

Results: With the help of the calculated hazard we assume three different time periods of high suicide risk, and describe three vulnerability profiles of prisoners within the specific periods.

Conclusion: Sophisticated statistical methods help to estimate high risk periods. Thereof it is possible to derive specific vulnerability profiles for prisoners at high suicide risk. We assume that with this knowledge suicide prevention programs in prisons and jails could be made more effective and economic.

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DEPRIVATION VERSUS IMPORTATION: A MODEL EXPLAINING THE INCREASE OF SUICIDE RATES IN CUSTODY

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High suicide rates in jail or prison settings have given rise to a debate about whether suicides result chiefly from the type of people confined, or from the types of places they are confined in, the types of confinement. This is summarily framed by the terms of an associated debate in criminology, between importation and deprivation theory. We investigated the importation versus deprivation theory concerning the circumstances in Austrian prisons and jails. We report on all completed suicides over the period from 1947 to 1999 (n = 410). For perspective we investigated a change of suicide rates and tried to clarify whether importation or deprivation parameters might be responsible for this change.

Method: We calculated the time dependent suicide rate/100 000 and per year using a Poisson-regression-model and defining different dummy-variables.

Results: The only dummy-variable which was significant was the year 1975 (p < 0.001). That means that between 1947 and 1975 we have a stable suicide rate, from 1975 on the suicide rate increases steadily and significantly. As 1975 there was an important legislative reform of the criminal law in Austria, we can derive that the implications of that reform reflect the change of importation and deprivation parameters (e.g. importation - increase of mentally disordered offenders; deprivation - increased use of single-cells).

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PSYCHOPATHOLOGY IN PATIENTS WITH TREATED WILSON'S DISEASE

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Background to Study: The point prevalence of psychopathological symptoms and the global functioning in a series of Swedish patients with treated Wilson's disease (WD) have been investigated.

Design of Studied: There were 26 patients, 10 females and 16 males, with confirmed WD, with a mean age of 34.7 ± 8.5 years and a mean duration of disease 17.4 ± 8.3 years. These patients were investigated using a semi-structured interview, i.e. the Comprehensive Psychopathological Rating Scale (CPRS), the CPRS Self-rating Scale for Affective Syndromes (CPRS-S-A), the Mini-Mental State Examination (MMSE) and the Global Assessment of Functioning (GAF).

Results: The total CPRS scores ranged from 2.5 to 59.0 (mean 29.4 ± 15.5). Most common symptoms were: Autonomic disturbances, Muscular tension, Fatiguability, Reduced sexual interest, Lack of appropriate emotion, Concentration difficulties, Reduced sleep, Aches and pains, Hostile feeling, Apparent sadness and Failing memory. Agreement between interview-based ratings and self-ratings was low, only three items had Spearman's rank correlations above 0.70. The distribution of MMSE scores ranged from 27 to 30 (mean 29.5 ± 1.0) and the distribution of GAF scores ranged from 35 to 90 (mean 68.8 ± 11.9) for the year preceding the examination.

Conclusions: These results suggest that the patients with treated WD have prominent psychopathology and the typical symptom profile might be identified.

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WHAT ARE THE SKILLS REQUIRED FOR GENERAL PRACTICE AND PAEDIATRICS AS FAR AS THE PSYCHOPATHOLOGY OF CHILDREN AND ADOLESCENTS IS CONCERNED?

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The object of this work is to propose a better match between initial training of future doctors in paedopsychiatry (during the 2nd and 3rd years of medical studies) and general practice. To achieve this, it seems to us to be necessary to be able to respond to the following four objectives:

- the drawing up of an inventory of the psychopathological problems faced by general practitioners,
- record the practises developed by doctors in relation to these problems,
- compare this data with that of independent and hospital based paedopsychiatrists,
- deduce from this the skills to be developed.

Methods: A group was formed, made up of six GPs, six paediatricians, six independent paedopsychiatrists and six hospital paedopsychiatrists. They met for a full day of work which enabled an inventory to be drawn up of the clinical situations faced by each profession.

A questionnaire, developed by a professor of child psychiatry, a professor of medicine and a general practice intern was completed during the GPs and paediatricians consultations. The data, collected by these two methods, was then compared to the data drawn from the literature.

Results: The GPs diagnosed a psychopathological problem once or twice a month, the paediatricians two or three times per week. This is a long way from the prevalence of psychopathological problems, which is estimated at 10%. One of the first objectives, therefore, is to improve the ability of doctors (GPs and paediatricians) to identify these problems. Then we made a list of the clinical most frequent problems faced by GPs and paediatricians, and we listed their roles.

