inpatient admissions, and a suggestion of increased social activity in the intensive sector.

Conclusion: This study failed to find an effect of an intensive model of community care on quality of life in people with psychosis. However the intervention failed to change the objective QOL indicators, nor were there changes on other measures of symptoms and disability. It therefore remains unclear whether the negative result indicates an insensitivity to change of QOL measures, or whether the intervention failed to produce the kind of changes in mental health and functioning which would be reflected in improved quality of life.

S26-5

SCHIZOPHRENIA AS A LIFETIME DISORDER

W. an der Heiden*, H. Häfner. *Central Institute of Mental Health, D-68159 Mannheim, Germany*

Fourteen years after their first hospitalization with a diagnosis of schizophrenia 56 patients of an original cohort of 70 persons from the former WHO-Disability study agreed to participate in a research project concerning the long term course and outcome of schizophrenia. Data from 8 cross-sectional assessments between index admission and long-term follow-up were at our disposal. The analysis of course considers different illness dimensions (symptomatology, psychological impairments, social disability) as well as social development. Today, the subjects are more or less isolated. The agreement of psychopathological findings and impairment in psychological functioning among the different cross-sectional assessments is surprisingly high. There is no reduction in the number of subjects with florid symptomatology over time. The same is true for impairments. With respect to social disability, the number of patients with disabilities exceeds the number of patients with psychological impairments and conspicuous symptomatology by far. There is also a significant increase of social disability over time. Considering positive (PSE-CATEGO) and negative symptoms (SANS) as outcome measures some 60% of the cohort are still suffering from schizophrenia today; 25% do not show any signs or symptoms and another 15% are no longer symptomatic but are still treated with neuroleptics. The number of the inpatient readmissions per annum decreases significantly in the course of the 14 years. At the same time the need for outpatient and complementary treatment increases simultaneously so that the total amount of need for care remains at the same level.

The results are discussed in the light of findings from the study of the early course of schizophrenia (Mannheim ABC-Study).

S27. The global burden of mental disorder – supporting the response of governments and non governmental organizations

Chairs: M deVries (NL), R Jenkins (UK)

S27-1

"NATIONS FOR MENTAL HEALTH: A NEW WHO ACTION PROGRAMME ON MENTAL HEALTH FOR UNDERSERVED POPULATIONS

B. Saraceno. *Nations for Mental Health Programme, WHO, Geneva, Switzerland*

Nations for Mental Health aims at improving mental health and psychosocial well-being of the world's underserved populations. The Programme collaborates with governments who wish to take action to help those suffering from the loss or impairment of their mental health. These are children living under difficult circumstances, victims of violence, people dependent on alcohol or other substances, people suffering from acute or chronic mental illness who are inadequately cared for and people living in extreme poverty, all of whom suffer from various behavioural or social problems, or from a defined mental disorder. All of them are stigmatized and frequently exposed to human rights violations; they are all in dire need of strong family and community support, more easily accessible and appropriate interventions by local services who should be flexible and comprehensive.

These underserved population groups are not only encountered in the least developed countries but also in developed countries undergoing rapid changes in the social, political and economic sphere. They require intensive and sustained support from the Nations of the world, through joint cooperation between governments, NGOs and the specialized agencies of the United Nations system. Solutions to mental health problems require joint mobilization of social, economic and political forces as well as changes in government policies related to education, health and economic development.

So far, Nations for Mental Health has set up demonstration projects in Argentina, Belize, Bolivia, Bhutan, China, Egypt, Marshall Islands, South Africa, Sri Lanka and Yemen, and projects in the Russian Federation, Viet Nam and Mozambique will be initiated in 1998."

S27-2

WFMH IN WORLD MENTAL HEALTH: SCIENCE, CONSUMERS AND PROVIDERS

M.W. deVries. *Maastricht University, Department of Psychiatry and Neuropsychology, Social Psychiatry and Psychiatric Epidemiology, and the Institute for Psycho-Social and Socio-Ecological Research (IPSER), and the World Federation for Mental Health, Maastricht, the Netherlands*

International agencies such as WFMH have realized that a significant part of the world health burden is due to mental health problems; research, interventions and prevention of behavioral and mental health problems have been called for. WFMH has responded to this call by upgrading its grass roots organization to be more action oriented, regional responsive, scientifically informed and interactive with the full range of partners in mental health.

