAMICS OF CRITICAL PROCESS

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Objective:

This research work is about psychodynamics of critical process as a consequence of different life events considered highly stressful: myocardial infarction, carcinoma, partner's death. The objective of this study refers to the research of the course / psychodynamics of crisis with three high-stressful life events and how the psychodynamics of crisis depends on some factors of personality?

Methods: The sample was composed of 114 persons (66 men and 48 women) who experienced the following critical event

The research was carried out in three phases:

Phase I (beginning of the critical process): 5 – 6 days after facing a life event (interview, Hamilton Anxiety Rating Scale HAS, Hamilton Depression Rating Scale-HADS)

Phase II (duration of the critical process): 20 – 25 days after facing the life event (interview, HAS, HADS, NEO Personality Inventory-Revised- NEO PI-R)

Phase III 40 – 45 days since the critical event (interview, HAS, HADS, questionnaire of the perceptiveness social support, The Minnesota Multiphasic Personality Inventory -MMPI)

Results:

Results showed that, in comparison with other two groups, a group that suffered emotional loss shows the highest degree of depression and anxiety.

There is a positive correlation between neuroticism, hysteria, psychopathic deviation and paranoia on the one hand, and anxiety and depression on the other.

The negative correlation has been made in the relationship between anxiety and depression and trait conscientiousness and extroversion.

Conclusions:

The duration of a crisis seems to be connected with the type of the event, impression about the control of the event, blocking out the depressive affect of the critical process. Status of mental health is related to reactions to life events, and this status changes meaning of the events.

Our results support the hypothesis that neuroticism increases vulnerability to life events. Registered a negative correlation between conscientiousness and anxiety and depression is in relation to the role of locus of control. Negative correlation between anxiety and depression and extraversion could be in relation with psychosocial support in the crisis process.

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A COMPARISON OF TREATMENT OUTCOMES OF MEDICATION ADHERENCE AMONG SCHIZOPHRENIA PATIENTS AT A PSYCHIATRIC EMERGENCY WARD

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Educational Objectives: The aim of this study is to analyze how medication adherence affects treatment processes and outcomes among patients with schizophrenia in a psychiatric emergency ward. The outcomes studied are behavioral problems, positive symptoms, and the application of treatment by coercion.

Purpose: We searched the way to improve medication adherence using by our database.

Methods: Participants were 383 patients (167 male) with schizophrenia (n = 316), schizoaffective disorder (n = 39), or schizophreniform disorder (n = 29) who were admitted to our hospital's psychiatric emergency ward. We use the clinical indicator database (called eCODO; coercion measures Database for Optimization) which includes patient's demographic factors, Brief Psychiatric Rating Scale (BPRS) and doses of medication and so on. And we analyzed the indicators of hospital treatment outcomes, for the adherent group and the non-adherent group receiving antipsychotic medication. We examined these associations by using SPSS to conduct t-tests and chi-square tests on these factors. This study adequately conforms to ethical requirements. In addition, it has been approved by the section of our hospital's ethics committee that deals with the protection of personal information.

Results: At the time of admission, the non-adherent group showed the following significant differences from the adherent group: (1) a higher BPRS score, (2) lower Global Assessment of Functioning (GAF) score, (3) higher risk of violence, (4) higher suicidal ideation, (5) lower amount of medication, and (6) higher enforcement rate of muscle injection. The BPRS sub-scores showed significant results in terms of more hostility, more tension, stronger depression, and higher rates of hallucination and delusion in the non-adherent group. This group also faced a longer period of seclusion and required hospitalization for a longer period. However, at the time of discharge, both the groups showed no differences in terms of BPRS and GAF scores.

Conclusions: Non-adherence to medication causes the recurrence of diseases and a tendency to exhibit higher aggressiveness. Therefore, non-adherence leads to a more coercive treatment and a longer hospitalization. We need to make an effort to improve medication adherence by explaining to patients and their families about related treatment outcomes. Improved adherence might reduce seclusion and hospitalization. We need to keep analyzing our database in order to improve the treatment.

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PERCEPTION OF COERCION IN PSYCHIATRIC PATIENTS

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Introduction: Coercion is faced to dilemma between moral considerations and the necessity of measure to restore autonomy in patients with temporary mental incapacity. Therefore, the patient's opinion regains interest of the World Health Organization increasingly as major indicator of how well health services are performing in providing health care.

Objective: the aim of the current study is to assess the perception of coercion in psychiatric inpatients

Methods: The sample will be recruited from patients hospitalized in Ibn Rushd University Psychiatric Center in Casablanca. We used:

- A questionnaire pre-established by the authors in order to collect socio-demographic and clinical data.
- The MacArthur Admission Experience Survey (Short Form) to assess the perception of coercion in psychiatric inpatients.
- Recruitment of patients with bipolar disorder diagnosed according to the criteria of DSM IV-R
- Collection and statistical analysis of data will be realized using Epi-Info software.

Results: ongoing

EXPLOSIVE STORAGE NIKŠIĆ PSYCHOLOGICAL REACTIONS OF PEOPLE WHO HAVE SURVIVED EXPLOSION

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On the 7.06.2006 , around midnight, an explosion occurred in a explosives storage Vir settlement in Niksic. A number of houses have been damaged also apartment buildings, 120 people suffered the physical injuries, wildlife is threatened and endangered.

The explosion of a large scale is treated as an emergency catastrophic situation that causes specific psychopathological reactions of many people.

In this case, there was no organized psychiatric help immediately after the event.

In 2010 and 2011 for the purposes of the court's psychiatric evaluation was done to assess fear of people and pay damages.

Interviewed 340 persons: 231-adult and 109-time children.

Psychiatric interview was used as a method of collecting data of traumatized persons and stressful experience, and impact of event scale (Horowitz et al, 1979) to test the degree of presence of PTSD symptoms.

The different psychological reactions were Identified with children and adults on a catastrophic event: acute reaction to stress, stress disorder after trauma, adjustment disorder, a prolonged depressive reaction, psychosomatic problems.

The aim of the presentation of results of psychiatric expertise is the need to define a unified doctrine on organization and assist psycho traumatized people in emergency situations.

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THE MENTAL HEALTH OF CHILDREN AND THEIR PARENTS OR GUARDIANS: PERCEPTIONS ON THE PREVALENCE AND THE IDENTIFICATION OF THE RELATIONSHIPS BETWEEN THEM

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The literature points that the identification of problems related to infant mental health and the processes involved in its occurrence is important because it enables a better understanding of this population's reality regarding this special condition, as well as it supplies elements for reflections, planning and implementing public health policies, education, and social assistance which aim infant mental health promotion and can supply the presented demand in a more effective way. Additionally, studies have indicated that the risk factors present in the environment in which the child lives at, as well as the family's social-economical situation, family's structure, parents' mental health, parenting styles, among others, are the most influential in the development of problems related to infant mental health. In this direction, the present study has as objective to assess the prevalence of mental health problems in students of the first cycle of the primary education, and the risk and protection factors represented by the variables – social support of the responsible person, parenting practices and styles, mental health of the responsible person, and variables related to the family's structure and the context associated to them. There have been 321 participants who were responsible for children studying from the first to the fifth grade of elementary schools of the municipal network of the city of São Carlos. The measuring instruments were: Activities of Daily Living Questionnaire (ADLQ); Brazil Economic Classification criteria (CCEB); Strengths and Difficulties Questionnaire (SDQ); Social Support Questionnaire (SSQ); Parenting Styles Inventory (PSI) and Mini International Neuropsychiatric Interview (MINI). The collected data was analyzed from the spreadsheets of each instrument and the descriptive, comparative and correlational statistical studies. The results found indicated a rate of infant mental health prevalence of 43%, and that 63% of the responsible people have at least one mental disorder assessed by the MINI. Regarding the potential risk factors identified in the present study, it has been observed that infant mental health has been significantly related to the variables: risk practices and styles, responsible person presenting at least one mental disorder, and the existence of fights within the family. Regarding the protection factors, the variable “existence, in the family, of responsibilities and rules that all members acknowledge and comply” has been associated to the pro-social behavior of the SDQ in the general sample. Besides that, in the family groups that experience two or three risk factors identified in this study, the satisfaction of the responsible person with the perceived social service has been identified as a potential factor of protection for the children's mental health. The results were discussed under the light of the factors theory and mechanisms of risk and protection of infant mental health. It is pointed out that the findings of this investigation contribute for a better understanding of the mental health situation of school-age children, as well as it signals factors of risk and protection, indicating important matters to be considered by the public policies of health, education, social assistance, and other ones which can deal in a more effective way with this reality.

IDENTIFICATION OF SOURCES OF SOCIAL SUPPORT FOR CHILDREN AND ADOLESCENTS

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Funding agency: Research Foundation of the State of São Paulo (FAPESP)

During the different stages of life, sources of social support vary as result of circumstances and situations experienced. Social support is considered an important protective factor for mental health of children and adolescents facing the risk situations. Objective: To Evaluate the perception of social support and social-emotional development of children and adolescents, and the relationship between them. Method: 532 students, aged between 11 and 18 years attending public schools in three medium-sized Brazilian cities. We used the Brazilian version of the Social Support Appraisals, which assesses the perception of children and adolescents about the support received from family, friends, teachers and the community, and the Strengths and Difficulties Questionnaire (SDQ) that investigated the symptoms of difficulties and their impact on the child / adolescent in your family life and school. Results: In relation to the total support received, 75,2% of respondents indicated a perception that ranged from medium to very high. The family is perceived as a major source of support, and there was decrease in perceived support from teachers with increasing age, and increased perception of support from friends from high school. As form SDQ the total difficulties considered clinically was 13,2%, with predominant symptoms of conduct problems and emotional symptoms. In correlation studies, there was only significant negative relationship between the social support and total symptoms total difficulties. Among the results, negative relationships were found between the perception of support from friends and total symptoms of difficulties and relationship problems with colleagues; family support and overall symptoms of difficulties; teacher support and conduct problems. Conclusions: Social relationships allow - in addition to social support - experiences that are fundamental to the socio-emotional development of children and adolescents. Poor relations at this stage of development can lead to early symptoms of problems and / or emotional disorders, that may cause difficulties in other stages of life. The results of this study are supported by recent studies also indicate that the relationship between social support and mental health outcomes in children and adolescents. The study achieved its objectives and resulted in confirmation that social support helps children and adolescents cope with events and challenges facing this phase of development, and may have repercussions during adulthood.

PERSONALITY, ALEXITHYMIA AND ANGER IN A SAMPLE OF ADULTS AFFECTED BY TYPE 1 JUVENILE-ONSET DIABETES

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Introduction: The pathogenetic hypothesis of personality disorders considers the influence of both genetic/constitutional and environmental factors. Type 1 diabetes (T1D) is a chronic and a disabling illness whose early onset could imply a stressor for affected individuals, with possible negative effects on personality development, on several emotional dimensions, such as anger, and on the ability to recognize and express emotions, namely the construct of alexithymia.

The aim of the present study was to evaluate the role of T1D on personality traits, also focusing on emotional dimensions.

Methodology: The sample is composed by fifty-five subjects (age range 22-72 yrs) affected by type 1 diabetes, recruited from the Diabetes Outpatient Unit of the University Hospital of Messina, Italy. Diagnosis

made on the basis of ADA criteria. All subjects were assessed with the following psychodiagnostic instruments: Big Five Questionnaire, TAS-20 and STAXI-2.

Results: Performing statistical analyses, “Emotional Stability” (the opposite of Neuroticism on Big Five) scale score was inversely correlated with TAS-20 total score, and with STAXI-2 T-Ang, AX-O, and AX-I scales scores. Moreover, Emotional Stability resulted directly correlated with STAXI-2 AC-O scale score. Finally, the age at onset of T1D has been found to be a good predictor of the dimension Neuroticism (p.008), whereas the variable “Duration of illness” was a good predictor of T-Ang (P.004).

Conclusions: Our findings suggest that the presence of a chronic, early-onset and disabling illness such as TD1 may have a pathoplastic role on several personality traits and emotional dimensions. Particularly, two features of the disease, namely the age at onset, and duration of illness, resulted to be good predictors of neurotic and angry traits. Specific psychological approaches aimed to cope with negative emotions may have favorable implications for preventing and managing psychopathological problems in T1D patients.

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YOUNG OFFENDERS IN BRAZIL: MENTAL HEALTH AND FACTORS OF RISK AND PROTECTION

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The literature has pointed that young offenders may show varied problems of mental health, although a few Brazilian studies focus on that question.

Objective: The aim of the present study was to identify the profile of male young offenders in treatment and also to identify correlations between levels of mental health, self-esteem, social support and parenting and correlations between these elements.

Design and Method: 33 male young offenders who attend the socio-educational program of a mid-size city in the State of São Paulo-Brazil took part on the study, with ages between 14 and 18 years, answered specific instruments to appraise different variables of focus.

Results: The results indicate that 67% of the adolescents presented mental health problems and; 84% perceive that the social support they receive is below “low” or “medium” and 33% judge their parental style of their caregiver as risk. How less is the self-esteem of the young offenders, more their caregiver are negligent and lesser is the support of the family.

Conclusion: It is suggested that the preparation of professional that act together the young offenders to identify the need to forward and accompany in mental health, articulate with mental health services and social service; among others.

ART THERAPY AND IMPROVEMENT OF QUALITY OF LIFE IN PATIENTS WITH SCHIZOPHRENIA

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Introduction: Art therapy is a psychotherapeutic intervention through artistic creativity. The purpose of our study is to evaluate the impact of art therapy on the quality of life in patients with schizophrenia stabilized on pharmacological treatment.

Method: we recruited a sample of 40 people with schizophrenia outpatient followed up in the Ibn Rochd psychiatric center of Casablanca. They were divided into two groups:

- Group A: 20 patients who received 15 sessions of art therapy of 90 minutes.

- Group B: 20 patients who will form the control group.

All patients of each group are stabilized on pharmacological treatment.

We assess their quality of life with the schizophrenia quality of life scale.

AN EVALUATION OF NPIRS – IRELAND'S NATIONAL PSYCHIATRIC INPATIENT REPORTING SYSTEM

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Objectives: NPIRS is the Irish psychiatric reporting system which collects all admissions to and discharges from psychiatric hospitals and units throughout the country and related socio-demographic, diagnostic and health service data. Approximately 19,000 admissions and a similar number of discharges are recorded annually. The database is one of a number of such health related systems managed by the Health Research Board [HRB], Dublin. The HRB Strategic Business Plan 2010-2014 committed to carrying out an evaluation of NPIRS to ensure that the information system was high quality and fit-for-purpose. An independent research organisation - Work Research Centre, Limited won the tender to carry out the evaluation. This paper is based on the findings of this study.

Methods: The study involved three methods. Firstly an Accuracy and Completeness Study where a random selection of 1123 admission records from 2010 were selected. These were compared on 13 data fields (14,599 data fields audited) to hospital sources in a stratified random sample of 27 participating hospitals/units. The sample was stratified by Hospital Types, Methods of Data Returns and Administrative Area.

Secondly a survey of hospital staff supplying data to the HRB was carried out i.e. NPIRS Contact Persons [NCP] Survey. This aimed to gather views and experiences of NCPs and helped to inform the interpretation of findings and in the formulation of recommendations.

Finally Stakeholder Consultation which involved analysis of questionnaires and of findings from a Focus Group held with stakeholders. The focus here was on stakeholders' views of the usefulness of NPIRS, the formats in which it is provided, the extent of its usage etc.

Results: An accuracy rate of 95%, which is high by international standards, was chosen as a benchmark. An overall accuracy rate for the NPIRS data of 97.8% (2.2% discrepancy rate) was found. The majority of fields exceeded a 99% accuracy level. The Primary Admission and Discharge Diagnosis fields had accuracy rates of less than 95% (94.48% and 92.52% respectively). The consultation identified Core and Ancillary User Groups for NPIRS outputs who used the information for different purposes.

Conclusion: The evaluation provided independent evidence that the accuracy and completeness of the HRB's national psychiatric database exceeded international standards. In total, 16 recommendations were made with the objective of improving aspects of the NPIRS system. The evaluators pointed to the very high dependency on stakeholders external to the HRB to effect further improvements in NPIRS.

FEATURING THE YOUNG USERS OF MENTAL HEALTH SERVICES IN THE CITY OF SÃO CARLOS, BRAZIL.

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The prevalence of mental health disease in child and adolescents is estimated between 10% and 15% which 3% to 4% require intensive treatment. According to researchers, the adolescents have been considered a vulnerable age group for mental health disturbs development, as socioemotional difficulty, behavioral, eating disorders and drug addiction. Following this direction, studies have indicated a high demand for children and adolescents for mental health services which constitutes 50% of the public for such treatments. Thus, writers point out the importance of developing researches in the Mental Health area faced to childhood and adolescence, seeking to stimulate the development of public politics and effective interventions to this population. The present study aimed to indentify and characterize the young users of mental health services in São Carlos city, attended for demands related to mental health. For the collect of data, was used of an Information Register Protocol made by the researchers and presented by the services professionals. It is noteworthy that all the Ethical procedures were implemented. Professionals of eleven health Units of the Basic Health Attention and two services of medial complexity of São Carlos city were involved, countryside of São Paulo state. The data acquisition refer to adolescent that been through these services on the period of 2010 March at 2012 October. The research achieved different results referents to 194 adolescents which 73 were from the Primary Health Attention and 121 from Mental Health Specialized Attention. Related to gender, 59% were male and 41% were female; 34% were 10 at 12 years old, 56% were 13 at 16 years old and 10% were over 16 years old. 91% of the adolescents were matriculated and going to the school frequently. Related to the most common demands/complaints, it was observed that 23% of the adolescent presented complaints related to socioemotional symptoms, such as insecurity, anxiety, sadness and depression; 18% presented behavior difficulties and indiscipline; 14% presented cognitive disorders and low school performance. About the deportment and guidance used by the services, was verified that the most important deportment token by professionals was the accompaniment of the adolescent on the service (58%), been realized individual and group treatments. The founded results reinforce the literature data which indicates the high demand of adolescents for the Mental Health services. However, this study identified a small number of adolescents over 16 years old attached to the services, what causes the reflection about what could be involved on the low search of this population for the services and/or where are these adolescents of this age group with demands for Mental Health Care. Is pointed the needy of continuity of studies that could probe in the question of mental health of adolescents and young people looking for understanding all those specificities and the demands of the professionals and services, for the purpose of subsidize reflections and public politics really effective to the needy and demands lived and faced daily for this population.

ALCOHOLISM AND SECONDARY GAIN (SG)

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The problem of alcoholism is the problem of an individual person, but also his family, business and social surrounding and finally also the problem of the whole society. The society makes possible and to some extent tolerates the presence of problematic drinking, till the point when the person having that problem is left to face the problem and the consequences or to accept the therapy. In most cases, an individual accepts the treatment at the moment when he/she is deserted by the family, business and social surrounding. From the beginning of the problematic drinking till the beginning of the treatment, the whole surrounding takes part in maintaining that state of drinking, gaining that way the SG.

We think that SG is a powerful homeostatic tendency which is clearly visible just during the process of treatment, which enables to treat it therapeutically and to encourage both an alcoholic and his family to accept the changes. Manifestation of SG is also the only way to approach it in a therapeutic way and start the process of eliminating it. SG or the gain from the harm, as it is often called, is actually some kind of consolation prize for all members of the family system, who lost or even never believed that life could be better, more functional, with fewer problems and, first of all, without addiction.

Adaptation to non-functionality by everyone, from an individual to the whole society, becomes a virtuosic decision to transform the SG into the protective system for him/herself and all his/her relations and supported by the tolerance of the society and the law towards problematic drinking. The society deserts an alcoholic, working surrounding too, and friends and family criticize that person, not even understanding their part of responsibility for existence of alcoholism. They do not even analyze the level of their own tolerance during its presence, which often takes the period longer than ten years. If SG is present in all relations and on all social levels, why is then so little invested into the work of experts-therapists, whose task is to reconstruct the SG of the whole surrounding? The fear of changing something is stronger than their capacity for treating the problem, since it often turns out that the fear of changing something has its roots in the context which a lot exceeds individual level and self addict.

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EFFECT OF A PHYSICAL ACTIVITY PROGRAM ON MANUAL DEXTERITY ON INDIVIDUALS WITH SCHIZOPHRENIA: PRELIMINARY ANALYSIS.

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The regular practice of physical activity (PA) has an important role in the improvement of the quality of life of individuals with Schizophrenia. So, besides acting as a complement to the treatment, improving the physical health, increasing the self-esteem and providing social interaction opportunities, PA programs also demonstrates beneficial effects in the development of motor abilities, namely, concerning global and fine manual dexterity. Thus, having a better development in diverse tasks involving manual dexterity, both at work and in daily activities, individuals with Schizophrenia get more improvement and autonomy in their life.

Objectives: This study aimed to evaluate the effects of a PA program on Fine Manual Dexterity (FMD) and Global Manual Dexterity (GMD), according each hand and two-hands combined, in individuals with Schizophrenia.

Methods: The sample comprised 11 adults, belonging to a Psychiatry Unit from the city of Porto, Portugal. The Edinburgh Handedness Inventory (Oldfield, 1971) evaluated the manual preference. The FMD and the GMD were evaluated, through Purdue Pegboard Test (2002) and Minnesota Manual Dexterity Test (1998) respectively, before and after the implementation of a structured PA program, along 12 weeks, with twice a week sessions of 50 minutes each. It was calculated the manual asymmetry (absolute difference between preferred and nonpreferred hands). On statistical procedures the Wilcoxon and Mann-Whitney tests were applied.

Results:

On the FMD, from initial to final evaluation, the participants showed statistically significant improvement with respect to the preferred hand, nonpreferred hand and two-hands combined. Manual asymmetry decreased but not significantly.

Concerning DMG, from initial to final evaluation, the sample showed statistically significant improvement on nonpreferred hand and on two-hands combined. According to the preferred hand, improvements were not significant. Manual asymmetry decreased but not significantly.

Conclusions: The applied PA program had influence on FMD and DMG of individuals with Schizophrenia. The improvement was most notorious on FMD. Furthermore, through observation and not involving a statistical analysis, we found that the PA program promoted positive changes in participants, with respect to mental health, self-esteem, wellbeing and social relations.

COST-EFFECTIVENESS OF EARLY INTERVENTION IN PSYCHOTIC DISORDERS

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Educational Objectives: Psychotic disorders are typically prolonged and often result in considerable disability and economic burden. It is recognized as the third leading cause of disability-adjusted life years lost according WHO's 2001 World Health Report. Data derived from programs for early detection and intervention in first-episode psychosis suggests that providing a comprehensive and integrated treatment can reduce the duration of untreated psychosis (DUP), avoiding detrimental effects on clinical course and reducing social and economic costs. Facing worldwide scarcity of resources and competing demands, evidence indicating effectiveness may prove insufficient to support the implementation of such standards of care. Economic evaluation of service, whereby costs and outcomes are viewed simultaneously, has become increasingly important as an evidence of programme's value among mental health services. In the last two decades policy planners seem to have gradually accepted early intervention (EI) models for psychosis, as the robustness of the efficacy of specialized EI services has grown steadily. However some evidence has suggested that these gains may not be maintained over the long-term, especially after the transition from EI services to standard mental health care.

Purpose: We propose to evaluate the cost-effectiveness of early intervention in early psychosis, comparing all available results from different countries.

Methods: Searches were undertaken in the Cochrane Central Register of Controlled Trials, PubMed, EMBASE, and PsycINFO with keywords including 'cost-effectiveness', 'economic', 'early intervention', 'psychosis', "prodrome" and "high-risk".

Results: Despite encouraging initial data from clinical research, more rigorous methods (randomized control trials and quasi-experimental studies) suggested no significant difference in resource utilization or costs between EI and treatment-as-usual groups. One small case-control study with evidence of significant bias concluded EI annual costs were one-third of treatment-as-usual costs.

Conclusions: Early intervention in psychosis has been hypothesized as improving the clinical course of psychosis but also making such disorders less costly to treat when compared with traditional forms of care. However, economic evaluation of EI, particularly modelling studies, should identify and incorporate the strongest available evidence, and the published literature does not yet support the contention that early intervention for psychosis reduces costs or achieves cost-effectiveness.

21st World Congress of Social Psychiatry - 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

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Mental health care in developing countries

Posters Session

TEACHING COPING SKILLS AFFECTS ON DECREASING MENTAL DISORDERS SYMPTOMS OF STUDENTS

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Introduction: Mental health is a phenomenon which has been considered by psychologists, medical doctors and religious scholars and it is a combination of physical, social and cognitive factors. Due to the effectiveness of teaching coping skills in increasing mental health, this study was done to achieve the effect of teaching coping skills in providing mental health in students of Ardabil University of medical sciences.

Methods: due to the nature and aims of the study the study method was experimental research method. The samples of the present study comprised all male and female students ($n=112$) and gained 23 or more in GHQ-28 questionnaire. At the next stage the samples were selected randomly and divided into 2 groups. Then, coping skills were taught to the experimental group for 4 weeks and no variable was exposed to the control group during this period. At the end the data from 62 individuals were analyzed by independent T test.

Results: the results showed that teaching coping skills affects on decreasing mental disorders symptoms especially somatization of symptoms and anxiety of students suspected to the mental disorder ($R<0.001$). But the teaching coping skills do not affect on decreasing depression and disorder of social functioning of students.

Conclusion: the study showed that teaching coping skills is a good method in decreasing mental disorders symptoms among the students suspected to the mental disorder. Therefore it is suggested that in order to prevent and decrease mental disorders symptoms the coping skills should be taught to students.

REDUCTION IN ANXIETY AND DEPRESSION BY EDUCATION OF PATIENTS WITH MYOCARDIAL INFARCTION

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Background: The myocardial infarction is the interruption of blood circulation heart that causes its cells to die.

This deprives the heart muscle of blood and oxygen, and causes chest pain and pressure sensation. Hypertension and other risk factors like high cholesterol, cigarette smoking, and physical inactivity, can lead to coronary heart diseases with symptoms of depression and anxiety that predict subsequent mortality. The purpose of this study was to determine the effect of education on anxiety and depression in patients with myocardial infarction in selected hospitals of Urmia , Iran hospitals in 2009.

Methods: This study was a quasi-experimental study that comprised 124 patients selected randomly and divided into two groups. The experimental group was educated by a face to face training and educational booklet. Control group did not receive any intervention. The level of anxiety and depression was evaluated by using HADS questionnaire at 3 intervals .After 48 hours of admission, discharge day and 2 months after discharge.

Results: The findings suggest that MI patients worried about their social role, interpersonal relations and personal health, which can exacerbate symptoms and complicate their future care. There was no significant difference between control and experimental groups before the intervention, But after the intervention, anxiety and depression in the experimental group was significantly less than control group ($P<0.05$).

Conclusion: Considering the beneficial effect of intervention on reducing anxiety and depression in such patients, the patient's education should be one of the health care goals. Most researches may also be required to confirm the results in other groups of patients.

Keywords: Education, Anxiety and Depression, Myocardial Infarction

PREDICTING WESTERN-TRAINED HEALTH CARE PRACTITIONERS' BEHAVIORAL INTENTIONS TO WORK WITH TRADITIONAL HEALERS: IMPLICATIONS FOR THE THEORY OF PLANNED BEHAVIOR

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Abstract

This study was informed by South Africa's proposal to integrate traditional African healing and Western medicine in state health care institutions. The study aimed to investigate how Western-trained health care practitioners' opinions, attitudes, knowledge and experiences with traditional healing could predict their intentions to work with traditional healers in the future. Participants were 319 Western-trained healthcare practitioners at state hospitals and clinics in Gauteng and Limpopo provinces in South Africa. Results of standard multiple regression analysis using 'enter' method revealed that the predictor variables (opinions, attitudes, knowledge and behavioral intentions) explained 51% of the total variance of health care practitioners' intentions to work with traditional healers in the future, $F(4,314) = 81.56, p < 0.0005$. Out of the four predictor variables, the attitudes variable made the strongest unique contribution to explaining health care practitioners' intentions to work with traditional healers in the future (7%) when the variance explained by other variables in the model was controlled for. Theoretical implications of these findings in relation to the Theory of Planned Behavior are discussed (Ajzen & Madden, 1986).