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THE ASSESSMENT AND TREATMENT TEAM: A NEW APPROACH TO MENTAL HEALTH SERVICES IN COVENTRY

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The Assessment and Treatment Team (A&TT) was set up in April 2000 to offer the main point of entry to mental health services

in Coventry, a large multicultural city in the West Midlands. It is a response to the UK's new National Service Framework for Mental Health (Sept 99) and was formed by amalgamating staff from the Community Mental Health Teams, Social Services and the 24 hour Psychiatric Assessment Unit (PAU). It offers a fast community-based assessment service round the clock as well as crisis support and short-term treatment. It also follows up patients discharging against medical advice and going absent without leave where there is cause for concern and it provides a Psychiatric Casualty allowing clients to self-refer at all hours. Referrals come from any health care professional as well as local agencies. Assessments are multidisciplinary, with nursing or social worker assessment followed by a psychiatrist in most cases. Pairs of staff undertake community assessments. When fully staffed, the Team will include occupational therapy and psychology input as well as clerical support. Support workers are also employed to assist in the assessment process and staff the helpline. Using this approach it is hoped patient care will improve and admission to inpatient services can be reduced. We undertook an audit of admissions to the inpatient services in September 1993 prior to the PAU and compared this to September 1999: a reduction in acute admissions of 55% was found. The audit is to be repeated in September 2000 to compare the impact of the A&TT to previous approaches. A further audit into the assessment process and location of assessments is being carried out in June 2000. Results of both these audits will be presented.

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AL AIN COMMUNITY SURVEY OF PSYCHIATRIC MORBIDITY III: THE NATURAL HISTORY OF PSYCHOPATHOLOGY AND THE UTILIZATION RATE OF PSYCHIATRIC SERVICES IN AL AIN

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Background: We evaluated the natural history of psychopathology of a stratified sample (n = 250) comprising subjects with no ICD-10 psychiatric disorder over 12 months period using SCID as assessment tool.

Methods: A representative sample categorized earlier (one year before) as: ICD-10 psychiatric disorder, subthreshold disorders and no ICD-10 psychiatric disorders were reassessed with SCID one year after. The incidence, recovery rates and the percentage of subthreshold disorders which become DSM-III-R disorder were calculated. The utilization rate of psychiatric services was also assessed.

Results: The incidence rate of new case was 10.2%. The recovery (remission) rate was 48% and approximately 20% of subthreshold disorders became definitive disorders (DSM-III-R) after one year. Male sex and contact with psychiatric services were found to affect the recovery rate. Approximately 13% of the sample made contacts with psychiatric services with no gender differences but males were significantly more hospitalized than females.

Conclusion: Our findings indicate that mental disorders are relatively common. Approximately 50% of psychiatric disorders in the community are persistent and patients with emotional disorder under-utilize existing services.

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DEPRESSION AND ANXIETY IN CORONARY ARTERY BYPASS GRAFTING PATIENTS

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Background: Mood disorders and anxiety are reported as a consequence of coronary artery bypass grafting (CABG) and cardiac surgery in general. Depression is an independent risk factor for increased mortality and morbidity in cardiovascular patients. Heart surgery is a strong stressful event that triggers specific emotional and physiological responses of a patient. In spite of positive somatic effects of surgery, depression and anxiety can persist or appear for the first time after the operation worsening patient's psychosocial functioning and quality of life. The aim of this study is to offer a prospective view on the incidence and course of self-reported depression and anxiety in CABG patients.

Methods: After informed consent, 53 patients, who submitted CABG, were examined few days before and after the operation and 3 months after CABG. They completed the Spielberger State-Trait Anxiety Questionnaire and the Beck Depression Inventory.

Results: Approximately 55% of the patients had high level of anxiety preoperatively. Shortly after the surgery 34% of the patients and after 3 months 32% of them had clinically relevant level of anxiety. 32% of the patients before the surgery, 28% immediately after CABG and 26% at follow-up were depressed.

Conclusions: High preoperative depression, state and trait anxiety scores appear to be predictors of postoperative psychological outcome. Preoperative assessment can identify patients at risk for clinical levels of postoperative anxiety and depression. Psychological preventive counseling and psychiatric intervention can reduce patients' emotional distress, medical and economic costs.

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RELATIONSHIP BETWEEN COGNITIVE FUNCTION AND INTERPERSONAL PROBLEM-SOLVING SKILLS IN SCHIZOPHRENIC PATIENTS COMPARED TO HEALTHY SUBJECTS

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Background: Subjects with schizophrenia feature neurocognitive alterations. The functional consequences of these deficits need to be fully determined, in order to define more effective rehabilitation programmes. We tried to determine the relationship between neurocognitive function and social problem-solving skills, both among schizophrenic patients and healthy subjects.

Methods: Twenty-seven outpatients with DSM-IV schizophrenia and twenty-six healthy subjects underwent a neuropsychological assessment on the domains of auditory-verbal and visuo-spatial memory, executive functioning, attention and visual reasoning. Social problem solving skills were assessed by a video-based test, the Assessment of Interpersonal Problem-Solving Skills (AIPSS). The AIPSS measures the subject's ability 1) to describe an interpersonal social problem, 2) to derive a solution to the problem, and 3) to enact what he or she would say and do in an actual situation.

Results: The schizophrenic and control groups differed significantly on all but one neurocognitive measures and on AIPSS scores. Among schizophrenic patients, correlations between AIPSS subscales and neuropsychological tests were observed for executive functions, attention and visual reasoning. These associations were not replicated in healthy subjects.