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## CULTURALLY DEFINED COMMUNITY PSYCHIATRY IN SLOVENIA

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**Introduction:** Community psychiatry is to be acknowledged as evidence based psychiatric treatment in Slovenia with some decades of lag behind other EU countries. Nevertheless some community psychiatric programmes were developed by four Slovenian psychiatric hospitals, one of them covering the most deprived region regarding BDP and service provision region with 220000 population. Team work of psychiatrist, two nurses and social worker covers only several patients and families with most severe disability and social deprivation. Communication and cooperation with other community agencies is, regardless their scarcity, crucial. Community work has to be adapted to specific cultural environment defined by multiethnicity and prevailing protestant ethics that influence workers, patients and carers alike.

**Case report:** Revolving door patient with severe mental illness living in extreme poverty in suburb area was approached with family visits. Her mother also presented signs and symptoms of mental disorder and was strongly reluctant to treatment. A number of interventions applied targeted to their living circumstances. Their needs were different from those defined by health and social workers, which resulted in absence of any community care in previously. With personal involvement of team workers, consensus was made and continuity of psychopharmacological treatment with the patient was achieved after many years of non-compliance. Further steps were planned regarding their actual local and social circumstances.

**Conclusion:** Community psychiatric interventions need to be culturally and socially adapted to the needs of their consumers. The case presented is to reflect special cultural, individual and social particularities that define specific community psychiatric work.