Keywords

Traditional healing, Western-trained health care practitioners, opinions, attitudes, knowledge, experiences, behavioral intentions, theory of planned behavior

NEW PATHS OF GOOD MENTAL HEALTH REFORM IN BOSNIA AND HERZEGOVINA

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Objectives: In recent years, the burden of the economic crisis contributed that Bosnia and Herzegovina (B-H) remains a developing country, with further risk of damage on already disturbed mental health of population in B-H. Project of Mental Health in Bosnia and Herzegovina (PMHBH), supported by Swiss Agency for Development and Cooperation (SDC) and both entity Ministries of Health, continued with mental health reform in B-H with the aim of reinforcing all subjects relevant to mental health in order to get affordable, quality and specialized mental health care services in the community.

Method: Review of the implemented project activities of first phase PMHBH during the period 2010-2013.

Results: Improving administrative and legislative framework that enables efficient processes in the field of mental health care, in terms of creating similar Mental Health Strategy for both entities who intertwining different public sectors and providing guidelines for the development of new services in the community, especially through an already established network of 58 Community Mental Health Centres (CMHCs). It has been made a new expanded Services Nomenclature, supported by Health Insurance Funds. In the field of human resources has been invested in continuous, highly specialized trainings, focused both on mental health nursing and multidisciplinary team work (case management and research capacities). Enhanced intersectorial cooperation and quality mental health care in the community is pointed out as one of the priorities of the reform, which are supposed to support a managements of a Health Centres (HCs), through the convergence of the CMHCs roles within the HCs, and encourage the commencement of accreditation of their CMHCs. Fighting stigma and discrimination associated with mental disorders is a special goal PMHBH, which is implemented through the activities of the public mental health promotion and customer initiatives through a medical magazine available to healthcare professionals. Support to the users associations capacities development in order to strengthen their abilities to effectively participate in the development of mental health policies and service provision in their communities through capacity building trainings and grants scheme.

Conclusions: The first phase of the PMHBH (2010-2013) implements the planned activities in all areas of mental health, including more than half of mental health professionals and service users (directly- education, and indirectly- promotion, administrative and legal framework, users' associations) and significantly improves the quality of mental health care for all population. Continuation of the PMHBH is a logical sequence of reform, which should become a sustainable and conducive.

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THE ASSOCIATION BETWEEN HYPERTENSION, DIABETES, LOW HEMOGLOBIN LEVEL AND HEALTH STATUS WITH DEPRESSION

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Objectives: Depression is more likely in patients with certain chronic diseases, and it is associated with increased rates of disability and mortality. Many studies revealed that certain chronic diseases are strongly associated with depressive symptoms.

Purpose: The purpose of this study was to determine the relationship between certain chronic diseases; hypertension, diabetes, asthma, low hemoglobin level and health status, with the presence of depression among general population.

Methods: Cross-sectional study was conducted from 787 subjects in different age groups, who had participated in a major campaign in Riyadh, Saudi Arabia during March 2012. Blood pressure (BP), random blood glucose (RBG), Serum hemoglobin (Hb), self-rated health status questionnaire and depressive symptoms using Beck Depression Inventory Scale (BDI) had been measured. Covariates included age, sex, and presence of hypertension, diabetes, or asthma. We analyze the data using Statistical Package for the Social Sciences (SPSS) program version 10.

Results: Of the 787 subjects (527 were Saudi nationals) participated in the study and included in the final analysis, 50.5% were females, 12.7% of study subjects were less than 25 years and 4.2% were 55 or more years of age. The mean age of the sample was 33.7 years. There were (14.6%) their BP was exceeding (140/90 mmHg). RBG exceed 200 mg/dl was (4.3%). Measuring the Hb level was surprising, (14%) were having Hb level below 11 gm./dl. BDI scale was used to screen for depression. The prevalence of depression among “medically free” population was (29.9%). The overall prevalence of chronic diseases among the study subjects including asthma, hypertension, and diabetes or combination of two diseases or more were 18.2%. Surprisingly, there was no significant relation between depression and chronic diseases with p-value 0.092.

Conclusions: The presence of chronic diseases such as hypertension, diabetes, and low hemoglobin level are not risk factors for having depressive symptoms among general population. Poor self-rated health status appears to be more strongly associated with depression than the presence of chronic disease. This study revealed the association of depression with some chronic diseases, especially anemia and low hemoglobin level. Further studies will be conducted to find the strength of depression associated with those chronic diseases.

PREVALENCE OF DEPRESSION AND ITS ASSOCIATION WITH SOCIO-DEMOGRAPHIC DIFFERENCES AMONG GENERAL POPULATION

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Objectives: Depression is a common and important cause of morbidity and mortality worldwide. Many studies documented high rates of depression among people in their reproductive age and significant detrimental health effects for them and their families.

Purpose: The main purpose of this study was to measure the prevalence of depression among general population and looking for the socio-demographic association with the presence of depression.

Methods: Cross-sectional study was conducted from 787 subjects in different age groups, who had participated in a major campaign in Riyadh, Saudi Arabia during March 2012. Age, gender, body mass index (BMI), educational level, marital status, having children, and depressive symptoms using Beck Depression Inventory Scale (BDI) had been measured. The correlation between BDI, and the health condition were obtained by statistical analysis using Pearson correlation on SPSS software version (10).

Results: BDI scale was used to screen for depression. The mean age of the sample was 33.7 years. The prevalence of depression was (30.3%). Females (50.4%) were predominant in depressive symptoms (39.8%) more than males (20.7%). BMI has significant association with depression; overweight and obese people (73.3%) have depressive symptoms (43.5%) much more than normal body weight and underweight population (26.5%). The higher the level of education (47%), the lower the symptoms of depression (29.2%) compared with low level of education (31.6%) (P-value 0.035). Results reveal that being single (30.2%) was a risk factor for depression (32.35%) than married (29.5%). Depression was associated more among people having no children (33.45%) compared to ones who have children (28.57%).

Conclusions: The prevalence of depression and depressive symptoms are common among general population. Logistic regression analysis revealed that gender was the most important significant predictors of depression. Female gender is considered to be the major risk factor for depression. The higher the BMI is associated with higher the depressive symptoms. The study clearly revealed that being married, having children and higher the education level were protective factors from depression. Certain Socio-Demographic differences and their association with the depression have been clarified in this study. Further studies will be conducted to find the strength of depression associated with those Socio-Demographic differences.

THE RECOVERY OUTCOME OF A STRENGTHS-BASED REHABILITATION PROGRAM FOR PERSONS WITH PSYCHIATRIC DISABILITY

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Objectives: The investigator had launched a recovery-oriented program and applied strengths perspective as the intervention theory for two years in Taiwan. This study aimed to examine if this model could facilitate recovery for the participants.

Methods: The investigator adopted a quasi-experimental design with five times of measurement on the participants: the beginning of the program (T1), six months after (T2), and nine months after (T3), fifteen months after (T4), and 21 months after (T5). The participants were composed of 37 consumers in a day hospital and 18 in a community psychiatric rehabilitation center in Kaoshiung city. Those who had a diagnosis of substance abuse, mental retardation, or dementia were excluded. The completed questionnaires for each test were as follows: 55 for T1, 53 for T2, 53 for T3, 50 for T4, and 39 for T5. The analyses were based on the 39 participants who completed all the five tests. The investigator used MANOVA repeated measure and Wilcoxon tests to examine the changes.

Results: Based on MANOVA test, the overall recovery score significantly changed ($p < 0.05$) over time. The findings revealed significant improvements between T1 and T3, and between T2 and T3. Significant decrease was also observed between T3 and T4. There was increase between T4 and T5; however, it was not statistically significant. When examined closely the components of recovery. The process components (regaining autonomy, sense of hope, and management of disability) fluctuated more than the outcomes of recovery (social functioning, life satisfaction, and helping others). For the recovery outcomes, continuing growth between first three measures were observed. Moreover, among the 39 cases, 2 of them were discharged due to positive outcomes and five dropped out due to personal reasons. The investigator further examined the differences in terms of pattern of changes over time among the three groups (positive change, continuer, and dropout). The results showed that the positive change group had more growth, followed by the continuers, and the dropouts between T1 and T5. The dropouts also had greater decreases in total recovery score and the component scores between T3 and T4.

Conclusions: The findings demonstrated that this model could be conducive to the recovery of the participants. The changes reached significance nine months after the program began. However, it is a gradual and spiral uplifting process, which takes strong belief and patients to observe for the professionals.

Keywords: recovery, stages of recovery, psychiatric disability

THE REFORMING OF CHILDREN'S MENTAL HEALTH CARE (CHMHC) IN UKRAINE

Igor Martsenkovsky¹, Irina Pinchuk¹, Svitlana Kazakova², Dmytro Martsenkovskyi³

Introduction. The restructuring of CHMHC are is the part of overall medical and social policy reform.

Material and Methods. At the end of 2011 the President of Ukraine has adopted a political decision to reform of CHMHC. According to the Decree of the President of Ukraine № 1163/2011 "On the issue of ensuring the rights of children in Ukraine" on December 16, 2011 The Ministry of Health of Ukraine has developed a new procedure of psychiatric care for children.

Results. Were identified five areas of reform: 1) To move the emphasis from biological treatment to the psychosocial care: promotion of healthy lifestyle, development of specific prevention programs for educational institutions, programs of inclusion of children with disabilities and mental health problems in existing general education and vocational training system, supporting programs for children with disabilities and special social and educational needs on their place of residence; 2) Improvement of psychiatric care for children: the redistribution of resources between emergency, primary, specialized and highly specialized psychiatric care, the development of CHMHC on their place of residence at level of primary care, integration of specialized psychiatric care to children in general medical care, organization of psychiatric departments into the structure of multidisciplinary children's hospitals, their withdrawal from psychiatric hospitals, creating of regional centers to care children with autism and eating disorders; 3) To brought CHMHC in line with the highest level of scientific achievements, to ensure children's access to medicines and methods of psychological treatment whose effectiveness is based on the principles of evidence-based medicine; 4) To review normative legal documents, to exclude child abuse cases in providing them psychiatric care, to exclude the discrimination in providing of general medical care, social and educational services to children; 5) To strengthen the social protection of pediatricians, child psychiatrists, child psychologists, appropriate nursing staff, social workers, and scientists working in the field of CHMHC.

Conclusions. Difficulties in conducting of reforms are caused by the low level of training in the field of CHMHC, low English language proficiency, which makes difficult to use the mechanisms of international cooperation in their preparation, the lack of advances of the society, the lack of support for patients at the community.

TITLE: PATHWAYS OF CARE IN PSYCHIATRIC DISORDERS: EXPERIENCES FROM A TERTIARY CARE CENTRE OF INDIA

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Objectives: The pathway studies are undertaken to investigate the roles of previous care providers and time taken in pathway, to monitor the effects of service developments over time, to promote easy and rapid access to health care and to assist service providers and policy makers to purposefully plan for more effective pathways. This paper discusses and compares the results from studies done for assessment of pathway of care in patients of “first episode non affective psychosis” and patients of “neurotic, stress related and somatoform disorders” in a tertiary psychiatric centre of India.

Methods: Two cross-sectional studies were undertaken at different time intervals. Patients of first episode of “non-affective psychosis” and patients of “neurotic, stress related and somatoform disorders”, presenting for the first time on specified days in the Adult Psychiatry OPD of the study centre constituted the study sample. Relevant Assessment tools were applied. The study sample was divided in Aware and Unaware group on the basis of their awareness about psychiatric disorder at the time of onset/initial stages of illness and results were compared.

Results: The most common first care providers were faith-healers followed by unqualified health providers and Practitioners of alternative medicines in both the studies. Duration of untreated psychosis was about two and half years. Patients made average of 7.2 consultations with different type of care providers in psychotic group and 6.84 in neurotic group. Both the studies indicated low level of awareness for psychiatric disorders. Belief in magico-religious model of causation of psychiatric disorders, stigma related to them and ignorance of the patients by the family members was brought into being. In both the studies, significant differences were found between aware and unaware groups in various parameters like choice of first care provider, total number of visits to various care providers, sources of referral to the study centre and various myths/ beliefs related to psychiatric disorders.

Conclusion: The present studies reported highest number of care by non-mental care providers specially faith healers indicating presence of a magico-religious model of causation of psychiatric disorders prevalent in India. The findings also explain the indigenous role of cultural beliefs in creating various myths and beliefs, which continue from generation to generation. The studies indicated a poor referral system. Awareness about psychiatric disorders in community was found to promote desirable help seeking behavior and shortened the pathway of care. More research is required in developing countries regarding pathway of care.

ASSESSING MEDICINE MANAGEMENT EDUCATION IN PSYCHIATRIC INPATIENTS WHO USE ANTIPSYCHOTIC MEDICINE

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Educational Objectives: At the conclusion of this presentation, the participants should be able to recognize how to improve medication adherence in short term hospitalization of psychiatric patients.

Purpose: The purpose of this study was to assess the effectiveness of “Medication Management Module” of “Social Skills Training Programme” in short term hospitalization of psychiatric patients.

Methods: The study included 8 patients using antipsychotic medicine and who had admitted to the inpatient psychiatry unit in a university hospital. No control group was chosen in this one-group pre-post test quasy-experimental designed study. “Medication Management Module” of “Social Skills Training Programme” were modified and applied to the participants during seven days. The module was applied as daily group sessions which takes an hour for each. In first session, the group was formed and pre-tests and data collection tool were applied. In second and third session “Treatment with Antipsychotic Medicine”, in fourth and fifth session “Learning the Side Effects of Antipsychotics”, in sixth and seventh session “Assessing the Treatment” themes were discussed and post-tests were applied. The data was collected by data collection tool and pre/post-tests which was offered in the guideline of “Social Skills Training Programme” to be used to assess the effectiveness of the education given within “Medication Management Module”.

Results: Among the 8 patients, five were under the age 27 and were graduated from high school, seven were married and one had a family member diagnosed as psychotic disorder. None of them were educated about the drugs before module. The mean pretest scores of participants (14.8 ± 2.2) were significantly higher when compared with that of posttest scores (18.0 ± 1.1) ($p=0.01$). The increase in mean score refers to the education given contributes to the level of knowledge.

Conclusion: The application of Medication Management Module of Social Skills Training Programme in short term hospitalization of psychiatric patient which use antipsychotic medicine is effective on their knowledge and behavior of medicine use.

Literature Reference:

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COGNITIVE AND BEHAVIOURAL THERAPY OF ANXIETY DISORDER Vs CHEMOTHERAPY INTERESTS AND LIMITATIONS IN ALGERIA

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O. Benelmouloud : Ehs Psychiatrie. Constantine. Algeria

Objectifs

The behavioural and cognitive approach to anxiety disorder is still at its infancy in Algeria; this is due to the ignorance of related techniques by the majority of the practitioners and to the rivalry of pharmacological treatment.

The aim of this paper is to show the advantages of these techniques for the anxious patient compared to other types of treatment

Methodology

This is a prospective study concerning 30 patients affected by anxiety disorder according to the American classification DSM IV (generalized anxiety disorder, panic trouble and obsessive compulsive disorder) and who receive behavioural and cognitive therapy in accordance to their state.

This group of patients is compared to another group representing the same diagnosis but receiving pharmacological treatment only (antidepressors and anxiolytics) and the treatment lasts 08 weeks.

Disorder evaluation is made according to the anxiety scale phobia and its French version, Hamilton anxiety scale and the compulsive obsession scale of Marks.

Results

Concerning the panic trouble, we state a net improvement of score at the end of the treatment for the population under CBT according to those under chemotherapies (ISRS + LEXOMIL)

An improvement of life quality and a best professional second-insertion without substitution symptoms

For the generalized anxiety disorder, the comparative scores of the two populations are widely dissimilar and in favour of CBT treatment according to Hamilton's scale

Anxiety level is sided a very low score for the CBT which prove its efficacy in a record time on anxiety and restlessness, so the population under chemotherapy continue to have a base level of anxiety lightly high especially vesperal.

Lastly for the OCD and in function of four obsessions selected by the patient, the execution time and the discomfort (D) corresponding a perceptibly diminish at the patient population under CBT until it become a simple gesture simply executed without discomfort corresponding.

Conclusion

The contribution of behavioural and cognitive techniques remains very crucial and indispensable for the treatment of anxiety disorders, because they are beneficent at the level of financial cost (less expensive compared to medicine).

As well as less and limited duration without substitution symptoms (compared to the group under chemotherapy).

COGNITIVE AND BEHAVIOURAL TREATMENT OF THE PANIC DISORDER WITH AGORAPHOBIA

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Objectifs

The use of CBT remains the recent techniques in Algeria and its introduction in the therapeutic arsenal field; already insufficient, finds resistances from the part of some practitioners.

It's about the study showing the interest of cognitive and behavioural treatment in the panic disorder with agoraphobia.

Methodology

It's about the comparative study of the two types of the population presenting the diagnosis of a panic disorder with agoraphobia.

The first group will be treated by antidepressors and the others by the cognitive behavioural treatment.

The first population estimated to 50 patients receive only the antidepressors (Anafranil) and the other of 50 patients receive the technique of cognitive and behavioural treatment.

The two populations will be selected according to the randomisation principle.

The study duration is of 03 months and the assessment is done at a day 0, 7, 14, 30 and 90 according to Cottraux anxiety scale and file automatic thought of Beck.

The data (given in formation) of scales of two groups will be compared before the first day and the end of the medical care.

This comparison will be done by statistical inductive tools for each group⁵ to determine if it has a therapeutic effects or not) and between two groups to determine if the psychotherapeutic access (approach) possess equal therapeutic effects better than chemotherapy

Conclusion

- The CBT widely finds its place in Algeria because it offers others characteristics :
- Less onerous.
- Limited in time.
- Easy to practise.
- Variability of techniques.
- The contribution of the patient in his therapeutic project with an active way.
- All the patients can be benefited whatever is their associated organic defects, in reverse the medicines or the undesirable effects and the contre-
- indications limit its utilization.
- In Algeria, the practise of this structured psychithery is rare and it will be wished that short cycles of formation must be prodigal for the treated personnal with psychiatry (nurses, psychologists, students, psychiatrists and general practitionners) .
- To think of introducing a specialized psychotherapy courses for the medical students at the end of the cycle in frame of medical psychology module.

SERVICE DE PSYCHIATRIE.HMRUC CONSTANTINE ALGERIA

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¹ Mental Health Center STRESS, ² Mental Health Center STRESS, ³ Mwdical Rehabilitation Center ARTMED

Social- psychological rehabilitation of individuals with various mental disorders is one of the current healthcare and governmental issues, because of high prevalence and financial burden on the society. This issue is of interest both for countries with developing economy and for highly developed ones as well. Due to historical and economic development, almost all post Soviet republics are characterized with high incidence of stress, everyday traumatism, ecological disasters that may potentially increase the levels of aggression, suicides, neuroticism, and frustration. Lack of flexibility, insufficient financial funding of healthcare inhibits the development and adaptation of appropriate services satisfying requirements of the time. Development of mental health service is not an exception from this phenomenon.

An important step toward development of health rehabilitation services is the establishment of mental health rehabilitation department “Stress” which performs treatment, rehabilitation, secondary and tertiary prophylaxis of individuals with borderline mental disorders (ISD10 F06, F3 – F6) and provides inpatient, outpatient, day care services with the team consisting of a psychiatrist, a psychotherapist, a psychologist, physician-internists, nurses. The service is accessible to vulnerable segments of society (the funding except out-patient services is provided by the government). Current service assists in resolving patients’ problems, and has tendency of further development.

PREVALENCE OF HOSTILITY AND ATTITUDE TO THE HEALTH AND PREVENTIVE MEASURES IN FEMALE POPULATION AGED 25-64 YEARS IN RUSSIA (EPIDEMIOLOGICAL RESEARCH ON THE BASIS OF PROGRAM WHO "MONICA-PSYCHOSOCIAL")

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Purpose: To explore the prevalence of hostility (Hs) and its relation with awareness and attitude towards the health in female population aged of 25-64 years in Russia (Novosibirsk).

Methods: Under the third screening of the WHO "MONICA-psychosocial" (MOPSY) program random representative sample of women aged 25-64 years (n=870) were surveyed in Novosibirsk. The response rate was 72.5%. Hs was studied by test «MOPSY» (subscale "Hostility"). Awareness and attitude towards the health and preventive measures were assessed by the questionnaire "Awareness and attitude towards the health". Chi-square test (χ^2) was used to assess the statistical significance.

Results: The prevalence of high Hs level in the female population aged 25-64 years was 43.9%.

With increasing of Hs levels there were growth of: rates of a poor self-rated health categories as "not well" and "sick" (69.5% and 15.2%, respectively); rates of health complaints related with insufficient care about the health that was the lowest in women with high Hs - 4.6 %. Persons with high HS tend to mistrust the doctor's opinion (high Hs-40.6%, low Hs-30.8%) and therefore check their health more often for "preventive checking" or in case "discomfort in the heart area" (high Hs-12.7% and 11.6%, low Hs-4.2% and 7.6%, respectively). Women with high and low Hs equally often continue to work "if feel bad at work" (high Hs-47.3%, low Hs-46.3%, respectively).

There were tendencies in lower rates of "never smokers" and a higher rates of those who "smoke and didn't tried give up" in women with high Hs (high Hs-67.3% and 4.6%, low Hs-79.4% and 1.6%; $\chi^2=16.20$ df=6 p<0.05). In relation to diet there were no differences between those with and without Hs. The common answer was "they do not need to have a diet". With regard to physical activity in women with high Hs consider themselves more passive than those with low Hs (high Hs-20.1%, low Hs-9%; $\chi^2=17.51$ df=8 p<0.05).

Conclusions: The prevalence of high Hs in female population 25-64 years is pronounced and it is about 43%. Women with high Hs more likely have a negative self-rated health and health complaints but aware that taking care of their health is insufficient. High Hs related to adverse lifestyle: high rates of smoking and low physical activity in women.

ORGANIZATION OF PSYCHIATRIC SERVICE IN GEORGIA – RESOURCES AND QUALITY

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In this article is examined the history of the system of psychiatric care in Georgia, its current condition and future perspectives.

Since 1868 till the end of the 19th century there was only one clinic of this profile in the whole South Caucasus - it was in Georgia, a clinic in Tbilisi with 24 beds. By 1921 psychiatric care was provided by 3 specialized hospitals in Georgia: 1- in Tbilisi – University clinic with 120 beds; 2- in Kutaisi with 50 beds and 3 – in Surami – with 50 beds. There were 41 psychiatrists in Georgia. Later the dynamics was as follows: in 1960 – 1500 beds; in 1965 – 2700 beds; in 1975 – 3505 beds; in 1980 – 4835 beds; in 1988 – 5375.

In August 1995 a state program of psychiatric care was started. With this program the state financed the inpatient and outpatient treatment of patients who had disorders of psychotic register, were on coerced treatment or represented danger to society. By 2012 the budget of the program was 11.23 million GEL (6.6 million \$), which is not sufficient for consummate functioning of the program.

Main problems: 1. there is no conception of reforms in mental health care in Georgia. 2. State finances for psychiatric care are still insufficient. 3. Training and qualification programs for psychiatrists and psychiatric staff need to be perfected. 4. For the last 10 years there has not been any epidemiological research in psychiatry in Georgia, which means not being able to present and analyze the current conditions in Georgia from mental health point of view.

MENTAL HEALTH OF TRAFFICKED WOMEN IN EASTERN INDIA: A STUDY OF PSYCHOPATHOLOGY AND PERSONALITY DIMENSIONS

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Objective: The trafficking of women and adolescents is one of the fastest growing crimes worldwide. In India, this is most often done to serve the purpose of the sex industry. More than 2 million women are engaged in commercial sex-work of whom 25 % are below 18 years. 5% of these women are from Bangladesh and Nepal.

Studies have reported significant symptoms of depression, suicidality, anxiety and post traumatic stress disorder in victims of trafficking. They have also been reported to score higher than controls on measures of impulsive sensation seeking and aggression/hostility. However there is very little research on the psychological health of trafficked women in India.

In this study we have tried to quantitatively document mental health status of victims of trafficking in addition to assessing their personality.

Methods: We randomly selected 3 short stay homes run by the state department of women and child development for victims of trafficking. From each home we assessed the mental health status of 25 women (N=75). Presence/absence of psychiatric disorders was assessed using validated Bengali versions of Self Rated Questionnaire (SRQ) and MINI International Neuropsychiatric Interview (version 5.0.0, DSMIV). Personality dimensions were assessed using a validated Bengali version of Eyesenck Personality Questionnaire (EPQ). These were compared with corresponding findings in 70 women engaged in domestic work, selected randomly from 3 agencies for domestic workers operating in the same city.

Appropriate statistical analysis using SPSS 14.0 (SPSS Inc., Chicago, USA) was carried out.

Results: The victims of trafficking had significantly higher psychopathology than the domestic helps ($p < 0.05$). 53% suffered from major depression, 38% had anxiety disorders, and 5% suffered from post traumatic stress disorder. 20% had moderate to high suicidality. On EPQ high scores on psychoticism and neuroticism were noted indicating the victims to be anxious by nature, moody, frequently depressed and likely to suffer from psychosomatic disorders. Majority had overtly emotional behavior and strong reactions to stimuli. They preferred to remain solitary, often lacked empathy and were aggressive on slightest provocation.

Conclusion: Women rescued from trafficking for sex trade had significant psychopathology compared to controls. They also had more deviant personality profiles, which may have contributed to their vulnerability to trafficking.

MANIFESTATIONS AND OUTCOME OF SCHIZOPHRENIA: EAST AND WEST

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HISTORICAL PERSPECTIVE; CULTURE AND MENTAL ILLNESS

- Influenced by the social philosophy of Rousseau, primitive man was believed to be free of the anguish and discontentments of "Mental Illness".
 - The idea of "Good Savage" or "Happy Savage".
 - The concept that civilization produces insanity not recent.
- Rousseau : "Man is by nature good and only our institutions have made him bad".

Nature cult of the 18th century related insanity to a "degenerate retrogression from a golden age of natural virtue"

Kraepelin: Voyaged to Java to see if mental illness was present there. 1904

- Found mental illness to be present there, but was different; the Indonesian and Chinese patients showed little resemblance to his western patients.

Lozez, 1932 Schizophrenia non-existent in Non-western

Dhunjibhoy, 1930 cultures.

Gordon In the primitive African societies, schizophrenia "quieter" than in the west, "A poor imitation of the European forms".

Maloney Psychosis absent in Okinawa 1945

AFRICA Very few travellers encountered Schizophrenia

Hoch Schizophrenia in India : "Less Method in Madness". 1961

- Found mental illness to be present there, but was different; the Indonesian and Chinese patients showed little resemblance to his western patients.

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OCCURRENCE OF SCHIZOPHRENIA

Torrey "As civilization makes inroads, schizophrenia 1974 follows in its footsteps".

Range of Prevalence 1-10/1000. More in societies that had greater exposure to the Western influence.

Leff Prevalence rates in developing countries "vary within 1981 relatively narrow limits" and are quite comparable to rates for developed countries.

PHARMACOTHERAPY PATTERNS IN ACUTE TREATMENT OF BIPOLAR DISORDER

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Introduction: The main objectives of long-term management of bipolar disorder are preventing new episodes and maintaining symptomatic and functional remission. In practice polytherapy is widely used. Benzodiazepines, and recently new generation antipsychotics are commonly used as adjuvant to mood stabilizers.

Objectives: To determine the frequency of long-term use of antipsychotic medications in the treatment of bipolar disorder and identify situations that may justify this attitude.

Methods: The study was conducted by interviewing and physical examination of a group of 57 consecutive patients who were hospitalized between 1 January to 1 March 2012 in the Clinical Hospital of Psychiatry "Socola" Iasi and were diagnosed with bipolar disorder according to DSM-IV-TR and ICD-10 criteria. Medical and pharmacy data were used to analyze medication therapy over a 6-month period.

Results: Average age of patients was 52.5 ± 24.8 years, 59.5% female. About half of patients with bipolar disorder on admission showed mixed episode (47%), followed by depressed severe. Patients with bipolar disorder were prescribed average 2.98 (SD =0.99) drugs. 74.5% were receiving one and 30% two mood stabilizers. Half of patients were receiving one and 9% two antipsychotics. One third of patients were receiving one and 5% two antidepressants. The most commonly used association was antipsychotic with a mood stabilizer, 52.6%. Only 15.8% of patients were recommended monotherapy. Sedatives were prescribed in 82.45% patients, of which 73.7% benzodiazepines.

Conclusions: For maintenance treatment of bipolar patients was preferred polytherapy with association atypical antipsychotics with mood stabilizer. Monotherapy was recommended only a small percentage of bipolar patients.

PREDICTORS OF DEMENTIA CARE SERVICE USES

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Educational Objectives: Seoul city has supported free dementia care services to dementia patients registered to dementia care community centers from 2007. These services consisted of visiting care, supplying personal care items like paper diapers, family care program, and wandering prevention service. We tried to find the predictors of these service uses.

