

W15. Physician suicide: toward prevention (video presentation)

Chair: M. Myers (CDN)

W15.01

WHEN PHYSICIANS COMMIT SUICIDE: REFLECTIONS OF THOSE THEY LEAVE BEHIND (VIDEOTAPE)

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When physicians kill themselves the heartache for family, work colleagues, friends, and their patients are profound. Many "survivors" struggle with feelings of disbelief, guilt, remorse, and anger. Shame and a conspiracy of silence often preclude a wholesome and open discussion of the physician's life and legacy. In this 23 $\frac{1}{2}$ minute videotape, survivors of physician loved ones who have committed suicide talk about their loss, their journey of healing, and the reactions of physician colleagues, friends, and family – and make wise suggestions to us in the health professions who treat physicians and their families. Also included are the poignant words of a physician who, struggling with major depression, attempted suicide during her residency. Grateful to be alive, she explains not only the pain of depression but that it is a treatable illness. Her message is full of compassion and hope for physicians who live with depression. This videotape should further diminish the stigma associated with mental illness in physicians. The target audience is medical students and physicians (and their families), medical school deans, directors of training programs, medical licensing board personnel, physician well-being committees, hospital administrators, all professionals who treat ill physicians, and the countless survivors who have lost loved ones to suicide.

FC14. Varia

Chairs: C. Pruneri (I), P. Smolik (CZ)

FC14.01

THE PREDICTABILITY OF ADULT INDIVIDUALS' PSYCHOSOCIAL CHARACTERISTICS ON THE BASIS OF IQ AND PERSONALITY TRAITS ASSESSED IN CHILDHOOD

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A report is presented of a longitudinal study of a cohort of 440 men and women who were first examined at the age of nine and last time at the age of about 33. One half of the sample were children born from unwanted pregnancies, the other half was a control group. A principal components analysis of ratings by teachers, mothers and schoolmates has resulted in three dimensions of childhood personality: conscientiousness, extroversion, and emotionality. The predictability of psychosocial adaptation in adult age on the basis of IQ and personality traits assessed in childhood was evaluated by linear regression analysis. The best childhood predictors are IQ and the trait of conscientiousness which predict well the educational level and the occupational status of adults. Low IQ and low conscientiousness predict problematic social integration and criminality. Psychological instability in adult age, as manifested in depressive moods or low self-confidence, is also, though weakly, predictable: unstable adult persons were as children often rated as less conscientious and/or rather introverted. Subjects born from

unwanted pregnancies were more frequently treated as psychiatric patients than subjects from the control group.

FC14.02

CHILD PSYCHIATRIC DISORDERS – A COMMUNITY SAMPLE

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Background: The magnitude of child mental health problems in the community is not known in most developing countries including the United Arab Emirates (U.A.E).

Design: In a two-stage epidemiological study, 620 children aged 6 to 18 years were screened with the parents' version of the Rutter Scale. Of these, a random sample of 329 children was interviewed using the children's version of the Schedule for Affective Disorders and Schizophrenia (KSADS).

Results: A weighted prevalence of $11.2 \pm 2.5\%$ was obtained for the presence of one or more DSM-IV-2 disorders. Depressive disorders were present in 3.0%, anxiety-related disorders in 5.2% and conduct disorders in 5.4%. Extended family structure, family history of psychiatric disorders and alcohol/drug use were identified as risk factors.

Conclusions: The prevalence rates of child psychiatric disorders and the symptomatology observed in this Middle East Community are similar to those reported in western studies.

FC14.03

ASSERTIVE COMMUNITY TREATMENT: ETHICAL AND LEGAL DILEMMAS

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Programs for Assertive Community Treatment (A.C.T.) have become the standard of care for providing community based services to individuals with severe and persistent mental illness. Envisioned to overcome fragmented systems of care, A.C.T. teams provide continuous, intensive and persistent treatment aimed at providing seriously ill individuals with a higher quality of life.

While the clinical outcomes of A.C.T. programs are well studied and discussed, ethical issues unique to A.C.T. are less well reviewed. This presentation will use the accepted foundations of ethical treatment – non-maleficence, beneficence, justice and respect for autonomy – to explore possible intrusions associated with A.C.T. In particular, the presenter will discuss issues of coercion and paternalism, and use case examples to stimulate discussion among the participants. Finally, the presenter will discuss the emergence of A.C.T. in the context of limited resources for providing treatment for individuals with serious and persistent mental illness.

The presentation will interest participants who work in community settings or who administer or regulate services in the community.

FC14.04

THE DEFENCE MECHANISM TEST IN PANIC DISORDER, GENERALIZED ANXIETY DISORDER AND SCHIZOPHRENIA

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The Defence Mechanism Test DMT is a projective personality test that is based on perceptogenesis and psychodynamic theory. A