

**Methods:** An EU-funded research project (EUNOMIA study) currently collects data on involuntary psychiatric admission and compulsory treatment in 13 centres across 12 European countries. Patients are approached for study participation if either they were admitted on a legally involuntary basis or if in a screening procedure they report not having been admitted out of their own will. Patients are interviewed at three time points with a standardised questionnaire, containing, among others, the Clients' Scale for Assessment of Treatment (CAT) and the Cantril Ladder for Perceived Coercion. For each patient, one key relative and one clinician also receive a standardised questionnaire of similar design.

**Results:** First international data comparing relatives' views and attitudes across sites will be presented. Comparisons will be made with regard to relatives' treatment satisfaction, coercion toward the patient as perceived by relatives, and relatives' attitudes on psychiatric treatment. Relatives' views on treatment will be compared to the same measures in patients and clinical staff. Effects pertaining to legal status of the patient and study site will be shown.

**Conclusion:** Views of relatives of patients having been compulsorily admitted to a psychiatric hospital depend on legal status and psychopathology of the patient as well as on cultural differences. Directions for further research will be outlined.

#### S-04-04

Setting-specific elements of burden for care of relatives of patients treated in acute day-hospitals: Results from the multi-site EDEN study

M. Schützwohl. *Universitätskrankenhaus, Dresden, Germany*

**Objective:** To assess the burden on relatives within a multi-site RCT comparing acute psychiatric day-hospital treatment to inpatient treatment and to identify setting-specific predictors of a low level of burden.

**Methods:** In general psychiatric hospitals providing both treatment settings in the Czech Republic, Germany, Poland, and the Slovak Republic, a group of relatives was assessed at patients' admission, after four weeks of patients' treatment, and three months after patients' discharge using the Involvement Evaluation Questionnaire (IEQ).

**Results:** Day-hospital treatment and inpatient treatment did not differ with respect to the relatives' overall burden experienced during the first four weeks of treatment. In both settings, burden on relatives during the first four weeks of treatment could be predicted by burden prior to treatment, patients' health status within the fourth week of treatment, and a dichotomised site variable.

**Conclusion:** Treating acute mentally ill as day-hospital patients does not result in greater overall burden on relatives compared to treating them as inpatients. Setting-specific predictors of burden could not be found.

#### S-04-05

Practical problems in the implementation of supportive family intervention for schizophrenia in routine clinical settings: Results from the EC PSYCHOEDUTRAINING study

L. Magliano, A. Fiorillo, G. Fadden, M. Economou, T. Kallert, M. Xavier, F. Torres-Gonzales, M. Maj. *University of Naples SUN, Depa, Naples, Italy*

**Objective:** This study, promoted by the European Commission (V RTD Programme) and coordinated by the Department of Psychiatry of the Naples University, aimed to explore in six European countries: a) the possibility to provide psychoeducational intervention (PI) for schizophrenia in routine settings; b) the impact of PI on patients' clinical status and social functioning, and on relatives' burden, coping strategies and social network.

**Methods:** In each country, a leading centre selected four mental health services whose staff received training and supervisions in PI. Following the training, professionals applied the intervention for one year in families of patients with schizophrenia. The programme was evaluated by assessing: a) number of treated families; b) advantages and difficulties encountered by staff in the implementation phase; c) 1-year impact on treated patients and relatives.

**Results:** 48 professionals have been officially involved in the study and 55 families received the intervention for one year. The main advantages reported by the staff concerned clinical results and improvement of relationships with users and families. While difficulties related to the method itself decreased over time, those related to organisational aspects were stable and consistent, especially as concerns the conciliating of family work with other work obligations. Patients' symptoms and disability improved over time, in addition to a reduction of family burden. Differences were detected among the six countries in advantages and difficulties reported by the trainees, and families' compliance to treatment.

**Conclusion:** It is possible to introduce PI in routine settings but their implementation are limited by organisational obstacles.

Sunday, April 3, 2005

### S-13. Symposium: Research on mental health sequelae of war and migration in the Balkans

*Chairperson(s):* Stefan Priebe (London, United Kingdom), Dusica Lecic-Tosevski (Belgrade, Yugoslavia)  
14.15 - 15.45, Holiday Inn - Room 6

#### S-13-01

Barriers to treatment for people suffering from posttraumatic stress: Quantitative and qualitative findings

J. Jankovic Gavrilovic, M. Schuetzwohl, A. Matanov, M. Bogic, S. Priebe. *Queen Mary, University of London, Academic Unit, London, United Kingdom*

**Objective:** Many people experiencing mental health problems after a war do not seek treatment. Thus providing adequate mental health care for this group poses a special challenge for services. The aim of this study was to identify reasons for not seeking treatment from mental health services for people who are experiencing symptoms of Posttraumatic Stress Disorder (PTSD) and to explore whether these reasons are associated with predisposing, enabling and need factors for treatment seeking.

**Methods:** People experiencing symptoms of PTSD following war and migration in the Balkans were included in the study. We interviewed both people from the Balkans living in the UK and Germany as well as those who remained living in the region. Level of PTSD symptoms, life stressors, other psychopathology and coping strategies were assessed using standard questionnaires.