Purpose: We tried to find the predictors of these dementia care service uses.

Methods: Subjects were 66 dementia patients and their families in one dementia care community center. We used logistic regression to find predictors.

Results: Supplying personal care items were mostly used (66%) than other services and was predicted by the existence of co-residents (OR: 3.4) and other illnesses (OR: 2.5). Use of family care program was predicted by the education years of other families (OR: 1.1). Use of wandering prevention service was predicted by the age of dementia patients. Living alone and low education were obstacles to use of dementia care service.

Conclusions: It suggested that we may need to target dementia care service to dementia patients who live alone and received low education.

MENTAL HEALTH NETWORK: STRUCTURE, OPERATING, ARTICULATION

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Educational Objectives: The incidence of mental illness affects nearly 25% of the population. The complexity of mental health poses many challenges to society demanding government answers for such a multiplicity of issues. Health services present helplessly at the scale of the problem. It's urgent to install a satisfactory care networks service.

Purpose: To describe and analyze the network concept and its applicability in the proposed mental health care

Methods: A survey of documents and bibliographic data published by public managers, domestic and foreign institutions, analyzing the concept of network, the offering of primary, secondary and tertiary resources and equipments of mental health.

Results: The survey shows that mental health services are installed, in general, randomly, working isolated, wasting resources, promoting regional assistance disparities (concentration of services in some locations, missing in others), providing insufficient attention in public health and of poor quality. Despite the use of the network concept as reference, this logic was not in fact incorporated to the assembly and operation of services. Consequently, the results presented are incompatible with their conceptual proposals, generating distortions and unconformities. The use of transdisciplinarity consolidates the applicability of the network concept in mental health care significantly transforming the quality of attention given to Sistema Único de Saúde users.

Conclusions: You can verify the weakness of the network concept used in mental health management, reflected in planning, operation and allocation of health resources. The survey rectifies the conceptual and situational description in the mental health context pointing to meaningful solutions. Significant changes are expected in assistance through the transdisciplinarity concept of network, making it an important tool of planning, management and clinic. Highlighted among them, the optimization of public resources in health; rationalization of equipment distribution, creation of new devices; flow agility of patients; effective theoretical / practical articulation between workers / services, improvement of coverage / quality of care; community involvement in mental health networks. The reading of the transdisciplinary network concept rectifies the mental health assistance by promoting the effective connection of existing structures (services, equipment, devices), strengthening its use in health and optimizing the deployment of public health policies.

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BRIDGING THE GAP: PREVALENCE & SOCIAL DETERMINANTS OF ALCOHOL AND SUBSTANCE USE/ABUSE AMONG ADOLESCENTS SAMPLED FROM SEVEN DEVELOPING COUNTRIES

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Educational Objectives: At the conclusion of presentation, participants should have some insights into social determinants of alcohol and other substance use/abuse among a cohort of adolescents sampled from developing countries, and how the findings can inform policy in developing countries.

Purpose: To determine the prevalence and family/personal risk factors for alcohol/substance use and abuse among a cohort of school-going adolescents randomly sampled from seven developing countries (India, Indonesia, Nigeria, Serbia, Turkey, Bulgaria and Croatia).

Methods: Alcohol and substance use, including problematic/hazardous use (abuse), was measured using the CRAFFT instrument. Aspects of mental health were measured using the Strength and Difficulty Questionnaire (SDQ). Socio-economic aspect of family life was assessed using the Family Affluence Scale (FAS). Independent associations were determined using regression models.

Results: A total of 2454 adolescents completed the study. About 40.9% reported use of any substance during the past 12 months, mostly alcohol. Among the adolescents who reported using any substance, 18.3% had CRAFFT score that is indicative of problematic/hazardous substance use. However pair-wise comparison shows that substance use/abuse varied significantly across countries. Family factors like single-parent households and parental alcohol/substance use as well as personal factors like low involvement in extracurricular activities, self-reported poor school performance and presence of psychopathology were all independently associated with use. Among all the substances reportedly used, marijuana is associated with the highest odd of problematic/hazardous use.

Conclusions: Adolescent alcohol and substance use is common in developing countries, and problematic/hazardous pattern of use is also a major concern. Several personal and family factors have important role in substance use/abuse. The modifiable nature of these risk factors calls for appropriate intervention strategies taking into account the limited resources in developing countries.

HOME VISITS IN MENTAL HEALTH CARE: FIRST MOROCCAN EXPERIENCE

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In psychiatry, patient care is mainly hospital and ambulatory, knowing that mentally ill people have usually poor adherence to medical appointments, and thus to their therapies. The result is multiple relapses and progressive psychosocial deterioration, especially when it is about a chronic condition.

Objectives

In Morocco, a valuable initiative was taken to promote health among people who are outside of the formal health system. Hence, they will have a new opportunity to benefit from appropriate follow-up. The aim of our study is to assess the improvement of management in Moroccan psychiatric patients through scheduled home visits to defaulters.

Methods

From September 2009 to June 2011, 6 teams, each composed of a family physician, 16 medical students, a psychiatric nurse, a nursing student, a social worker and a medical secretary, took turns to accomplish home visits to the patients missing regular psychiatric outpatient appointments. These outings targeted the population of the town of Fez, 5 days a week, nine months of the year, with a maximum of 30 minutes allowed for each visit.

Results

A first analysis of the data provides an idea of the impact of this long health campaign: about 360 patients mentally disordered have been seen, of which one third were seen at least three times. Full results will soon be available.

Conclusion

Considering the fact that this was the first time in Morocco such initiative has been taken for mentally ill patients, results so far are very encouraging. This invites us to consider this option as a complementary action to classical hospital and outpatient care.

Keywords: home visits; mental health care; social psychiatry

EVALUATION OF SMOKING PREVALENCE IN PUBLIC PSYCHIATRIC HOSPITAL MINAS GERAIS, BRAZIL

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The study was descriptive, quantitative and cross-sectional regards to smoking at public psychiatric hospital in Minas Gerais, Brazil, from 10th of September to 16th of September, 2012. A sociodemographic questionnaire and the Fagerström test was applied among 422 individuals. It was obtained a prevalence of 23.46% of smokers, also 24.17% of ex-smokers and 52.37% of nonsmoker. Of all the 344 employees the prevalence of smokers was 16.28%, 24.71% of ex-smokers and 59.01% of nonsmoker. Among the 78 patients, was found 55.13% of smokers, 21.79% of ex-smokers and 23.08% of nonsmokers. The average duration of smoking in the sample was 16.3 years (SD=11.9).

The proportion of employees who quit smoking was 24.8% and 21.8% between patients. Among employees who smokes 85.7% wish to stop smoking and 83.7% of them want a treatment. Among patients who smoke, 77.8% want to stop smoking and 56.1% of them wish a treatment.

It was shown that 100% of employees have a degree of nicotine dependence between very low and low. Among patients, only 21.74% are very low and low dependence and 36.96% are very high.

The tobacco consumption and degree of dependence among patients with psychiatric disorder is significantly higher than the general population.

HOW CHILDREN WITH MENTAL HEALTH PROBLEMS ARRIVE AT PSYCHIATRY CLINIC IN TIRANA, ALBANIA

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Educational Objectives: The importance of early detection of psychosocial problems, such as social-emotional and behavioural problems in toddlers is increasingly recognized (AAP, 2006). Only 2-5% of consultations of children and adolescents include presentations with emotional or behavioral problems (Garralda, 2009).

Purpose: This study examined the way how mentally ill children arrive at psychiatric clinic in Tirana.

Methods: The data used here are from an Albanian study about mental health problems and service use among children and adolescents. 100 children and their respective parents participated in this study and completed different parent questionnaires during the first study session. Age range was between 6 to 17 years, 58% of them were female.

Results: The clinic of child/adolescent psychiatry was the second most common point of entry for children up to 14 years old and first point of entry for youths between the ages of 14 and 17.

Conclusions: The results of this study identified several groups that needed intervention in order to increase child mental health service use.

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MENTAL HEALTH OF CHILDREN AND YOUTH: WEAVING OPPORTUNITIES FOR INTERVENTION AND PREVENTION

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The identification of processes that involve problems related to mental health of children and adolescents is crucial in that it allows the development of policy interventions aimed at preventing and / or mental health promotion.

Objectives: Approach on possibilities for mental health intervention with children and adolescents from a university extension project "Committing actions to promote mental health of children and youth: shares of Occupational Therapy" held at the Federal University of São Carlos, Brazil.

Method: From a university extension activity developed in a clinical school since 2009, are performed interventions in the area of Occupational Therapy aimed at promoting mental health of children and adolescents. Among the goals that support actions, we have: Intervening in the dynamics that generates the conflict, trying to build with the child, family and context, access possibilities for understanding, coping and seeking to overcome; Develop actions (re) structuring of everyday, aiming to leverage the resources present in the environment that the child lives and mitigate the effects of risk exposure experienced; provide experiences that encourage children's autonomy and empowerment of the family; Develop promotion and prevention in environments of inclusion of children. Interventions were performed in the clinic, in schools and other environments bond of a child and teenager. Referrals are made by health professionals and other educational equipment and / or social, and spontaneous demands.

Results: We observe, from reviews of the actors involved, the actions provide significant benefits in daily activities and relationships of children / adolescents and their families, enabling greater understanding of the issues presented, often overcoming difficulties and consequent improvement in quality of life and development.

Conclusions: The results indicate the contribution of actions to provide tools for children and adolescents and other actors involved in environmental contexts in which children are inserted, favoring opportunities for social inclusion, active engagement in activities, among others. We stress the importance of specialized actions aimed at promoting mental health of children and adolescents, their families and school.

THE PSYCHOSOCIAL CARE CENTERS FOR CHILDREN AND ADOLESCENTS AND THE NEW PROPOSALS OF CARING FOR CHILDREN AND ADOLESCENTS IN PSYCHIC SUFFERING.

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Educational Objectives: At the end of this presentation the participants will be able to know and critically reflect about the current configurations present at Brazilian mental health public policies for children and teenagers, having as starting point the evaluation of the Psychosocial Care Centers and the care practices that develop in these services.

Purpose: Discuss about public policies in children and adolescents mental health adopted in Brazil, focusing in the Psychosocial Care Centers for Children and Adolescents (in Portuguese, CAPSi) considering, especially, the attention for children and adolescents in intense psychic suffering.

Methods: Systematic revision of the literature which focuses on CAPSi and documental analysis of the main directives and official documents about the implantation of the services in Brazilian territory as public policies of mental health aimed at children and adolescents.

Results: Although the transformations in Mental Health public policies in Brazil brought contributions to quality of life and guarantee of rights and citizenship of people in psychic suffering, there is yet a disproportion between creation of policies and what CAPSi professionals have been able to offer about caring strategies. Among these disproportions and challenges to be faced there is the CAPSi task to constitute itself as means for expansion of intersectoral actions, while the results of this study show that only part of the objectives have been achieved and, consequently, that brought overload and fatigue to the professionals. This study points to the need of continuity in transformations, not only on mental health public policies for children and adolescents, but also to expansion and reformulation of the formation of the professionals.

Conclusions: The analysis made showed that, although there is public investment and creation of specific directives to construct new services, the CAPSi professionals still find intense difficulty in articulate their practices to the inter- and transdisciplinary models which regard not only clinical service but, mainly, the handling of the construction of new relations of social and communitarian support for the people attended.

Literature Reference:

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SCHOOL FAILURE: THE ROLE OF SOCIOECONOMIC FACTORS

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Purpose : School failure is one of the most significant problems in childhood. The aim of our study was to investigate the socio-economic factors underlying and contributing in the development of learning disabilities.

Method : This is a retrospective study of 100 children in child psychiatry consultation. We specify each of their age, gender and socio-economic status (education level of the mother, the father, monthly income, rural origin or urban one ...)

Results : Socioeconomic status is quite strongly related to cognitive skills. Our results point in the same way of literature the importance of socioeconomic factors in school failure in many developing countries.

Conclusion : Socioeconomic factors play an important role in school failure, hence the interest to draw new voices of intervention with these children in pain and to establish an effort to find the means of identifying and changing inequalities.

21st World Congress of Social Psychiatry - 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

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Creating alliances to respond to mental health challenges

Posters Session

MENTAL HEALTH ALLIANCES IN NUNAVIK: HOW TO BUILD ALLIANCES AND GET RESULTS

Jacques Bertrand
Ippigusugiursavik

Background

In Nunavik when discussing and interpreting mental health problems, psychiatrists, doctors, psychologists and social workers focus on their own understanding of the problem. There are many barriers to be overcome. There is no specific Inuktitut word for 'mental health problem' and the community approach to healing and resilience of the individual are different. These and many more challenge the health practitioner. How can they adapt their own culture, body of knowledge, the transfer of that knowledge, through a health organizational structure that does not fit the Inuit environment and their values?

Those questions underlie basic assumptions about how to address mental health issues. We take for granted our Western bio psycho social organizational setting. We forgot about the fundamental structural problems related with the intercultural management of mental illness. How to adapt the organizational structure delivering the therapeutic intervention in order to create alliances between health professionals, and community to respond to mental health challenges?

Methodology

Since 2010 we have been conducting ongoing research on the interaction between health practitioners, Inuit people with mental health problems and the health clinical governance structure. This on site research is conducted within an Inuit mental health non profit organization. We have interviewed thirty(30) health practitioners, seventeen(17) schizophrenic people and fifteen(15) interveners. Plus we have analyzed many internal documents and evaluations about mental health service primary care in the community.

Results

Based on our observations, findings and interviews we have implemented a new therapeutic management model. In this model we bridge the organizational gap between health practitioners and Inuit clientele. Using management controls we integrate and coordinate the information interaction between health practitioners, their clients and the organization. The preliminary results that we got from our performance indicators demonstrate that management control can be used to facilitate information exchange, increase the efficiency of the therapeutic intervention, having more people participate on the job market, increasing their self confidence, managing their own medication, and willing to do community works.

Conclusions

At this stage of our research we have identified and implemented management controls that generate information that can be used by health practitioners to increase their intervention effectiveness. Secondly, that information helps health practitioners to better understand community values. Finally, the information generated by the control mechanisms helps increase the collaboration between health practitioners and their clientele.

NEW ALLIANCES TO RESPOND TO MENTAL HEALTH CHALLENGES – MUTUAL ASSOCIATION

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Mental disorders are said to be highest in economically marginalized populations, especially the least educated, women and youth (Saxena, Thornicroft, Knapp, & Whiteford, 2007), with poverty, low education and food insecurity identified as key drivers (Lund et al., 2010; 2011). *Associação Mutualista* is the largest Portuguese mutual association, and one of the largest mutual associations in Europe. This institution is also a reference in the social economy sector and financial activity in Portugal.

The authors considered how the psychiatry service of *Mutualidade Terras de Santa Maria* responded to the psychiatric community patients attending the Clinic. The project gives voice to a vulnerable community and emphasizes the need for greater attention to the impact of context, culture and local resources on people's responses to adversity and illness. Furthermore, the authors provide a social and demographic characterization of the population as well as local strategies to answer different clinical situations.

There is a need for more political recognition and economic power to improve the opportunities for health available to marginalized groups. Fortunately at the same time communities are sometimes able to use external knowledge and resources in ways that advance their own interests.

MULTIMODAL AND INTERDISCIPLINARY INTERVENTIONS IMPROVE METABOLIC HEALTH AND QUALITY OF LIFE IN MENTAL HEALTH CONSUMERS: A SIX-YEAR NATURALISTIC PROGRAM EVALUATION STUDY OF THE CHU DE QUÉBEC-IUSMQ *MIEUX-ÊTRE* WELLNESS PROGRAM

C. Shriqui, I. Lachance, S. Bonneville, Desgagné P. and the CHU de Québec-IUSMQ *Mieux-Être* Wellness Program Collaborative Group, Quebec City, Canada

Lifestyle modification programs exert positive effects on metabolic health parameters among mental health consumers (1-2). The results of a six-year ongoing naturalistic evaluation of the CHU de Québec-IUSMQ *Mieux-Être* Wellness program are presented. This program is offered to adult mental health consumers living in the community who are metabolically at risk and motivated to initiate lifestyle changes. Provided at no direct cost to participants, the program includes a range of group and individual activities aimed at increasing overall health, quality of life (QOL), treatment compliance and empowerment. Activities are multimodal and promote interdisciplinary shared care among health professionals thanks to established partnerships with the public, private and community sector. The initial 12 weeks are intensive with participants attending two to three weekly activities.

Periodic monitoring of metabolic and QOL parameters are conducted first, at the start of the program, and every three months thereafter for one year then, annually. Descriptive statistics and SPSS 14.0 were used for repeated measures ANOVA between baseline and follow up.

Of 188 participants, metabolic results show statistically significant ($p < .05$) reductions in weight (0.60 kg), BMI (0.28 kg/m^2), waist circumference (1.55 cm), systolic blood pressure (2.80 mmHg), diastolic blood pressure (1.24 mmHg), total cholesterol (0.17 mmol/L), LDL cholesterol (0.11 mmol/L) and 10 year cardiovascular risk (0.47%) after three months of participation. Results also showed a reduction of psychiatric symptoms which can impact positively on the QOL of participants. Among Brief Psychiatric Rating Scale (BPRS) items, the Depression and Blunted affect items mean scores decreased after 3 months of participation as well as BPRS Total score and CGI-S total mean score.

While there are limitations with this naturalistic program evaluation conducted in “real world conditions”, these results indicate modest yet significant improvements in several metabolic and QOL parameters in this at-risk population.

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LESSONS WE CAN LEARN FROM OPERA

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Opera and Mental Health

Both opera and mental health care are highly complex and deal with a multitude of factors. In a mental health setting there are first and foremost a multitude of actors involved: the patient, client or service user, a therapist in the case of individual psychotherapy or a multitude of clinical staff directly involved with her/him in the case of residential treatment, relatives of the patient, clinical staff of the setting where the patient may go to after their current placement, commissioners and case managers. In the current Zeitgeist, rules, regulations and administrative procedures have become more and more part of the picture. The 'Concise Oxford dictionary of Opera' (Rosenthal and Warrack, 1975) consists of 446 pages. Anyone who has attended an opera performance can immediately see the complexity of it all. First there is the music, then there are the voices, the lyrics, the stage, the singers, the orchestra, the conductor and many more aspects that are not immediately visible to the audience, but when it is incorrect would have an immediate effect (for instance the musical score). Both opera and mental health care depend on the timely and correct interplay of a multitude of factors.

Opera, Badness and Madness

My own psychotherapeutic background is cognitive behaviour therapy and opera's are a treasure trove of excellent demonstrations of irrational thinking and the misery it can lead to. This is not only displayed in the so called 'mad scenes' but also in distorted thinking, for instance in Otello with his irrational demand for absolute certainty that Desdemona is 100% faithful to him. And, likewise, Desdemona's demand that she imposes upon herself that she is to prove a negative and by doing so condemns herself to death. Irrational beliefs are demonstrated in a more humorous manner Donizetti's *L'elisir d'amore* where the underlying irrational belief is 'If I am not loved by the person I want to be loved by, then my life is worthless'.

Opera has so many things to offer for mental health professionals, from clear-cut examples of evil-doing (for example: Otello, Lucia di Lammermoor, Tosca, Turandot, Don Giovanni, Rigoletto) to examples of irrational thinking (*L'Elisir d'amore*, Carmen and all the above!). It shows stories focused on all of humanities weaknesses: greed (Lucia di Lammermoor); jealousy (Otello); psychopathy (Don Giovanni) and love (*La Bohème* and *L'Elisir d'amore*). These are by no means not all the topics operas deal with, just a few examples. Opera is full of drama, but the audience at the Metropolitan Opera House in New York got more than it bargained for with the onstage death of one of its greatest stars. In March 1960, while performing Verdi's *La Forza del Destino*, the great baritone Leonard Warren completed his Act II aria, *O Gioia* ("Oh Joy", which begins begins *Morir, tremenda cosa* ("to die, a momentous thing")), and pitched forward dead. That evening, for one of the very few times in its history, the Met's show did not go on.

In this paper I will draw attention to what we as mental health professionals can learn from the content of various opera's and from the manner in which the performance of opera's is organized. I will take as an example a Puccini opera: *La Bohème*.

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PATIENT ADHERENCE AT THE SPECIALIST PSYCHIATRIC OUTPATIENT CLINIC OF HELEN JOSEPH HOSPITAL, JOHANNESBURG

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Educational Objectives: To describe attendance at this clinic during six months preceding implementation of a behavioural and communication intervention program (BCIP), consisting of logistical, psycho-educational and support interventions; and to evaluate the impact of this BCIP after a 3-month period.

Purpose: To assess the impact of a defined behavioural and communication intervention program developed by the South African Depression and Anxiety Group (SADAG), a local mental health advocacy group, at a specialist psychiatric outpatient clinic of an urban, public regional referral hospital.

Methods: A retrospective, quantitative component included a review of participants' demographics and clinical profile and of their attendance records over the preceding six months as well as after a 3-month period of implementing the BCIP. A prospective, qualitative component included:

- (1) Pre-questionnaire exploring participants' basic knowledge and understanding of their condition and treatment;
- (2) Implementation of SADAG's structured BCIP, also providing access to standard brochures/information on identified psychiatric conditions and access to support groups;
- (3) Post-questionnaire exploring participants' experience of this BCIP.

Results: During Jul-Dec 2012, 618 patients were followed up at this clinic. For each, between 1 and 6 (on average 3) follow-up visits were booked. The weighted average attendance rate (WAAR) for the total group during this period was 1.8 visits per patient: on average, 60% of visits were attended. From this total group of outpatients, 91 (14.7%) were recruited to participate in the SADAG program. The WAAR of attendance of this study group during Jul-Dec 2012 was 2.3 visits per patient: on average, 77% of visits were attended. The difference in attendance rate of participants in the study group, (n=66 for whom information was available for the previous six months), was estimated by subtracting the WAAR during the study period (Jul-Dec 2012) from that during the previous six months (Jan-Jun 2012). In this way, scores of 0 (no difference in attendance) were calculated for 29 participants. Scores greater than 0 (improved attendance) were found for another 29, while scores less than 0 (poorer attendance) were found for 8 participants.

Conclusions: SADAG's BCIP has previously been shown to improve patient attendance in private practice environments. During its implementation at this public referral hospital clinic, compared with patients not participating in the program, participants seem to also have demonstrated a better attendance rate. Considering the limitations of this pilot investigation, the implementation of SADAG's BCIP in similar state sector clinics to improve attendance, can be supported.

PSYCHIATRIC REHABILITATION TOOLS: THE UNIT EXPERIENCE IN PSYCHOEDUCATION

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In psychiatric field, rehabilitation aims to assist patients suffering from chronic disorders for social insertion or employment. Comprehensive assessment and specific therapeutic tools have been developed. They are proposed according to each patient's specificities. Rehabilitation leads to the development of social skills, improvement of cognitive functioning, better knowledge of psychiatric troubles and their treatment, and enhancing of the social and professional activities.

Psychoeducation represents one of these rehabilitation tools. It has proven effectiveness in the treatment of bipolar disorder and schizophrenia.

An experiment of psychoeducation was conducted in our unit, it was based on the development of a psychoeducational program adapted to the Moroccan context for patients with bipolar disorder. The design of this program involved a group of psychiatrists and psychologists. It used : slideshows, self-report scales, a sleep diary, a brochure and a guide. This program is progressing in 12 weekly sessions of 90 minutes each with a group of 8 patients. The program evaluation (knowledge and satisfaction of patients about the bipolar disorder) and its effectiveness (improving adherence, awareness, relapse rates and hospitalizations) is done using qualitative and quantitative tools.

The patients who had followed this approach have remained in remission as long and had a better socio-professional functioning after a year of follow-up than patients who had received the usual care.

HOW TO PROTECT MENTAL HEALTH STAFF OF BURN OUT

Tomas Miguez, Sandra Rascão, Nuno Antão

Grupo De Acção Comunitária

Objectives

Grupo de Acção Comunitária is a Portuguese private institution whose main purpose is the psychosocial rehabilitation promotion of patients with psychiatric disorders, mainly schizophrenia. Our services are located at the community and our staff includes psychologists, a social worker and several monitors. We have a day center with ambulatory care and a residence for psychiatric patients. From our experience of ten years, we find that very easily our technical staff gets overwhelmed and anxious facing all the demands and needs of schizophrenic patients. We would like to identify some factors which can protect our staff from depression and exhaustion. We do believe that the emotional state of the technicians is reflected in the evolution of the patient's psychosocial rehabilitation.

Method

Our rehabilitation work is based in a community paradigm and we use the case management model to assist patients. Each member of the staff follows several patients and tries to be aware of all various areas of the patient's life: clinical issues, interpersonal skills, social adaptation, family atmosphere and life quality. We follow patient's life inside and outside the institution. To address all the problems of a schizophrenic patient - severe psychopathology, social maladjustment, family conflicts, socioeconomic instability- we try to make alliances with all the psychosocial process interveners: psychiatrist, social worker, family, hospital, social security and other community institutions. We also try to create a team that supports emotionally each of the technicians.

Results

To avoid the burnout in the Mental Health workforce, we find that it is not enough to create alliances with various partners, as well is not sufficient to be included in a mental health staff. The quality of the alliance is crucial for the emotional state of the technician, whether alliances with partners outside the institution, or alliances within the team. Alliances that are characterized by feelings of competition, guilt, in addition to a poor tolerance to different opinions and intense moments of frustration can cause a short circuit in the team who assists the patient and seriously harm the entire rehabilitation process. We found that an alliance characterized by feelings of understanding and tolerance of failures strengthens community care we give to patients and decreases patients' emotional instability. A spirit of co-responsibility helps technicians dealing with intense feelings of helplessness and impotence. This kind of alliance helps all the agents involved in the patient's recovery process to deal with unbearable feelings.

Conclusions

We conclude that the quality of alliances between different actors in psychosocial rehabilitation of schizophrenic patients is a factor that prevents burn out of the technicians. Relationships based on respect and tolerance for the limits of each staff, protects the technicians from feelings of helplessness and loneliness that inevitably contaminate the process of psychosocial rehabilitation.

AN EXPLORATORY INVESTIGATION ON THE LEISURE SUPPORT PROGRAM FOR THE PEER-GROUP INCLUDED THE PEOPLE WITH MENTAL DISABILITIES OR DEVELOPMENTAL DESABILITIES.

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Educational Objectives: In this study, two results were shown. First, the participants in the peer group can be increased, if the meetings and events of peer group program were held periodically. Second, a peer group program can form a peer community, because the support program was held continuously for three years.

Purpose: Our purpose is to explore the strategy to make people with mental disabilities or developmental disabilities more comfortably in their workplaces and their schools.

Methods: Participant observation and interview investigation with participants had been done. They were from four to eleven. They were members of a group. Two investigators were also had the role as a facilitator and a group worker.

Results: In Japan, most of the participants of day-hospitals learned how to behave at their workplace. And most of the self-help groups have their programs to talk about their condition from their disabilities. So they have little opportunity to learn how to be engaged at their leisure with pleasure. In Japanese culture, working time was treated more important than leisure time. Many participants of day-hospitals become able to make plan to go somewhere after they finished their programs. Most of them can use these skills at their workplaces but their leisure. So it was the originality of this peer group to have leisure support program. But at first, the time and date of the activities were irregular and did not have one year program. So it is difficult to participate in this group on the way. The participants and the facilitators had constructed together and they decided the one year program and to hold two meetings a month periodical, one was to make plan or prepare the events and the other was to carry out the events. After this, the participants said that it was easier to manage their condition and to participate in the group on the way, so this peer group had more participants than before. And they also said that they could manage the group easier than before.

Conclusions: Three conclusions were shown in this study. First, this peer group had original leisure support program. Second, positive and healthy side of the participants attracted attention in this peer group, so this peer group could be an inclusion group. Third, this peer group have become a community. But following point was left as future problem: the role of facilitators and community workers.

ASSOCIAÇÃO DE FAMILIARES, UTENTES E AMIGOS DO HOSPITAL DE MAGALHÃES LEMOS: A COMMUNITY-BASED PSYCHIATRIC ASSOCIATION

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Educational Objectives: at a time when the availability of effective psychotropic drugs is a reality, the importance of associations supporting individuals with mental illness is fundamental for promoting mental health in the areas of psychosocial rehabilitation and reintegration. This work aim is to describe several aspects of a community-based psychiatric association.

