S36.5
Community mental health and psychiatric hospitals: what strategies for reform. The Kosovar and Albanian examples

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The war in Kosovo and the post conflict emergency required the World Health Organization (WHO) intervention to support the large population of refugees fleeing into Albania, and their difficult return into Kosovo afterwards.

The psychiatric services available in both areas were unable to provide suitable support to mentally ill or vulnerable people. On the contrary, these services were characterized by the purely biological approach, hospital centralized, strongly stigmatising. The war and the increased needs for mental health support led them into collapse in the case of Kosovo and emphasized their lacks in the case of Albania. An intervention to support, develop and reform them became an emergency.

WHO interventions aimed to enhance local capacity to answer to the needs, by supporting processes of reform of the psychiatric services. But different situations required accordingly different approaches. Understanding what strategies were used, how the international supports came to ensure continuity and quality to the intervention, how the resources were utilized to obtain cost efficient services and why we do think that promoting community mental health means also supporting processes of civil reconciliation and prevention of conflicts are the main aspects of this contribution.

S36.6
Mental health in a divided society

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For ten years Kosovar Albanian population was subject of severe apartheid imposed by Serbian regime. At the time when severe violations of human rights of Albanian population happened, Serbian community had experience of power and economical prosperity. Mental health consequences of both processes were catastrophic: A lot of pain, hard emotions, mixed feelings of anger and depression, anxiety and dependency, inferiority and humiliation was accumulated into Albanian population. Unfortunately, nothing was done by Kosovar Serbian society to downsize the intensity of these tectonic developments. After the war, mental health consequences for Albanian population become extremely severe, at the same time Serbian population started to experience what Kosovar Albanians were experiencing many years before. It is difficult to develop comprehensive mental health reform in a divided society. Nevertheless, Kosovar Albanian professionals supported by WHO are showing high level of sensitivity toward minority mental health issues. Reconciliation for Albanian population is well known process and is heritage of national culture and tradition. Sincere motivation of minorities to be integrated into Kosovar society is basic precondition for that.

S36.7
International collaboration and support in the mental health programme in Macedonia

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The mental health services are poor. They need to be improved from medical, economic and human right's point of view. WHO has in collaboration with 3 twinning cities in EU supported an extensive reform program.

International collaboration has proved to be an efficient way to improve the services

S37. European day hospital evaluation – results from the first year of the EDEN-Study

Chairs: T. Kallert (D), S. Priebe (GB)

S37.1
Quality assurance for randomisation and survey instruments in the EDEN-Study

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In 2000, an EC-funded multi-site study on the efficacy of acute psychiatric day-hospital treatment (EDEN-study) started in five European centres: Dresden (Germany), London (UK), Wroclaw (Poland), Prague (Czech Republic) and Michalovce (Slovak Republic). The study utilises a randomised controlled trial and is the first spanning former western and eastern block countries. The prospective design defines repeated measures of objective and subjective outcome criteria at six different time points including a 12-month post-treatment period.

To guarantee the standard of randomisation the study group (besides initially agreed upon inclusion and exclusion criteria as well as practical details of the randomisation procedure following the rules of the CONSORT statement) uses a focus group methodology at the project meetings, continuous e-mail communication between the centres as well as monthly reports according to the CONSORT statement to the co-ordinator. Besides centre-specific measures for continuous training of interviewers (e.g. for SCAN 2.1) the study group e.g. performs video ratings for BPRS and monthly ratings of written vignettes for GSDS (Groningen Social Disabilities Schedules).

Details of the procedures and results (e.g. GSDS role-specific interraterreliability) will be reported.

S37.2
Clinical and sociodemographic features of randomised patients in the EDEN-Centres

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We shall summarize the overall number of patients admitted to individual centers in Dresden, London, Wroclaw, Michalovce and Prague during the first year of the EDEN research period starting December 1, 2000, the reasons of their not fulfilling the inclusion criteria (e.g. admission without consent, suicidal risk, risk to others, degree of severity of psychiatric disorder) and the number of those

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