

3rd Annual International Mental Health Conference at the IoP

Wednesday 30th August 2006

Main Auditorium

- 09:15 Welcome
Martin Prince – Institute of Psychiatry
- 09:30 - 10:50 Symposium “**Displacement and Resettlement – mental health needs and psychosocial responses**”
- SESSION 1**
- Jacqueline Weekers:** Migration and mental health: working towards inclusion – page 10
Amianta Gueye: An overview of UNHCR Response to Mental Health and Psychosocial Needs – page 10
Janaka Jayawickrama: Community-based Response to Psychosocial Challenges and the Case of Western Darfur – page 11
- 10:50 - 11:20 Tea & Coffee Break
- 11:20 - 12:40 **SESSION 2**
- Joop de Jong:** Traumascape: an ecological-cultural-historical model for extreme stress – page 11
Derek Summerfield: “Mental health” and the displaced person: what do we know for sure? – page 11
- 12:40 - 13:40 Lunch
- 13:40 - 15:30 **SESSION 3**
- Kaz de Jong:** Mental health interventions in areas of mass violence – page 12
Khalid Saeed: Provision of emergency mental health and psychosocial support - experience from the Pakistan earthquake – page 12
Mark Van Ommeren: Inter-Agency Standing Committee (IASC) Guidance on Mental Health and Psychosocial Support in Emergency Settings – page 14

15:30 - 16:00 Tea & Coffee Break

16:00 - 17:30 Round Table

Jacqueline Weekers - IOM

Amianta Gueye - UNHCR

Janaka Jayawickrama - UNHCR

Joop de Jong - TCO

Derek Summerfield - IoP

Kaz de Jong – MSF

Khalid Saeed – WHO representative

Mark Van Ommeren - WHO

John Copeland – World Mental Health Federation

Chris McDowell – Information Centre about Asylum Seekers and Refugees

Andrew Mohanraj – International Medical Corporation

18:00 Reception/Dinner

Thursday 31st August 2006

Themed Research Presentation and Plenary Sessions

	MAIN AUDITORIUM	ROOM A	ROOM B	ROOM C
1 st morning 09:00-10:30	Plenary Session: Between Country Migration			
TEA 10:30-11:00	POSTER EXHIBITION			
2 nd morning 11:00-12:30	Highlighted Session: Complex Emergencies	Parallel Session: Children & Adolescent Mental Health		
LUNCH 12:30-13:30	POSTER EXHIBITION			
1 st afternoon 13:30-15:00		Parallel Session: Methods in International Mental Health Research	Parallel Session: Serious Mental Illness	Parallel Session: Displaced Populations
TEA 15:00-15:30	POSTER EXHIBITION			
2 nd afternoon 15:30-17:30		Parallel Session: Mental Health in Complex Emergencies	Parallel Session: Asylum Seekers and Refugees	Parallel Session: Children on the Move

09:00 - 10:30

PLENARY SESSION: Main Auditorium

Between country migration

Chair: **TBA**

Natalia Sakavici: The mental health consequences for trafficked women – page 14

Dominique Le Touze: Torture, mental health status and refugee application outcomes among recently arrived asylum seekers in Australia – page 15

David Ingleby: The IMISCOE-IOM European Survey on Migration and Health – page 15

10:30 - 11:00

Tea & Coffee Break

11:00 - 12:30

HIGHLETED SESSION: Main Auditorium

Complex Emergencies

Chair: **TBA**

Ian Soosay & Andrew Mohanraj: After a disaster: Providing Care for the Mentally Ill – page 16

Jesse Grayman: A Psychosocial Needs Assessment of Conflict-Affected Communities in Three Districts of Aceh, Indonesia – page 17

Andrew Mohanraj for Lynne Jones: Treating serious mental illness in situations of forced dislocation: Problems and solutions – page 17

11:00 - 12:30

PARALLEL SESSION: ROOM A

Children & Adolescent Mental Health

Chair: **Professor Robert Goodman**

Alan John Flisher: Norms for South African child and adolescent mental health services – page 23

Muna Ahmead: The use of self help technology for adolescents with mental disorders - Evidence based and user views – page 23

Ana Aguirregabiria & Samantha Hull: Indicators of positive mental health within an EU context – page 24

Damanjit Sandhu: Identity styles in relation to coping processes in college freshmen – page 25