Purpose: to describe, briefly, the different aspects of the concept of Mental Health Rehabilitation framing it in the activity of Associação de Familiares, Utentes e Amigos do Hospital de Magalhães Lemos (AFUA HML).

Methods: a brief literature review on the concept of rehabilitation in Mental Health including a brief analysis of AFUA HML.

Results: description of the structure of AFUA HML in the context of international guidelines for Mental Health rehabilitation.

Conclusions: The existence of this kind of support associations remains a pivotal point in the integration of individuals with mental illness not only by promoting their rehabilitation but also by supporting their integration in the community.

Literature Reference: Monsalve M. Imágenes de la Psiquiatría Española. Asociación Mundial de Psiquiatría. Ed. Glosa. Barcelona 2004: 585-602.

21st World Congress of Social Psychiatry, 2013
29 June - 3 July 2013
Lisbon, Portugal

Topic

12

Others

Posters Session

FOREIGN DOMESTIC WORKERS PSYCHIATRIC ADMISSIONS IN LEBANON: PRESENTATION, DIAGNOSIS, AND MANAGEMENT

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Educational Objectives: This poster presentation aims to demonstrate the mental health situation and psychiatric conditions of female foreign domestic workers in Lebanon.

Purpose: The main purpose of this project is to use a 5-year retrospective chart review to gather data concerning the psychiatric admissions, presentation, diagnosis, and management of hospitalized female domestic workers as compared to hospitalized Lebanese female patients.

Methods: A 5-year retrospective chart review study of 235 female foreign domestic workers and 224 female Lebanese patients admitted for the first time to the Psychiatric Hospital of the Cross, on a third class admission status was conducted to gather data related to presentation, diagnosis, and mental health management. Statistical analysis to was done using SPSS 20.0.

Results: The majority of the foreign domestic workers were from Ethiopia (52.3%) followed by Philippines (14%) and all were compulsorily admitted. Brief psychotic episode was highest among the foreign domestic workers (70.4%) followed by depression and adjustment disorder (9.4% each). As for the controls, depression was the most frequent (28.6%) followed by bipolar mania (19.2%) and schizophrenia (16.1%). 67.4% of the foreign domestic workers presented with catatonic features with a significant association detected between the group and the presence of catatonic features, $\chi^2(1, N = 459) = 26.32, p < 0.001$. The mean duration of hospitalization was significantly less among the foreign domestic workers ($M = 13.5$ days) than the controls ($M = 23.8$ days). When it came to treatment and management, the use of antipsychotics (97.4% for the foreign domestic workers and 85.7% for the controls) and ECT (50.6% for the foreign domestic workers and 17.4% for the controls) significantly differed by group ($\chi^2(1, N = 459) = 20.8, p < 0.001$) and ($\chi^2(1, N = 459) = 56.1, p < 0.001$) respectively.

Conclusion: Inpatient foreign domestic workers present with more catatonic features, are more diagnosed with psychotic than affective disorders and are more treated with antipsychotics and ECT with a particular trend to rapidly discharge and deport the worker to limit the costs. The main limitations include recall bias, the lack of randomization, and the difficulty to detect causation; hence the results of such study are at best hypothesis-generating.

HIV/AIDS AND PSYCHOLOGICAL DISTRESS: A STUDY OF INFECTED WOMEN IN THE CITY OF LISBON

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The link between HIV/AIDS and psychological distress is widely acknowledged, as well as the risk of the development of mental health problems in people living with HIV/AIDS.

The objective of this research was to study social and psychological problems that affect women living with HIV/AIDS.

One hundred and fifty women attending the outpatients' immunodeficiency clinic in a public hospital in Lisbon were interviewed.

The results show that 80% of the interviewed women suffered of psychological distress and 21% of this group felt anger, low self esteem and isolation.

We also found that women's withdraw is a strategic behavior to avoid HIV status disclosure and discrimination (50%).

Based on these findings we conclude that HIV infected women is a group at risk of developing mental health problems, thus demanding attention from the mental health services in the community. It would be, therefore, beneficial if psychosocial interventions in women living with HIV/AIDS were integrated in mental health interventions.

DAYS OUT OF ROLE DUE TO COMMON MENTAL AND CHRONIC SOMATIC DISORDERS. RESULTS OF THE STUDY EPIBUL - PART OF THE WMH SURVEY INITIATIVE

Zahari Zarkov

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Educational Objectives: The aim of this poster is to explore the days out of role due to health problems of somatic and mental origin in Bulgaria. Data from national representative epidemiological study EPIBUL 2003-2007 for Bulgaria, show the share of common somatic and psychiatric disorders in the total days out of role in Bulgaria

Methods: The study EPIBUL is nationally representative for Bulgaria and covers 5318 respondents over 18, for the period 2003 to 2007. Diagnostic tools that are used are DSM IV and CIDI 3.0. A presence of ten chronic somatic disorders and nine psychiatric disorders for each respondent, is investigated along with information about the number of days out of role in the last month before the interview in which respondents were not able to work or perform their other normal daily activities due to problems of physical or mental origin. Multiple regression analysis to assess the multivariate associations of somatic and psychiatric disorders controlling age, gender, employment and education was applied.

Results: About half of respondents (48.1%) had a psychiatric or somatic disorder of the 19 disorders included in this analysis. Those who reported at least one somatic disorder (44.3%) are significantly more than those who reported any mental disorder (10.7%). People with neurological disorders have the highest average number of days out of role (77.5 days), followed by those with social phobia (50.5 days), headache and/or migraine (44.6 days) and insomnia (40.6 days). Neurological diseases had also the largest individual effect followed by headaches and/or migraine, insomnia and alcohol abuse. On the social level, however, a strong effect (population attributable risk - PAR) had conditions associated with chronic pain, cardiovascular diseases, headaches and/or migraine.

Conclusions: Days out of role due to health problems are a major source of loss of human capital (1). The study of the causes leading to the loss of days has a value on a personal as well on population level. Increasing productivity and increasing social capital is directly related to reduction of the leading causes for days out of role. In Bulgaria, unlike other countries, a shift of the leading causes of lost days in the direction of somatic diseases, which is taken as an indirect indicator of the high threshold of stigmatization of mental health services.

CONTRIBUTO DAS INTERVENÇÕES PSICOEDUCATIVAS NA ADESÃO TERAPÊUTICA DA PESSOA COM INSUFICIÊNCIA CARDÍACA: CONCEÇÃO DE UM PROGRAMA PSICOEDUCATIVO

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Apesar da problemática da adesão/não adesão terapêutica ser motivo de preocupação por parte da comunidade científica, vários estudos apontam que, nos países desenvolvidos, apenas 50% dos doentes portadores de doenças de evolução prolongada aderem às recomendações terapêuticas. A falta de adesão à terapêutica compromete a eficácia dos tratamentos e contribui para o aumento considerável dos custos em saúde, constituindo um problema de saúde pública major (OMS, 2003).

Na Unidade de Cuidados Intensivos Coronários, onde encontra-se a exercer a sua atividade, prestam-se cuidados, diariamente, a pessoas que são reinternadas devido ao abandono da terapêutica. Atendendo à sua experiência profissional, verifica-se que existe um número considerável de doentes que abandonam a terapêutica devido a condições financeiras, no entanto a maioria deve-se a outros fatores.

Face à evidência da eficácia da psicoeducação na adesão terapêutica, foi concebido um programa psicoeducativo para pessoas com insuficiência cardíaca, com o seu início em contexto de internamento, após a estabilização do quadro clínico. Pretende-se saber o contributo das intervenções psicoeducativas na adesão terapêutica das pessoas com insuficiência cardíaca e se diminuem os reinternamentos por incumprimento dos tratamentos.

Após ter concebido e aplicado um programa psicoeducativo intitulado “Doença Mental: Um novo começo”, para pessoas com doença mental, em contexto do curso de mestrado em enfermagem de saúde mental e psiquiatria, concebeu um programa para pessoas com insuficiência cardíaca no seu local de trabalho.

Os objetivos do programa são: troca de experiências; desenvolvimento de *insight* e de competências de gestão de doença; prevenção de recaída; e promoção de hábitos de vida saudáveis.

Assim, os seus objetivos relacionam-se, de um modo geral, com a promoção de uma participação ativa da pessoa no processo de recuperação e a integração de conhecimentos e a aquisição de competências de auto-gestão da doença, promovendo a adesão ao tratamento e à medicação.

O programa para pessoas com insuficiência cardíaca foi concebido de acordo com os princípios que orientaram a elaboração do programa para pessoas com doença mental, procurando atuar nas quatro categorias principais de fatores que influenciam a adesão terapêutica (Konkle-Parker, 2001):

1 - fatores relacionados com a medicação: efeitos secundários da medicação número de medicamentos, tamanho do medicamento, apresentação do medicamento, restrições na dieta implicadas pelo medicamento, duração e complexidade da administração do medicamento;

2 - fatores relacionados com a pessoa: conhecimento sobre o processo de doença, crenças de saúde, estadio da doença, aceitação do diagnóstico, compreensão sobre adesão, preparação para tomar a medicação prescrita, estratégias de *coping*, confiança nas capacidades;

3 - fatores relacionados com o ambiente: fator financeiro, disponibilidade telefónica, suporte familiar e suporte social;

4 - fatores relacionados com o enfermeiro: competências comunicacionais, disponibilidade para questões abertas, relação terapêutica.

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STUDY OF DEPRESSION IN THE ELDERLY HEMODIALYSIS PATIENTS WHO REFER TO TEACHING HOSPITAL IN URMIA, IRAN

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Introduction: Depression is the most frequent psychological problems reported by hemodialysis patients and in older adults but is potentially treatable at all ages. The consequences of depression in older adults are severe and include diminished quality of life, functional decline, marked disability, increased service utilization and high mortality. Dialysis patients have a worse QoL and higher rates of hospitalization and mortality compared with the normal population. We assessed the prevalence of depressive symptoms and physician-diagnosed depression, their variations by country, and associations with treatment by antidepressants among hemodialysis patients. The 15-item Geriatric Depression Scale (GDS-15) is a widely used screening instrument for depressive symptoms in the elderly, but its ability to detect alterations in depressive symptoms over time has not been established. This study aimed to characterize the elderly on hemodialysis for chronic renal failure in a teaching hospital and to describe their levels of depression.

Methods and Materials: A socio-demographic GDS-15 geriatric depression scale was used to measure self-rated depressive symptoms in a group of 54 subjects with clinically CKD randomly selected from dialysis ward in Taleghani wards in Urmia. Patients, who in this study were asked to complete the GDS-15.

Results: A total of 54 samples with age group (≥ 50) of scored within the 'depressed' range on the GDS-15. The mean age of patients was 62.7 ± 3 . The majority was married (72%), and male (57%). Approximately A half

of the patients (54%) were illiterate. Patients with high levels of depressive symptoms tended to have more severe disease and more impaired cognitive function. 94.4% weren't basically satisfied with their life. 80.5% dropped many of their activities and interests. 52.7% feel that their life is empty. 97.2% weren't hopeful about the future and afraid that something bad is going to happen to them. 72.2% often feel helpless. All of them preferred to stay at home, rather than going out and doing new things.

Conclusions: The data suggest that depression isn't diagnosed among hemodialysis patients. Depression in patients, especially old patients is high and appears to be related to disease complications and demographic characteristics like low income. The systematic use of screening instruments for depressive symptoms may be helpful for patients who need special care in order to improve their quality of life, reduce costs, and increase survival rate and depression complications.

Keywords: depression, elderly patients, hemodialysis, Urmia, Iran

THE EVALUATION OF PREVALENCE OF DEPRESSION IN HEMODIALYSIS PATIENTS IN NORTH WEST OF IRAN

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Introduction: The object of this study is the spread of depression in hemodialysis patients their age and sexual relations and examination of the cause of depression.

Methods: in this study I randomly choose 100 hemodialysis patients from Ardabil province and give them the questionnaire N.I and questionnaire that was made by researcher for every patient. I analyzed the results by SPSS software.

Results: from 100 patients 37 were female and 63 were male. In this research 42 patients (42%) were depressed that 17 were women 40.5% and 25 men 59.5% none of the experimented were depressed before dialysis. Most of the patients suffered from blood pressure 38.2% diabetes 34.2% and 11% had kidney graft experience .more than half were uneducated 54.1% the most of them were at the age of 65-70 marital status ,education, losing their next of kin, having job problem because of dialysis and having problems their family relations, have meaningful relation with depression from experimental quantitative variances income has positive role on depression number of children and age have direct effect on depression the most indirect effect from income was on depression.

Conclusion: since most of the depression patients were jobless men it's better to produce jobs .since most of the population were not educated it's better to prepare the depression questionnaire according to their perception every dialysis center in addition to a physician needs a psychologist for giving psychiatry services.

THE RE-EXAMINATION OF THE LIFE EXPERIENCES AND CARE EXPECTATIONS OF WOMEN WITH GYNECOLOGICAL CANCER BY THE CONCEPTS OF "EXISTENTIAL PHILOSOPHY": A QUALITATIVE META-SYNTHESIS STUDY

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Educational Objectives: Cancer is the second leading cause of death in Turkey. Living with cancer includes many concerns such as fear of recurrence, body image changes, physical dysfunction, job discrimination, relationship problems and sexual functioning difficulties. For cancer patients', the existential angst is every day issue.

Purpose: The aim of this investigation was to re-examine the qualitative studies examining life experiences of women with gynecological cancer with the concepts of "existential philosophy".

Methods: In this meta-synthesis study, the purposive sampling method was used. Over the last 10 years of literature were systematically investigated on the Akdeniz University internet network by key words as "gynecological cancer", "qualitative study", "nursing", "care", "patients' perspectives" ve "jinekolojik kanser", "kalitatif araştırma", "hemşirelik", "bakım", "hasta beklentileri". Thirty-six studies that is accessible to full text, published in Turkish and English in the meta-synthesis. The Joanna Briggs Institute's Qualitative Assessment and Review Instrument-2011 and Weed's meta-interpretation approach were used in the data synthesis process.

Results: Data on life experiences of women with gynecological cancer at studies re-interpreted with the five basic concept of the existentialist philosophy: (1) Angst; At the shadow of cancer, (2) Despair; I'm sorry for my losses!, (3) Authenticity; Towards a new existence, (4) The Absurd; Living at the short distance between the enjoy of life and existential anxiety, (5); The Other and the Look; Cancer: It's so hard to say!

Conclusions: In this meta-synthesis study, it was found that women were continuously under the heavy burden of uncertainty and threat of existential angst. This study shows that there are existential issues in order to care for gynecological cancer patients which health care staff needs to acknowledge. This study points out that staff often are not often empathic and aware of patients' existential issues. In this life course, women indicated that they need relevant, expert and knowledgeable care in an authentic way.

Key Words: Existential Philosophy, Gynecologic cancer, Meta-Synthesis, Qualitative Studies, Women's Experience

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SOCIAL ADJUSTMENT, SELF-ESTEEM AND THE BODY IMAGE OF CHRONIC FAILURE PATIENTS: COMPARATIVE STUDY OF DIALYSIS AND TRANSPLANT PSYCHOSOCIAL ASPECTS.

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Introduction:

The renal transplantation is the treatment of choice for chronic renal failure since it provides the patients hope for survival and a relief from their handicap, and in the same time it allows economical savings.

Educational Objectives:

Evaluate the impact of the kidney transplantation on the social adaptation of our patients.

Purpose:

This review has been set out to assess the differences between transplant patients and hemodialysis patients in psychosocial adjustment in 44 chronic renal failure patients including 14 renal transplant patients and 30 hemodialysis using three indicators: body image, self-esteem and social functioning.

Methods:

It is a cross-sectional study carried out in the service of Nephrology-Dialysis-Kidney Transplantation in Mohammed VI University Hospital of Marrakech, in January 2013 based on three validated questionnaires: the body image questionnaire (BIQ) of Bruchon-Schweitzer, the self-esteem questionnaire (SEQ) of Rosenberg and the social functioning questionnaire (SFQ) of Zanello.

Results:

The sample is composed by 44 subjects CKD (Chronic Kidney disease) with an average age of 49 years old (+/-11 years), a range extended between 26 and 61 years old. The majority of them are situated between 41 and 60 years old for hemodialysis patients and between 31 and 40 for the renal transplant patients. Concerning the body image, the latter have better social and corporal desirability than the hemodialysis patients with the significance of all BIQ factors. Besides, renal transplant men have better corporal image than women. The SEQ shows that at the social and familial level the renal transplant group has statically higher self-esteem than the hemodialysis group. However, at the professional scale the self-esteem remains low for both groups. Finally, in term of social adaptation, no significant differences between the two subsamples have been raised by the SFQ factors. This is mainly due to the different professional profiles among the patients which makes any comparison between the two groups irrelevant.

Conclusions:

The study came to a different conclusion compared to numerous other investigations on psychosocial adjustment in hemodialysis. As a result, further longitudinal exploration of a larger sample with the formalization of evaluative tools taking into account the particularities of chronic renal failure will enable a better understanding of psychosomatic difficulties in this population.

ACCEPTING FOREIGN NURSES IN JAPAN AND FUTURE CHALLENGES – MATTERS MAINLY CONCERNING THE NATIONAL BOARD EXAM FOR NURSES–

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Objectives: The acceptance of foreign nurses started in Japan from 2008 under the Economic Partnership Agreements. Over 400 nurses have come to Japan from Indonesia and the Philippines thus far. If they do not pass the exam within 3 years, they basically have to return to their countries. They can work in Japan as nurses if they pass the Japanese national board exam for nurses within 3 years after coming to Japan and they will be paid the same or more as Japanese nurses. Passing the national board exam for nurses is the main issue for the foreign nurse candidates. So far, the rates of foreign nurse candidates passing the national board exam were 0% in 2009, 1.2% in 2010, 4.0% in 2011, and 11.3% in 2012. Though the pass rate is gradually increasing, realistically, passing the exam is very challenging for them considering the fact that the overall pass rate for Japanese applicants is approximately 90%.

Methods:

1. Study on the practice national board exam for nurses

We conducted a study on the practice national board exam targeting Filipino nurse candidates and Indonesian nursing students in Japan. We requested them to take the Japanese national board exam translated into English and Indonesian and analyzed the exam results.

2. Interviews regarding countermeasures taken for the national board exam

The subjects were foreign nurses assigned to a hospital as well as trainers at the hospitals that accepted foreign nurses. We asked about the methods that they used to study for the national board exam and any support they received, etc.

Results: The percentage of correct answers was low even though the practice national board exam for nurses was written in English or Indonesian. Based on the interviews we conducted, we discovered that the government does not provide much support with regard to preparation for the national exam and foreign nursing candidates and their hospitals have to prepare for it on their own. Candidates who passed the national board exam for nurses received study support from people inside or outside the hospital.

Conclusions: Because the percentage of correct answers was low in the study on the practice national board exam for nurses, we believe that there is a difference in the nursing training curriculums and nursing itself in each country. It is necessary to compare and study the differences in nursing training curriculums in each country as soon as possible. We believe that the government needs to provide more study support and similar education to all foreign nurse candidates equally.

EARLY TRAUMA IN PSYCHIATRIC PATIENTS OF A GENERAL HOSPITAL

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Objective:

To determine the prevalence of early traumatic events in patients with a variety of diagnoses of complex mental health problems, in the Psychiatric Outpatient Service of the Regional Hospital in Talca, Chile

Purpose:

To assess the relationship between early trauma and chronic symptoms comparing GAF and CGIs.

Method:

In 2012, all patients (586), during routine clinical control were assessed for previous trauma using the Marshall Scale. CGIs and GAF were also used.

The DSM IV-tr was the reference for all the psychiatric diagnoses.

The interviews and the scales were administered by the respective attending psychiatrists of each patient.

In order to compare the mean in genders and in the diagnostic groups, ANOVA was used. To compare the rates of cases contingency tables and residual analysis were used.

Results:

The prevalence of prior trauma was found to be 52 % in the study sample. When scores of the Marshall test were considered the prevalence of trauma was found in 42.1% of the study sample, of which, 51.3% was sexual trauma (abuse or rape). The prevalence of sexual trauma in women (51.4%) was similar as it was in men (50%).

The principal diagnoses of the sample were depressive disorders (74,2%), bipolar disorder (13,2%) and anxiety disorders (7,1%). The rest of the study sample had other diagnoses such as, drug abuse, schizophrenia, personality disorder and other less frequent ones.

The prevalence of sexual trauma was highest in bipolar disorder (72%) and was lowest in depressive disorders (45,5%).

The GAF rate in patients with depression with early trauma was 58,7 and without early trauma 61,57. The CGIs rate were 3,72 and 3,47 respectively.

Discussion

The prevalence of early trauma was frequent in the sample, as well as sexual abuse.

The sexual abuse events for women occurred more often by close relatives and for men by unknown people.

The most frequent diagnosis of the sample was depression but sexual abuse occurred most often in bipolar disorder.

The GAF of the sample, with and without trauma, did not show any substantial difference.

The CGIs score in patients with or without early trauma also showed no difference, except in depression in which the CGIs was higher in patients with early trauma (3,72) than in those without it (3,47).

THE EFFECT OF AN INTERNET-BASED ANGER MANAGEMENT PROGRAM IN SCHOOL-AGED CHILDREN

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Educational Objectives: The development of an Internet-based anger management program for school-aged children to prevent school violence.

Purpose: This study aimed to investigate the effectiveness of an Internet-based anger management program for school-aged children.

Methods: Twenty elementary school students took part in an anger management training program consisting of 12 sessions (each 15 minutes long); subsequently, participants, their parents, and their teachers answered questionnaires assessing the participants' anger, aggressiveness, and other emotional/behavioral problems pre- and post-training. The program, based on the cognitive behavioral therapy (CBT) model, was developed for improving children's ability to control their emotions, and for enhancing empathic capacity to prevent school violence. It consists of four modules, and each module is divided into three levels: (1) emotion recognition (e.g., recognizing various emotions, detecting the physiological changes accompanying anger, and learning when their anger is harmful versus when it is beneficial), (2) anger control (e.g., learning more appropriate ways for expressing their anger such as relaxation techniques), (3) cognitive-behavioral changes (e.g., searching for strategies for managing their anger, including positive self-talk and assertiveness training), and (4) empathy training (e.g., training in cognitive and emotional empathy, and conversation skills including the consideration of others' feelings).

Results: At the post-training self-assessment, the participants showed significant reductions in their "anger-out" tendencies and a slight improvement in anger controllability. In addition, the teachers rated the participants' hostility/defiantness and peer-relational problems as having decreased after the training. However, parents' ratings showed no significant differences between pre- and post-training.

Conclusions: The proposed Internet-based anger management program had a significant effect on school-aged children's abilities to control their anger.

THE STUDY OF PRECEDENT CHILD ABUSE'S RELATION WITH MISUSE OF SUBSTANCES IN ADULTHOOD

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Objectives: The purpose of this research is study of the effect of child abuse on misuse of substances in adulthood. The examinees of this research are persons that were engaged to misuse of substances.

Methods: The examinees that have conditions according to DSM-IV and international diagnostic interview (CLDL) organization of therapeutic services title of aim groups in individuals and groups form were selected .for normal study of scores distribution of Colomugro of Smirnouf for study of relationship between researches variables of Pearsonian and for comparison and for comparison between groups of Levins test analysis variance test and suable Bunfroni test has been used.

Results : the results of the investigation show that $P < 0.036$ and $r = 0.617$) in arrangement : affective child abuse: $P < 0.029$, $r = 0.669$ neglect child abuse : $P < 0.045$ and $r = 0.587$ physical child abuse: $P < 0.022$ and $r = 0.694$ sexual child abuse $P < 0.012$ and $r = 0.797$).also the results of this research show that the relationship between child abuse and time of substances use was $P < 0.043$ and $r = 0.555$ in arrangement: affective child abuse : $P < 0.046$ and $r = 0.521$, neglect child abuse : $P < 0.027$ and $r = 0.681$ physical child abuse , $P < 0.041$ and $r = 0.575$ sexual child abuse : $p < 0.032$ and $r = 0.634$ only between sexual child abuse and species of substances was meaningful ($P < 0.000$) in sum ,

Conclusion: the results of this research show that the existence of precedents child abuse is important cases that individuals in adulthood inclined to the addiction.

Key words: affective child abuse , neglect child abuse, physical child abuse, sexual child abuse , narcotic materials misuse of substances inventories child abuse

SURVEY RELATIONSHIP BETWEEN HISTORY OF CHILD ABUSE AND MENTAL HEALTH IN ADULTHOOD

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Introduction: The present study with aim predicted adult mental health based on experiences of child abuse during childhood was conducted.

Methods: In this study 294 patients (164males and 130 females) students with sampling randomly and with using random numbers table were selected. To measure the variables of the questionnaires Goldberg general health (GHQ) , Cooper smith self-esteem and Beck depression were used .Data analysis using person correlation test and multiple regressions were performed simultaneously .

Results: findings showed that there is significant relationship between histories of physical, emotional child abuse and neglected with mental health and adults with a history of Physical, emotional abuse and neglected in terms of mental health are much lower. between sexual abuse and mental health , there is no significant relationship and only emotional child abuse and neglect are able predict significantly mental health scores also showed there is no significant relationship and only emotional child abuse and neglect are able to significantly predict depression scores.

Conclusion:based on the findings of this study was found between physical emotional abuse neglect and anxiety there is significant relationship while between sexual child abuse with anxiety there is no significant relationship and just emotional child abuse is able to significantly predict anxiety scores. In sex factor results showed that there is significant relationship between mental health of male and female victims and physical, emotional child abuse and neglect aspects while between sexual child abuses.

SOCIOECONOMIC STATUS AND BECOMING STREET CHILDREN IN IRAN: A SYSTEMATIC REVIEW ON STUDIES IN RECENT DECADE

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Educational Objectives: Presence of millions of children in the world streets is an important social problem in most of the major world cities, especially in developing countries. In order to finding socioeconomic situation of street children in Iran and whether its related to becoming street child, we tried to classify and evaluate studies on this issue in recent decade according to their strengths and weaknesses.

Purpose: The results will be helpful in policy making and planning for this group.

Method: We used systematic review method in this study. By searching Iranian and international databases, many universities and related organizations in Iran, and after evaluating their quality by a researcher made quality evaluation form, findings of 40 researches were classified, described and analyzed.

Findings: Street children of Iran belonged to crowded, low-income families; many of them were rural-urban migrants and Afghans with families immigrated to Iran; most of their parents had under-high-school education and many of their fathers were unemployed or had low income jobs; majority of these children were unskilled workers who should work many hours of the day for negligible incomes. Besides, great majority of them were connected to their families.

Conclusion: According to research results, we found that low socioeconomic status was prevalent among street children families in Iran and seems to be an important factor for street-connectedness of children. This finding could be used by policy makers in programming for preventing of becoming street children.

IS AGGRESSION IN ADOLESCENT SEXUAL EXPRESSION INFLUENCED BY FAMILY ENVIRONMENT AND MORAL EMOTIONS?

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This study aimed at measuring the impact of moral emotions and family environment in the development of aggression in adolescent sexual expression. Two psychometric instruments were applied. KIDSCREEN-52© is a measure of quality of life and family environment of adolescents which has been used in several Portuguese studies. RMGI measures behavior according to the dimensions of sex guilt, hostility, conscience and morality and was adapted in this study to a random sample of 92 Portuguese youths, 35 boys and 57 girls between 12 and 18 years of age. Results showed girls felt more guilt in all dimensions-sex guilt, hostility, guilt and morality-conscience than boys. Adolescents living with both parents tended to feel more guilt with hostility, less general mood and less values at positive perception of themselves. Older adolescents with more education felt less sex-guilt.

GENDER TRAITS OF PERSONALITY AND AGGRESSIVE MANIFESTATIONS IN ADOLESCENTS-OFFENDERS

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Educational Objectives: Analysis of literature shows that gender differences influence coming-to-be, course and demonstration of aggression. In recent decades, we observe high level of serious crimes among young women. They have begun to commit such “male” crimes associated with violence to personality as robberies and homicides. Data about differences of manifestations of aggression in deviant male and female adolescents indicate difference of social roles, conditions corresponding to various types of behavior. To monitor and prevent effectively manifestations of aggression in girls and boys it is necessary to study their interrelationship with personality traits.

Purpose: Study of personality traits and manifestations of aggressiveness in boys and girls under-age offenders.

Methods: Experimental-psychological examination was administered for 116 male adolescents at the age from 15 to 19 years (mean age $17,1\pm 0,9$ years) at corrective institution for under-age offenders and 110 female adolescents at corrective institution (mean age $17\pm 0,73$ years). For assessment of personality traits, we used experimental-psychological methods “Mini-Mult”, “Hand – test”, Buss-Durkey Inventory.

