S20 *Crosscultural psychiatry*

A COMPARISON OF TWO SYSTEMS OF PSYCHIATRY IN KENYA

G. Assen *Staatstoezicht op de Volksgezondheid, Utrecht, Netherlands*

The treatment of psychotic patients treated in two different health systems will be compared. Different components of the treatment in their cultural context will be described and an illustration of the explanatory model will be given.

S20 *Crosscultural psychiatry*

CROSS-CULTURAL ASPECTS OF DEPRESSIVE DISORDERS

S. Douki, K. Tabbane, M. J. Taktak. *CHU Razi, LaManouba, Tunis, Tunisia.*

Depressive disorders are a widespread condition around the world and patients suffering from depression represent a great percentage of all the subjects that need or that seek mental health care. Nevertheless, because psychological distress is a subjective experience expressed in one's own language and related to personal history, culture can affect the expression of depressive mood and symptoms. The cultural variations are important to highlight because depressed patients belonging to other cultural studies of depression are well documented but are also confronted with some methodological difficulties which will be discussed. These studies show mainly that besides culturally-bound symptoms, there is a "core syndrome" which is common to all types of depression, regardless of the socio-cultural context. Since the 1980s, they showed that clinical differences are decreasing as cultural models become more and more similar throughout the world. From the psychopathological point of view, the clinical variations are partly due to differences in the expression of affection (spoken and bodily language) and in the realationship of the individual to the group.

S20 *Crosscultural psychiatry*

A 14-YEAR RETROSPECTIVE-PROSPECTIVE STUDY ON THE EFFECT OF DEPOT NEUROLEPTIC ON A COHORT OF WEST-AFRICAN OUT-PATIENTS WITH A CHRONIC FUNCTIONAL PSYCHOSIS

J. de Jong, I. Komproe. *Transcultural Psychosocial Institute, Amsterdam, The Netherlands.*

After the independence of Guinea-Bissau in 1974, the government reversed the colonial health policy into a decentralized and preventive one. In order to reduce the health care consumption of chronically admitted patients, a sample of 41 patients with a ten year old history of frequent and prolonged admissions shifted for a period of four years from oral to depot medication (haloperidol decanoate). The study focussed on the following issues: (1) the decrease of admission rates on depot neuroleptic medication in comparison with oral medication; (2) the relapse prevention while assessing the minimal effective amount of depot neuroleptic after stepwise reduction of the dosage; (3) the effect of depot neuroleptic on social and clinical functioning and (4) the effect of the folk healing sector on the admission rate. During the four years of depot medication, the outcome was measured with the BPRS, the SDRS, the NOSIE, a list of unwanted effects, and a semi-structured interview with patients and family on their visits to healers and their level of social functioning. The BPRS showed a sharp initial decrease of levels of symptomatology, the NOSIE showed a slight improvement, whereas the SDRS showed an improvement of the self system, the performance system and especially the interpersonal system. Visits to healers had no significant effect on admission rate. The mean number of days of admission decreased from 99 days on oral medication to 5 days on depot medication. The lecture will focus on these findings and on the paradox that healers do not have a substantial effect on the admission rate, whereas their effect on the local culture is essential to understand the successful resocialization of the patients.

S21 *Basic aspects of quality assurance in mental health care*

Basic Aspects of Quality Assurance (QA) in Mental Health Care (Overall Abstract).

Wolpert, Eugen M (Darmstadt/Germany), Oskarsson, Högni (Reykjavik/Iceland)

(Overall Education Objectives. At the end of this Symposium, the participant should be able to recognize the technic and complexity of QA)

Quality assurance in mental health care has to take into account many facets and aspects of illness and morbidity beyond diagnoses, pathology, treatment procedures and outcome in the sense of symptoms reduction, obviously many more not than in health care generally have to be respected. In this symposium by the introducing paper basic informations about the appropriate philosophy are give that is underlying effective quality assurance in mental health care. The following presentations will, on the basis of the introduced quality assurance philosophy, deal with different crucial aspects that quality assurance in mental health care has to take into account, i e ethics and law, quality of life as a decisive outcome variable, reliability, validity and international comparability of diagnoses and psychopathhology assessment, numerous psychosocial factors of care systems, problems of scientific evaluation of mental health care procedure and systems, and the important tasks of prevention of chronicity and impairment by rehabilitation These different non-clinical aspects of quality assurance in mental health care do not yet cover the total range of facets that have to be respected; the invited discussants as well as the general discussion may compete the picture to reveal the enormous complexity of the problem that we have to face in this area.

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