12:30 -13:30

Lunch

13:30 – 15:00

PARALLEL SESSIONS

ROOM A

Methods in International Mental Health Research

Chair: **Professor Martin Prince**

Benedict Weobong: The comparative validity of the Twi versions of the EPDS, PHQ-9 and SRQ-20 in detecting post-natal common mental disorder in Kintampo, Ghana – page 25

Elaine Brohan: The development and initial validation of an international instrument to assess mental health service user's experiences of stigma and discrimination (DISC-10) – page 26

Ashley Sze Man Chan: Enhancing vocational outcomes of Individual and Support Placement Model by social skills training – page 26

Erico Costa: Ascertaining late-life depressive symptoms in Europe: an evaluation of the EURO-D scale in 10 nations - The SHARE project – page 27

13:30 – 15:00

**ROOM B
Serious Mental Illness**

Chair: **TBA**

Richard John Gray: European Multi-Centre Randomised Controlled Trial of Adherence Therapy for People with Schizophrenia – page 27

Bright Akpalu: Health seeking in schizophrenia: attributions of illness, choice of treatment facility – page 28

Victor Christian Korley Doku: Idioms of expression of psychosis in Kintampo, Ghana – page 28

Cleusa Ferri: Dementia and the role of the 10/66 Research Group – enclosed apart

13:30 – 15:00

**ROOM C
Displaced Populations**

Chair: **Dr Vikram Patel**

Susan Becker: Psychosocial Care for Adult and Survivors of the Tsunami in India – page 29

Hasida Ben-Zur: Political Uprooting, Resilience and Distress: How Israelis Coped with Disengagement – page 30

Joseph Mbatia: Alcohol use among Refugees in North Western Tanzania – page 30

Bushra Habbani: People on the move - Bio-Psycho-Social perspective – page 31

15:00 – 15:30

Tea & Coffee Break

15:30 – 17:30

PARALLEL SESSIONS

**ROOM A
Mental Health in Complex Emergencies**

Chair: **Professor Rachel Jenkins**

Nicholas Rose: Developing community mental health treatment competencies in a post tsunami undeclared war zone – page 31

Chris Underhill: Mental health as a determinant in community recovery from disaster – page 32

Anisha Siromoney: Drauma in People on the Move – page 32
Dominique Le Touze: Can lessons learnt from the Commission for Reception, Truth and Reconciliation inform public mental health policy in East Timor? – page 33

15:30 – 17:30

ROOM B
Asylum Seekers & Refugees

Chair: **Dr Cleusa Ferri**

S. Gulfem Cakir: Migration and psychological well-being among Turkish migrant women – page 34

David Palmer: ‘Unheard voices’: listening to Refugees and Asylum seekers in the planning and delivery of mental health service provision in London – page 34

Margit Holzer-Aghotor: Cultural Bereavement and Post Traumatic Disorder among Displaced Persons /Refugees/Asylum seekers from the point of Multicultural Social Work in Austria – page 35

15:30 – 17:30

ROOM C
Children on the Move

Chair: **Dr Anula Nikapota**

Chiara Servilli: Evaluation of interventions and services for adolescent mental health promotion and care in Eritrea – page 35

Nishalie Fernandopulle: Children on the move ... removed, taken away, denied – the internally displaced children of Sri Lanka – page 36

Julie Guyot: Where do children belong? Social role and rehabilitation of former child soldiers – page 36

Menakshi Sharma: The Aspirations, Experiences and Well-being of Unaccompanied Asylum Seeking Children – page 37

Fouzia Chishti: The role of the Youth United Nations Association in Pakistan – working with children and adolescents in the community – page 37

Friday 1st September 2006

Themed Research Presentation and Plenary Sessions

	MAIN AUDITORIUM	ROOM A	ROOM B	ROOM C
1 st morning 09:00-10:30	Highlighted Session: Conflict Trauma and Migration	Parallel Session: Epidemiology		
TEA 10:30-11:00	POSTER EXHIBITION			
2 nd morning 11:00-12:30		Parallel Session: Mental Health & Relocation	Parallel Session: Challenges to Service Provision	Parallel Session: African Mental Health
LUNCH 12:30-13:30	POSTER EXHIBITION			
1 st afternoon 13:30-15:00	Plenary session – Main Auditorium Mental Health Policy Development			
TEA 15:00-15:30	POSTER EXHIBITION			
2 nd afternoon 15:30-17:30	Plenary session – Main Auditorium Within Country Migration			

