

S05.05**NMDA DEFICIENCY AS A BASIS FOR THE COGNITIVE DETERIORATION IN SCHIZOPHRENIA**

S.R. Hirsch

No abstract was available at the time of printing.

S05.06**THE NEUROPATHOLOGY OF SCHIZOPHRENIA DEMENTIA**

M. Davidson

No abstract was available at the time of printing.

W13. Negative attitudes and discrimination against severe mentally ill patients*Chairs:* N. Sartorius (CH), M. Bassi (I)

W13.01**STIGMA IN SCHIZOPHRENIA: A GERMAN POINT OF VIEW**

M.C. Angermeyer

No abstract was available at the time of printing.

W13.02**STIGMA AND SCHIZOPHRENIA DIAGNOSIS: THE OPINIONS OF ITALIAN PSYCHIATRISTS**M. Bassi*, I. Tarricone¹. *Mental Health Department of Bologna; ¹Department of Psychiatry, University of Bologna, Italy*

Research and scientific debate on the problem of discrimination because of severe mental illness has become extremely popular in the last few years. Regardless of the large diffusion of mental disorders in the general population, and the fact that today, for the majority of the mental disorders, we have effective treatments, a large part of the general public often tends to consider people affected by severe mental disorders (in particular schizophrenia) 'abnormal', bizarre, unpredictable, and incomprehensible. For some people affected by severe mental disorders the illness itself or its treatment can also label the individual. The simple fact of having to go to a community mental health center or of speaking to a psychiatrist can mark the individual as 'different'. These are the primary reasons why this label of stigma has been created, not only for the people affected but also for their relatives and caregivers. Once labeled, the patient is forced into a limited number of stereotypes of mental illness. The schizophrenia diagnosis contributes in the majority of cases to disadvantage 'in and of itself' the affected person, independently of the course and outcome of the disorder, of the symptoms, of the disability, the social function, and the actual needs of the patient.

The role of the diagnosis is today at the center of the debate on stigma because of schizophrenia. Some psychiatrists think that it is important to rethink how psychiatric terms such as schizophrenia are used in practice and how they deal with issues surrounding this diagnosis. For this reason we have tried to find out the opinions of Italian psychiatrists on the relationship between stigma and the schizophrenia diagnosis. With a multiple-choice questionnaire given to 496 psychiatrists in the whole country we have collected

these opinions, interpreting the different uses of the schizophrenia diagnosis in daily practice and ethic consequences of these uses.

W13.03**STIGMA AND THE CONCEPT OF SCHIZOPHRENIA IN THE THIRD MILLENIUM**

I.F. Brockington

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W13.04**THE STIGMA OF SCHIZOPHRENIA AND WAYS OF DIMINISHING IT**

P. Byrne

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W13.05**WORKING WITH PATIENTS AND THEIR FAMILIES: THE PREVENTION PERSPECTIVE**A. Fioritti¹*, I. Tarricone². *¹Mental Health Department of Bologna; ²Department of Psychiatry, University of Bologna, Italy*

One of the most important achievements of psychiatry in developed countries during the deinstitutionalization era has been the acknowledgement of patients and their families as stakeholders in the therapeutic process. This perspective is broadening to the political-institutional dimension and very likely will affect the "renaissance" of interest in the themes of prevention in psychiatry.

In Bologna, five institutions (the City Council, the Local Health Trust - *Azienda USL Città di Bologna*, the Institute of Psychiatry of the University, the *Istituto Gianfranco Minguzzi* and the *Gruppo Prometeo*) gave birth to the Bologna Forum for Mental Health and the prevention in Psychiatry (*Coordinamento Cittadino per la Promozione della Salute Mentale e la Prevenzione dei Disturbi Psicici*). Twenty-four public, private and grassroots organisations have already joined this project, in order to implement shared actions of preventive meaning in psychiatry.

Among these actions "*Working with patients and their families*" was the first to be taken over, and is currently being carried out. It comprises a set of interventions and research on family burden, the experience of care-giving and the problems of advocacy and empowerment of the patients and their families. The authors describe how this project was prepared and is being implemented through a process of collaboration with lay participants, patients and family members, with a particular view to the preventive effect of meeting the most commonly neglected needs of the patients and their families.