

P20 *Environmental psychiatry***THE MANAGEMENT OF SCHIZOPHRENIA IN ROMANIA**

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The objective was to analyse schizophrenia management in Timisoara (over 300,000 inhabitants) over the last 20 years. Changes in the therapeutic team, methods and case recordings during this period were analysed.

**Method:** The team comprises a constant number of psychiatrists, social workers, psychologists, ergotherapists, sociologists and kinetherapists. The methods included monthly contact with the patient, rehabilitation and resocialization programmes in day care, ambulatory ergotherapy and club programmes, home visits, work finding support etc. Case recordings included 30-40 new cases every year. Since 1985, all new cases of endogenous psychoses have been recorded and a decrease in the emergence of schizophrenia during the last few years has been noticed.

**Results:** Compliance is about 60% and increases in cases benefitting from special interventions. Relapses and hospitalization result in 60% of cases on lack of compliance and social support. Employment has decreased greatly since 1990 due to the economic and unemployment situation. An improvement has been noted following self-support activity. It was concluded that social factors and team organization have a great influence on the course of schizophrenia.

P21 *Environmental psychiatry***POSTTRAUMATIC STRESS DISORDER AND PERSONALITY DIMENSIONS IN REFUGEES**

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The epidemiological studies have shown that posttraumatic stress disorder (PTSD) develops in many persons which had experienced extreme physical and psychological stress. The aim of our study was to investigate the prevalence of PTSD and the relationship between trauma and personality. The sample consisted of 100 psychotraumated refugees most of which have experienced multiple stressors of high intensity (torture, imprisonment, loss of family member, sexual abuse, forced labor, etc.). The assessment procedure consisted of the clinical semistructured interview based upon the DSM-IV criteria, and the application of questionnaires for stress (Impact of Events Scale, Penn Inventory) and personality (Millon Clinical Multiaxial Inventory). The time interval between the trauma and the assessment was 20.7 months. 29.8% of the refugees were diagnosed as suffering from chronic PTSD while 41% manifested other psychiatric disorders, the adjustment disorder being predominant. All traumatized individuals had a specific personality profile with prominent avoidant dimensions, obsessive characteristics and hypersensitivity, which may be a habitual PTSD pattern

P23 *Environmental psychiatry***GROUP WORK WITH ADOLESCENT REFUGEES**

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Stressful events during the vulnerable period of adolescence can have a significant impact on their further development.

**Objective:** We want to present our experiences in group work with adolescent refugees in order to stress the complexity of the emotional and psychosocial problems of young people during a period of war.

**Method:** We used standardized and psychosocial questionnaires in order to interview 100 adolescent refugees. All were attending boarding schools in Belgrade.

**Results:** The investigation showed that 6% of adolescents who have experienced stressful war events had some kind of trauma. The intensity of trauma depended on the degree of stressful events as the time of exposure to them. Young refugees with complete families and good support from their peer group had a better chance of recovery and adjustment to new life circumstances.

**Conclusion:** Preventive activities should be planned for adolescents experiencing stressful war events and support groups can be very important.

P24 *Environmental psychiatry***THE REFORM OF PSYCHIATRY IN SLOVAKIA - A PILOT PROJECT**

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In 1991 Slovakia reformed psychiatric care and the needs of the patient rather than the institution became more important. Day clinics, community centres, sheltered work and living accommodation is needed. In Michalovce a modern psychiatric hospital opened in 1991 and an increasing number of patients were diagnosed with schizophrenia and eventually the hospital faced problems of overcapacity. One reason for this was the growing numbers of unemployed whereas before 1989 these people were integrated into the workplace. Problems were relieved following the opening of the outpatient clinic in 1995.

In 1996 a pilot project began to reintegrate 20 chronic patients into the community. The project will show that community care, day care, sheltered work and living accommodation is more human and cheaper than hospitalisation. The results of this evaluation about reintegration into society and quality of life will be shown and thereby convince the government of Slovakia to support these projects and change legislation so that people in other areas of Slovakia will be encouraged to make this important psychiatric reform.