Results: Girls had reliably higher than boys did indices of hypochondria and depression (Hs, De). Boys had reliably higher indices of hysteria and psychopathy (Hy, Pd). According to scales Pa (rigidity) and Shk (individualistic), we have not found significant differences. We may suppose that affective, sensitive, stubborn, sullen, closed, with special judgments and non-predictable deeds adolescents pursue to major extent criminal behavior. Data obtained with Buss-Durkey Inventory showed reliably higher level according to all forms of aggression in girls. Research of traits of aggressive trends with Hand-test allowed revealing of higher indices of communication and activity in boys. In addition, boys significantly more often gave environmental answers and total number of answers was larger. All this testifies to that boys have larger reserve of role variants and larger potential of adjustability.

Conclusions: Our investigation has shown that girls being at corrective institution for under-age persons perceive themselves physically and mentally not protected as compared with boys and manifest heightened aggressiveness. This may be associated both with the process of adaptation at places of confinement where we observe heightened aggressiveness and with behavior of under-age offenders as a whole in whose environment we observe considerable gender “imbalance”, girls cultivate forms and ways of aggressive behaviour traditionally attributed to masculine ones.

ASSOCIATION BETWEEN PARENTAL INVOLVEMENT IN SCHOOL AND CHILD CONDUCT, SOCIAL AND INTERNALIZING PROBLEMS: TEACHER REPORT

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Educational Objectives: The present study shows that parents of children with conduct problems have more frequent contact with teachers as compared to other parents. Further, parents of children with high levels of social competence are, according teachers view, more involved in their children's learning at home. These findings add to existing knowledge in the field.

Purpose: In the present study we have examined whether different kinds of child socio-emotional and behavioural problems are differently associated with parental involvement with school. Teachers report is used.

Methods: The present study examined the factor structure of the Teacher Involvement Questionnaire (Involve-T) by means of exploratory factor analysis and examined the association between children's socio-emotional and behavioural problems and teacher-reported parental involvement in school, using structural equation modelling (SEM). The study was conducted with a Norwegian sample of schoolchildren in grades 1–3 (N=287).

Results: Results of the factor analysis supported the use of three separate scales of Involve-T, as suggested by the scale author ($\chi^2 = 148.10$, $df = 87$, $p < .001$, $\chi^2/df = 1.70$; $RMSEA = .049$ [CI .035 .063]; $CFI = .98$; $TLI = .97$); However, a number of items in each scale was reduced and two dimensions of parental involvement remained: “communication with school” and “learning at home”. Furthermore, the results showed that teachers had higher levels of bonding in terms of more frequent contact initiatives with parents of children with conduct problems, and that parents of children with high levels of socio-emotional competence were more involved in their children's education at home, than other parents.

Conclusions: Teachers more frequently make contact with parents of children who exhibit conduct problems. This finding is quite surprising and contradicts findings of previous research, where co-operation between parents and teachers with children who display conduct problems has been found to be more complicated. Another conclusion is that parental involvement in children's learning at home is associated with greater social competence of their children. Our finding indicates that we need to know more about the precise content of the contact between teachers and parents, and how parents react to the teacher's initiative in making contact because positive and proactive contact between teacher and parent could enhance parental involvement and decrease child conduct problems.

EARLY CO MORBIDITY OF LEARNING DISORDERS WITH SOCIAL AND EMOTIONAL DISORDERS IN THE DEVELOPMENTAL HISTORY OF ADULTS WITH PSYCHIATRIC DISORDERS. A RETROSPECTIVE ANALYSIS.

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Educational Objectives: Through the current presentation, we seek to demonstrate: i) the importance of the co-occurrence and continuity -from childhood to the adulthood- of specific factors, in the history of psychiatric patients and, ii) the utilization of that knowledge in the early diagnosis and treatment of learning disorders.

Purpose: The main purpose of the current study is to investigate the plausible existence and complexity of correlations between the following groups of factors and psychiatric disorders: learning disabilities, poor family, developmental, social and psycho-emotional disorders.

Methods: The current study was carried out at the Psychiatric Clinic of the University Hospital of Ioannina in Greece, where adult psychiatric patients had been referred to either as external patients or to be hospitalized.

A retrospective study was applied for a period of one year and 835 developmental records have been analyzed content analysis method.

The examination of the early (co)occurrence of specific disorders was based on the classification of the mental disorders according to the ICD-10 and, a scale including the above groups of variables was applied.

Results: Log Linear analysis showed that all models retained 2nd or 3rd order effects with p-values >0.8 for all estimated likelihood ratios. The models did not differ significantly between them and obtained similar AKAIKE'S Information Criterion (AIC) values. Patients with learning disabilities, growing in a socially disturbed environment, including behavior problems/ aggression/ alcoholism/ isolation or scuttle from home, were found to be more frequently associated to schizophrenia than to any other mental disorder. The profile of these patients in some cases also included family problems such as parental loss or alcoholism.

Conclusions: Through the results analysis, a significant association has been pointed out between learning and other disorders in the adult psychiatric patients' developmental profile. Furthermore, the fundamental contribution of the current study is the association between learning disorders and schizophrenia; association which is corroborated by the condition of the continuity or complexity of these disorders in higher developmental stages.

Finally, the above results could be utilized in the study of the causes of mental disorders, contributing to the investigation of the question whether the early treatment of the learning and/or other disorders could suspend or eliminate the mental disorders in the adulthood.

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**FAMILIES OF CHILDREN AND TEENAGERS WITH AUTISM:
PERCEPTIONS REGARDING THEIR REALITY AND IDENTIFICATION OF
DEMANDS THROUGHOUT THE DEVELOPMENT.**

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Objective: This study has aimed in identifying the perception of families of individuals with autism regarding their demands and support sources in face of the reality of caring for their children with autism during different phases of their development.

Methodology: Twenty families with children of teenagers suffering from autism have participated of this study. There have been used semi structured interviewing questionnaires.

Results: Among the main results, it has been identified that the regular educational context has been marked by difficulties in the three studied phases. Concerns regarding the future of their children are present in parents of the three families groups. And, mainly in the earlier phases, there is by the parents a strong hope for their children to be more independent and able of having a decent life, which decreases in intensity in the third group.

Final Remarks: The strategies of interventions are verified in many situations of the family routine, where arrangements and possibilities are persistently explored.

Key words: autism, families of children with disabilities, child development

CARE AND PUBLIC MENTAL HEALTH POLITICS FOR CHILD AND YOUTH: PSYCHOSOCIAL CARE CENTERS FOR CHILD AND ADOLESCENT (CAPSi) AND ITS USERS

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Objective: Characterize the dynamics and users of Psychosocial Care Centers for Children and Youth of State of São Paulo, Brazil

Methods: It's a quantiquitative study that included the participation of 24 occupational therapists who work in units of CAPSi in the State of São Paulo, Brazil. The participants answered a questionnaire and data were analyzed using descriptive statistics and discourse analyses technique.

Results: The representativeness of the sample was observed in that of 26 CAPSi existing in the state of São Paulo, 18 were considered by including the participants who work in these services. The results revealed that the main programs, projects and activities offered to CAPSi's users are groups and workshops, followed by individual consultations and actions on the network; home visits are not mentioned by participants. Regarding the CAPSi user's characterization, children aged between 5 and 11 years old represent the majority of users; moreover, the results reinforce findings from previous studies which the most common diagnoses found are behavioral disorders and emotional disorders; followed by disorders of psychological development, which includes the pervasive developmental disorders. It's argued that even the most serious cases may not be the most service's users, as recommended by the goals of this equipment, it seems to respond to an existing demand, admittedly the mental health field, and who also need care and attention.

Conclusions: It's concluded that there's an effort of governmental and professionals in the field to promote the mental health of children and youth with psychological distress, but we have to move in the direction of enabling both human resources and foster continuous training of technicians, as in supporting multidisciplinary practices. Furthermore, the findings of this study reinforce the importance and need for intersectoral actions and articulations, territorial and community, since CAPSi should not and cannot be solely responsible for meeting the demands involving the different levels of attention.

IMPACT OF PIVOTAL RESPONSE TRAINING GROUP THERAPY ON STRESS AND EMPOWERMENT IN PARENTS OF YOUNG CHILDREN WITH AUTISM

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Educational Objectives: Parents of children with autism are increasingly being considered as primary agents of intervention for their children. At the conclusion of this presentation, participants should be able to recognize the importance of teaching parents of children with autism novel behavioral strategies to target social and communication deficits.

Purpose: The goal of this study was to evaluate whether participating in a Pivotal Response Treatment (PRT) group therapy program for parents of children with autism influenced related aspects of parents' lives, namely their levels of stress and empowerment.

Methods: Seventeen families participated in a 10-week therapy group designed to train parents to use PRT in a group format, with a specific focus on their children's language deficits. Parents were initially introduced to PRT through lectures and standardized video examples and then received weekly feedback about their implementation of PRT through review of home videos during group sessions. The Parenting Stress Index/Short Form and the Family Empowerment Scale were obtained at baseline and at the end of the trial.

Results: Ratings on the Parenting Stress Index/Short Form showed significant changes from pre to post treatment indication that parents felt lower levels of stress after the 10-week group program (Pre: 91.04 ± 11.25 , Post: 81 ± 24.88 , $t=2.84$, $p<0.01$), with most reduction observed in the stress related to parent-child interactions (Pre: 87.65 ± 17.36 , Post: 74.87 ± 22.06 , $t=3.89$, $p<0.01$). Higher level of empowerment was also observed after the treatment program involving the three domains of the Family Empowerment Scale: Services (Pre: 3.83 ± 0.50 , Post: 4.15 ± 0.45 , $t=-4.21$, $p<0.001$), Community (Pre: 2.84 ± 0.56 , Post: 3.27 ± 0.62 , $t=-5.4$, $p<0.001$), and Family (Pre: 3.67 ± 0.39 , Post: 4.06 ± 0.45 , $t=-5.96$, $p<0.001$).

Conclusions: As postulated, findings from this study on parenting stress and family empowerment indicate that participating in the PRT group treatment program was of benefit to the parents. Although the exact relationship between the PRT group, reduced parent stress and increased family empowerment is not explored in this study, these observations support the group model as an effective mechanism for improving parent functioning and transferring PRT skills to parents of children with autism. Additional investigations are warranted and future research should examine the longevity of the effects observed in this study, and also assess the specific contributors of these benefits.

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Minjarez MB, Williams SE, Mercier EM, Hardan AY. Pivotal Response Group Treatment Program for Parents of Children with Autism. *J Autism Dev Disord.* 2011; 41:92-101.

INFLUENCE OF SOCIO – ECONOMIC RESOURCES IN BEHAVIOR AND EDUCATIONAL ACHIEVEMENT OF STUDENTS IN FRANCISCO DE ARRUDA SCHOOL

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In this study we sought to develop a correlation between socio - economic of the families with the behavior and academic success of students attending Primary School 2.3 Francisco de Arruda, Lisbon.

For this purpose we used biographical records, list of students with social and economic aid (ASE), disciplinary incidents and final evaluation of the academic year. This study consists of a group of 648 students of both sexes, aged between 9 and 17 years to attend since the 5th to 9th grade.

Of the total sample, 360 students (56%) benefit from the ASE, which is an indicator of economic difficulties existing in this population with a direct influence the academic success of our students.

THE NURSING FACULTY' EXPERIENCES WITH MALE NURSING STUDENTS AT CLASSROOM, LABORATORY AND CLINICS IN TURKEY

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Educational Objectives: Nursing is historically seen as feminine profession all over the world and our country. From the 2007-2008 academic years, mixed student groups began to education in nursing in Turkey.

Purpose: The aim of this study was to describe the faculties' experiences with male nursing students at classroom, laboratory and clinic.

Methods: The study was designed as descriptive and phenomenological. Data collected through focus group interview technique between 15 May 2010 and 15 February 2012 selected from the six regions of Turkey. Ten focus groups carried out at nine Faculty of Health Sciences / Nursing and / or the School of Health. 99 nursing faculty who are study with male nursing students were reached. The average duration of the 10 focus group interviews were 124.42 minutes and 307 pages data were obtained. The data were evaluated by the method of thematic analysis.

Results: Finally, five themes become apparent: (1) *Female and Male Student: Definitely different*, (2) *More comfortable with the female*, (3) *Gender-related elements in care*, (4) *Changes in routines*, and (5) *We (women) screwed up!: they save the nursing if they can*. In this study, social gender-related elements were determined in patient care through the participation of men in nursing.

Conclusions: In this study, it was determined that nursing education and practice had extremely gendered nature. The project achieved its objectives because it constituted the very first and unique data in nursing education and health care area in Turkey. Also, it contributed to related literature by adding "We (women) screwed up!: they save the nursing if they can" as a new knowledge. Based on these results; we suggest that the review of the curriculum in nursing education in terms of a gender bias, to use nonsexist language in educational activities and workplaces and to research the gender-related barriers for teaching care at various social groups (patients, their relatives, health professions members, colleagues, male students, etc.).

Key Words: Nursing, Social Gender, Male Students, Qualitative Study

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SOCIAL WITHDRAWAL (HIKIKOMORI) IN JAPANESE UNIVERSITY STUDENTS: A CASE STUDY OF FORTY-FIVE UNIVERSITY STUDENTS WITH HIKIKOMORI

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Purpose: The term Hikikomori is known as prolonged social withdrawal in Japan. “Hikikomori” has spread in the 1990s and it has attracted social attention and concern in Japan. A Japanese government funded research group established guidelines for hikikomori. The hikikomori syndrome is defined as withdrawal from society for 6 months or longer by Japanese Ministry of Public Welfare. An epidemiological study of hikikomori reported a lifetime prevalence of more than 1 % in adults in Japan. Recently, university dropouts due to hikikomori have been increasing in Japan. We examined the psychiatric background of patients with hikikomori in Japanese university students.

Methods: We have retrospectively reviewed the clinical course of 45 patients with the hikikomori syndrome from 20 years old to 28 years old through medical records for 36 months. There were 23 males and 22 females. We investigated age at first consult, gender, diagnosis during treatment, duration of social-withdrawal before treatment, history of self-harm, condition of the family relation, and condition at the end of treatment, respectively. From the standpoint of graduating university, all the patients were allocated into 2 groups, A: graduates B: dropouts. We compare each item statistically between group A and group B.

Results: Group A is composed of 30 patients. Group B is composed of 15 patients. There were no significant differences between group A and group B in gender, diagnosis, duration of hikikomori, history of self-harm, condition of family relation.

Conclusions: The factor which effects prognosis of hikikomori was early intervention. Our findings suggest that university students with hikikomori are much worse if they do not seek positive social support and appropriate treatment of psychiatric disorders. These preliminary results suggest that early intervention is important for treatment of hikikomori. It is necessary to develop more effective prevention and treatment methods for individuals with hikikomori.

STATE-TRAIT ANXIETY AND EMPATHIC TENDENCY OF FIRST YEAR MEDICAL STUDENTS IN RESPECT TO GENDER AND CAREER DECISION

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Educational Objectives: Anxiety is a kind of motivation necessary for being alive and successful. In contrary, anxiety creates future directed unpleasant, negative emotions involving physical and psychological signs. At the end of this presentation the audience should be able to recognize the relationship and the importance of state, trait anxiety and empathic tendency in medical students.

Purpose: The aim of this study was to define the average scores of anxiety and empathic tendency of medical students and to analyze them in respect to gender and career decision.

Methods: An anonymous questionnaire consisting of socio demographic questions, State-Trait Anxiety Inventory (STAI) and Empathic Tendency Scale (ETS) was applied to first year medical students of Meram Faculty of Medicine, voluntarily with ethics approval. STAI has 40 items consisting two subscales: state anxiety (STAI-I) and trait anxiety (STAI-II). In both subscales the total score ranges from 20 to 80 points. ETS consists of 20 items and total scores range from 20 to 100.

In statistical analyses categorical variables were expressed as numbers, percentages and the continuous variables expressed as means with standard deviations. The association of the dependent variables with the independent variables was determined with Student t-test and One-way Anova. Statistical significance was set at p values less than 0.05.

Results: We analyzed 180 fulfilled questionnaires representing 84.5% of first year students. The mean age of the students were 18.47 ± 0.91 years, above the half were male ($n=103$, 58.2%) and were living in a dormitory ($n=99$, 55.0%). The 36.7% of them ($n=66$) were satisfied with the city and 64.4% of them ($n=116$) were satisfied with their career decision. The STAI-I, STAI-II and ETS scores of the study group were 39.96 ± 8.29 , 44.72 ± 7.50 and 66.65 ± 7.99 , respectively. Trait anxiety and empathic tendency of female students were significantly higher than the male students ($p < 0.05$). Although not getting information about medical education and working conditions before deciding medical career seems to be creating anxiety and decreasing empathic tendency there were no significance ($p > 0.05$). Satisfaction with the career decision was also effecting anxiety and empathic tendency scores of students, significantly ($p < 0.05$).

Conclusions: Trait anxiety and empathic tendency of female students were significantly higher. In spite of the fact that informed career decision making is important, neither getting information about medical education nor working conditions before decision making seems ineffective for anxiety and empathy levels. But satisfaction with the career decision has a significant effect on students.

ON THE RELATIONSHIP BETWEEN COPING STRATEGIES AND MENTAL HEALTH OF STUDENTS

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Introduction: Mental health is a phenomenon which has been considered by psychologists, medical doctors and religious scholars and it is a combination of physical, social and cognitive factors .

Objectives: this study was done to achieve the effect of teaching coping skills in providing mental health in students of Ardabil University of medical sciences.

Aims: Due to the nature and aims of the study, the study method was experimental research method

Methods: the samples of the present study comprised all male and female students (n=112) at Ardabil university of medical sciences and gained 23 or more in GHQ-28 questionnaire at the next stage the samples were selected randomly and divided in 2 groups .then, coping skills were taught to the experimental group for 4 weeks and no variable was exposed to the control group during this period at the end, the data from 62 individuals were analyzed by independent test.

Results : the results showed that teaching coping skills effects on decreasing mental disorders symptoms especially somatization of symptoms and anxiety of students suspected to the mental disorder ($R < 0.001$) .but the teaching coping skills do not effect on decreasing depression and disorder of social functioning of students

Conclusions: this study showed that teaching coping skills is a good method in decreasing mental disorders symptoms among the students suspected to the mental disorder. Therefore it is suggested that in order to prevent and decrease mental disorders symptoms the coping skills should be taught to students

THE IMPORTANT ROLES OF MID-LEVEL MANAGERS IN MAINTAINING MENTAL HEALTH OF NEWLY EMPLOYED YOUNG WORKERS

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Educational Objectives: In Japan, young employees tend to avoid getting hurt while seeking an emotional bond. However, many mid-level managers are unable to understand such conflict, contributing to mental illness in young employees. Mutual understanding across generations is needed.

Purpose: The purpose of this study is to clarify the roles of mid-level managers in mental health of newly employed young workers.

Methods: A questionnaire survey was conducted in May 2012 involving 23 mid-level managers who work for a leading Japanese business group with approximately 600 employees. Open-ended questions were used in the survey, and they included: Things that the subjects have learned from the experience of working with newly employed young workers who developed mental disorders, strong and weak points of young employees, and the ways of nurturing them. Interviews were also performed involving 6 young employees who developed mental disorders to investigate problems they had. The subjects were informed that no personal information would be collected, and consent was obtained from all subjects prior to the study.

Results: The obtained data were analyzed qualitatively using a grounded theory approach. Most managers grew up and started working in a period of rapid economic growth, and survived in a severely competitive environment. This experience made them believe that young employees must be able to work in the same way that they did. They also considered that young employees work earnestly as they comply with the orders given to them, but, at the same time, they have little aggressiveness in work. Although many mid-level managers understood the importance of communicating with young employees, they struggled to find a way of communicating with and nurturing them. The young employees who developed mental disorders were suffering from a problem that they cannot ask their boss questions, because they were afraid of getting hurt although they sought an emotional bond. They had ambitions and eagerness to contribute to the company, but, they tried to hide it. They were also confused about building interpersonal relationships. However, many mid-level managers did not understand such inner conflict.

Conclusions: The results showed that there is a gap between the ideas of many mid-level managers and newly employed young workers. The mid-level managers had aggressive ideas based on their successful experience, whereas the young employees had passive attitudes toward interpersonal relationships. Such a gap caused stress on both sides, and contributed to developing mental disorders especially among young employees. Mutual understanding across generations is needed.

BURN OUT IN HEALTHCARE PROVIDERS WORKING IN MARRAKECH UNIVERSITY HOSPITAL

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Objectives: Burn out syndrome consists in physical and mental exhaustion observed in professionals whose work involves continuous contact with other people in response to chronic stress. Healthcare providers are exposed to this risk. Our objective is to assess the prevalence and identify risk factors of burn out among the medical and paramedical staff in university hospital of Marrakech.

Methods: A multicenter analytical cross-sectional study was conducted among practitioners in Marrakech University Hospital. The Maslach Burn out Inventory and a general questionnaire on demographic and professional variables data were used.

Results: will be presented on meeting.

Literature Reference

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POLYSOMNOGRAPHIC PREDICTORS OF RESPONSE TO MILNACIPRAN IN DEPRESSION

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Educational Objective-At the end of this presentation, the participants should be able to recognize the patients suffering from depression who can be treated with milnacipran.

Purpose: In this study, the authors sought to study and compare the polysomnography (PSG) predictors of Milnacipran on sleep architecture and its response in drug naïve/free patients with depression.

Method: In this study, patients (N= 15) with ICD-10 clinical diagnosis of unipolar depression (N=7) or recurrent depressive disorder (N=8) and normal controls (N= 15) were enrolled. After two consecutive night PSG recording patients were administered 25mg of milnacipran 4 hour prior to PSG recording on day 3. One week after starting milnacipran at a dose of 25mg BD, the dose of milnacipran was be hiked to 50mg twice daily. Patients were assessed with Hamilton depression rating scale (HAM-D) and Hamilton anxiety rating scale (HAM-A) and WHO QOL- BREF (Field trial version) at four and eight weeks after starting milnacipran.

Result: Analysis of the sleep parameters at baseline and 4 hours after milnacipran treatment revealed significant increase in REM latency. Post medication analysis of the stage 2 sleep power spectral values shows an increase in power in the delta region in the left frontal region($p=.010$); left parietal region ($p=.033$); and left temporal region($p=.018$). Post medication analysis of the REM sleep power spectral values revealed an increase in the left parietal delta band ($p=.043$); left parietal theta; right parietal delta band ($p=.037$); and left temporal theta band ($p=.043$). Of the 15 patients who completed the study, 13 were responders to 8 weeks trial of milnacipran in a fixed dosage schedule. Significant changes were found in terms of improvement in both HAM-D as well as HAM-A scores post treatment with very good effect size (For HAM-A; Pillai's trace F-265.8, Effect size-0.978). Significant changes were also found in all four domains of WHO-QOL-BREF.

Conclusion: The present study revealed that an increase in REM latency, and increased hyperactivation of cortical areas like left frontal, parietal and temporal as shown by increase in power spectral values, may predict acute antidepressant effect of Milnacipran. Therefore patients of depression with increase REM latency and increase hyperactivation of cortical areas are good candidates of milnacipran use.

INVESTIGATION OF EPISTATIC INTERACTIONS BETWEEN *GRIA2* AND *GRIA4* VARIANTS ON CLINICAL OUTCOMES IN PATIENTS WITH MAJOR DEPRESSIVE DISORDER

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Educational Objectives: This research for epistatic interactions between different candidate genes could contribute to the understandings of the association between the glutamatergic system and antidepressant response.

Purpose: We investigated the existence of epistatic interactions possibly influencing antidepressant response between genetic variants within *GRIA2* and *GRIA4*, two genes encoding for two different subunits of the glutamatergic AMPA receptors in a sample of 145 Korean patients with major depression treated with different antidepressants.

Methods: The main outcome measure of the present study was the existence of possible epistatic interactions between rs4260586 within *GRIA2* and rs10736648 within *GRIA4* and improvement in depressive symptoms measured by change in MADRS total scores from baseline (admission) to the endpoint (discharge). Secondary outcome measures included the investigation of epistatic interactions between the same two SNPs and other clinical and socio-demographical variables included in the present study. The two SNPs mentioned above were selected among SNPs available in our dataset¹³ and we chose 1 SNP for each gene that tagged the largest number of SNPs within the same gene, so as to cover a portion of the gene as high as possible.

Results: No significant epistatic interaction between rs4260586 within *GRIA2* and rs10736648 within *GRIA4* on improvement depressive symptoms measured by the change in MADRS total scores from baseline (admission) to the endpoint (discharge) was observed. In the analysis of secondary outcome measures (total score on MADRS at baseline and discharge, response, remission, subtypes of MD, age, gender, age at onset, family history of MD, past history of suicide attempt, duration of admission, antidepressants, and concomitant anxiolytics), no significant epistatic interactions between rs4260586 within *GRIA2* and rs10736648 within *GRIA4* were observed as well.

Conclusions: No significant epistatic interaction between the two SNPs and MADRS improvement scores was observed. A possible explanation for this negative finding could be related to the moderately small sample size of our sample that could not allow us to detect subtle differences that are usually associated with single genes or gene-gene interactions in complex disorders.

QUALITY OF LIFE ASSESSMENT IN POSTMENOPAUSAL WOMEN DEPENDING ON THE SEVERITY OF DEPRESSIVE SYMPTOMS AND CHANGING MOODS

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Objectives. Menopause is the last menstruation in a woman's life. The average age for menopause in Poland is 50 years, so about 30% of a woman's life is spent in the postmenopausal period. This is the time when most women perform new social roles and take up new challenges often associated with attempts to improve their quality of life so that the climacteric period is not a negative experience. And yet, menopause brings many complications, especially psychoemotional problems. The aim of this study was to assess quality of life in postmenopausal women depending on the severity of depressive symptoms and changing moods.

Methods. The study involved 349 healthy women from West Pomeranian Province (Poland) who had their last menstrual period at least one year prior to the study. The authors used a diagnostic survey method to assess: depressive symptoms (the Beck Depression Inventory), mood (UMACL – UWIST Mood Adjective Checklist), anxiety (STAI – State-Trait Anxiety Inventory) and quality of life (SF-36), and to exclude psychiatric disorders (PRIME-MD – Primary Care Evaluation of Mental Disorders). Statistical analyses were done with Statistica for Windows.

Results: The average age of the respondents was 55.5 years. The majority of them (70.2%) did not show any depressive symptoms, however, severe depressive symptoms were diagnosed in 3.4% of the women. The mood assessment revealed unmatched mood dimensions in 47.6% of the respondents, stable mood in 30.1%, and low mood in 11.6%. The women with state and trait anxiety were the least numerous: 25.4% and 21.8%, respectively. The highest quality of life scores were related to physical, emotional and social functioning. Severe depressive symptoms had considerable effects ($p < 0.05$) on the quality of life in all eight domains (the more severe depressive symptoms, the lower quality of life). There was a significant correlation between the quality of life scores in eight domains and the scores of the three UMACL sub-scales. The authors also noted a significant correlation between quality of life scores in all domains and the levels of state and trait anxiety according to the STAI. Higher anxiety levels were accompanied by lower quality of life in the eight domains.

Conclusion: Depressive symptoms, anxiety and changing moods occurring in postmenopausal women significantly worsen their quality of life.

LOW SELF-RECOGNITION AND AWARENESS OF PAST HYPOMANIC AND MANIC EPISODES IN THE GENERAL POPULATION

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Educational Objectives: The participants became aware of the difficulties in diagnosing bipolar disorder and became familiar with tools to improve recognition.

Purpose: Population-based and clinical studies report that bipolar disorder is often underdiagnosed and undertreated. Since most patients with bipolar disorder will present with depressive symptoms, making a correct diagnosis highly relies on the report of past hypomanic or manic episodes. We investigated the recognition and awareness of past hypomanic and manic episodes in a sample of respondents with bipolar disorder selected from a general population study, thus avoiding the bias of help-seeking behavior, as would be the case in clinical populations.

Methods: In a reappraisal study from the Netherlands Mental Health Survey and Incidence Study (NEMESIS) we further investigated 40 respondents with lifetime bipolar disorder confirmed by the Structured Clinical Interview for DSM-IV (SCID). Respondents were asked about awareness of past depressive, manic and hypomanic episodes, illness characteristics and treatment history.

