

between the number of contacts with mental health care services and quality of life. Quality of life was mainly determined by social support including professional support.

*Discussion:* The basic assumption of a correlation between need and service provision was confirmed. But quality of life of vulnerable schizophrenic patients is not necessarily determined by the extent of services used. Considering outcome criteria, such as quality of life, other influencing factors of service provision should also be taken into account.

### ROLE DES ORGANISATIONS NON-GOUVERNEMENTALES DANS LA PRISE EN CHARGE DES MALADES MENTAUX

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Dans la majorité des pays européens, les gouvernements sont préoccupés par les coûts de la santé et cherchent un moyen de les réduire. Les conséquences de cette exploration sont souvent néfastes pour les malades mentaux et leurs familles. La privatisation peut rendre les services moins chers et en assurer une bonne qualité, surtout pour les malades qui sont bien intégrés dans la société et qui possèdent les moyens nécessaires pour utiliser les services privatisés. Or, la grande majorité des malades mentaux graves sont mal intégrés, n'ont pas les moyens de se faire soigner et n'ont pas de représentants qui seraient disposés à plaider leur cause.

Les autres grandes tendances du développement socio-économique en Europe représentent aussi des risques nouveaux pour les malades mentaux. La famille, toujours plus petite, les exigences de qualifications professionnelles requises toujours plus grandes, les changements de la structure démographique (par exemple, le vieillissement des populations), sont des exemples de telles tendances auxquelles la psychiatrie doit trouver une réponse adéquate.

Dans ces situations, les organisations non-gouvernementales doivent accepter un rôle beaucoup plus actif et différent de celui qui leur a été offert par le passé. En plus de leurs efforts de ralliement, elles devraient dorénavant (i) devenir les avocats de la qualité des soins en psychiatrie; (ii) jouer un rôle prépondérant dans la protection des droits des malades mentaux et des professionnels travaillant dans le domaine de la santé mentale; (iii) veiller à ce que les données scientifiques soient prises en compte dans les décisions sur les questions administratives concernant les soins de santé mentale; et (iv) faire entendre leur voix dans les débats et décisions concernant la formation et la recherche en psychiatrie.

### CONCLUSIONS: SYMPOSIUM "PSYCHIATRIC AND PUBLIC HEALTH"

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Life in the community of mentally ill patients once they have been discharged from inpatient psychiatric departments and their rehabilitation require a continuous follow-up and a specific assistance.

The paper of Dr Fichter concerning a study of the psychiatric disorders in the homeless population reveals a high rate of mental illnesses with a high prevalence of alcoholics; schizophrenia is relatively much less frequent. The majority of the homeless are not properly taken care of, which naturally raises the question of how can a long-term follow up be organised.

Dr Rössler tries to answer the following question: "who needs long-term outpatient care?" He mentions a study conducted by the Mannheim Institute which assessed the care needs of patients followed-up 12 months after their discharge from inpatient units. There is a direct correlation between their needs and their contacts with the out-

patient departments but the quality of life does not necessarily depend on the intensity with which these services are used.

Pr Leff who followed patients up to 10 years after the closure of 2 mental hospitals in London observed an improvement in all the areas investigated. Only 1% of these patients became homeless.

These studies demonstrate the necessity of a serious and adequate outpatient follow-up. As regards to this issue, Pr Sartorius is worried that the cost of these proceedings may lead European Countries to diminish their financing, which requires a similar increase from the non governmental associations which play a major role in the help and support of the mentally ill.

The problems covered by our symposium and the answers, although still quite insufficient, brought by these studies justify the increase and the extension of the investigations and also of the means of support. They must appeal to European leaders and encourage them to take into consideration the rehabilitation of mentally ill patients as a significant part of their health policy.

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## S2. Addictions and comorbid psychiatric disorders

*Chairmen:* J Adès, M Berglund

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### SUICIDE AND ADDICTIONS

M. Berglund. *Department of Alcohol and Drug Diseases, University Hospital, Malmö, University of Lund, Sweden*

About half of all suicides are committed by subjects with substance use disorders and about 3% of all alcoholics kill themselves. In the present paper the international literature is reviewed. Three factors are associated with an increased risk of suicide in substance use disorders namely strong psychological stressors, for example separation from spouse during the last six weeks before suicide, comorbid psychiatric disorders and attempted suicide. Data supporting effects of intervention after suicide attempt in alcoholics is presented.

Data on suicide rates in Malmö, a Swedish town with a population of 23,000 inhabitants, is presented. Eleven percent of the male population and 3% of the female population have been patients at the Department of Alcohol and Drug Diseases. In 1984-1987 there were 291 male suicide cases and 125 female suicide cases. One hundred and three male suicide cases (35%) and 22 female suicide cases (18%) had previously been patients at the Department. Seventy-three percent among the male patients and 23% among other males had positive blood alcohol levels. Corresponding values for females were 77% and 17%, respectively. Blood alcohol levels over 0.2% were as a rule registered only in alcoholics.

In 1993-1995 there were 197 forensic autopsies performed on previous patients at the Department including 96 suicides. Drug misuse was found in 50% of the suicides and in 22% of other cases.

It is concluded that suicide in substance use disorders is a large problem that has to be addressed by the psychiatric profession.

### SUBSTANCE USE DISORDERS: EPIDEMIOLOGICAL OVERVIEW OF PSYCHIATRIC COMORBIDITY

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The clinical fact that the same person can have more than one mental disorder has been "rediscovered" in epidemiological research