09:00 - 10:30

HIGHLIGHTED SESSION: Main Auditorium

Conflict Trauma and Migration

Chair: **Dr Derek Summerfield**

Catherine Bateman: Measuring mental health needs in East Timor - methodology, practicalities and ethical considerations – page 18

Surinder Jaswal: Long term conflict on mental health of Kashmiri women – page 18

Angela Burnett: Addressing inequalities in the mental health of asylum seekers and refugees – page 19

09:00 – 10:30

**PARALLEL SESSION – ROOM A
Epidemiology**

Chair: **Dr Robert Stewart**

Robert Stewart: Maternal Common Mental Disorder (CMD) and Infant Nutrition – Evidence from Malawi – page 38

Signe Dørheim Ho-Yen: Depressive symptoms in the postnatal period in Lalitpur district, Nepal: Prevalence and risk factors – page 39

Sajida Agha: Psychosocial Risk Factors of Suicidal Attempt in Pakistan – page 39

Girmay Mehdin: Maternal mental distress in pregnancy and perinatal outcomes in Ethiopia: a population-based cohort study – page 40

10:30 – 11:00

Tea & Coffee Break

11:00 – 12:30

PARALLEL SESSIONS

**ROOM A
Mental Health & Relocation**

Chair: **Professor Dinesh Bhugra**

Sandhya Singh Kaushik: Designing transition of migrants: role of psychologists – page 41

S. Gulfem Çakir: A bridge for migrants: the role of migrant/refugee community organisations in promoting and enhancing mental well being - 41

Chris Underhill: Approaches to mental health services in informal settlements – page 42

Liat Yakhnich: The Role of Appraisal and Coping Processes in the Adaptation of Immigrants from the Former Soviet Union – page 42

11:00 – 12:30

**ROOM B
Challenges to Service Provision**

Chair: **Professor Graham Thornicroft**

Giorgia Dona: Rethinking wellbeing: from contexts to processes – page 43

Muhmmmed Lafta: Violence in Iraq: history, concepts & consequences – page 43

Michelle Kermode: Primary health care and mental health promotion: an exploratory study in rural India – page 43

Nagarathnamma Boya: Mental health status of the aged migrants – page 44

11:00 – 12:30

ROOM C
African Mental Health

Chair: **Dr Joseph Mbatia**

Atalay Alem: Migration and mental health: A qualitative study of Ethiopian women in domestic work in Middle Eastern countries – page 45

Victor Christian Korley Doku: Portrayal of mental health in a national Ghanaian newspaper – page 45

Ursula Read: Searching for healing: an ethnographic study of therapeutic resources for mental illness in Kintampo, Ghana – page 46

George Opoku: Managing drug use among in and out of school youth in Ghana – page 46

12:30 – 13:30

Lunch

13:30 – 14:30

PLENARY SESSION 1: Main Auditorium

Mental Health Policy Development

Chair: **Professor Rachel Jenkins**

Chhit Sophal: Sustainable development in mental health in Cambodia – page 19

Alan Flisher: Mental health policy development and implementation in four African countries: breaking the cycle of mental ill-health and poverty – page 20

14:30 – 15:00

Tea & Coffee Break

15:00 – 16:30

PLENARY SESSION 2: Main Auditorium

Within Country Migration

Chair: **Dr Melanie Abas**

Tawanchai Jirapramukpitak: Rural-urban migration and mental problems in the young Thai population – page 21

Nyorovai Whande: Issues of trauma amongst people of concern
– page 22

Cathy Zimmerman: The health of women trafficked for sexual
exploitation in Europe: Findings from a prospective study of
women entering post-trafficking services – page 23

16:30 – 17:00

Panel Discussion

17:00 – 17:30

Closing Ceremony & Poster Award

PLENARY ABSTRACTS

Migration and mental health: working towards inclusion

Mrs Jacqueline Weekers – International Organization for Migration

There are today close to 200 million international migrants, more than half of them women. Migrants represent about 2.9% of the global population, but it is likely higher than that, considering the unknown number of irregular migrants.

