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Symposia

S1. Psychiatry and public health

Chairmen: L Singer, H Häfner

MENTAL ILLNESS IN REPRESENTATIVE SAMPLES OF HOMELESS MALES IN THE CITY OF MUNICH, GERMANY

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Two separate representative samples of homeless males in the city of Munich were interviewed in 1989 (N = 146) and in 1995/96 (N = 260). Following pre-samplings in summer as well as winter, a strategy was used to obtain a random sample of homeless males who had used shelters (shelter sector) or meal services (meal service sector) or neither shelters nor meal services (outdoor sector). Aims of the studies were to obtain reliable estimates of the prevalence of mental disorders in the homeless population of the city of Munich using standardized or structured interview methodology and operationalized psychiatric diagnoses. In 1989 the Diagnostic Interview Schedule (DIS) for DSM-III disorders and in 1995/96 the Structured Clinical Interview (SCID) for DSM-IV disorders were used. In the 1989 sample the six-month prevalence of DSM-III axis I mental disorders was 80.0%, while the lifetime prevalence of DSM-III axis I mental disorders was 94.5%. The most frequent disorders (six-month prevalence) were alcohol abuse/dependence (71.2%), affective disorders (24%), anxiety disorders (14.4%), and schizophrenia (9.6%). On the average the homeless males were 43.1 years old, had become homeless at age 34.5 years and 46% had been homeless for more than five years. Divorced, single and separated persons were overrepresented and educational status was rather low. According to their own report most (73%) had never used inpatient psychiatric services in spite of the high prevalence of mental disorders. Even though the prevalence of alcoholism was very high, only 12% had ever been treated in an alcoholism rehabilitation hospital. 16% had had one or more outpatient visits with a psychiatrist and 16% received counselling for alcohol problems. Lifetime psychiatric comorbidity was very high. 53.4% had two or more psychiatric axis I diagnoses.

The 260 homeless males interviewed in 1995/96 were assessed in a project within the Munich Public Health Research Division. In this project, which was conducted several years after the opening of the iron curtain, 54 of the 260 interviewed homeless males (20.8%) were from eastern European countries — a considerable proportion. Except for anxiety disorders, mental disorders were not more prevalent in this subsample. New data from the second survey in 1995/96 will be presented and compared with data from the first survey conducted about 5 years earlier. Methodological issues and implications for provision of health services for homeless individuals will be discussed.

[1] Fichter, M.M., Koniarczyk, M., Greifenhagen, A., Koegel, P., Wittchen, H.-U. and Wölz, J. (in press) Mental Illness in a Representative Sample of Homeless Men in Munich, Germany. Europ. Arch. Psychiat. Clin. Neurosci.

THE FUTURE OF THE MENTAL HOSPITAL

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The Team for the Assessment of Psychiatric Services (TAPS) has conducted a ten year study of the closure of two London mental hospitals. All long-stay patients in one hospital and 200 of them in the other have been followed up after one year in the community. A five year follow-up is in progress.

There was an improvement in negative symptoms. Otherwise patients' mental state remained stable. Patients increased their skills in domestic and community activities. They were living under much freer conditions and greatly appreciated their extra freedom. Their social lives became enriched with more friends and social contacts with ordinary people.

The death rate, suicides and crime were low. Only 1% of patients became homeless.

A group of 'difficult-to-place' patients were too disturbed to be discharged to community homes. They constituted 14% of the long-stay population and need highly-staffed, specialised care in the absence of the mental hospital.

WHO IS IN NEED OF LONG-TERM COMMUNITY CARE?

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For many years, in health care planning comprehensive service provision had been equated with met needs. Consequently service utilization was employed as an indicator of need. However, utilization data are difficult to interpret, as service use.

- varies between different diagnostic groups,
- varies in relation to measures indicating social deprivation, or
- even depends on convenience factors like travel time.

Therefore, new approaches of need assessment on the individual level can provide additional information for future health care planning.

The study presented here investigates the needs of vulnerable schizophrenic patients, their utilization of psychiatric and psychosocial services and, as outcome criteria, their quality of life.

Study design: In the highly frequented mental health care system in the Mannhein area, 66 vulnerable schizophrenic patients were followed throughout the first twelve months after discharge from inpatient care. The clinical diagnosis of schizophrenia (according to ICD-10) was confirmed by a SCAN-interview, including PSE 10. For assessing the patients' needs for therapeutical interventions and rehabilitation, we applied the "Needs for Care Assessment" every three months. To record the patients' passage through the network of mental health care services in the community, we used the Mannheim Service Recording Sheet. It not only records each contact of patients with services in a defined time interval (weekly), but also each treatment or care-intervention provided by the contacted services. Information was obtained continuously throughout the follow-up period. Quality of life was assessed with the "Munich Life Dimension List" every three months.

Results: A path analytical model showed a direct relation between the need status of each patient and the number of contacts with psychiatric services. There was, however, a negative correlation

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 famillies. 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) veillet 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 outpatient 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.

S2. Addictions and comorbid psychiatric disorders

Chairmen: J Adès, M Berglund

SUICIDE AND ADDICTIONS

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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

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