Symposium: psychiatry in humanitarian emergencies – Joint symposium with the WHO

JS03

Internally displaced persons in Ukraine

V. Korostiy
Kharkiv national medical university, Psychyatry – narcology and medical psychology, Kharkov, Ukraine

As of May 21, 2015 UNHCR has information about 1,299,800 IDPs, the data provided by the Ministry of Social Policy of Ukraine. Since the process of establishing a centralized system for registration is still pending, the actual number of persons displaced within the country may be higher.
We have a complex psychopathological and clinical research psychodiagnostic 97 internally displaced people in volunteer center, located at the central train station in Kharkiv to study the clinical features of neurotic disorders.
The results showed that 75.9% of IDPs observed have violations of adaptation: long-term depressive reaction (F 43.21) and predominant disturbance of other emotions (F 43.23). The clinical picture is dominated by the depression, anxiety, inner tension, inability to relax, asthenic symptoms, various fears and paroxysmal autonomic instability.
The results of the diagnostic psychological studies have found that men reactive alarm indicators (average – $37{,}7 \pm 3{,}0$) were higher than trait anxiety (average – $32{,}6 \pm 2{,}9$). On the contrary, women figures trait anxiety (average – $38{,}6 \pm 2{,}9$) were higher than reactive anxiety (average – $34{,}7 \pm 3{,}0$). Severity of depressive symptoms also slightly prevailed in women. The mean score on the Hamilton scale for men was $17{,}0 \pm 2{,}3$ points, women – $18{,}0 \pm 2{,}3$ points.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.794

JS04

A new humanitarian emergency: Refugees and mental health in Turkey

L. Küey
Psychology Department, Istanbul Bilgi University, Istanbul, Turkey

Warfare in different parts of the world has led to a humanitarian emergency: forced displacement of millions of people. Global forced displacement in 2014 was the highest displacement on record since WW 2. By the end-2014, 59.5 million individuals forcibly displaced worldwide, as a result of persecution, armed conflicts, general violence, wars, or human rights violations. The number of individuals forced to leave their homes per day reached to 42,500 in 2014, hence, increased 4 times in the last 4 years. Top five refugee hosting countries are Turkey, Pakistan, Lebanon, Iran, Ethiopia and Jordan. While Turkey hosted 1.6 million forced displaced people in 2014; it is estimated that this number reached 2.5 million by the end of 2015.
Forced displacement of people due to warfare may be considered as a psychosocial earthquake. Especially after the deaths of thousands of them in the Mediterranean in the last couple years has brought this issue sharply into the focus of the whole world. While the deaths of the forced displaced people on across the borders of the whole world in the first nine months of 2014 were slightly over 4000; it reached the same number of human loss only in the Mediterranean region in 2015.
Refugees fleeing with few possessions leading to neighboring or more developed countries face many life-threatening risks on the way, as they have nowhere to turn. A refugee is a person who has lost the past for an unknown future. Experiences of loss and danger are imprinted in their selves. It is shown that, in the short/medium term, 60% suffer from mental disorders, e.g., posttraumatic stress disorder (PTSD), depressive disorders, anxiety disorders, psychosis, and dissociative disorders. In the long term, existing evidence suggests that mental disorders tend to be highly prevalent in war refugees even many years after resettlement. This increased risk may not only be a consequence of exposure to wartime trauma but may also be influenced by post-migration socioeconomic factors.
In fact, "we are seeing here the immense costs of not ending wars, of failing to resolve or prevent conflicts." Once more, psychiatry and mental health workers are facing the mental health consequences of persecution, general violence, wars, and human rights violations caused by the current prevailing economy-politics and socio-politics. So, a serious challenge here is avoiding the medicalization of social phenomena. This presentation will discuss the issue of forced displaced people considering it as a humanitarian tragedy with some examples of its mental health consequences from Turkey.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.795

JS05

Overview of European refugee mental health situation

M. Muijen
WHO Regional Office for Europe, Mental Health, Kopenhagen, Denmark

This presentation will offer information about latest number of refugees and internally displaced people across Europe, their (mental) health problems and activities and interventions coordinated by WHO. It will also suggest ways by which EPA and WHO could continue their effective partnership to assist countries.
Disclosure of interest The author has not supplied his declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2016.01.796

Symposium: advancing implementation – Joint symposium with European mental health programmes

JS06

Implementing the mental health action plan – experiences and challenges

M. Muijen
WHO Regional Office for Europe, Mental Health, Kopenhagen, Denmark

The WHO European mental health action plan was adopted by all countries in the European region in Izmir in September 2013. Its 6 objectives cover promotion and prevention, human rights, services and partnerships. Since its adoption, the WHO mental health programme is working in some 25 countries, supporting policy development and implementation. Priorities are the introduction of health promotion programmes for vulnerable groups; the competence of primary care to identify, diagnose and treat people with mental disorders; and the implementation of community-based service models sensitive to the culture and resources of countries.
Particularly successful have been countries where a consensus was established between policymakers and professional leaders, and where different levels of government worked together. Obstacles