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Collaborating Centers, Regional Councils, programs and activities in key areas such as prevention, the elderly, drugs, refugees, mental health advocacy and human rights have been strengthened. Two important factors guide WFMH activities, one demographic and the other epidemiological. First of all, the demographic shift in the world population toward a doubling of the population in areas of the world that are already underserved such as Africa and Asia. Secondly, the fact that most psychiatric illnesses are chronic and relapsing renders prevention imperative. Service and policy development in underserved areas together with WHO as well as worldwide prevention in both developed, underdeveloped countries, are some key WFMH priorities. Specific research and implementation projects in prevention, evaluation of care and the development of a culturally and person sensitive knowledge base will be illustrated. This research and implementations is meant to effectively treat patients as well as being responsive to the local conditions contributiong to mental illness and empowering the ill individuals toward seeking solutions to their own mental health.

S27-3
THE CONTRIBUTIONS OF THE WORLD PSYCHIATRIC ASSOCIATION TO THE RESOLUTION OF MENTAL HEALTH PROBLEMS

N. Sartorius. *Department of Psychiatry, University of Geneva, Switzerland*

The World Psychiatric Association (WPA) is the largest international organization in the field of psychiatry. Its 110 members - psychiatric societies in some 80 countries - comprise more than 150 000 psychiatrists. The WPA's goals include the promotion of mental health and support to programmes of prevention and treatment of mental disorders. In pursuing these goals the WPA is developing educational programmes, organizing international meetings and facilitating international collaboration among psychiatrists worldwide. The formulation of consensus statements, position statements and guidelines on key issues of psychiatry is also a constitutional function of the WPA, usually fulfilled in collaboration with other governmental and nongovernmental organizations. The presentation will describe recent activities of the WPA contributing to the resolution of mental health problems worldwide.

S27-4
TACKLING THE GLOBAL BURDEN OF MENTAL DISORDERS

R. Jenkins. *WHO Collaborating Centre for Mental Health, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF, UK*

The overall pattern of health needs across the world is undergoing very major changes. Non communicable diseases are fast replacing infectious diseases and malnutrition as the leading causes of disability and premature deaths in developing countries. Much evidence in the last few years of the massive global public health burden of mental health and related disorders that already exists has resulted in the launch of an UN collaborative initiative, led by WHO, and involving all UN agencies to improve the mental health of the world's underserved population. This initiative, 'Nations for Mental Health', is raising the awareness of the world's policy makers; supporting countries to prepare and implement mental health policies; and promoting international collaboration and technical support between countries about mental health programmes and services.

This talk will describe the progress so far of the initiative, and will discuss the various elements of overall mental health policy, which are needed to tackle disability and death from mental illness.

S27-5
THE GENEVA INITIATIVE ON PSYCHIATRY

J. Birley. *Upper Bryn, Longtown, Hereford, HR2 0NA, UK*

The Geneva initiative on Psychiatry (GIP) of which I am current Chairman, started life as an organisation campaigning against the political abuse of psychiatry in the Soviet union. In around 1991, it changed to campaigning for education. This was partly because of the cessation of political abuse - although this continues occasionally in various parts of the world - but mainly because 'reformers' were beginning to emerge, initially in Kiev, and these required encouragement and practical support. Our approach - a sort of 'talent spotting' of people working in the broad field of 'mental health work' and using information from professional and personal networks rather than 'official channels' - has continued as it began.

Our first meeting of 'Reformers in Psychiatry', in Bratislava (1993) consisted of 40 people from all disciplines, and included relatives' groups and a voluntary help organiser. Now we have some 250 'reformers' on our books - and most of them from 'East Europe'. We have been fortunate in obtaining funding from many large charities and now have some 200 projects, of various sizes, in operation and planning.

Our main aim has been training, in its broadest sense. It was soon clear that we had to take a very long view, more akin to planting forests than to growing vegetables. In particular, a missionary approach was doomed to failure. We needed to create a partnership, a cooperative enterprise.

Some of our successes, failures and future plans will be discussed.

TC28. ICD-10 advanced training seminar II

Chairs: A Bertelsen (DK), J van Drimmelen (WHO, CH)

FC29. Depression – clinical aspects

Chairs: JK Larsen (DK), T Helgasón (IS)

FC29-1
RISK FACTORS AND PSYCHOSOCIAL CONSEQUENCES IN DEPRESSION OF OCTO- AND NONA-GENERIANS — RESULTS OF AN EPIDEMIOLOGICAL COMMUNITY STUDY

I. Meller*, M. Fichter, H. Schröppel. *im Klinikum Innenstadt d. Universität München, Nußbaumstraße 7, D-80336 Müchen, Germany*

In a two-wave community study of Munich, Germany, a representative sample of 402 people older than 85 years was restudied one year later. In the first corss-section a total of 358 (89.1%)

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