

S16 *New society-new problems: ...***HATRED, THE IMPOSSIBLE CONTEXT FOR THERAPY.**

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Unprompted citizen participation, as opposed to obsequiousness, is rapidly transforming former totalitarian societies. This development has met with acclaim and encouragement in the old democracies, presumably because it was seen as an improvement in the resemblance between the two halves of Europe. A fast spreading aggressive and destructive way to participation, apparently driven by hatred, tends to overshadow, particularly on the Balkans, other more constructive ways of social participation. The life-styles and interpersonal and group behaviours experienced as displays of vile hatred range through street vandalism, group rapes, racist attacks on gypsies, torture and murder of helpless victims, formation of gangs that avail themselves for the dirty work necessary for taking control of territories, roads, markets, industries, insurance, tax and tariff collection, pornography, entertainment, tourism and so on. The effect of these developments on the public is stunning. Many believe that they are a form of deviance or abnormality and see a role for psychiatry. The problem of bringing hatred into patently and thus rendering it amenable to professional intervention is raised. The inadequacy of institutional mental health in meeting the challenge is exposed. Community resources that might be tapped are discussed. It is suggested that hatred and its acting out is a step in recovering from learned helplessness. Such a step is encouraged by the impersonal and commercialised nature of technical assistance coming from outside.

S16 *New society-new problems: ...***NEW PROBLEM IN GEORGIA: THE IMPACT ON PSYCHIATRIC DISORDERS**

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The problems of mental health care could be considered as two aspects: 1) mental disorders directly associated with traumatic social events, 2) mental disorders which permanently exist in the population.

1) During the last 6 years the population of Georgia has been exposed to a number of stressful events: rapid demolition of social institutions, armed conflicts, economic crisis.

Therefore a sample of people vulnerable to stress increased and now includes the following groups: unemployed, former participants of armed conflicts, refugees, elderlies (Jishkariani *et al.*, 1996). Subsequently, we observe increased rates of depression, neurosis, Post-traumatic Stress Disorder, self-destructive behavior.

2) The situation of crisis also triggers onset or exacerbation of major mental diseases. So, the need for psychiatric help is tremendous, which is partly covered by the state program on treatment of psychotic disorders.

The role of non-governmental organizations could be defined as decisive in promoting the reforms in psychiatry, which reflects the process of humanization of society.

S16 *New society-new problems: ...***PSYCHIATRIC REFORMS IN THE UKRAINE**

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In the period of the so-called Gorbachev Perestroika and after that during the disintegration of the USSR, Ukrainian psychiatry found itself in a specific situation: 1) During the years of the communist regime, no specialized psychiatric literature from Western Europe or America ended up in Ukraine with private individuals or in the library. Thus, even the Ukrainian psychiatric nomenclature was without any information about their speciality; 2) Professional contacts with colleagues in different countries were impossible for Ukrainian psychiatrists; 3) The leaders of Ukraine (including those in Public Health), during the period of the USSR did not have the right nor experience to make any independent decisions. They took on an especially decorative executive role; 4) Characteristic of all of the USSR, the active "pumping dry of all the best brains" from the "brother republics of the Union" in Moscow directly effected medical sciences in Ukraine; 5) On the whole, a significant part of the finances which were released to Soviet Public Health remained in Russia, in Moscow, thereby creating an advantage of material and intellectual existence in the psychiatric institutions in Moscow.

S17 *Diagnostic interview for genetic studies reliability***ASSOCIATION STUDIES BETWEEN MANIC DEPRESSIVE ILLNESS AND SUICIDAL BEHAVIOUR AND "SEROTONERGIC" GENES**

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Genetic factors have been implicated in the etiology of manic depressive illness (MDI) and suicidal behavior (SB) but due to the complex inheritance patterns of these disorders, identification of the responsible gene(s) has so far been unsuccessful. There is compelling evidence that abnormalities in the serotonergic system contribute to MDI and SB. Therefore we used a candidate gene-association approach to study the implication of the genes coding for proteins involved in the serotonergic system in the susceptibility to both MDI and SB. Two hundred and eighteen MDI patients, 217 suicide attempts and 147 controls have so far been enrolled in this study. PCR-RFLP microsatellites and VNTR located in the genes coding for the tryptophan hydroxylase (TPH), the rate limiting enzyme of the serotonin synthesis and MAO A, a catabolic enzyme of serotonin were analyzed up to now. At the TPH locus significant deviation was observed for both the allele and the genotype frequencies in the subgroups of MDI patients and suicide attempts from France. A non-significant difference was observed at this locus for the MDI patients from Switzerland. As previously reported by other groups we observed a significant deviation of the MAO A microsatellite alleles between cases and controls for both the French and the Swiss MDI patients. Similar differences were observed in the suicide attempts. These results suggest that TPH and MAO A genes may be involved in the susceptibility to both MDI and SB, or to traits such as impulsivity or aggressivity, themselves commonly reported in MDI patients and suicide attempts.