Results: Most respondents (82.5%, N=33) recognized that they had experienced a depressive episode while 75% (N=30) had consulted a health professional for a depressive episode. Only a minority (22.5%; N=9) recognized that they had experienced a hypomanic/manic episode and only 17.5% (N=7) had consulted a health professional for a hypomanic/manic episode. Only 12.5% (N=5) of the respondents reported having received a diagnosis of bipolar disorder and only these 5 respondents used a mood stabilizer. Recognition of previous (hypo)manic episodes was not related to severity of bipolar disorder.

Conclusions: In routine clinical practice history-taking on a syndromal level, i.e., only inquiring whether a patient presenting with depression ever experienced a hypomanic or manic episode or received treatment for such an episode, is not sufficient to confirm or exclude a diagnosis of bipolar disorder. Other efforts, such as the use of self report questionnaires or (semi-)structured interviews may be needed to recognize previous manic symptoms in patients with depression. In addition, an interview with a significant other may be indispensable in the diagnostic process of bipolar disorder. Our results furthermore stress the importance of psychoeducation once a bipolar disorder has been diagnosed, especially on the nature of manic symptoms to improve awareness.

COMPARISON OF ATTITUDE TOWARD LONG-ACTING INJECTABLE ANTIPSYCHOTICS AMONG PSYCHIATRISTS AND PATIENTS

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Educational Objectives: This study aimed to investigate the reasons for the low frequency of LAI use in Korea. We hypothesized that the extremely low rate of LAI use in Korea could be attributed to the negative attitude of the psychiatrists toward this method of administration.

Purpose: This study aimed to investigate the reason for LAI underuse by surveying the attitudes toward LAI among psychiatrists and patients receiving LAI.

Methods: A total of 173 psychiatrists and 99 patients receiving LAI participated in the survey. Participating psychiatrists were divided into two groups according to experience with prescribing LAI to at least 10 patients.

Results: The two psychiatrist groups did not differ significantly in terms of sociodemographic characteristics and clinical practice patterns. However, the group with higher experience more frequently provided explanations regarding LAI to their patients and was more satisfied with the use of LAI than the group with less experience. Acceptance rates of patients to the recommendation for LAI treatment and satisfaction of psychiatrists with the outcome of LAI were also significantly higher in the group with higher experience. Psychiatrists with less experience with LAI were more negative toward LAI than patients receiving LAI as well as psychiatrists with higher experience.

Conclusions: In conclusion, attitudes of psychiatrists toward LAI were closely related to the use of LAI. The negative attitude and reluctance of psychiatrists, rather than patient resistance, may contribute to the underuse of LAI.

A STUDY OF HUMAN RIGHTS AND PSYCHOSOCIAL CONSEQUENCES IN FEMALE WITH SEVERE MENTAL ILLNESS (SMI) IN REMISSION

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Educational Objectives: To find out: 1) The demographic characteristics of females with severe mental illness in remission, 2) Frequency of human rights and psychosocial consequences, 3) Relationships of socio-demographic characteristics and human rights and psychosocial consequences.

Purpose: To study human rights and psychosocial consequences in female with SMI in remission.

Methods: In this hospital based cross sectional study 43 consecutive female subjects currently living in the community and who came for follow up at Dept. of Psychiatry, JSS Hospital were recruited by purposive sampling method after obtaining informed consent if they met study criteria from January 2012 to December 2013. Inclusion criteria were female patients aged 18-65 years, history of hospitalization for mental illness (Severe Mental Illness). Subjects were excluded if there was a significant chronic physical illness, having any syndromal psychiatric disorder, presence of moderate to severe disability. Initially all subjects were examined by a psychiatrist and those without a syndromal diagnosis were further assessed with socio-demographic and clinical proforma designed for the study, presence of psychosocial and human rights issues as per International Classification of Functioning Disability and Health, Hamilton Rating Scale for Depression, Young Mania Rating Scale, Brief Psychiatric Rating Scale, Indian Disability and Assessment Scale. Group difference for categorical variables were examined with the chi-square test, whereas an independent 't' test was used for continuous variables.

Results: In the sample 11.6 % experienced difficulty in exercising their human rights, while 18.6 % experienced psychosocial consequences. Common human rights affected were right to equality, cultural and educational right, right to freedom of expression, right to freedom of religion. Commonly experienced psychosocial consequences were changing /loosening of support, relationships and attitudes (of immediate & extended family members, acquaintances, peers colleagues, neighbours and community members). Socio-demographic variables had statistically significant relation with most of human rights and psychosocial issues.

Conclusions: Human rights and psychosocial consequences are prevalent in female with SMI in remission and appear to be inter-related with socio-demographic variables.

Literature Reference -Nil

INFLUENCE OF ETHNICITY ON DURATION OF UNTREATED PSYCHOSES, SEVERITY OF ILLNESS AND PROGNOSIS :- A RETROSPECTIVE STUDY IN SINGAPORE

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Background-One of the most consistent findings in the epidemiology of schizophrenia is the high incidence of the disorder among migrant and ethnic minority groups. ⁽¹⁾ Many studies have mentioned the influence of ethnicity on duration of untreated psychosis, severity of symptoms at first contact with treatment services, prognosis and outcome. In this retrospective study, we sought to investigate this issue on a large group of patients with first episode psychosis. The ethnic groups were Chinese, Malay, Indians and Others (Filipino, Indonesians, Thais, Burmese, Bangladeshis, Caucasians etc)

Methods- All patients presenting to a tertiary mental health service in Singapore over a period of three years were selected. All patients fulfilled one of the diagnoses in the psychotic spectrum disorders and were all first episode psychoses patients. Data relating to duration of untreated psychosis (DUP) and clinical and sociodemographic characteristics were collected from patients, relatives and case-notes. PANSS and GAF scores at baseline and at 1 and 2 year periods were rated to obtain information on severity of illness. Information on employment status and functioning was obtained at baseline and at 1 and 2 years of follow up.

Results- The mean DUP were four months and there was no evidence of influence of ethnicity on duration of untreated psychoses or severity of illness. However, certain ethnic groups showed better return to pre morbid level of functionality.

Conclusion- Ethnic differences play no role in DUP but do influence Functional levels of patients with first episode psychoses.

Keywords- Ethnicity, psychoses, duration of untreated psychoses

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PREFERENCE FOR LONG-ACTING INJECTABLE ANTIPSYCHOTICS OF COMMUNITY-DWELLING PATIENTS WITH SCHIZOPHRENIA AND THEIR CAREGIVERS IN KOREA

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Objectives : The prescription rates of long-acting injectable antipsychotics are very low around 1 % in Korea. This study was aimed to explore the preference of long-acting injectable antipsychotics in patients with schizophrenia, who are currently living in community, and their caregivers.

Methods : The patients who were diagnosed with schizophrenia and were registered in the 31 mental health centers of Gyeonggi province and their caregivers were inquired the knowledge of the long-acting injectable antipsychotics. The questionnaires contained informations such as demographic characteristics, history of psychiatric treatment, and knowledge and preference of long-acting injectable antipsychotics and so on. The case managers working in community mental health centers explained to the patients and their caregivers about the survey and requested to fill up the questionnaires voluntarily.

Results : About 8,960 subjects were registered in the community mental health centers of Gyeonggi province in February 2012. Among them, 5,318 patients were diagnosed with schizophrenia. A total of 980 subjects (614 of patients and 365 of caregivers) answered the questionnaires. The mean ages (SD) of patient responders (n=604) and caregiver responders (n=352) were 42.0 (\pm 10.2) and 62.2 (\pm 13.4) years old respectively. A considerable number of patients (44.6% of patient responder and 43.6% of caregiver responders) have experienced discontinuation of medications without doctor's consent. Only 35.9% of patient responders (n=605) and 27.1 % of caregiver responders (n=358) did know about the long-acting injectable antipsychotics. Tentative preference for long-acting injectable antipsychotics were 35.2 % and 46.8 % for the patients and caregivers, respectively. More analyzing results will be represented in the poster.

Conclusion : There is the huge discrepancy between the preference and the real prescriptions of long-acting injectable antipsychotics in Korea. Both patients and their caregivers registered in the CMHCs have a strong commitment to live in the community. The obstacles against the benefits of long-acting injectable antipsychotics need to be resolved.

“MICHAEL’S GAME,” A TOOL FOR A BETTER DISSEMINATION OF COGNITIVE THERAPY FOR PSYCHOTIC SYMPTOMS?

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Educational Objective:

Learning about a game-based therapy for psychotic symptoms called “Michael’s Game”.

Purpose:

The “Michael’s Game” is a training module for hypothetical reasoning. It is a game-based treatment inspired by cognitive therapy (CBT) of psychotic symptoms. It was conceived as a tool to promote the spreading of CBT in natural clinical settings. A randomized controlled study on the impact of the game is presented.

Methods:

One hundred and seventy-two patients with psychotic disorder were randomly assigned to either (Michael’s Game plus Treatment as usual) or (Waiting List plus Treatment as usual). Participants were assessed at inclusion, at three months (after “Michael’s Game Training) and at six months follow-up. The assessments include the Beck Cognitive Insight Scale (BCIS), the Peters Delusion Inventory-21 items (PDI-21) and the Brief Psychiatric Rating Scale as well as measures of belief flexibility from the Maudsley Assessment of Delusions Schedule (MADS).

Results:

Better improvements were observed on some of the main measures in favor of the group allocated to the Michael’s Game intervention. It was particularly observed an improvement in measures of belief flexibility and a reduction of the degree of conviction, preoccupation and distress as assessed with the PDI-21.

Conclusions: The present study supports the positive impact of the “Michael’s Game” for patients with psychotic symptoms. The game seems useful in naturalistic settings. Games are possible new ways for the dissemination and the development of treatments for mental health.

ENVIRONMENTAL RISK FACTORS AND CLINICAL PRESENTATION OF SCHIZOPHRENIA

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Introduction: Schizophrenia is a neurodevelopment disorder with genetic and environmental risk factors. The role of viral and bacterial infections during pregnancy and conception, early trauma, use of cannabis in adolescence are studied.

Objective: To study the impact of severe influenza during pregnancy and other environmental risk factors on the risk of development and clinical presentation of schizophrenia spectrum disorders (F 20 - F 29) in the offspring.

Method: We investigated 104 cases of schizophrenia spectrum disorders (F20 - F 29) aged 19 to 35 years whose mothers endured during pregnancy severe cases of influenza. The control groups account for 50 healthy individuals with cases of prenatal infections in mothers during pregnancy and 105 patients (F20 - F 29) whose mothers during pregnancy were not ill. Archival medical documents, the results of semi-structured interviews with parents of randomized patients were investigated. Other environmental risk factors for schizophrenia, including the availability of social deprivation and psychological trauma in early childhood, consuming alcohol and drugs by the mother during pregnancy and by the father in the year of conception, using drugs during life before the disease by randomized patients also were studied. Assessed the impact of risk factors on the age of the first symptoms appearance, severity of the clinical presentation (hallucinatory, delusional and negative symptoms and their dynamics during the first five years of disease, the severity of social disadaptation).

Results: Influenza disease and use of antiviral drugs does not correlate with an increased risk of schizophrenia, but correlates with early age of manifestation, and more severe clinical presentation. The relationship between influenza and schizophrenia spectrum disorders were found only when an infection had been experienced during the first trimester of pregnancy. In the more than half of cases of schizophrenia mothers received the antiviral drugs during incidence of influenza. Psychological trauma in childhood, drug use and alcohol in adolescence are correlated with greater severity of hallucinatory, delusional, and affective symptoms and early social disadaptation in schizophrenia.

Conclusions: Prenatal exposure influenza to fetus associated with risk of occurrence and malignant course of schizophrenia in the offspring. Discussed the possibility prevention strategies for schizophrenia spectrum disorders.

A SURVEY OF POST- SCHIZOPHRENIC DEPRESSION AND THE IMPACT OF DEMOGRAPHIC FACTORS ON THE PATIENTS IN TABRIZ

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Introduction: Our goals in this study are determining the rate of post-schizophrenic incident in hospitalized patients, determining the impact of demographic factors on the depression intensity and determining the impact of the type of schizophrenia on the depression intensity.

Methods: the present study is an analytical prospective one. We selected 187 patients suffering from chronic schizophrenia and completed the demographic questionnaire and Beck depression test and analyzed the data using the statistical software SPSS and the descriptive statistics (frequency-percent) and the deductive statistics (Chi square-variance analysis). P value<0.05 is assumed meaningful.

Results : the average age of the patients was 38.3+10.1 and %46.6 of them suffered from depression , among whom %50 of the females %71.8 of the males suffered from depression .considering P=0.162 .the relation between the patient's age and the depression intensity was P=0.07, marital status was P=0.09, the different levels of education was P=0.3, the residence was P=0.5, and the previous record of depression was P=0.5 .there was a previous record of depression with P= 0.002 and .the relation of schizophrenia among the nearest relatives was P=0.7 the record of depression in the nearest relatives was P=0.4 the age was P=0.065 hospitalization with P=0.42 and suicide with P=0.18 also the relation between the schizophrenia type with the depression intensity was P= 0.346

Conclusion: Our study showed that just the relation between the patient's age and the depression intensity, a previous record of depression patients and suicide whose relations with depression intensity were meaningful.

Keywords:

Schizophrenia, depression, post-schizophrenic depression, suicide, depression intensity.

CAPSCINE – THE USE OF CINEMA AS A THERAPEUTIC RESOURCE IN THE TREATMENT OF INDIVIDUALS DIAGNOSED WITH SCHIZOPHRENIA

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Educational Objectives: At the conclusion of this presentation, the participants should be able to identify community resources (such as movies and movie theatres) as therapeutic options to be used in psycho-social rehabilitation treatment of individuals diagnosed with schizophrenia and treated in Community Mental Health Centres.

Purpose / Objective: The purpose of this project is to evaluate the use of a community resource (movies and movie theatres) as treatment options for individuals diagnosed with schizophrenia.

Methods: The therapeutic resource called CAPSCINE is an open group that has taken place weekly over the last eight years in the Community Mental Health Centre Prof. Luís da Rocha Cerqueira, located in the central region of São Paulo, SP – Brazil, near one of the most cultural neighbourhoods of the city.

Before each session, along with 4 coordinators, 30 to 35 individuals diagnosed with schizophrenia take part in choosing two movies to be watched, listing participants and organizing post-session snacks. The group walks to the movie theatre and is given sponsored tickets; after watching the movies, participants discuss their plots, meanings, impacts, and repercussions on them.

The group dynamics is based on the psycho-social approach: horizontality in the relation between mental health professional and patient and co-responsibility for tasks interrupt the formal therapeutic characteristic of both the intervention and the professional, allowing the ‘patient’ stigma to be surpassed.

Results: Through the years, CAPSCINE has played different parts, mostly due to its perennial characteristic: broadening of cultural repertoire and interest in cultural goods, sensibilization towards artistic manifestations, sociabilization, simbolization of traumatic events through identification with characters and stories.

During each session, participants are spectators and movie critics. This approach has allowed resolution of crisis regardless of diagnostic, psychopathological state, educational level or social status. Crisis interventions in these situations are not only performed by professionals, but also by group participants.

Conclusions: CAPSCINE is an activity that aims psycho-social rehabilitation, based on a broad action configured as a group of strategies directed to increase the ability of exchanging and to give value to subjectivity, providing bigger ‘contractuality’. Understanding the individual as the lead character of his/her treatment, makes rehabilitation come from interventions and attitudes based on relational and dialogical aspects through bonding and availability to listen: the user embracement. Therefore, an activity initially planned to increase the use of exterior resources and to promote deinstitutionalization gained other characteristics, such as group embracement and reduction of stigma.

IMPACT OF ANTIPSYCHOTIC ADHERENCE ON THE RELATIONSHIP OF SYMPTOMATIC AND PSYCHOSOCIAL REMISSION IN OUTPATIENTS WITH SCHIZOPHRENIA

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Purpose: To assess the relationship between symptomatic and psychosocial remission and adherence to antipsychotic treatment in schizophrenia.

Methods: This was an epidemiological, cross-sectional, non-interventional, and multicenter study conducted in 1787 outpatients with schizophrenia (65.5% men, mean age 43.4 years). In a single clinical visit, sociodemographic, clinical, socio-familial variables, and occupation/ autonomy-related data were recorded. Adherence to antipsychotic medication in the previous year was categorized by the clinician, based on self-reported information from patients, as adherent (compliance $\geq 80\%$) and non-adherent (compliance $< 80\%$.) for all patients. Symptomatic remission was assessed with the Remission in Schizophrenia Working Group criteria and psychosocial remission with the Psychosocial Remission in Schizophrenia Scale (PSRS). Community integration was a composite variable that included symptomatic and psychosocial remission.

Results: Symptomatic remission was recorded in 28.5% of patients and psychosocial remission in 26.1%. A total of 60.5% of patients were classified as adherent to antipsychotic treatment and 41% as adherent to non-pharmacological treatment. According to the route of administration, the rate of adherence was 77.1% for long acting treatments, 56.1% for the daily oral route, and 60.6% for the combination of daily oral and long acting treatments. During the index visit, treatment was changed in 28.4% of the patients, because of lack of efficacy in 39.6% of cases and low adherence in 31.1% (8.8% of the total population). The percentage of patients with symptomatic remission was significantly higher among patients adherent to antipsychotic medication (30.5%) than among non-adherent (25.4%) ($P < 0.05$). The probability of symptomatic remission was significantly higher among women, patients with paranoid schizophrenia, adherent to medication, and in the categories of CGI-S “normal” and BPSR “absence of disorder”. Psychosocial remission was also significantly higher in the adherent group (32% vs 17%, $P < 0.001$). Differences in the percentages of psychosocial remission for all individual items of the PSRS scale were also significant in favor of patients adherent to antipsychotic medication. Independent factors associated with psychosocial remission were adherence to treatment and in the categories of CGI-S “normal” and BPSR “absence of disorder”. Only 3.5% of the patients showed an adequate level of community integration. A statistically significant association was found between community integration and adherence, $P < 0.05$).

Conclusion: There is a strong association between continued treatment (determined by the level of adherence) and symptomatic and psychosocial remission. The best clinical status correlated significantly with higher levels of psychosocial remission. Only 3.5% of patients showed an adequate level of community integration related to adherence to treatment.

UNDERSTANDING CRIME IN SCHIZOPHRENIA – RISK FACTORS AND PREVENTION

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Objectives

Only a minority of schizophrenia patients shows criminal behavior, but in comparison with the general population, they are at increased risk of incurring in criminal acts. The objectives of this study are, by reviewing the literature, to conclude about the relationship between crime and schizophrenia and explain the mediators of this association. A second aim is to discuss the prevention of criminality in schizophrenia patients.

Methods

Searches involved three electronic bibliographic databases (MEDLINE, SCOPUS and ISI WEB OF KNOWLEDGE) and other selected literature in psychiatry. The keywords used were (“schizophrenia” [MeSH Terms] OR “schizophrenia” [All Fields]) AND (“crime” [MeSH Terms] OR “crime” [All Fields]); “violence”; “criminality”; and “aggression.” The search was limited to articles published between January 2000 and December 2012.

Results

There is an increased prevalence of crime among schizophrenia patients compared with the general population. The explanation for these criminal acts does not contain unique factors, but a variety of variables that are often intertwined and operate before, during, and after the active disease stage. It is noted that certain perinatal, childhood, or family history characteristics, as well as personality traits, conduct disorder/antisocial personality, and early onset of substance abuse are examples of factors that operate before the onset of the disease. The vulnerabilities acquired during active disease are the acute psychotic symptoms and other clinical features of the disease. Family and/or social dysfunction, substance abuse, unemployment, and lack of adherence to therapy are coincident or subsequent to active disease. Other factors such as victimization and criminal history may arise in any period and contribute equally to the increase in crime among schizophrenics. Males and younger individuals are the major demographics that are at risk of criminal acts.

Conclusion

The prevention of the occurrence or recurrence of the criminal act must be specific to the patient, adapting to the more substantial etiological factors, with a reminder that in most cases, more than one factor is involved. Substance abuse, the vulnerabilities of the individual personality, and the social context, need, if not on equal priority with controlling symptoms, be at least a relevant part of the management process.

PSYCHOSOCIAL DIFFICULTIES EXPERIENCED BY PATIENTS WITH SCHIZOPHRENIA

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Objectives: 1) To determine the most relevant psychosocial difficulties (PSDs) experienced by patients with schizophrenia. 2) To identify the most important determinants of those PSDs.

Methods: The study was conducted as part of the project PARADISE (Psychosocial Factors Relevant to Brain Disorders in Europe) funded by the European Union (Grant Agreement 652 no. HEALTH-F2-2009-241572). PSDs were defined according to the biopsychosocial approach found in the World Health Organization's International Classification of Functioning, Disability and Health (ICF) as disabilities, in particular impairments of mental functions, activity limitations and participation restrictions. Based on literature reviews, focus groups and consultations with experts, a pilot data collection protocol aiming to document PSDs and determinants relevant for people with various psychiatric and neurological conditions was developed. A total of 80 patients with schizophrenia (ICD-10 F20) from different mental health services in Warsaw were interviewed using the protocol.

Results: The most frequent PSDs reported by patients with schizophrenia were: not feeling rested and refreshed during the day (86.4% of the sample), feeling lonely (82.7%), feeling sad, low or depressed (81.5%), worry or anxiety (80.3%), problems with driving (80.3%), lack of interest and motivation (79.0%), difficulty finding and understanding words (74.1%), sleep problems (72.8%), problems with thinking clearly (71.6%), and reading books, instructions or newspapers (71.6%). The most commonly reported positive determinants of PSDs were: care from health professionals (87.6%), help and assistance received from family (87.4%), attitudes of health professionals (82.7%), help and assistance received from friends (81.4%), and other forms of treatment (but medications) (80.3%). The most relevant negative determinants of PSDs were: received medications (70.3%), health problems of family members (67.5%), weather or climate (65.1%), awareness of schizophrenia that people around have in general (59.3%), and attitudes of family (42.3%).

Conclusions: The results of this study provide preliminary insights into the wide range of psychosocial problems experienced by people with schizophrenia in daily life and their perception of the factors influencing these problems. Although the findings only reflect the subjective perspective of the participants, they may be useful in planning interventions aiming to alleviate schizophrenia-related PSDs.

SOCIO-DEMOGRAPHIC AND CLINICAL CHARACTERISTICS OF PATIENTS INVOLUNTARILY REFERRED TO A PSYCHIATRIC EMERGENCY SERVICE OF AN HOSPITAL IN NORTHERN PORTUGAL

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Educational Objectives: Recognize the profile of patients involuntarily referred to a psychiatric emergency service.

Purpose: Characterize the profile of patients involuntarily referred to the psychiatric emergency service in Viana do Castelo district, Portugal.

Methods: Descriptive, cross-sectional, retrospective study of all patients involuntarily referred to the psychiatric emergency service of *Unidade Local de Saúde do Alto Minho*, in Viana do Castelo, Portugal, between January 2007 and December 2009. Socio-demographic and clinical data were collected from electronic medical records. Statistic analysis was performed using Microsoft Office Excel 2010.

Results: 290 patients were involuntarily referred to the psychiatric emergency service during the study period. 75.5% of the patients were male, the mean age was 44 years and most patients were single (49.3%).

Within the considered years, 2009 recorded the highest number of cases (42.4%). There was a uniform distribution of the episodes along the year, with the least number of cases being reported during the summer months.

The predominant diagnosis was schizophrenia and other psychotic disorders (41.4%), followed by alcohol-related disorders (26.6%). Most admissions to the emergency setting were followed by hospitalization in a Psychiatric unit (61.7%). Only a minority of cases (16.2%) was followed as outpatients, post discharged from the psychiatric emergency service. From the patients assessed, 13.8% were involuntarily referred more than once to the psychiatric emergency service.

Conclusions: In Portugal, there is still a lack of information regarding this subject. The recognition of the profile of patients involuntarily referred to psychiatric emergency service, namely through prospective design studies, may help in outlining strategies to improve the psychiatric assistance. It would also be interesting to evaluate the follow-up of these patients, concerning the therapeutic guidance and the regularity of the attendance in psychiatric care units.

DISAPPROVAL RATE FOR THE CONTINUING HOSPITALIZATION FOR MENTALLY ILL IN-PATIENTS IN GYEONGGI-DO, KOREA

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Educational Objectives: The participants should be able to understand the current status of the Mental Health Review Board and the Mental Health Tribunals in Korea.

Purpose: This study was to explore the judgment system for the continuing hospitalization of long-term mentally ill in-patients and was to improve the care systems of hospitalization for chronic psychiatric patients.

Methods: From the twenty-three judgment committees of continuing hospitalization in Gyeonggi-do, the final decisions made by twenty-two judgment committees in August, 2010 were gathered for the analysis. The total numbers of requests and the disapproval rate of continuing hospitalization and the request for better services and discharge were also explored.

Results: The total number of patient requested for the judgment of continuing hospitalization was 1,805 in August 2010. One hundred and forty-three patients were disapproved for the continuing hospitalization so that disapproval rate was 7.9 percentages. The number requested for better services was sixteen of which eleven were turning down. Out of 159 patients requested for discharge, only 5 patients were approved for discharge.

Conclusions: Since the judgment committees for continuing hospitalization in metropolitan governments had been subdivided into those in local governments in 2009, the disapproval rate for continuing hospitalization were showed the trend of increment. This suggests that more novel and efficient system for reviewing and decreasing the long-term hospitalization be required.

PATHOLOGICAL GAMBLING: IS THERE A DIFFERENCE IN GAMBLERS WHO GAMBLE WITHIN THE STRUCTURES PROVIDED AND THOSE WHO GAMBLE ONLINE?

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Objectives: Being able to gamble without moving from home could be a factor that would significantly differentiate between the two groups of players. We intend to trace the profiles of those who gamble in casinos, hippodromes and other structures and those who gamble as well as online in order to reflect on the differences in therapeutic and preventive interventions.

Purpose: 1. To trace the profiles of gamblers who gamble within the structures provided for this purpose (casinos, hippodromes, PMU, FDJ) and 2. Compare them with players who gamble in these structures as well as online (Mixed gamblers).

Method: Players were recruited in casinos and hippodromes as well as from various poker websites. Participation was voluntary and individuals could pull out from the study at any point. The questionnaire consisted of five parts: 1. Socio-demographic data (gender, age, number of children, marital status, education...). 2. Measures of gambling (SOGS, CPGI, excessive debt). 3. Personality variables (impulsivity-UPPS, BFI-Fr, Self Esteem) and anxiety and depression (HAD). 4. Consumptions (Alcohol, Cigarette and energy drinks) and 5. Cognitive variables (Cognitive distortions-CRGS, Self-Confidence-DTCQ-8). Statistical analyses were performed using SPSS 19.

Results: A total of 608 players responded to the questionnaire (39% men, 60% women, average age: 53 years, min age: 17 years, max age: 91 years, S.D.: 15.97). 55% were married or living together. Majority of these have children. Only 23.7% (n = 144) reported playing both online as well as in gambling structures. With respect to consumption, 31.5 % (n=191) people have problems with alcohol and 17.3% (n = 108) people smoke more than 11 cigarettes per day. 19.6% (n =109) are at moderate risk of pathological gambling whereas 9% (n = 55) are pathological gamblers. Mixed gamblers are significantly younger, play more, have higher scores on problematic gambling, are more anxious and have higher alcohol consumption. However, these individuals also indicate a higher self-esteem. They are also more impulsive (lack of perseverance, premeditation, and sensation seeking). Mixed players have significantly higher scores on cognitive distortions (illusion of control, interpretative bias, predictive control and expectations). They have significantly less confidence in being able to cope in high-risk situations. Detailed results will be presented on the poster.

Conclusion: We wanted to show the different profiles between casino gamblers and mixed gamblers in order to provide differentiated preventive and therapeutic interventions. We intend to continue this study while taking into account non-gamblers as well as those who uniquely gamble online.

