CROSS CULTURAL PERCEPTIONS OF MENTAL HEALTH PROBLEMS

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Great Britain is culturally diverse, yet employs a classification of psychopathology that is based on Western models. However, lay perceptions of mental health problems may well vary cross culturally and such differences will in turn have an important influence on the clinical presentation of mental health problems, the diagnostic process and service utilisation. This study investigated cultural differences in the lay perceptions of schizophrenia and depression within Britain, with a sample of 190 participants, using the Perceptions of Mental Health Problems Questionnaire, developed for the present study. Findings showed that ethnic group differences in perceptions of schizophrenia were specific to certain symptoms, consistently, Hallucinatory Behaviour, Suspiciousness, Unusual Thought Content and Alogia. In particular, in comparison with the White British group, Bangladesh participants were less likely to rate Suspiciousness or Hallucinatory Behaviour as symptoms of mental illness, and Afro-Caribbeans less likely to rate Unusual Thought Content as a symptom. No significant differences were found across the ethnic groups for the depression items. In addition specific aspects of perceptions of schizophrenia and depression were also associated with religious group, level of education, gender and previous contact with people with mental health problems. However, multi-variate analysis showed that ethnicity was the best predictor of ratings of mental health problems. The results are discussed in relation to diagnostic and clinical implications.

INVOLUNTARY ADMISSIONS AND DETAINMENTS IN DENMARK 1990 TO 1991

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The study is retrospective and includes nine hospitals covering about 20% of all admissions to mental hospitals in Denmark from 1990–1991. According to Danish law an involuntary admission or detainment must be registered on a protocol issued by The Danish National Board of Health. These protocols made up the basis for this study. The patients' diagnoses according to the ICD-8 classification were obtained from the Danish Psychiatric Case Register.

4.2% of all admissions were involuntary. The median time for involuntary admission was 12 days. More than half of the involuntary admitted patients experienced involuntary detainment. But 70% of all involuntary detainments were experienced by patients admitted on a voluntary basis.

According to Danish law involuntary admissions and detainments must be reviewed after certain periods of time. This was not always the case.

Among the group of involuntary admitted patients 42.5% of all males and 34.9% of all females were diagnosed as schizophrenics making schizophrenia the most common diagnosis. Among patients admitted voluntary but later on involuntary detained the most common diagnosis for males was schizophrenia (32.6%) and for females manic-depressive disorder (33.0%).

Addiction to drugs or alcohol did not occur more often among involuntary admitted or detained patients than among other psychiatric patients.

Patients involuntary detained after voluntary admission spent more time in hospital than involuntary admitted patients. Both these groups of patients spent significantly more time in hospital than patients without any type of coercion registered.

The study suggests that a high bed occupancy together with poor out-hospital treatment of the patients might lead to a higher number of compulsory admissions. But other factors may also be of importance and were not considered in this study.

SUICIDALITY AND SAD: A REPORT OF 3 CASES

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Suicidality in Seasonal Affective Disorder (SAD) has never been reported in the literature. We will report on 3 subjects who presented themselves for treatment in our clinic for SAD. Two of them suffered from Bipolar Disorder, 1 from recurrent Major Depressive Disorder. All of them were satisfying the DSM IV criteria for seasonal pattern specifier with predominant atypical features. All subjects were drug-free and treated with standardized Bright Light (BL) therapy as a monotherapy for the first time. Treatment response was assessed weekly using the HDRS score, the HDRS-SAD addendum for atypical symptoms and a Hypomania Scale. Within the first week after the beginning of BL therapy 2 subjects attempted to commit suicide. The third patient developed suicidal thoughts that were so acute and overwhelming that we had to discontinue BL therapy and start with appropriate sedation and antidepressant therapy in an inpatient setting. We firstly report on suicidal features in SAD patients, which seem to be seldom, but also not negligeable and it would be interesting to collect some prevalence data on this issue. It is suggested that BL-induced amelioration of both drive and depressive mood can be dissociated like it can be the case in the "critical time" of antidepressant therapy. The predominance of atypical symptoms does not seem to represent a "protective factor" against suicidality. The fact that BL therapy can be associated with suicidality is another evidence, besides the recent case reports of BL-induced mania, that BL should only be applied by qualified health care professionals.

ECG ESTIMATION OF PATIENTS WITH BIPOLAR AFFECTIVE ILLNESS TREATED FOR OVER 10 YEARS WITH LITHIUM

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The aim of this work was to estimate the effect of long-term lithium treatment on electrocardiographic recording (ECG) in patients with bipolar affective illness.

The study was performed on 30 outpatients (13 male and 17 female) aged 33 to 66 whose period of lithium treatment was longer than 10 years. Every patient's ECG was examined before treatment, after 4 months, and next after over 10 years of lithium administration.

The ECG tracing analysis performed after 4 months of lithium treatment showed changes in 21 patients (70%) The most frequent abnormality observed was decrease of heart rate (7 persons), repolarisation disturbances (8 persons) and increase of PQ interval (6 persons). The average lithium level of patients was during this period 0.8 mmol/l.

The ECG recording of the same patients after over 10 years of lithium administration did not show significant abnormalities other than age-related changes. The average lithium level of these patients was in this time 0.6 mmol/l.

The results obtained may suggest the decrease of unfavourable influence of lithium on ECG during long term treatment. One of the factors which may contribute to the remission of previous changes in ECG is the maintaining of lower serum lithium concentration.

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