Reasons for not seeking treatment were assessed by a posteriori categorised open questions.

**Results:** We present results on barriers to treatment and their association with predisposing, enabling and need factors.

**Conclusion:** In conclusion, a variety of barriers to treatment and factors associated with them should be considered in planning of mental health services for people suffering from posttraumatic stress.

### S-13-02

A new instrument to assess health care and social interventions for patients with posttraumatic stress

G. M. Galeazzi, A. Kucukalic, M. Popovski, D. Ajdukovic, M. Bogic, T. Franciskovic, D. Lecic Tosevski, P. McCrone, M. Schuetzwohl, S. Priebe. *Community Mental Health Service of Sassuolo, Sassuolo, Italy*

**Objective:** To develop a new user-friendly mapping instrument, applicable in different national and local contexts, to gain a better understanding of the utilization, need and outcome of health care and community based interventions for people suffering from posttraumatic stress.

**Methods:** The new instrument has been developed in the frame of the CONNECT multi-center research project on “Components, organisation, costs and outcomes of health care and community based interventions for people with posttraumatic stress following war and conflict in the Balkans”. It builds on standardised mapping instruments for mental health services such as the European Service Mapping Schedule or the International Classification of Mental Health Care, integrating non-mental health care and community providers and initiatives. It was developed through a Delphi process consultation among CONNECT researchers, belonging to seven different ex-Yugoslavian and EU members Countries.

**Results:** The draft-version of the instrument used in a pilot study is composed of the following nine categories: Primary Care, Mental health care, Specialist physical health care, Housing, Employment and training, Leisure and social support, Pensions and financial benefits, Legal support, Information and advocacy. 15 sub-headings complement the principal categories. Results of the pilot study will be briefly presented.

**Conclusion:** In its definitive version the new instrument will be used to map services in a defined region and to identify interventions that individuals have received in a given period of time. Furthermore, it can be used to identify changes over time and differences between regions.

### S-13-03

Assessment for long-term outcomes following potentially traumatic events - the CONNECT study

S. Priebe, D. Lecic-Tosevski, T. Franciskovic, M. Schützwahl, D. Ajdukovic, M. Popovski, G., M. Galeazzi, M. Bogic, A. Kucukalic. *Queen Mary, Univ. of London Newham Centre for Mental Health, London, United Kingdom*

**Objective:** There has been little systematic research on long-term clinical and social outcome of people who experienced potentially traumatic events in armed conflict. In particular, it is unclear how refugees differ from people who stayed in the area of conflict, and what the relativ impact of social and specific health care intervention on long-term outcome is. The CONNECT addresses the related research questions.

**Methods:** Description of the rationale, approach and methodology of the study.

**Results:** CONNECT is a collaborative study funded by the Research Directorate of the European Commission with centres in Bosnia-Herzegovina, Croatia, Germany, Italy, Mazedonia, Serbia and the United Kingdom. In each country people who experienced potentially traumatic events due to war and forced migration during the Balkan conflict will be screened and interviewed. The intended total sample will be more than 4000 people. History of potentially traumatic experiences, received social and health care interventions, current psychopathology and quality of life will be assessed. A subgroup of 800 people will be identified who suffer from ongoing symptoms of post-traumatic stress and followed up over a one year period.

**Conclusion:** CONNECT is the largest project of its kind that has been initiated in Europe. It is unusual in several respects and carries significant risks. The study aims to deliver important results and strengthen the collaborative academic links between the participating countries.

### S-13-04

Outcomes of specialised treatments for posttraumatic stress in specialised centres in three Balkans countries

T. Franciskovic. *Psychiatric Clinic, Rijeka, Croatia*

**Objective:** Conflict and the war in the Balkans results in huge number of all kinds of war victims in need of psychological help. Professionals tried to meet these growing demands by developing treatment programs within official health care system or within nongovernmental organisations. Treatment approaches were developed according possibilities, number of clients, number of professionals and their educational background. In addition the professionals themselves were living in the war circumstances and often overwhelmed with traumatised clients. All these influenced the treatment approaches and outcomes. The studies of outcomes and effectiveness of such treatments are still rare.

**Method:** Within the STOP-study (Priebe et al., 2003), 400 clients suffering from PTSD in 4 specialised treatment centres in Croatia, BiH and Serbia were included in assessment of treatment effectiveness. The specialised treatment strategies differed from individual therapy, group therapy to combined treatments programs. They were assessed using several standardised instruments on posttraumatic stress (CAPS), general psychopathology (BSI), and quality of life (MANSA) before starting the treatment program, after three months and after one year. In the second and the third assessment the structured questionnaire on the satisfaction with treatment on the side of client and on the side of therapist was added.

**Results:** The findings on outcomes of presented specialised treatment strategies will be presented, and the results will be discussed in the frame of organisational possibilities and social circumstances within which the post-war recovery take place.