HEALTH AND PSYCHOSOCIAL FUNCTIONING OF OPIOID ADDICTS INCLUDED IN THE METHADONE PROGRAMME IN THE YEARS 1997-2011

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Drug abuse, which merely one hundred years ago was a marginal phenomenon in Poland, at present is regarded as one of the most dangerous hazards of civilization. After our country had acceded to the European Union, all psychoactive substances became commonly available. It is typical of Poland that we often meet patients addicted to many psychoactive substances in our practice. Drug users, especially those addicted to opioids, not only seriously fail in health, but also have social problems. Treatment of opioid addicts is a complex, long-lasting and multistage process. One of the principles of the National Programme for Counteracting Drug Addiction is to limit the range of health damages through improving educational programmes, exchanging needles and syringes, and substitution treatment. Methadone Maintenance Treatment is a key component of a comprehensive treatment and prevention strategy for opioid dependence and its consequences. The principal effects of methadone are: relief of narcotic craving, suppression of abstinence syndrome, and the blocking of euphoric effects caused by opiates. Substitution treatment is recognized as an effective part of biomedical prevention and one of the main tools of HIV/AIDS and HCV epidemic control among injecting drug users. Therapeutic actions are supposed to prevent pathological behaviours, especially crime-generating ones, prostitution, and a return to using drugs. The aim of the substitution treatment is to cut down on illegal use of drugs, to reduce mortality rate, so-called co-occurring disorders and a risk of blood-transmitted infections among addicts, to improve patients' psycho-physical and emotional health as well as the quality of life of both addicts and their families, and last but not least, to diminish patients' tendency to resort to criminal or indecent behaviour. Methadone maintenance treatment improves physical and mental health, social functioning, quality of life, and pregnancy outcomes. For pregnant women who are dependent on opioids, receiving methadone maintenance treatment combined with adequate prenatal care, decreases obstetrical and foetal complications. Consequently, methadone maintenance treatment has the potential to benefit not only people receiving treatment, but also those who are involved in delivering treatment, as well as the wider community and society as a whole. In Poland, MMT programmes have been implemented since 1997. At present, in Poland there are about 2,100 drug users included in 21 MMT programmes, which only satisfies eight per cent of the demand for this type of treatment.

DRUG RELATED MORTALITY IN PATIENTS ATTENDED IN A LOCAL POPULATION ALONG 25 YEARS (1986-2010)

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Objectives: 1. To calculate data on mortality of the population of opioid users from 1986 to 2010 in a local setting in Galicia-Spain for drug addiction, and relate these on HIV infection. 2. To compare these data on mortality rates on general population. 3. Trends in the mortality of the drug users attended.

Methods: 1. Was used data from the registered case history of each patient attended: number of deceased patients, age at event. 2. To compare mortality rates of patients related to the general population of the area. 3. Related mortality in patients infected with HIV with non infected (Mantel Cox, Wilcoxon test).

Results: Early mortality rate is higher than in the general population of this area. HIV is related on half of patients died, both groups show no difference on mortality rates.

Conclusion: Mortality in our patients along these years stands high. This fact it's the same whether or not infected with HIV, with a trend declining mortality. Nevertheless the occurrence of mortality in this population is lower than in another similar studies related with drugs users population, this fact we argue as a more stable addition population, with a better opportunity for their care.

Reference: European drug related mortality in Europe- a seemingly intractable public Health issue. Giraudon I., Vicente J., Matias J., Mounteney J., Griffiths P. European Monitoring Centre for drugs and Drug Addiction (EMCDDA). EDITORIAL, Adicciones, vol. 24, nº1, 3-8, 2012.

THE HIERARCHICAL MODEL OF EXERCISE DEPENDENCY: THE DEVELOPMENT OF THE PATHOLOGICAL PRACTICE OF PHYSICAL ACTIVITY SCALE

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Educational Objectives: Exercise dependence is a maladaptive pattern of excessive exercise behavior that manifests in physiological, psychosocial, and cognitive symptoms. There exist many scales to measure this phenomenon. However, the two scale scales widely used are anchored in different approaches (The EDS-R is based on the DSM-IV whereas the EDQ takes into account the motivations behind the physical activity).

Purpose: The purpose of this article is to create a scale measuring the pathological practice of physical exercise (PPPE-Scale) by combining two assessment tools already existing in the field of exercise dependency but anchored in different approaches (EDS-R and EDQ).

Methods: This research consists of three studies carried out on three independent sample populations. The first study (N = 341) tested the construct validity (exploratory factor analysis); the second study (N = 195) tested the structural validity (confirmatory factor analysis) and the third study (N = 104) tested the convergent validity (correlations) of the preliminary version of the PPPE scale. The analysis was performed using Monte Carlo software PCA for Parallel Analysis 2.0.3 and SPSS 17.

Results: Exploratory factor analysis identified six distinct dimensions associated with exercise dependency. The dimensions have a satisfactory internal consistency as their Cronbach's alpha varies from 0.67 to 0.85. Furthermore, confirmatory factor analysis validated a second order hierarchical model consisting of 25 items with six dimensions and four sub-dimensions. The goodness of fit indices were satisfactory. (IFI= 0.90; CFI =0.90; RMSEA=0.05; RMR= 0.07, Chi²/df= 384/256). The convergent validity of this scale with other constructs (GLTEQ, EAT26, and BFI) is satisfactory.

Conclusions: The aim is to provide researchers and clinicians an assessment tool which could help them to identify the different motivations towards PA which in turn, may indicate possible co-dependences. This study did not take into account test-retest reliability. The preliminary version of the PPPE must be administered to a large population of refine its psychometric properties and develop scoring norms.

Literature Reference:

- Hausenblas, H.A., Downs, S.D., (2002b). How much is too much? The development and validation of the Exercise Dependence Scale. *Psychology and Health. An International Journal* 17, 387–404.
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MISSED APPOINTMENTS IN ADDICTION AND MENTAL HEALTH CLINICS FOR ABORIGINAL AND GENERAL CANADIAN POPULATIONS.

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Objective: To compare missed appointments in some mental health and addiction practices in Ottawa, Canada, in particular for a Canadian Aboriginal population.

Method: No shows and cancelations rates for appointments were tracked in the following settings of Ottawa, the capital of Canada, between February 2012 and January 2013: an addiction medicine in the principal Aboriginal health care center, the general medicine practice of the same health center, an addiction medicine practice at a major general hospital and the outpatient mental health practice at the same institution. Appointment reminders are similar in all practices.

Results: The total no shows and cancelation rate is highest at the addiction practice of the Aboriginal center (26%), followed by the general medicine rate of that center (19%). This is also greater than the missed appointments of other community health centers of the capital city. The addiction practice missed appointments rate at the Aboriginal health center is also greater than that of the same practice at the general hospital (15%). The addiction practice missed appointments rate is greater than that of the psychiatric practice of the same hospital (10%).

Conclusion: Psychiatric and addiction populations are known for a greater absenteeism of appointments. However this is magnified in the Aboriginal population. A variety of factors for this case are discussed including cultural issues.

FACTORS ASSOCIATED WITH MENTAL WELL-BEING OF HOMELESS PEOPLE IN JAPAN

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Educational Objectives:

It is well-known that there is a high prevalence of mental disorders and low mental health-related quality-of-life in homeless individuals. Previous studies have often focused on psychiatric symptoms of this population. However, data regarding subjective mental well-being can often be more meaningful and useful when determining appropriate interventions.

Purpose:

The study aimed to determine the frequency of low mental well-being and associated factors among homeless people in Japan.

Methods:

A community-based cross-sectional study was conducted. Data were collected through in-person interviews of 423 homeless persons living in two areas of Tokyo. We assessed mental well-being with the World Health Organization-Five Well-Being Index (WHO-5-J) and collected information regarding demographics, living situation, and subjective perception of health.

Results:

The overall sample comprised 392 (92.7%) males and 31 (7.3%) females. Average age \pm standard deviation was 60.6 ± 11.9 years. The mean score \pm standard deviation on the WHO-5-J for the 396 participants who had no missing values was 11.81 ± 5.35 . Based on a cutoff criterion of 12/13, the frequency of low mental well-being among the participants was 57.1%. In multiple linear regression analyses, inadequate dwelling and low economic status, insufficient emotional social support, and poor physical health status were associated with low mental well-being in this population.

Conclusions:

Findings suggest that comprehensive interventions programs that provide supportive housing, financial assistance, emotional social support, and healthcare services might be needed to improve the mental well-being of homeless people.

The frequency of low mental well-being in this study (57.1%) was almost twice that of community dwelling older individuals in Japan found in our previous study. However, insufficient social support and poor health status were common factors in both populations. Indeed, other studies have found similarities between the needs of those who are homeless and older adults. It is clear that problems encountered by homeless individuals are not unique to that group. Thus, the present findings have implications for development of effective interventions that address needs not just of the homeless population, but of other socially vulnerable groups as well.

THEM AND US – COMPARING THE CONCEPT OF WELL-BEING MENTAL HEALTH PROFESSIONALS HAVE FOR THEMSELVES AND FOR SERVICE USERS

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Background: Well-being is both an important outcome in the context of recovery from mental illness and an everyday concept used by individuals, regardless of whether they have suffered mental health problems or not. The views of mental health professionals on well-being and possible ways to attain it (a) for themselves and (b) for their clients have not been explored, and may impact on the professional's ability to support recovery.

Objectives: This qualitative study aimed to explore how mental health professionals conceptualise and believe they can improve well-being for themselves compared to what they identify for people with psychosis.

Methods: Semi-structured qualitative interviews were conducted with 14 mental health service staff members who had experience with working with people with psychosis. The purposive sample included occupational therapists, clinical psychologists, social workers, and psychiatrists at different career stages and responsibility levels. Transcripts were analysed using thematic analysis.

Results: Mental health service staff held similar conceptualisations of well-being for themselves and for their clients. Views that stressed a distinction between "them and us" were expressed only cautiously. Differences were identified in relation to specific factors and strategies suggested to improve well-being. It was also questioned whether improving well-being should be a focus of mental health care.

Conclusion: Participating mental health professionals overall held consistent views on the concept of well-being for themselves compared with mental health service users with psychosis. They acknowledged differences in the attainment of well-being that may arise from mental illness. However, regardless of the general importance of well-being, mental health professionals did not consistently agree that the improvement of well-being should be the aim of mental health care.

NEGLECTED RESEARCH OF PSYCHOSIS IN IMMIGRANTS: A CRITICAL REVIEW OF THE SPANISH LITERATURE.

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The aim of this study was to examine the relationship between openness to experience, sexual attitudes and sexual behavior. It intends to better understand their possible relationships that can carry on the weight between them.

The sample consisted of 181 students of both sexes, 42 males and 139 females, from two schools of the Polytechnic Institute of Leiria (IPL).

We used the Revised NEO Personality Inventory (NEO-PI-R), the Cowart-Pollack Scale of Sexual Experience and the Brief Sexual Attitudes Scale (BAES).

The results suggest that the context in which the young man finds himself, is a determining factor in sexuality at the expense of personality dimension openness to experience ($t=2,931$; $p\leq 0,01$), since we found statistical differences between students of Peniche, rural area ($n=75$; $X=121,1$) and Leiria, non-rural ones ($n=106$; $X=115$).

Conclusions:

We think that openness to experience contributes to the maintenance of care behaviors regarding eventual risks and to maintain emotional relationships more consistent and durable ($\rho=0,264$; $p\leq 0,01$).

THE BEHAVIOURAL AND PSYCHOLOGICAL SYMPTOMS OF DEMENTIA OBSERVED AT CARE FACILITIES FOR THE ELDERLY

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Educational Objectives: On existing instruments for the evaluation of behavioural and psychological symptoms of dementia (BPSD), there tend to be a much greater number of psychological symptoms than behavioural symptoms. However, staff at elderly care facilities indicate that behavioural symptoms have greater frequency and strength.

Purpose: The purpose of this study is to investigate BPSD which the staffs actually see in an elderly care facilities, in developing a BPSD evaluation standard scale.

Methods: We made a questionnaire consisting of 228 BPSD items (behavioural symptoms: 122, psychological symptoms: 106) drawn from existing dementia evaluation instruments and BPSD evaluation instruments. The questionnaire asked staff at elderly care facilities whether each symptom was seen during care duties. When the symptom was seen, we requested the staff rate the symptom on a five-point scale for strength and on a three point scale for frequency. We got cooperation from of the Nagasaki Association of Geriatric Health Services Facilities and the Nagasaki City Council of Senior Citizens Welfare Service. We sent 1,820 copies of the questionnaire to 96 facilities and received responses from 485 people. This trial has been granted ethical approval by Nagasaki University Graduate School of Biomedical Sciences Health Science Ethics Committee (Approval number: 12032296).

Results: Of the 20 most frequent symptoms, 14 were behavioural and six psychological. The 20 least frequent items included 9 behavioural and 11 psychological symptoms. Of the 20 symptoms ranked as strongest, 19 were behavioural. In contrast, of the 20 weakest items, 14 were psychological. Behavioural symptoms were higher in both frequency and strength. When frequency and strength were combined, behavioural symptoms were significantly higher than psychological symptoms.

Conclusions: The existing BPSD evaluation standards focus on psychological symptoms rather than behavioural or active symptoms. However, our questionnaire suggests that better evaluation of behavioural symptoms is necessary given the frequency and strength of behavioural symptoms in the real care scene.

SEXUAL DYSFUNCTION IN PEOPLE RECEIVING METHADONE

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Purpose: Use of opiates/opioids is associated with hypoactive sexual desire, erectile and orgasmic dysfunction.

The aim of our study is to investigate the sexual function in men receiving methadone.

Methods: A total of 18 men followed up in the addictions center of Casablanca were evaluated using the International Index of erectile function (IIEF).

Results: 50% of patients had an erectile dysfunction, 39% had an orgasmic dysfunction, 89% had a dysfunction in the sexual desire, 100% are unsatisfied of their current sexual relationships and 50% are globally unsatisfied of their sexual life.

There is no established link between the erectile dysfunction and the Methadone dose and the duration of treatment.

Conclusion: Practitioners should screen for sexual dysfunction in men receiving opioid replacement treatment. Our study was biased by the use of psychotropic medication by the most of patients.

THE IMPORTANCE OF MONITORING RISK FACTORS FOR DEMENTIA IN WOMEN IN THE INVOLUTIONAL PERIOD

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Introduction: Dementia is a syndrome characterized by progressive memory loss and the development of multiple cognitive defects that include at least one of the following cognitive disturbances: aphasia, agnosia, apraxia and disorders of executive functions.

Dementia arise as a consequence of the expression of different etiological factors. The majority of dementias in the initial stages does not appear as an intellectual deficit, but in the form of behavioral and affective disorders. Risk factors include: age, family history, gender, head injury, education, cardiovascular disease and the presence of Down syndrome. Involutional period covers the period from 45 to 65 years of age. In this period, women undergoing through multiple changes-physical, social, economic, and emotional. This period includes the menopause. It is very difficult to separate the signs related to menopause compared to the signs of aging.

Purpose: the aim of this paper is to highlight the importance of monitoring the various parameters that increase the risk of developing dementia in women in the involutional period.

Methods: A retrospective analysis of the case

Case report: Z. DJ., 59 year old woman, was first examined by a psychiatrist 5 years ago because of problems in terms of insomnia, depressed mood, intense anxiety, ideas of persecution. During the outpatient treatment she was treated under the diagnosis of acute psychotic reaction. Anxiolytic and antipsychotic drugs were prescribed in therapy. Applied to the therapy there was a slight improvement of mental condition. 11 months ago she was hospitalized in the neurology department in a comatose state caused by drugs intoxication. After that there were problems in the sense of disorientation, memory loss, emotional numbness, poor verbal production, inability to perform daily activities, walking difficulties, incontinence. Hospitalization at a psychiatric clinic was followed to assess mental state of the patient and the definitive diagnosis. Based on somatic examination, neurological examination, neuropsychological testing and CT scan everything indicated that it was dementia.

Conclusions: This case highlights the importance of monitoring risk factors for the development of dementia in women in the involutional period, with the aim of early diagnosis, treatment and prevention of complications.

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THE SEXUAL DOUBLE STANDARD REVISITED BY MALES: TOWARDS A NEW PORTUGUESE SOCIETY?

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This investigation analyzed the evolution of the sexual double standard from a male perspective, and its relations with sexual satisfaction, concerning the Portuguese context. The present study is transversal, quantitative and non-experimental, comparative, correlational and descriptive. Two distinct groups were formed, of appreciably identical dimensions, totaling n= 262 subjects. Group 1 consisted of persons aged ranging 20-30 years (N1=132), Group 2 formed by individuals aged within 40-50 years (N2= 130).

Two self-response questionnaires were administered: The Questionnaire for the Evaluation of the Sexual Double Standard - QADPS (Milhausen and Herold) and the Index of Sexual Satisfaction - ISS (Hudson; Hudson, Harrison and Crosscup). For statistical data processing, SPSS version 17.0 for Windows© was used.

Hypothesis A: The degree of sexual satisfaction of men who personally advocate the Sexual Double Standard will be significantly lower than the degree of sexual satisfaction of men who do not personally advocate it.

Hypothesis B: Group 1 will reveal a personal commitment to the Sexual Double Standard significantly lower than the Group 2;

Hypothesis C: The Sexual Double Standard will continue to exist at a social level, but it won't exist at a personal level.

Results

Hypothesis A : The average values obtained in the Index of Sexual Satisfaction by different groups based on their score in terms of the dimension "Personal Acceptance of Sexual Double Standard" do not differ significantly, therefore not corroborating Hypothesis A.

Hypothesis B : The results were statistically significant, showing greater personal commitment to the Sexual Double Standard by the Group 1. Hypothesis B was not corroborated.

Hypothesis C : The variable "Social Perception of Sexual Double Standard" has, indeed, a positive mean value, but also the variable "Acceptance of Personal Sexual Double Standard". Hypothesis C was only partially corroborated.

Conclusion

The results show that sexual satisfaction is not correlated with the personal acceptance of the sexual double standard, and that younger men are more attached to the sexual double standard than the older ones. We emphasize the need of a new clinical approach that takes into account these new realities, and we must consider the social impacts of these changes. Are men being sexually "ultraconservative"? What is happening to them and to their contexts?

EFFECT OF ROUTINE SPIRITUALITY PRACTICE ON MENTAL HEALTH OF OLDER POPULATION IN 3 OLD AGE HOMES IN KOLKATA, INDIA.

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Objective : To assess the effectiveness of Spirituality Practice on Mental Health of a Geriatric Population selected from 3 different old age homes.

Study Domain: Mental Health of an Elderly group of population after exposure to spiritual practice.

Participant - Inclusion Criteria 60 Geriatric Inmates, 20 each from 3 different old age homes in North Kolkata, India.

1. Age 65 yrs. - 75 yrs.
2. Gender - 30 Male & 30 Female (10 each from 3 Centers).
3. Existence of an Informed Consent of each participant of the study.

Participant - Exclusion Criteria 1. Blindness/Deafness.

2. Dementia (excluded by MMSE screen, although old age related Minimal Cognitive Impairment-MCI could not be excluded).
3. Any Psychological /Neurological problem by detailed thorough examination.

Methods: 3 old age homes were selected randomly in the northern part of the city of Kolkata, India. 30 Male inmates, 10 each from each Center and 30 Female inmates, again 10 each from each Center were selected, meeting the inclusion and exclusion criteria.

Trained Spirituality practitioner was introduced who advocated daily Spirituality practices in the form of Yoga, Meditation and regular Prayers. The chosen participants were served with religious books in consistency with their own personal religious beliefs.

Assessment: Periodic Assessment was done at 0, 6 weeks & 12 weeks from the date of commencement of the study, using WEMWBS (Warwick - Edinburgh Mental Well-being Scale).

Result The baseline WEMWBS score improved considerably after third assessment in about 70% of the participants which is quite significant because none of the participant had been regular follower of spirituality practices in their lives before being enrolled into the present study.

Statistically there was overall marginal increase in WEMWBS score among the female participants, male candidates over and above the increase in score although the significance of which is beyond the purview of the present study.

Conclusion: It is an well established fact that spiritual practice helps in mental well being. The present study reinforces this belief. Routine and regular spiritual practices, even if pursued at a later age in life, can have a demonstrable positive effect on mental well being. So it could be concluded with reasonable certainty that in a society stiffened with stress, spirituality should be a regular practice.

DROP-OUT AT THE PSYCHOSOCIAL REHABILITATION SERVICE OF HOSPITAL MAGALHÃES LEMOS FROM 2010 TO 2011

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Educational Objectives: To give an insight about the drop-out problem and the underlying reasons in a Portuguese Rehabilitation Service.

Purpose: To determine the reasons for dropping out and to characterize clinically and demographically the sample in order to prevent future cases.

Methods: In this descriptive study we have selected all the patients who were discharged for abandonment of the Psychosocial Rehabilitation Service (PRS) of Hospital Magalhães Lemos (HML) between 01/01/2010 and 31/12/2011. We have excluded the patients who did not get to attend any session. We have created a form for the sociodemographic characterization of the sample and we have searched up this information on the clinical files. Each element of the sample or a close relative was called and answered to a brief telephonic interview about the expectations as to the PRS and the reason for dropping out. The data were submitted to statistical treatment.

Results: From a total of 333 patients who enrolled the PRS list, we have obtained a drop-out rate of 21.9% (n = 73), representing 4% of the Day Care Center and 87% of the Therapeutic Club.

Most patients were male (60%), single, used to live with their parents and were unemployed. About 50% of patients had psychotic disorder (295/297- ICD-9), 16% had depressive disorder (309/311), 11% had mental retardation (317/318), 11% had bipolar disorder (296) and 11% personality disorder (301)

Most patients left the service for clinical worsening, or because the activities did not meet their expectations. A minority reported health problems, getting a job or other reasons. Most patients expected to fulfill time, to socialize or to have physical practice. About 20% had no expectations.

Conclusions: About 1/5 of the patients who attended the PRS during the study period dropped out. In order to minimize drop-out, it will be important to fit the occupational activities to the expectations of the patients and to promote motivation and sense of belonging.

PROJECT UNIT FOR PSYCHIATRIC REHABILITATION – IMPLEMENTATION AND EVALUATION OF A RECOVERY ORIENTED PROGRAM

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Educational Objectives: In 2009, a psychiatric rehabilitation unit for people with severe mental illness was established in the Department of Psychiatry and Mental Health of Centro Hospitalar Lisboa Norte, EPE - Hospital de Santa Maria. In a department with little tradition and few resources for rehabilitation, we describe the scope, objectives, methodology, difficulties and results of the work of this new unit.

Purpose: In this project we present the Project Unit for Psychiatric Rehabilitation of the Department of Psychiatry and Mental Health, Centro Hospitalar Lisboa Norte, EPE - Hospital de Santa Maria and the results of the three first years after implementation.

Methods: We review some notions of psychiatric rehabilitation that were the basis for the development of this new team. We describe the procedures and activities of the unit. We then characterize the patients participating in the program according to several dimensions – socio-demographic, clinical and occupational – and in three different moments – admission, discharge and 6 months follow up. We also present some clinical vignettes.

Results: The patients who were admitted to the unit were mainly diagnosed with long duration schizophrenia, with a moderate cognitive deficit, with no occupation and no previous rehabilitative treatment. The evolution at discharge was mostly assessed as “good” or “very good”, with a subjective feeling of improvement and changes in the level of occupation.

Conclusions: The results of this three first years of activity show that the work of this team may be useful in the network of care provided by our department. We discuss some of the difficulties found in this start of its activity.

Literature Reference

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PSYCHOTHERAPEUTIC SUPPORT GROUP IN MOURNING

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Objectives: Working in Centro Hospitalar Psiquiátrico de Lisboa, Portugal's biggest psychiatric hospital, showed growing need to find an effective solution, using scarce resources, to a specific problem – the death of a loved one. With this work, authors intend to characterize the “Psychotherapeutic Support Group in Mourning”, in function since 2010.

Methods: To collect data about the group and individual patients the authors consulted hospital processes and clinical notes. Social, demographic and clinical data was collected.

Results: The “Psychotherapeutic Support Group in Mourning” is a semi-open group with biweekly frequency and session duration of 1 hour and 15 minutes. Maximum number of patients admitted is 10. Initially different types of loss were included in the same group, but experience showed that patients had greater improvement when similar losses were included in one group. Maintenance rate in the group is about 80% congruently with a clinical stabilization of most patients.

Conclusion: The group has clinical importance because improvement has been seen in most patients, particularly in managing their daily lives, with better quality of life, less isolation and the successful acceptance of the event. Therapeutic techniques allowed to approach emotional feelings of loss, management of negative emotions manifested as crying, anger, anxiety, guilt and sadness; restructuring the family with acceptance of new roles after the loss. Other studies will be addressed regarding this population.

MEASURES TAKEN BY MAJOR JAPANESE CORPORATIONS AT THEIR TOKYO HEADQUARTERS TO COPE WITH THE GREAT EAST JAPAN EARTHQUAKE DISASTER

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Objectives: Protecting the lives and safety of its employees is not only essential for continuing a corporation's activities but also for ensuring that its employees do not incur psychological trauma after a disaster. The Great East Japan Earthquake Disaster that struck on March 11, 2011, also greatly impacted Tokyo.

In order to investigate what kinds of measures were actually taken for employees, this survey was conducted on the actions major corporations with their headquarters in Tokyo took after the earthquake struck.

Methods: Questionnaires requiring written responses describing the kinds of measures companies took within their headquarters premises were sent to 867 corporations with their headquarters in Tokyo from among major corporations (those listed in the first section of the Tokyo Stock Exchange) registered in Japan.

The questionnaires were sent out on February 3, 2012, and asked to be returned by the end of March.

Results: Responses were received from 38 companies (response rate of 4.4%). Twenty-five companies (65.8%) had made preparations for a disaster in advance by storing food and water, blankets for over-night stays, and/or prepared disaster response manuals. Twenty-eight companies (73.7%) immediately took company-wide measures, such as setting up emergency task forces. Thirty-three companies (86.8%) took measures for individual employees, such as confirming the safety of employees and their families, providing food to stranded employees, etc.

One year after the disaster, 22 companies (57.9%) had revised their disaster response manuals, contact methods, evacuation procedures, and so on. Twenty-five companies (65.8%) had increased emergency provisions of food, blankets, etc. Nine companies (23.7%) responded that the measures taken at the disaster in 2011 was adequate and that no particular changes in their preparedness had been made.

Conclusion: Many of the companies (65.8%) that responded had developed disaster countermeasures in advance. Moreover, over half of the companies (57.9%) reviewed or revised their countermeasures after the disaster. Many of the companies (65.8%) enhanced their measures in practical ways, such as by increasing necessary food and water stocks. These kinds of safety measures taken by corporations can be considered as not only protecting substantially the safety of employees but also exerting a favorable impact on the psychological health of employees when a disaster strikes and on a daily basis before one occurs.

“The capability to cope with the situation” on an individual and an organizational basis is important for maintaining this “health.” A company that can appropriately cope when faced with difficult situations is a healthy company. Enhancing preparations beforehand to more effectively cope with disasters that may occur in the future is of clear importance for companies.

(This work was supported by JSPS KAKENHI Grant Number 23530443.)

RISKY BEHAVIOURS AMONG PEOPLE WITH MILD MENTAL RETARDATION

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Objectives: The 20th century brought new hazards associated with individual lifestyles and preferences, among them HIV, easier access to psycho-stimulants, an interest in extreme sports and hazard games, an increasing crime rate, and a decreasing motivation for pro-health behaviours. Thus a risk has become an important element of the young generation's life and the subject of scientific research.

The aim of this study was to assess the incidence of risky behaviours among people with mild mental retardation depending on their lifestyles as well as socioeconomic and psychological situation.

Methods: The study involved 400 secondary school students from Poland within the age bracket of 14–20. The respondents have been divided into two groups: the study group (A) consisting of 200 adolescents with mild mental retardation attending basic vocational special schools, and the control group (B) comprising 200 high school students at the normal level of intellectual development.

This survey-based study was performed using the author's original tool – the Youth Risky Behaviour Questionnaire.

Results: The study results show that people with mild mental retardation demonstrate risky behaviours far more seldom than those at the normal level of intellectual development. The difference is statistically significant ($p < 0.0001$). The analysis of socioeconomic situation and the tendency to take risk proved that the adolescents with mild mental retardation who assessed their family situation as 'very good' took risk significantly rarer than their healthy counterparts (22.2% and 58.1% respectively). The influence of family relations and intellectual development on risky tendencies has been observed. As many as 60% of the study group members with parents uninterested in their matters admitted to taking risk 'very seldom', while in the control group the same answer was only provided by 8.3% of the respondents. The respondents who described their family relations as 'good', 'none', or 'bad' (55.5%, 53.4%, 50% respectively) usually selected the answers: 'very seldom' and 'never', while the answer 'very frequently' was the least common. The study results confirmed the influence of gender on risk taking. Both in the study group (A) and the control group (B) the males showed a greater tendency to risky behaviours.

