

Social Psychiatry

Sunday, April 3, 2005

S-04. Symposium: Results from most recent European studies on relatives' burden

Chairperson(s): Thomas Kallert (Dresden, Germany), Lorenza Magliano (Naples, Italy)
08.30 - 10.00, Gasteig - Room 0.131

S-04-01

Cultural differences of psychosocial burden and attitudes to disorders of relatives of chronically mentally ill persons: Methodological problems of assessment

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Objective: To demonstrate methodological problems in assessing cultural differences of psychosocial burden and attitudes to disorders of relatives of chronically mentally ill.

Methods: 1. The Involvement Evaluation Questionnaire was used in a sample of 336 relatives of patients randomly assigned to acute day hospital care or inpatient care in 4 European countries (Germany, Poland, Czech and Slovak Republic). 2. The „Questionnaire on the opinions of the family“ (QOF) was developed in an Italian sample of 103 relatives living with 79 patients with schizophrenic disorders. A German validation study of this instrument was conducted in a sample of 161 relatives living with 35 patients with schizophrenic, 77 patients with recurrent depressive disorders, and 32 patients with bipolar disorders; in this study, a German QOF-version was developed.

Results: 1. Polish relatives show a higher burden than relatives in three other European countries within the day hospital study. 2. While the Italian QOF version produced a 4-factor-solution (social restriction, social distance, utility of treatments, biopsychosocial causes of schizophrenia), this result could not be replicated in the German validation study, even not in relatives living with patients with schizophrenic disorders. Using the German QOF-version established a 3-factor-solution that differentiates the opinion of relatives on chronic mental disorders into three parts, reflecting orientation towards pathology, towards normality and towards optimising resources for treatment. This factorial structure could be confirmed in assessing a second group of 163 German relatives.

Conclusion: To discuss cultural differences properly, cross-cultural validation studies of instruments assessing these subjects are urgently needed.

S-04-02

Psychosocial burden and attitudes to disorders of relatives of chronically mentally ill persons – A comparison between schizophrenic and affective disorders

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Objective: The aim of the study was to test for differences in burden of care and attitudes of the relatives of psychiatric patients, depending on the type of patients' mental disorder. Furthermore it was analysed which criteria qualify as predictors of relatives' psychosocial burden.

Methods: A total of 163 relatives who support patients with schizophrenic, recurrent depressive or bipolar disorders were interviewed. The study-design was cross-sectional and the exploration was realised at a time when patients have been living at least four weeks in their familiar surrounding, i.e. not in a stationary psychiatric setting.

Results: The relatives of patients with schizophrenia had a more pessimistic attitude to mental disorders and felt more overall psychosocial burden than the relatives of patients with affective disorders. But there was not any significant difference in the individual subscales of burden (e.g. worrying or tension) between the three diagnostic groups. The predictors for the relatives' experiences of burden were not the objective characteristics of the patients' mental disorders, but the subjective perception of the severity of symptoms by the relatives, some traits and the attitude-subscale "hope for social integration".

Conclusion: The results support the transactional stress model of Lazarus and Folkman and suggest that support be offered to relatives of patients with mental disorders to acquire specific skills for their own emotional stress management and for a better coping with problematical situations with the patients like suicidality or aggressiveness.

S-04-03

Views of relatives of patients having been compulsorily admitted to a psychiatric hospital: Results from the multi-site EUNOMIA project

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Objective: Close relatives play a central role in the care for the mentally ill. At the same time a deficit in research on relatives remains, also with regard to their views and attitudes on involuntary admission and compulsory treatment.

Methods: An EU-funded research project (EUNOMIA study) currently collects data on involuntary psychiatric admission and compulsory treatment in 13 centres across 12 European countries. Patients are approached for study participation if either they were admitted on a legally involuntary basis or if in a screening procedure they report not having been admitted out of their own will. Patients are interviewed at three time points with a standardised questionnaire, containing, among others, the Clients' Scale for Assessment of Treatment (CAT) and the Cantril Ladder for Perceived Coercion. For each patient, one key relative and one clinician also receive a standardised questionnaire of similar design.

Results: First international data comparing relatives' views and attitudes across sites will be presented. Comparisons will be made with regard to relatives' treatment satisfaction, coercion toward the patient as perceived by relatives, and relatives' attitudes on psychiatric treatment. Relatives' views on treatment will be compared to the same measures in patients and clinical staff. Effects pertaining to legal status of the patient and study site will be shown.