### S-13-05

Characteristics of non-treatment seekers with posttraumatic stress: Differences between groups in former Yugoslavia and refugees in Western Europe

M. Schützwahl. *Universitätskrankenhaus, Dresden, Germany*

**Objective:** Patients suffering from symptoms of posttraumatic stress often do not seek or do not get into specialized treatment

which promises improvement of symptoms and social functioning. Given that mental health services provision in post-conflict countries differs from that in countries that accepted refugees, the presentation aims to find reasons for this by searching for differences in war traumatized non-treatment seekers in former Yugoslavia and refugees from former Yugoslavia having been accepted in two EU member states.

**Methods:** Within the STOP-study (Priebe et al., 2003), about 600 participants suffering from posttraumatic stress following conflicts in the former Yugoslavia were recruited in four sites in Croatia, England, Germany, and Serbia. They were assessed using several standardised instruments on socio-demographic features, posttraumatic stress (e.g. CAPS), general psychopathology (BSI), and quality of life (MANSA). Structured questions on coping strategies and barriers to treatment complemented the interview. Status of mental health treatment was rated on a 4-point scale differentiating “no treatment at all”, “primary care incl. medication and talks with a GP”, “secondary care incl. psychiatrists and clinical psychologists” and “tertiary services and specialised treatment for symptoms of posttraumatic stress.”

**Results:** We will compare non-treatment seekers to treatment seekers and focus on findings on the differences between non-treatment seekers in the two post-conflict countries and the two countries that accepted refugees.

**Conclusion:** Findings will be discussed with respect to mental health services planning.

Monday, April 4, 2005

## S-24. Symposium: Adjusting to cultural differences for interventions in mental health care

*Chairperson(s):* Christian Haasen (Hamburg, Germany), Marianne Kastrup (Copenhagen, Denmark)  
08.30 - 10.00, Gasteig - Lecture Hall Library

### S-24-01

Cultural sensitivity for institutions of mental health

C. Haasen. *University Hospital Eppendorf, Hamburg, Germany*

There is sufficient evidence in different countries, that migrants from different cultural backgrounds do not use mental health services to the same extent as natives. Reasons are several different barriers in the access to care for migrants with mental health problems. These barriers can be found both on the institutional level as well as on the subjective level of the patients and caregivers themselves. The institutional barriers are mainly a lack of information about and for migrants, as well as a lack of more specific treatment modalities. The subjective barriers are associated with issues of discrimination as well as preconceptions about mental health services and disorders. Several measures are being undertaken in different countries to reduce these barriers in the access of care for mentally ill migrants in Europe.

### S-24-02

Cultural aspects of psychosocial interventions

M. Kastrup. *Rigshospitalet Psychiatry Clinic, Copenhagen, Denmark*

A comprehensive assessment of the patient is a necessary prerequisite for adequate psychosocial interventions. It comprises e.g. an evaluation of the level of social functioning, habitually as well as presently; the psychosocial and circumstantial factors contributing to the present situation; a psychological understanding of the self and its abilities, and an overview of the total life situation. Assessing patients from other ethnic backgrounds comprises similar elements, but certain aspects require particular attention. The cultural formulation in DSM-IV (1994) underlines the need for the clinician to assess e.g. any cultural explanation of the illness, cultural factors related to psychosocial functioning, cultural elements in the physician-patient relationship, as well as the cultural identity of the individual. Furthermore, special emphasis should be paid to the cultural competence of the professionals responsible for the intervention. According to Tseng (2003) clinicians need to sharpen their cultural sensitivity, be perceptive to cultural differences and willing to learn from patients and families, their value systems and ways of handling the problems. Family involvement in all decision-makings should be taken into account. In the light hereof the paper will discuss strategies to optimise psychosocial interventions.

### S-24-03

Ethnic factors in pharmacology and pharmacogenetics

A.-M. Pezous. *ECIMUD Service de Psychiatrie, Paris, France*

### S-24-04

Cultural mediators for mental health services

W. Machleidt, R. Salman. *Med. Hochschule Hannover Sozialpsychiatrie, Hannover, Germany*

**Objective:** Within the in- and out-patient psychological and (social-)psychiatric services migrants are underrepresented. So far they could not be reached via the usual informational and motivational pathways.

**Methods:** In order to enable an access to these services a concept to train “key persons” as cultural mediators has been developed. Cultural mediators are key persons having on one hand the specific linguistic and cultural access to the different migrant groups and on the other the knowledge about the language and structures of the host country. They are trustworthy “authorities” as well as for the migrants’ groups and the institutions of the majority population. Coming from different cultures these key persons are trained to pass on medical and social information through multilingual and cultural sensible campaigns during which they inform their countrymen about addiction, mental health etc. as well as about the available health services.

**Results:** The Ethno-Medical Center Hannover trained more than 400 mediators in the fields health system, addiction, AIDS, dental hygiene, mother-child health etc. Since 1995 more than 600 preventive organisations which reached more than 10.000 migrants. As a consequence the migrants’ use of psychosocial services in this region increased.

**Conclusion:** It can be concluded that the concept of cultural mediators has been proved to be very effective. Especially socially disadvantaged migrants can be reached by the psychosocial services via native speakers and cultural sensible information. It is recommended that each institution of the psychosocial and psychiatric service network sets up a certain group of mediators who are trained and educated well and continuously.