

**P44.02**

"New chronics" – do they need psychiatry-adjacent homes?

M. Franz\*, T. Meyer, C. Adenaw, B. Gallhofer. *Justus-Liebig University, Centre for Psychiatry, Giessen, Germany*

Despite the political intention of a steady diminution of psychiatry-adjacent homes for old 'remnant' patients who were difficult to place in community, an increasing number of younger 'new chronic' 'difficult-to-place'-patients has emerged recently in the German state of Hesse in homes on the grounds of the psychiatric hospitals. The present study assesses number and characteristics of these "new chronics", the reasons for their non-placement in the community, the quality of their care and their needs for an appropriate care in the community.

Interviews are conducted with the new chronic patients and staff in their homes. Assessment inventory includes the Positive and Negative Syndrome Scale (PANSS), Disability Assessment Schedule (DAS), Community Placement Questionnaire (CPQ) and the Camberwell Assessment of Need (CAN).

The study will be finished in March 2002. In a next step regions with and without such homes will be compared. The results will contribute to the ongoing discussion if such homes (a) are necessary for severely ill psychiatric patients in need of a psychiatric hospital in close neighbourhood or (b) represent a superfluous institution providing an unnecessarily high restrictive hospital-like environment.

**P44.03**

Predictors of health-related distress in family caregivers

M. Franz\*, T. Meyer, B. Gallhofer. *Justus-Liebig University, Centre for Psychiatry, Giessen, Germany*

Studies on family caregivers' burden in psychiatric patients have primarily been undertaken with members of caregivers associations. Therefore, present study analyses a representative sample of psychiatric patients' relatives in a defined hospital catchment area. It focuses on health-related distress of caregivers of schizophrenic and depressive patients and identifies specific distressing conditions.

In a cross-sectional survey a questionnaire based on the Involvement Evaluation Questionnaire was applied, including objective and subjective burden, carers' psychosomatic health status and patients' psychopathology as rated by the relatives. Significant others of newly admitted patients and long-term caregivers were approached.

Health-related distress (GHQ) was markedly increased in comparison to healthy controls and corresponded to medical students right before taking their exams. Treatment threshold was exceeded in 62% of the caregivers. Not mere duration but characteristics of the interaction between relative and patient (e.g. tension, arguments) as well as worrying were predictors of increased health-related distress.

Data allowed for identification of a "risk profile" that provides professionals with specific characteristics of family caregivers, changes in their social network- and psychopathology of patients which predict health-related harm of caregivers.

**P44.04**

Restrictiveness of psychiatric institutions – a changing pattern

B. Hanewald\*, M. Franz, T. Meyer, B. Gallhofer. *Justus-Liebig University, Centre for Psychiatry, Giessen, Germany*

The Hospital Hostel Practice Profile (HHPP) was developed in the 1960s and 70s to assess restrictiveness in psychiatric care. A slightly modified German version comprises 65 yes/no-items relating to seven different domains. It was applied to 63 wards of 8 psychiatric hospitals, 23 asylums for psychiatric patients, 13 homes for the elderly and 24 sheltered group homes.

About 1/3 of the restrictive practices of the HHPP were not present in 80% of the institutions. Moreover, results indicate a generally lower restrictiveness of psychiatric institutions in comparison to the HHPP-data from the 1980s, esp. regarding autonomy and self-determination of the patient. The HHPP demonstrated an expected gradient from hospital wards, via asylums, to the sheltered facilities.

All in all, the items of the HHPP, stemming from the days of custodial hospital care, did not seem to adequately reflect the environmental conditions of modern community care institutions. These results call for a more suitable approach in the assessment of restrictiveness.

**P44.05**

The Croatian population attitudes towards the mentally ill via an anti-stigma questionnaire

I. Filipic\*, D. Marcinko, J. Grubisin, L. Hotujac. *Department of Psychiatry, University Hospital Zagreb, Croatia*

Stigma and discrimination related to schizophrenia and other mental diseases endanger effective treatment, marginalizing the patients and their families. Realizing the great significance of this problem, the Croatian Psychiatric Association, started a five-year program: "Diminishing stigma and discrimination of schizophrenic and other mental patients", in collaboration with the WPA.

We investigated general positions and knowledge, and the attitudes of Croatian population towards the mentally ill. The research was done in the sample of 1500 individuals, taking into consideration their age, gender and education, using the representative sample system of the general population, randomised by computer. As the investigation method served the validated questionnaire containing 30 items.

We have found markedly negative attitude towards psychiatric patients, as the consequence of uninformed population, without significant differences regarding age and gender, but more pronounced in people with lower education. Interesting is that 42% of the examinees are afraid of schizophrenic and other mental patients, 60% would not employ them, 70% would not marry them, and 40% would not establish any relationships with such patients. Only 20% consider the mentally ill as violent.

The obtained results were compared to the data of a British study. (Crisp A, Gelder MG, Rix S, Meltzer H. Stigmatization of people with mental illnesses. *British Journal of Psychiatry* (2000), 177, 4–7.)

**P44.06**

What does "psychiatry" mean to patients, relatives, and psychiatry professionals?

I. Munk\*. *Park-Krankenhaus Leipzig-Südost GmbH, Germany*

The stigmatisation of mentally ill and measures for destigmatization have become an important topic among professionals,

but also for patients and relatives. There are two key questions concerning the role of psychiatric institutions: How can psychiatric institutions help to cope with stigmatization? Or do they contribute to stigmatization? In a questionnaire survey patients, relatives and psychiatric professionals in the hospital, residential and day services were asked to state, what – in their opinion – others and they themselves think when they hear the term “psychiatry”. Those interviewed should also assess different new designations replacing the current “Department of Psychiatry”. The study was performed at the Department of Psychiatry and Psychotherapy at the general hospital in Hanau, a city with 90.000 inhabitants east of Frankfurt/Main. The Department of Psychiatry and Psychotherapy provides inpatient care for a catchment area of 200.000 inhabitants.

170 questionnaires (92 patients, 28 relatives and 50 professionals) were completed and returned. The images most frequently associated with the term psychiatry in the public are – in the view of those interviewed – closed institution, such as prisons, where

mad criminal offenders live, or mental nursing homes for people with handicaps. Frequently, discriminating slang words are used to designate mental hospitals. These associations to the term psychiatry are influenced by the points of view of patients, relatives and professionals. Patients emphasize most frequently help, but also negative memories of anxiety and compulsion; relatives underline the seriousness of mental illness, their helplessness and the help given by the psychiatric hospital, whereas professionals describe positive and negative aspects of their work. Patients, relatives and professionals assume that their view of psychiatry differs from the public's views, which may be related to their having practical experience of psychiatry.

In discussing the results of the survey measures against stigma are discussed. Contact between psychiatric hospitals and the community should be intensified to influence the public attitudes. Psychiatric hospitals as closed institutions far away from the community, similar to prisons, should disappear. A good way to reach this goal might be psychiatry units in general hospitals.