Conclusion: Views of relatives of patients having been compulsorily admitted to a psychiatric hospital depend on legal status and psychopathology of the patient as well as on cultural differences. Directions for further research will be outlined.

S-04-04

Setting-specific elements of burden for care of relatives of patients treated in acute day-hospitals: Results from the multi-site EDEN study

M. Schützwohl. *Universitätskrankenhaus, Dresden, Germany*

Objective: To assess the burden on relatives within a multi-site RCT comparing acute psychiatric day-hospital treatment to inpatient treatment and to identify setting-specific predictors of a low level of burden.

Methods: In general psychiatric hospitals providing both treatment settings in the Czech Republic, Germany, Poland, and the Slovak Republic, a group of relatives was assessed at patients' admission, after four weeks of patients' treatment, and three months after patients' discharge using the Involvement Evaluation Questionnaire (IEQ).

Results: Day-hospital treatment and inpatient treatment did not differ with respect to the relatives' overall burden experienced during the first four weeks of treatment. In both settings, burden on relatives during the first four weeks of treatment could be predicted by burden prior to treatment, patients' health status within the fourth week of treatment, and a dichotomised site variable.

Conclusion: Treating acute mentally ill as day-hospital patients does not result in greater overall burden on relatives compared to treating them as inpatients. Setting-specific predictors of burden could not be found.

S-04-05

Practical problems in the implementation of supportive family intervention for schizophrenia in routine clinical settings: Results from the EC PSYCHOEDUTRAINING study

L. Magliano, A. Fiorillo, G. Fadden, M. Economou, T. Kallert, M. Xavier, F. Torres-Gonzales, M. Maj. *University of Naples SUN, Depa, Naples, Italy*

Objective: This study, promoted by the European Commission (V RTD Programme) and coordinated by the Department of Psychiatry of the Naples University, aimed to explore in six European countries: a) the possibility to provide psychoeducational intervention (PI) for schizophrenia in routine settings; b) the impact of PI on patients' clinical status and social functioning, and on relatives' burden, coping strategies and social network.

Methods: In each country, a leading centre selected four mental health services whose staff received training and supervisions in PI. Following the training, professionals applied the intervention for one year in families of patients with schizophrenia. The programme was evaluated by assessing: a) number of treated families; b) advantages and difficulties encountered by staff in the implementation phase; c) 1-year impact on treated patients and relatives.

Results: 48 professionals have been officially involved in the study and 55 families received the intervention for one year. The main advantages reported by the staff concerned clinical results and improvement of relationships with users and families. While difficulties related to the method itself decreased over time, those related to organisational aspects were stable and consistent, especially as concerns the conciliating of family work with other work obligations. Patients' symptoms and disability improved over time, in addition to a reduction of family burden. Differences were detected among the six countries in advantages and difficulties reported by the trainees, and families' compliance to treatment.

Conclusion: It is possible to introduce PI in routine settings but their implementation are limited by organisational obstacles.

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S-13. Symposium: Research on mental health sequelae of war and migration in the Balkans

Chairperson(s): Stefan Priebe (London, United Kingdom), Dusica Lecic-Tosevski (Belgrade, Yugoslavia)
14.15 - 15.45, Holiday Inn - Room 6

S-13-01

Barriers to treatment for people suffering from posttraumatic stress: Quantitative and qualitative findings

J. Jankovic Gavrilovic, M. Schuetzwohl, A. Matanov, M. Bogic, S. Priebe. *Queen Mary, University of London, Academic Unit, London, United Kingdom*

Objective: Many people experiencing mental health problems after a war do not seek treatment. Thus providing adequate mental health care for this group poses a special challenge for services. The aim of this study was to identify reasons for not seeking treatment from mental health services for people who are experiencing symptoms of Posttraumatic Stress Disorder (PTSD) and to explore whether these reasons are associated with predisposing, enabling and need factors for treatment seeking.

Methods: People experiencing symptoms of PTSD following war and migration in the Balkans were included in the study. We interviewed both people from the Balkans living in the UK and Germany as well as those who remained living in the region. Level of PTSD symptoms, life stressors, other psychopathology and coping strategies were assessed using standard questionnaires.