

Mon-P89**YOUTH'S MENTAL HEALTH AND DEVELOPMENT OF COMMUNITY MENTAL HEALTH CARE SERVICES IN UKRAINE**

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Youth's mental health in Ukraine has noticeably got worse during last ten years: the frequency of cases of anxiety disorders, social phobia, depression, PTSD, suicides and behaviour disturbance has grown. The results of epidemiological and clinical researches show that their significant reasons are the following: chronic social instability, unexpected getting worse of economic situation of the majority of citizens, growth of frequency of family disfunctions and divorces, child abuse, family violence and neglect, absence of needed Governmental reforms in psychiatry.

One of the ways of improvement of mental health may be developing of new system of Community Mental Health Services in Ukraine. It has the most significant orientation on needs of people in the field of mental health, and it is closely connected with activity of other Community-based social and psychological programs and NGO's. The six-years' experience of activities of Youth and Family Social Psychological Support Agency of Odessa (NGO) may serve as confirmation of success of this approach in mental health. The key to its success lies in decentralized, relatively non-hierarchical organizational structure which allows committed and skilled multidisciplinary teams to work with youth and their families in their community. Partnerships among professionals, patients, families and community agencies result in work that is creative, productive and effective.

The development of Community Mental Health Services in Ukraine constantly meets counteraction of the State Medical Administration, their non-understanding and non-trustful attitude to NGO's in Community, Government's corruption and absence of financial support from the Government.

Mon-P90**ECOLOGY OF PSYCHOTHERAPY. A VIEW FROM THE PROVINCES OF RUSSIA**

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In my report I would like to discuss the influence of professional activity on the quality of life of a psychotherapist in the Russian provinces.

I would also like to look at some models of psychotherapy, such as:

- Healthy psychotherapist - healthy client;
- Healthy psychotherapist - sick client;
- Sick psychotherapist - healthy client;
- Sick psychotherapist - sick client.

I would like to answer the following questions:

- How should one solve the problems of the client: either for the client, apart from the client, at the expense of the client, or together with the client?
- How can a psychotherapist work without getting burned out?
- What are the peculiarities of working with transfer and counter-transfer in the Russian conditions?
- Is psychotherapy in Russia a science, an art or an occupation?
- How long should one study, for how long should one get treatment?
- Happiness and psychotherapy - is it possible?

Mon-P91**SYSTEMES ET NOUVELLES ORIENTATIONS SANITAIRES: REPERCUSSIONS SUR LES SERVICES ET SUR LES USAGERS**

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Cette observation, préparée par les auteurs après avoir attentivement analysé le territoire, a été réalisée à travers le travail effectué chez des malades, leurs familles, dans l'institution et sur le territoire. L'évaluation de cette étude a amené aux réflexions sur les arguments qui suivent et qui ont leur point de départ du profil des usagers au seuil du XX^e siècle et de leurs prévisibles exigences futures:

- Les réformes radicales qu'on a eu dans la santé à cause des choix économiques et politiques et relatives conséquences.
- Le raccourcissement des séjours dans l'hôpital et les interrogations qu'il suscite; l'évaluation de la qualité des soins et la satisfaction des malades.
- L'engagement de la communauté dans la politique sanitaire et ses aspects positifs.
- L'importance de la santé et du soin des êtres humains pour le progrès général de la société.
- L'incapacité politique de formuler des programmes en gré de donner des importants résultats futurs.
- Le changement du rôle de l'Etat à l'intérieur d'un pays avec un Système Sanitaire National; l'offre de services de bonne qualité à un coût contenu; la préparation du personnel sanitaire professionnel; le choix des Services Privés et relatives conséquences.

Mon-P92**VARIOUS "FACES" OF THE PLACEBO-EFFECT**

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Nowadays the presence of the placebo-effect in the therapeutic action of any pharmacological remedy including psychopharmacological ones has become the generally accepted axiom. Every new remedy is even specifically tested. It allows to estimate its pharmacological truth effect. Although, what does the knowledge of the placebo-effect of a psychopharmacological remedy bring to the practice of a real psychotherapist? We are in a paradoxical situation: full and obvious but so general recognition of placebo is equal to its oblivion. In this report we consider (as an example) a well-known situation of frequent borderline patients' perverted reaction to antidepressant medicines. Our observation permits to suppose that such inadequate reactions are connected with psychotherapist's paternal behaviour. That is, speaking Transactional Analysis language, strict "Parent" psychotherapist's position causes the protest of "Child" patient. From the psychotherapeutic point of view such a reaction of borderline patients is almost clear as his symbiotic relationships with the parents remain unresolved. The patient could return to the classical reaction on the medicine only under the conscious psychotherapist correction of his psychological position. So it is necessary to take into account not only evidences and contra-evidences for various medicines but psychodynamics of the patient with a different nosology and their relations with the physician. Whether psychotherapists want to recognize it or not psychopharmacotherapy is a form of suggestion, that is a form of psychotherapy. If we stay on the position of Transactional Analysis we'll have an opportunity to pick out three basic types of the placebo-effect: "Parent", "Adult", "Child", depending on the doctor's ego-state.