inpatient admissions, and a suggestion of increased social activity in the intensive sector.

Conclusion: This study failed to find an effect of an intensive model of community care on quality of life in people with psychosis. However the intervention failed to change the objective QOL indicators, nor were there changes on other measures of symptoms and disability. It therefore remains unclear whether the negative result indicates an insensitivity to change of QOL measures, or whether the intervention failed to produce the kind of changes in mental health and functioning which would be reflected in improved quality of life.

S26-5
SCHIZOPHRENIA AS A LIFETIME DISORDER

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Fourteen years after their first hospitalization with a diagnosis of schizophrenia 56 patients of an original cohort of 70 persons from the former WHO-Disability study agreed to participate in a research project concerning the long term course and outcome of schizophrenia. Data from 8 cross-sectional assessments between index admission and long-term follow-up were at our disposal. The analysis of course considers different illness dimensions (symptomatology, psychological impairments, social disability) as well as social development. Today, the subjects are more or less isolated. The agreement of psychopathological findings and impairment in psychological functioning among the different cross-sectional assessments is surprisingly high. There is no reduction in the number of subjects with florid symptomatology over time. The same is true for impairments. With respect to social disability, the number of patients with disabilities exceeds the number of patients with psychological impairments and conspicuous symptomatology by far. There is also a significant increase of social disability over time. Considering positive (PSE-CATEGO) and negative symptoms (SANS) as outcome measures some 60% of the cohort are still suffering from schizophrenia today; 25% do not show any signs or symptoms and another 15% are no longer symptomatic but are still treated with neuroleptics. The number of the inpatient readmissions per annum decreases significantly in the course of the 14 years. At the same time the need for outpatient and complementary treatment increases simultaneously so that the total amount of need for care remains at the same level.

The results are discussed in the light of findings from the study of the early course of schizophrenia (Mannheim ABC-Study).

S27. The global burden of mental disorder – supporting the response of governments and non governmental organizations

Chairs: M deVries (NL), R Jenkins (UK)

S27-1
"NATIONS FOR MENTAL HEALTH: A NEW WHO ACTION PROGRAMME ON MENTAL HEALTH FOR UNDERSERVED POPULATIONS

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Nations for Mental Health aims at improving mental health and psychosocial well-being of the world's underserved populations. The Programme collaborates with governments who wish to take action to help those suffering from the loss or impairment of their mental health. These are children living under difficult circumstances, victims of violence, people dependent on alcohol or other substances, people suffering from acute or chronic mental illness who are inadequately cared for and people living in extreme poverty, all of whom suffer from various behavioural or social problems, or from a defined mental disorder. All of them are stigmatized and frequently exposed to human rights violations; they are all in dire need of strong family and community support, more easily accessible and appropriate interventions by local services who should be flexible and comprehensive.

These underserved population groups are not only encountered in the least developed countries but also in developed countries undergoing rapid changes in the social, political and economic sphere. They require intensive and sustained support from the Nations of the world, through joint cooperation between governments, NGOs and the specialized agencies of the United Nations system. Solutions to mental health problems require joint mobilization of social, economic and political forces as well as changes in government policies related to education, health and economic development.

So far, Nations for Mental Health has set up demonstration projects in Argentina, Belize, Bolivia, Bhutan, China, Egypt, Marshall Islands, South Africa, Sri Lanka and Yemen, and projects in the Russian Federation, Viet Nam and Mozambique will be initiated in 1998."

S27-2
WFMH IN WORLD MENTAL HEALTH: SCIENCE, CONSUMERS AND PROVIDERS

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International agencies such as WFMH have realized that a significant part of the world health burden is due to mental health problems; research, interventions and prevention of behavioral and mental health problems have been called for. WFMH has responded to this call by upgrading its grass roots organization to be more action oriented, regional responsive, scientifically informed and interactive with the full range of partners in mental health.

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