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**S9** *Integrative research approaches to schizophrenia*


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**EVENT RELATED POTENTIAL MAPPING IN SCHIZOPHRENIA**

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Most event-related potential components have been described as amplitude reduced in schizophrenia. Several studies suggest that this is related to impaired arousal and attentional performance. In fact, schizophrenic or schizophreniform subgroups corresponding to the concept of cycloid psychosis show clinical signs of psycho-vegetative excitation and enhanced amplitudes of the auditory P300 component. Chronic and subchronic schizophrenics, on the other hand, are more likely to have lower amplitudes and topographical asymmetries of the P300 component. These asymmetries are associated with smaller left temporal areas and with neuropsychological impairments of left temporal function. A group of manic patients treated with neuroleptics did not show the typical features of schizophrenics' P300, i.e., asymmetries and amplitude reductions. Pharmacological effects are thus unlikely to cause the described alterations in schizophrenia. It is concluded that subgrouping of the schizophrenic spectrum is necessary to obtain meaningful and homogeneous psychophysiological results. P300-asymmetries are interpreted as an indication of dysfunction of highly lateralized brain function such as language. P300 amplitudes on the other hand, are supposed to reflect the level of arousal which unspecifically, but significantly, modulates cognitive performance of the patients.

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**COMMUNICATIVE STRESSORS AND PROTECTORS AND THE AUTONOMIC RESPONSE IN SCHIZOPHRENIC AND HEALTHY INDIVIDUALS**

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Different states of emotional well-being and cognitive functioning are an effect as well as a factor in courses of communicative interaction. It can be shown that features of a partner's communication behaviour (e.g., invasiveness, lack of cooperation) affect the schizophrenic individuals course. Furthermore, expressions of emotional states may modify the schizophrenic's and/or healthy partner's consequent communicative contributions. However, attempts to answer the question whether and to what extent individuals from different diagnostic groups (e.g., schizophrenic vs healthy index persons) react and act similarly in communicative situations with comparable stressors and protectors raises a poignant methodological problem: while in an experiment the pre-requisites of comparability are implemented by holding constant a given setting across all subjects, to find and define equivalent situations in natural conversation is a demanding task. We propose to systematise relevant communicative stressors and protectors with reference to concepts of a speech act theory and to a functional model of communication. With regard to communicative functions like "threat" and "consolation", we analyse differences and commonalities of emotional and communicative reactions in schizophrenic and healthy subjects. Discriminative features of pattern of interpretation are instrumental for gaining insight into the nature of the schizophrenic condition.

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**S10** *Trends and perspectives in mental health care : ...*


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**PERSPECTIVES OF THE ORGANIZATION OF MENTAL HEALTH CARE IN EUROPE**

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Since the beginning of psychiatric reforms mental health care has taken a very similar development in most western European countries. There was a remarkable decrease of psychiatric beds accompanied by a dramatic reduction of the mean length of hospitalization. This decrease was also associated with a rapid increase of hospital admissions. As such, most European countries, sharing the asylum past of psychiatric hospitals, experienced a medicalization of inpatient treatment.

Besides the shift from hospital to community there is a far reaching consensus on the major guidelines of mental health care. Thus, for example, continuity of care has to be guaranteed for those patients with a high risk of rehospitalization. The services provided have also to be within easy reach. Furthermore, to reduce the stigma of psychiatric illness, integration of psychiatric care into general medicine should be a major objective as well as citizen involvement. Although most experts would agree on those guidelines, most western European countries have developed a wide variety of psychiatric institutions in the non-hospital sector. This is mainly a consequence of national differences in financing health care and psychiatric care in particular. Today, psychiatric non-hospital care is more and more endangered to become predominantly part of social welfare. Some strategies will be discussed on how to meet these risks.

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**THE PSYCHIATRIST AND THE GENERAL PRACTITIONER**

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Five important themes are described that have developed over the past 25 years: causes of variations in prevalence, causes of disagreement between doctor and research assessment, the ability to detect psychiatric disorder, ways of improving services in primary care, ways of improving mental health services in primary care. Changes that have occurred in the mental health services in the past 30 years are described: some good, others bad. In England, we are by no means out of the woods. Some of the ways in which primary care services can supplement the work of the specialist mental health services are described: these include shared care registers, shared care plans and members of the community mental health team attached to the practices. The lecture ends with a consideration of what the future holds for the mental health services: we consider a nightmare as well as a dream.