

S-56-02

Assessment of long-term outcomes and treatment seeking following posttraumatic stress - the STOP study and the CONNECT study

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S-56-03

Involuntary hospital admissions in Europe – EUNOMIA

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Objective: Previous research has shown a specific profile of risk factors characterizing patients who are admitted on a legally involuntary basis to psychiatric hospitals. The identified features include: younger age, diagnosis of a psychotic disorder and/or mental retardation, manic symptoms, and somewhat more inconsistently male gender and/or non-Caucasian ethnicity.

Methods: The naturalistic and epidemiologically oriented EUNOMIA-study design which has been successfully implemented in 13 sites in 12 European countries uses a standardized battery of instruments (e.g. for socio-demographic and clinical characteristics, psychopathology, legal status, perceived coercion, satisfaction with treatment) to assess two groups of patients at three time-points within a three-month follow-up period: legally involuntarily admitted patients (aimed at figure of complete cases in each centre: N= 140) and legally voluntarily admitted patients who – according to a screening procedure – feel coerced to admission (aimed at figure in each centre: N= 40).

Results: This preliminary analysis will use ca. 1200 – 1500 patients included in the first 18 months of the recruitment period and outline specific features of legally involuntarily admitted patients focusing on their initial assessment within the first week after hospital admission. In detail, the distribution of socio-demographic and clinical characteristics, legal status, perceived coercion and satisfaction with treatment across the samples in the 13 participating sites will be presented.

Conclusion: The results will be embedded in standardized information on the organization of mental health care in the participating catchment areas. In particular, consequences for the clinical practice of involuntary hospital admissions across Europe will be demonstrated.

S-56-04

Potential capacity of day hospitals for general psychiatric patients

J. Raboch. *Psychiatric Department, 1st Me, Prag, Czech Republic*

Objective: of our presentation is to show feasibility of day hospitals for general psychiatric patients in acute need of treatment and to discuss potential capacity of day hospitals. Five acute day hospitals from Prague, Dresden, London, Michalovce and Wrocław were participating on European multicentric study EDEN (European Day Hospital EvaluationN.)

Methods: We have performed sensitivity analysis to show the worst and the best estimation of feasibility for each center and for the whole population. Analysis of exclusion criteria has been provided.

Results: The worst estimation (18% of all patients seeking acute treatment) is close to clinical reality and shows how many patients actually went through acute treatment in day hospitals successfully, although the capacity can rise up to 70% of all acute admissions.

Conclusion: We want to discuss reasons for exclusion and identification of specific categories, which can potentially increase the capacity of day hospitals for broader spectrum of patients than what is today's clinical practice.

S-56-05

Reintegration of mentally ill patients into regular employment: The EQOLISE study

T. Burns. *Department of Psychiatry, Univ, Oxford, United Kingdom*

Objective: Mental health service studies, despite claims by their trialists that they are of proven efficacy, have often been characterised by inconsistencies in results when replicated in differing health care contexts (e.g. European experience with ACT). Independent Placement and Support (IPS) has been proposed as an effective vocational rehabilitation which is independent of contextual factors such as employment rates. A European multi-centre study of IPS (EQOLISE) aims to test this proposal.

Methods: EQOLISE is an RCT of a rigorously standardised IPS intervention (with proven efficacy in the US) in six very different European contexts. 50 psychotic subjects have been allocated in each site to IPS or high-quality traditional vocational rehabilitation. Analysis aims to test both the overall efficacy of the intervention in a European context, but more pertinently, to explore the impact of differential welfare benefits and employment rates and legislation on its effect.

Results: While IPS does appear probably to be an effective vocational intervention Europe there have been marked differences between sites in both recruitment difficulties and an early suggestion of some variations in efficacy.

Conclusion: Social context does affect vocational rehabilitation in mental health. Actively utilising differences in context, while ensuring consistency of experimental intervention, can reveal more about that intervention than simply repeating it in a single environment. European cultural variation is an asset to Mental Health Services Research, not just a problem.

Tuesday, April 5, 2005

S-57. Symposium: The many facets of stalking

Chairperson(s): Christine Kuehner (Mannheim, Germany), Harald Dreßing (Germany)
14.15 - 15.45, Holiday Inn - Room 6

S-57-01

Stalkers of prominent people

D. James. *Royal Free Hospital School of, London, United Kingdom*

S-57-02

Stalking and domestic violence: Theoretical implications and empirical results

H.-G. Voss. *Technische Universität Darmstadt, Darmstadt, Germany*

S-57-03

Prevalence, nature and social consequences of stalking in the community

P. Gass. *Zentralinstitut Psychiatrie, Mannheim, Germany*

Objective: Community-based studies on prevalence rates of stalking and the impact of stalking on victims in European countries are rare. The present study examined lifetime and point prevalence rates of stalking, behavioural and psychological consequences for victims in a German community sample from a middle-sized city.