Conclusions: 1. There are differences in risk tendencies between adolescents with mild mental retardation and those at the normal level of intellectual development (those disabled take risk less often). 2. There is the correlation between risky behaviours and such variables as: the family structure, the parent-child relationship and physical fitness.

MORAL DELIBERATION: BUSINESS AS USUAL IN SOCIAL PSYCHIATRY

Astrid Vellinga
Arkin

Educational: After this lecture participants will be able to recognize moral dilemmas in their daily work and deliberate structurely about them

Purpose: To present a model for moral deliberation in the daily practice of psychiatry

Method: A literature search was done with respect to the effect of structural moral deliberation in medical practice. A model of moral deliberation was implemented in a large psychiatric institution in Amsterdam. The experiences of this five year project will be presented.

Results: Literature reveals that structural multidiciplinary moral deliberation improves care for the patients as well as the labor satisfaction of health care workers. Experiences of implementation of a moral deliberation model shows that moral deliberation can become an important and enriching part of our daily practice.

Conclusion: Structural moral deliberation should become a part of our daily practice. Especially in social psychiatry which enfaces multiple moral dilemmas in daily practice (like forced treatment).

SOCIAL VALUES AND ATTITUDES TOWARD BIOGENETIC EXPLANATION OF A MENTAL DISORDER IN JAPAN AND FRANCE: THE PERSPECTIVES OF THE INDIVIDUALS, THEIR FAMILIES AND PSYCHIATRISTS.

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Purposes: This study aimed to explore (1) how biogenetic explanation of an illness affects the attitude of individuals with schizophrenia/bipolar disorder, as well as their close family members and psychiatrists and (2) the social values related to biogenetic explanation through the comparison of two culturally different countries, Japan and France.

Methods: Semi-structured intensive interviews were conducted in urban areas of Japan and France. The grounded theory approach was adopted for data analysis.

For Japanese cases, 8 individuals with schizophrenia, 13 family members, and 8 psychiatrists participated in this study from July to November 2011. For French cases, 1 individual with schizophrenia and 2 with bipolar disorder, 9 family members, and 7 psychiatrists participated in this study from May to December 2012.

Results:

1. In Japan, individuals with the illness tended to leap to the conclusion that they would be tested for new medications upon hearing the word “gene/genetic,” and reacted with fear to trying advanced genetic technology. Contrastingly, in France, they simply expected the most advanced genetic technology to lead to the development of better medications with fewer side effects.
2. Regarding genetic predisposition, Japanese families possessed a responsibility for undertaking the care of the affected child, which was not observed in French families. French families thought parents should only be responsible for intentional actions on their children and that biogenetic information ensured a non-responsibility of parents for their children’s illness.
3. Japanese psychiatrists tended to avoid talking about the biogenetic causal aspect of illnesses in order to prevent the individual from blaming their parents. Contrastingly, French psychiatrists did not hesitate to give this information, rationalizing that biogenetic explanation of the illness exempted the individual and their parents from feeling responsible for the illness.

Conclusions: The sharing of biogenetic explanation of an illness is treated differently in Japan and France. Japanese society’s sense of value, which acknowledges the importance of blood relationships among kin, makes the sharing of biogenetic information a taboo since it assures the responsibility of the parents for their children’s illness. Thus, the individuals, family members, and psychiatrists have difficulty communicating this information to each other. However, in France, the belief that biogenetic explanation assures the non-responsibility of the individual and their parents results in this information being shared more easily. For this reason, the French participants readily approved of the continuing development of new genetic technology.

ADMISSIONS - AS DIFFERENT AS DAY AND NIGHT

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Objective

On July 2011, the Psychiatric Services of Thurgau started a new service called “Clearance and Admission Center” (CAC) as a model project of the canton Thurgau/Switzerland. The CAC is an easy-access portal for both non-professionals and referring physicians requesting psychiatric treatment. The CAC’s main function is to professionally set the course for further treatment. The CAC is open on workdays from 8 a.m. to 8 p.m. During this time, it is responsible for all stationary admissions into the psychiatric hospital Münsterlingen (PHM), which is the major psychiatric hospital in canton Thurgau with about 200 beds for adult psychiatric patients. During the night and at the weekend, the assistant physician on duty is responsible for the admissions.

The referring physicians judged the first year of the CAC very positively. One feedback said it was “as different as day and night”, thereby appreciating the professional competence of our CAC team. However, there might also be a huge difference between patients admitted during working hours and patients admitted during the weekend or at night. Thus, we investigated the differences of patients admitted on workdays, on weekends, and at night and examined whether these differences have changed since the start of the CAC.

Method

We analyzed all patients admitted into the adult psychiatry of the PHM from 1st of January 2010 to 31st of December 2012 (18 months before to 18 months after the opening of the CAC at 1st July of 2011) clustered by day and time of admission. Group 1: admission on workdays between 8 a.m. to 8 p.m.; Group 2: admission on weekends between 8 a.m. to 8 p.m.; Group 3: admission during the night between 8 p.m. and 8 a.m. We examined social and clinical data including ICD 10 diagnosis, global assessment of functioning (GAF) and clinical global impression (CHI) gathered from the basic documentation of every admission.

Results and Conclusion

At present, we are still analyzing the data. We are going to present the results of our study on the poster in Lisbon and we are looking forward to discussing it with you.

TREATMENT IN HOMELESS PATIENTS WITH PSYCHIATRIC DIAGNOSIS

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1. Parc de Salut Mar, Barcelona, Spain.

Educational Objectives: At the end of the presentation the participants should be able to comprehend the homeless population who is admitted at a psychiatric hospital.

Purpose: Describe the homeless population admitted at our monographic hospital during one year.

Methods: It has been performed a cross-sectional retrospective study which includes all consecutive admissions (n = 29) that meet the criteria for Category 1 of homeless person by HUDHRE in the psychiatric unit of Centre Forum in 2011. It has been collected demographic, clinical and social data.

Results: Results show that the most frequent nationality was the Spanish, despite of being only the 31% of the admitted homeless patients. Schizophrenic disorders were the most prevalent diagnosis (48%) and together all psychotic disorders reached the 79%. From the sample, 31% had also comorbid substance use disorder (especially alcohol). Nonetheless, 37.9% of patients did not consume any addictive substance.

The 93.1% of the patients received treatment with antipsychotics, which were the most prescribed drugs. The 44.8% of the sample received depot treatment although only the 10.3% received depot exclusively. Benzodiazepines were less prescribed (20.7%), ahead of antidepressants and mood stabilizers (10.3%, each).

Conclusions: Due to the comorbidity between schizophrenia and substance abuse one third of patients had dual diagnosis; alcohol was the most usual consumed substance, similar to other studies. Antipsychotics were the most prescribed drugs, specifically the atypical ones.

The homeless population represented a minority of the admissions. However, it is foreseen an increase of homeless population in the coming years. Estimations of future requirements are uncertain due to the lack of studies in this population.

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CHARACTERIZATION AND COMPARISON OF THE POPULATION ADMITTED TO TWO PSYCHIATRIC DAY HOSPITALS IN CENTRO HOSPITALAR PSIQUIÁTRICO DE LISBOA

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Objectives: The authors of this study intend to characterize the population of patients admitted to two different day hospitals of the Lisbon Department of Centro Hospitalar Psiquiátrico de Lisboa, Portuguese biggest Psychiatric hospital, and compare the data between the two. This is the first step of a larger study which aims to evaluate the effectiveness of the treatment in day hospital.

Methods: All patients with discharge dates from January of 2010 to December of 2012 were included in the study. Social-demographic and clinical data was collected from the hospital processes and statistically treated.

Results: A total of 212 patients were studied (137 from day hospital A and 75 from hospital B). The following information was collected: demographic and social data such as gender, age, marital status, years of study, professional status, clinical information such as diagnosis and previous medical history, and information about the period of treatment in the day hospital, including way of admission and duration. Special attention was paid to differences between periods prior and following treatment in day hospital.

Conclusion: With this work the authors were able to identify the population to be used in a following study about the treatment in psychiatric day hospital. Differences between both day hospitals concerning inclusion and exclusion criteria, as well as duration of treatment, are debated, and a tentative relation between this data and the therapeutic orientation of each service is discussed.

PSYCHIATRIC ACUTE ADMISSIONS IN THE SETTING OF THE ECONOMIC CRISIS. WHAT CHANGED?

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Educational Objectives: After the Lehman Brothers scandal in 2008, an international financial crisis ensued, and still endures, with particular consequences in Portugal. The effects of crisis have been subject of many studies, being the Psychiatric patients at greater risk.

Purpose: The purpose of this study is to assess eventual changes in the pattern of inpatient admissions to the Service of Mental Health in the Community of Matosinhos – Hospital de Magalhães Lemos, in the years of 2006, 2011 and 2012.

Methods: The authors reviewed all inpatients admissions to the service mentioned above in the years of 2006, 2011 and 2012. Variables considered included total number of admissions, the number of readmissions, the number of admissions of new cases, the number of readmission of new cases in the same year, the diagnostic distribution and length of inpatient treatment. The data analysis was performed with the use of the IBM® SPSS® Statistics Version 20.

Results: Authors found statistic significant results in number of readmissions of new cases in the same year, length of stay and diagnostic pattern. They found a significant decrease in the number of hospitalizations of patients diagnosed as Schizophrenic Disorder.

Conclusions: The global economic crisis associated with factors such as the creation of a communitary team may be the cause of the difference in results between the years studied. More studies on the difference in the pattern of acute admissions, as well as the causal factors of the same are essential to the definition of priority targets aid to better mental health services.

SOCIAL CRISIS AND FORMS OF THE SOCIAL ACTIVITY: A COMPARATIVE STUDY OF STABLE AND TRANSITIONAL SOCIETIES

T. Ivanova

Theoretical Framework

Existing studies of different dimensions of human activity are focused mainly on developed Western industrial countries. (Easterlin 2009). And the last researches on the basis of European Value Surveys, which use, for example, survey data from post-Socialist countries, are cross-sectional (Welzel and Inglehart, 2010) is the task of future studies still.

The main task of this study is the research of correlation between social involvement and total life satisfaction. One of the consequences of the former Soviet Union internal policy is an increased level of citizens' social passivity of, which is manifested in the unwillingness to take responsibility for social issues. People prefer to await solution from the Government and officials though very often the problem could be solved by community organizations. This behavior can be explained by using the theory of learned helplessness. Learned helplessness is a disorder of motivation as a result of uncontrolled situation experienced by an individual, i.e. inconspicuousness of the result and given efforts. According to the learned helplessness theory, depressive disorders and mental diseases are caused by the lack of control over the results of the situation the person has got (Abrahamson, L. Y., Seligman, M. E. P., & Teasdale, J. D. , 1978).

Nowadays despite the changes (economic, political, and partly - moral) that have happened in the post-Soviet countries, the behavior associated with learned helplessness, is still reflected and goes out through the passive social behavior.

However, studies show that highly developed democracy institutions and the ability to influence the situation are an important condition for the formation of a positive attitude to reality (B. S. Fray, A. Stutzer, 1999).

Social activity can be considered on two levels - a mandatory, which is activated by economic reasons (wages) and social norms. Another form of social activity is a participation in public organizations and associations, which suggests, first of all, personal activity of the individual (the search of the association or its personal creation), then, the structuring of his/her free time, self-organization. The result of such activity forms participation is not only a sense of one's involvement in the social life, but also a total life satisfaction.

The hypothesis of the study.

Crisis leads to a decrease in social activity. The citizens of the post-socialist countries do not have the skills to institutionalized social activity. This leads to a deformation of the social values and excessive growth of social passivity.

Some discrepancies may exist between the actual actions of the individual and the declared values. That's why the degree of respondent participation in various public organizations is to be used as an evaluation criterion of social activity.

It is planned to use the results of European Values Study (EVS) - 3 and 4 waves.

The planned criteria to make the measurements

- Country (post-Soviet countries (Ukraine, Russia and West European countries with high level of life satisfaction)

- Perceptions of Life

Parameters

social organization affiliation (women, youth, sport, etc.)

The total life satisfaction, estimation of one's health, depression.

- Politics and Society

Parameters

view government: very bad-very good

view political system in past: bad-very good
 political system: strong leader
 government maintain order vs. respect freedom individual
 democracy: causes bad economy
 democracy: best political system
 - Demographic characteristics –
 Age, sex, education, income level

At the level of analyses and modeling in order to test my question, since my research is quantitative, I am going to use Correlation Analysis (taking into account specificity of the scales of the variables) and Regression Analysis.

Expected results.

It is assumed that the level of life satisfaction is associated with the level of individual involvement in the various forms of social activity. This interrelation will be absent in the countries of the former Soviet Union. Besides, the level of social activity of the respondents from the countries of the former Soviet Union will be much lower than the level of the respondents from the East European countries. Low level of social life involvement, in addition to reduced level of subjective well-being will be correlated with an increased critical attitude to the authorities and to democracy in general.

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TRANSCULTURAL ACTIVITIES IN GERMANY

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Transcultural Psychiatry and Psychotherapy for immigrant patients at the Psychiatric University Clinic of Charité at St. Hedwig Hospital in Berlin M.Schouler-Ocak.

Transcultural Psychotherapy for Psychic ill Refugees at the Clinic for Psychosomatic Medicine and Psychotherapy of Heinrich-Heine University in Düsseldorf L. Joksimovic.

Best practice: integration of patients with migration background into general mental health care services.

I.Callies

How to treat psychic ill Migrants ? Transcultural Psychiatry and Psychotherapy at the Psychiatric University Hospital in Zurich.

B.Küchenhoff

SELF-COMPASSION AND EMPATHIC TENDENCY: A pilot study

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Educational Objectives:

Self-compassion which is a term derived from the word compassion means to be aware of the others grief and understanding people making mistakes. Empathy is the ability to understand other's emotions. For understanding the others', being empathic and compassionate needs being aware of oneself and showing self-compassion to oneself. Self-compassion is a way of transforming negative emotions into positive via accepting negative experiences as a part of human experience and could be the first step of empathy. The decrease in the empathy levels of medical students maybe the result of low level of self compassion. By this pilot study we should be able to recognize the relationship between self compassion and empathy in medical students.

Methods: In this cross-sectional study, an anonymous questionnaire consisting of gender, hometown, reason for being a doctor, Empathic Tendency Scale (ETS) and Turkish translation of Self Compassion Scale (SCS) was applied to every volunteer first year student. ETS consists of 20 items and total scores range from 20 to 100. Turkish translation of SCS is a 24-item scale and 11 of them are reverse.

In statistical analyses categorical variables were expressed as numbers, percentages and the continuous variables expressed as means with standard deviations. The association of the dependent variables with the independent variables was determined with Student t-test and One-way Anova. Statistical significance was set at p values less than 0.05.

Results: We analyzed 80 fulfilled questionnaires representing approximately one third of the first year students. Above the half of the students were female (n=46, 57.5%) and most of them (n=60, 80.0%) were coming from other cities. The SCS and ETS scores of the study group were 75.61 ± 15.61 and 67.16 ± 9.19 , respectively. There were no difference in SCS and ETS scores in respect to gender and hometown ($p > 0.05$). There was a significant positive correlation between SCS and ETS scores ($p = 0.001$).

Conclusions: There were no difference in empathic tendency and self compassion in respect to gender. The significant positive correlation between self compassion and empathy favors our theory that they support each other. Self compassion may be an effective way of coping with negative experiences for future doctors

ALGERIAN FIGHTER AND PSYCHOTRAUMATISM, FIFTY YEARS AFTER THE INDEPENDANCY.

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Objectifs

The elaborated objectives through this inquiry(investigations) are of two orders

Value the prevalence of psychotraumatism within a representative samples of ex service men

Define the morbidity of psychotraumatism with the other psychiatric troubles

The consequences of the Algerian war concerning mental health are important because of the duration and the intensity of the conflict

Methodology

This is a prospective study that began in march 2010 and lasts longer

The study population is represented by ex service men who were oriented to the psychiatry service by the moudjahidines guidance of the wilaya of Constantine city for an eventual revision of their rates of IPP

The diagnosis is clinically exposed by the psychiatrist of the service and confirmed through the evaluation according to Horowitz scale that allows the subjective measure of the fact impact

The score threshold= 42

The score ≥ 42 (95% psychotraumatism)

The score ≤ 42 (100% of controlled cases)

A succinct explanation of the work objective is being prodigal by the doctor who precises the objectives of the research leading to his primordial verbal agreement

Finally, the population is estimated to be 60 patients

Results

Sex: we have counted 55 men and 5 women

The average of age is about 70 years old with the extreme of 65 to 80 years old

The Horowitz score: 28 ex service men have shown signs of evaluated psychotraumatic (score ≥ 42) with avoiding behavior (82%) a syndrome of repetition (75%) and sleep disturbance (78%) and all of them are males

This cohort of traumatized represent 47% for our general population

We have found an associated motion handicap at 57% of ex service men presenting a psychotraumatism

Concerning the previous personal under psychiatric care, 57% of the cases presenting a psychotrauma, have already been under treatment for at least two years, but were irregular and non precise

All patients have shown a recrudescence of their symptoms during these last ten years of violence associated with depressive diseases (36%), a generalized anxiety (29%) and panic trouble (18%) and only 21% have actively participated in the anti-terrorist fight

Lastly, a demanding paranoid function is found at 43% of ex service men developing under sinister mode having been able to structural altering of the secondary personality of psychotraumatism

Conclusion

- *to conclude, some remarks deserve to be stated*
- *the psychotrauma is not rare at the old cases(unrecognized, misunderstood, comorbidity)*
- *to think of psychotrauma in front of anxio-depressive symptomatology at an ex service man*
- *to know how to link his personal story to his present symptomatology*

RELATIONSHIP BETWEEN ANXIETY SENSITIVITY INDEX-REVISED AND HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH PANIC DISORDER: PRELIMINARY RESULT

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Objectives: Panic disorder is a common anxiety disorder and often leads to chronic and disabling condition. Many studies have reported low health-related quality of life (HRQOL) and significant impairment in patients with panic disorder. Several factors such as panic-related symptoms, worry, and education are related to the HRQOL in panic patients. However, several studies have repeatedly shown that the limited relationship between those factors and HRQOL in panic disorder. Thus, we sought to examine the relationship between anxiety sensitivity which is known to be panic-specific anxiety trait and HRQOL.

Methods: Thirty panic patients were recruited consecutively from the outpatient setting. Anxiety sensitivity and HRQOL were assessed using anxiety sensitivity index-revised (ASI-R) and WHO Quality of Life Scale Abbreviated Version (WHOQOL-BREF), respectively. Pearson correlation coefficients were used to designate the relationships between ASI-R and each subdomains of the WHOQOL-BREF.

Results: There was significant negative correlation between the ASI-R total score and WHOQOL-physical health ($r=-0.532$, $p=0.004$). The ASI-R total score also negatively correlated with the WHOQOL-psychological health ($r=-0.417$, $p=0.03$). However, there were no significant correlations between the ASI-R total score and WHOQOL-social relationship ($r=-0.179$, $p=0.361$) nor WHOQOL-environment ($r=-0.321$, $p=0.095$).

Conclusions: The present study shows that individuals with higher anxiety sensitivity show lowered WHOQOL-physical and psychological health domain whereas anxiety sensitivity is not related to WHOQOL-social relationship and environment.

ACTIVELY SEEKING HELP FOR PSYCHIATRIC ISSUES WITHIN ONLINE COMMUNITIES ON THE INTERNET - A DESCRIPTIVE STUDY

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Background: Internet is now the omnipresent media of communication and information retrieval. The number of specialized medical websites delivering health information is increasing by the minute. But when it comes to asking specific question for personal issues, the patients or their relatives tend to prefer using more interactive websites such as forums, message boards, and online communities because of the accessibility and the more likelihood to have fast or immediate feedback since professional and specialized websites are for the main part only information display media that lack interactivity.

Objectives: Through this study we want to have some insight about psychiatric issues information seeking behavior within the online communities. Are the questions accurate and well postulated? Is the person seeking help satisfied at the end of the discussion? How often the answers are appropriate? How often do professionals intervene? ...

Methods: In this descriptive study, we evaluate 1000 queries concerning psychiatric issues that were initiated during the year 2012 on online communities' platforms. We prepared for this a data form to analyze each inquiry according to our objectives for this study. We used the main search engines "Google, Bing and Yahoo" and 50 English keywords for common psychiatric symptoms and well known diseases. We chose the inquiries that show on the top results because our objective is not to evaluate the amount of feedback a query gets but rather the quality of the feedbacks when it's actually answered.

Results: Preliminary results over 176 queries made within 23 different websites show the following: 78.98% of the inquiries were well explained, 55.11% of the enquirers already went to a specialist and the askers expressed that the discussion was helpful in only 7.39% of the queries. The total of answers is 853 of which only 60.84% are appropriate while 33.53% are inappropriate or not really helpful, the rest is made of trolls and banned posts. Professionals intervened in only 1.29% of the answers. 14.3% of the answers advised to see a specialist, 11.14% mentioned a similar case and when an opinion was to be made about the psychiatrist approach 98.32% of the answers were favorable.

A CLOCKWORK ORANGE –MEDIA AND THE SOCIETY

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Mental Health Center "Mentalvita"

In this article are studied some tendencies of modern media and their influence on the consciousness of the society and psychics of separate individuals.

In the novel of an English writer, Anthony Burgess, *A Clockwork Orange*, is shown the society where there is no place for repentance, forgiveness, love, morality - the basic norms of social functioning. Aggression can be controlled and manipulated easily, especially by means of mass media. The more intensive the attempt to ruin a person's positive social energy, the easier it is for negative – destructive and violent energy to develop in its place. On the one hand, the majority of people condemn violence and cruelty. On the other hand, there is an attempt to justify them as inevitable. We witness the introduction of new technologies and methods of manipulating with people's conduct and opinion. These new techniques make it possible for particular groups to program thoughts, ideas, emotions and the psychic state of the masses. One of the most influential and "privileged" symbols which makes it easy to penetrate the collective unconscious and manipulate with it is death. You can take away hope and faith from people. One effective way of doing this is by making death everyday, common and simple psychological and social phenomenon. Such conditions may cause many destructive emotions from neurotic reactions to deep psychic disorders. All these are the basis for ruining social connections and ultimate destruction of a person. Any culture is based on the system of positive values. But the leading role while overcoming frustration caused by solitude, anxiety or depression is taken by religion. It forms positive models, coordinates of moral and ethical conduct, gives a person the sense of stability and facilitates adequate perception of the real world. Psychological manipulations and tricks of mass media, the process of formation of "A Clockwork Orange"-type way of thinking may show one alarming facet of modern society.

ACTUAL CONDITION SURVEY ON OUTREACH ACTIVITY OF MULTIPLE-DISCIPLINARY TEAM IN JAPAN.

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Educational Objectives: In Japan, some agencies have begun to provide multiple - disciplinary outreach team for people with severe mental illnesses. And some studies suggested that multiple - disciplinary outreach team in Japan had positive effect on clients' satisfaction for services and diminish of length of stay^{1,2}. However such activity in Japan is not adequately institutionalized and these agencies only receive medical fee for their activities. However system of medical fee which is specially-designed to outreach team has not be developed, so existing fees cannot cover all activities of outreach team. This undeveloped legal system for outreach team and disadvantaged condition in finance is main obstacle to dissemination in Japan. 31 clients of outreach team in 3 community participated this study. They have severe mental illness (e.g., Schizophrenia, Bipolar Disorder, and Depression)

Purpose: In order to estimate and realize valid medical fee system for multiple - disciplinary outreach team, we described financial condition of such activities in Japan.

Methods: We collected data from the services for clients of 3 multiple – disciplinary outreach team from December 2011 to December 2012. Subjects of this study were people with severe mental illness (n=31). We recorded every face to face contact with clients by using service-code checklist for 1 month. And we described what part of services is not covered by medical fee.

Results & Conclusions: As at January 2013, we are currently in analysis on collected data. The details would be reported on the day of the conference. However, our interim data suggests that the existing medical fee system will not be enough to cover the activities of outreach team. Particularly, the current system for activities of social workers is not appreciated.

Literature Reference

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ADVERSE EFFECT OF IN-UTERO ALCOHOL EXPOSURE ON CHILDHOOD ACADEMIC ABILITY: A PARENTAL COMPARISON ANALYSIS SUPPORTING A CAUSAL INFLUENCE

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Educational Objectives: Our findings demonstrate an intrauterine effect of episodic drinking consistent with 2 small glasses of wine or beer on lower academic ability, a pattern of alcohol use most people would consider moderate.

Purpose: This study will test the hypothesis that low-to-moderate maternal alcohol use in pregnancy is associated with lower school test scores in offspring aged 11 via intrauterine mechanisms.

Methods: We used data from the Avon Longitudinal Study of Parents and Children (ALSPAC), an observational birth cohort study based in the South West of England. Analyses were conducted on 7062 participants who had complete data on the following measures: - maternal and paternal patterns of alcohol use in the first trimester and at 18 weeks' gestation; child's academic ability measured at age 11, gender, maternal age, parity, marital status, ethnicity, household crowding, home ownership status and parental education. We compared maternal – offspring and paternal – offspring associations of alcohol consumption with child's National Curriculum Key Stage 2 (KS2) test scores. We used multivariable linear regression to estimate mean differences and 95% confidence intervals [CI] in KS2 scores across the exposure categories and computed f statistics to compare maternal and paternal associations.

Results: Our approach compares the association of offspring outcomes with maternal and paternal alcohol consumption, on the assumption that only maternal alcohol use will influence intrauterine processes. Drinking up to 1 unit a day during pregnancy was not associated with lower test scores. However, frequent prenatal consumption of 4 units (equivalent to 32 grams of alcohol) on each single drinking occasion was associated with reduced educational attainment in a parental comparison analysis.

Conclusions: This pattern of alcohol use in pregnancy may adversely affect childhood academic ability via intrauterine mechanisms. The project has achieved its objectives in that we aimed to demonstrate that low levels of alcohol consumption in pregnancy were detrimental to cognitive development in childhood. This study presents some of the most compelling evidence to date that this pattern of alcohol use consumed by mothers in early pregnancy may influence academic abilities in their offspring at age 11, via intra-uterine effects. Hence we believe our study has produced new important knowledge. We have used one of the most robust research designs, parental-offspring comparison analysis, to test whether drinking during pregnancy is causally linked to child's cognitive abilities. Our results implicate that even moderate amounts of alcohol consumed during pregnancy can lead to academic problems in childhood.

LIVING CONDITIONS, PSYCHIATRIC MORBIDITY, MENTAL HEALTH CARE AND PHENOMENOLOGICAL OBSERVATION IN A SAMPLE OF HOSPITALIZED FEMALE FOREIGN DOMESTIC WORKERS IN LEBANON: A PROSPECTIVE, COMPARATIVE STUDY

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Educational Objectives: This poster presentation aims to present the findings of a prospective study about the mental health situation and psychiatric conditions of female foreign domestic workers in Lebanon.

Purpose: The main purpose of this project is gather preliminary findings of the psychiatric admissions, presentation, diagnosis, and management of hospitalized female domestic workers as compared to hospitalized Lebanese female patients.

Methods: 33 female foreign domestic workers and 14 female Lebanese were enrolled. The Brief Psychiatric Rating Scale (BPRS) and the Clinical Global Impression scale (CGI) were administered on admission and discharge and socio-demographic, living conditions, mental health care data and phenomenological observations were collected. SPSS 20.0 was used to for data analysis.

Results: Sexual, physical, and verbal abuse were detected in the foreign domestic workers group (12.5%, 37.5%, and 50.0%. respectively). 66.7% of them were diagnosed with Brief Psychotic Episode. The mean duration of hospital stay (13.1 days) was significantly lower in the foreign domestic workers group. The mean cumulative antipsychotic dose of the foreign domestic workers group was 337.1 mg of chlorpromazine equivalent and the mean BPRS total pre-score of the foreign domestic workers group was 66.4 with a *much improved* state on the CGI global improvement scale, all of which were non-significantly different from the control group. Striking phenomenological findings among the foreign domestic workers group were acute anorexia (39.4%), nudity/exhibitionism (30.3%), catatonic features (21.2%), and delusion of pregnancy (12.1%).

Conclusion: Inpatient foreign domestic workers are more diagnosed with psychotic than affective disorders and receive approximately similar treatment as controls in spite of the trend to rapidly discharge and deport the worker to limit the costs. Both groups presented with similar severity, although the foreign domestic workers had peculiar phenomenological observations. The small sample size, lack of socio-culturally tailored assessment, language barriers, absence of structured diagnostic interviews, heterogeneity in the nationalities representing the foreign domestic workers group constitute major limitations in this study.

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