Methods: A postal survey was conducted with a stratified random sample selected from the Mannheim residents register. 679 subjects responded. The survey included a stalking questionnaire, the WHO Well-Being Index (WHO-5), and the Patient Health Questionnaire (PHQ).

Results: 11.6% of the respondents (women: 17.3%, men: 3.7%) were stalking victims (lifetime prevalence). In 75.6% the stalker was known to them (in 32.1% a prior intimate partner). 73.1% of victims reported that they had changed their lifestyle. Physical assaults were reported by 30.8%, including restraint (24.4%), beating (11.5%) or hitting (9.0%). 42.3% had been sexually harassed, 19.2% had experienced sexual assaults. A report to the police was made by 20.5% of the victims, and 11.5% sought help from a lawyer. 61.5% reported having received social support from relatives and friends.

Conclusion: This study revealed a high lifetime prevalence of stalking in a German community that was strikingly similar as reported for American and Australian communities. The findings have to be discussed with respect to effects on victims' mental and physical health and potential legislative measure to protect the victims.

S-57-04

Mental health impact of stalking on victims - a community-based study

C. Kuehner. *CIMH Genetic Epidemiology, Mannheim, Germany*

Objective: Existing studies on the health impact of stalking victimization are scarce and restricted to the investigation of selected victim samples. The present study aimed at assessing the mental health impact of stalking victimization by using a population-based approach and standardized mental health assessments.

Methods: A postal survey was conducted with a stratified random sample selected from the Mannheim residents register. A total of 679 subjects responded. The survey included a stalking questionnaire, the WHO Well-Being Index (WHO-5), and the Patient Health Questionnaire (PHQ).

Results: Almost 12% of the respondents (women: 17.3%, men: 3.7%) reported having been stalked. A multiple regression

analysis revealed a significant effect of stalking victimization on psychological well-being (WHO-5), even when demographic and psychological variables connected with mental health were adjusted for. Male victims were similarly affected as female victims. The victim perpetrator relationship (ex-partner vs. else) did not moderate the association between stalking victimization and psychological well-being. Victims displayed higher point prevalence rates of common mental disorders according to DSM-IV (PHQ), and a higher rate of comorbid disorders than non-victims.

Conclusion: This study revealed a high lifetime prevalence of stalking in the community. Effects on victims' mental health are significant, suggesting that the phenomenon deserves more attention in future research.

S-57-05

Stalking and the helping professional: Importance of the setting

G. M. Galeazzi. *Community Mental Health Service of Sassuolo, Sassuolo, Italy*

Objective: Helping professionals and, in particular, mental health professionals, may be at high risk of being stalked by patients. The author reviews the literature on the topic and reports on a survey study on stalking to mental health professionals of an Italian Province.

Methods: A total number of 16 papers were included in the review from a Medline and Psychinfo search. Inclusion criterion was an explicit reference to "stalking" or at least two repeated acts of harassment to a mental health professional by patients. A survey was sent to 475 mental health professionals of the Province of Modena, Italy. 363 (76%) responded. Stalking was defined as repeated (more than 10) and persistent (longer than four weeks) intrusions which caused fear.

Results: Despite variations in the definition of stalking used, available research shows that stalking by patients is a common occurrence for mental health professionals, with a wide range of reported cumulative incidence (from 6 to 37%). Stalking in the therapeutic relationship can be interpreted as a boundary violation of the therapeutic setting. In the Modena Survey, 40 respondents (11.1%) had been victims of stalking with male gender and being a psychiatrist or psychologist, instead of a psychiatric nurse or having another role, representing a risk factor for victimization.

Conclusion: Clinicians should pay attention to privacy issues and take seriously very initial signs of intrusiveness and of misinterpretation by the patient of therapeutic care as a sign of romantic attachment.

Sunday, April 3, 2005

S-64. Symposium: It's the people, stupid: Taking care of the mental health workforce

Chairperson(s): Peter Huxley (London, United Kingdom), Sherrill Evans (London, United Kingdom)
16.15 - 17.45, Holiday Inn - Room 8