Migration patterns have dramatically changed over the last decades, partly due to globalization, and resulted in today's great variety in migration populations. While migration itself is not, under normal circumstances, a risk to health, conditions surrounding the migration process can increase vulnerability to ill health. Such conditions or risk factors can be linked to circumstances before departure, during the travel phase, upon arrival in a host community or upon return. Migrants whose well being is at most risk are those who are forced to move, those who have irregular status and find little or no access to services, and those with a pre existing condition, including a mental health condition.

Also visa versa, mental health status can impact, even hinder, immigration due to long standing restrictive migration legislations of receiving nations that aim to protect public safety and avoid excessive demands on publicly funded services.

Migration health policies: from exclusion to inclusion

The view of the International Organization for Migration is that governments, agencies and communities must partner and be preoccupied with the importance of the mental well-being of migrants, in reaching positive solutions for better integration and stabilization of societies, as today, migrants are essential for many societies and migration is a natural process that will never stop. Inclusive policies towards migrants, that address mental and social well being is not a luxury and not only a matter of basic rights, but also a matter of benefits for all, migrants and societies alike.

A healthy migrant will be more likely to participate in the socio-economic fabric of the host community, to become autonomous and financially independent, receptive to education and a tolerant partner in a community.

An overview of UNHCR Response to Mental Health and Psychosocial Needs

Mrs Amianta Gueye – HQ United Nations High Commissioner for Refugees

The Mandate of UNHCR is to provide International Protection to persons who are forced to leave their habitual residence because of persecution, conflict and violence and seek refuge outside their normal residence .The Persons of Concern to UNHCR include refugees, returnees, asylum-seekers, stateless people and recently internally displaced persons(displaced due to conflict). Persons of concern are normally exposed to loss of property, death, separation from families, breakdown of communal structures and traditional support systems. The protection system and material assistance programmes developed by UNHCR, Governments, Implementing and Operational Partners, in

response to these experiences are geared towards the rebuilding of communal support system, revival of self esteem and cultural values within the human rights and community-based perspectives.

Community-based Response to Psychosocial Challenges and the Case of Western Darfur

Mr Janaka Jayawickrama – UNHCR/University of Northumbria

Psychosocial wellbeing is associated with a sense of place and continuity of life chances. This relationship may be displaced by rapid or slow onset contextual changes of conflict and global development. Whilst disasters and development can expose displaced people's vulnerability, community-based response may be better-understood or assisted in terms of coping and resilience. However, recognition of the mechanisms of mental health resilience and recovery is likely to remain a highly subjective and locally specific process. Working with the problematic of displacement and trauma also requires perpetual review of basic assumptions. Significant pointers for context specific or endogenous healing of mental wounds of displacement and war have been revealed from the case of Western Darfur.

Traumascapes: an ecological-cultural-historical model for extreme stress

Mr Joop T.V.M. de Jong – Transcultural Psychological Organisation

From prehistoric times onwards cultures have developed coping strategies to deal with extreme stress. Each era and culture expresses the consequences in semantics, explanatory models and idioms of distress, and develops ways of healing that fit its cosmology. Ever changing traumascapes show that there are universal similarities and major differences that constitute the "human" responses to trauma. The concept of a traumascapes is presented as the scaffolding to explore the complex global and local interactions among vital systems that define how an individual, a society and a culture respond to emergencies that make up the daily life of many. The model presented in this lecture provides a framework for scholars to study the dynamic interactions of culture, history and social ecology. The factors described in the model contribute to the understanding of vulnerability and resiliency of population groups and individuals. The components of the model will guide us in describing the variety of expressions of human suffering and the way cultures, and individual and families within those cultures, try to cope. The model may also guide us to develop policies and practices and effective interventions to deal with extreme stress.

"Mental health" and the displaced person: what do we know for sure?

Dr Derek Summerfield – Institute of Psychiatry

Contemporary approaches to mental health in Western societies reflect trends towards the medicalisation and professionalisation of everyday life, and the construction of personhood as fragile rather than robust. Mental health discourse is part of the shaping of a particular kind of citizen. What might be its effects in societies with very different traditions and cosmologies, and where there is a daily struggle with poverty and lack of rights? Is there a danger that time honoured ways of coping could be weakened?

Can the field truly bring itself to examine the very ground it stands on? Is Western mental health practice but one ethno psychology among many, or can be defended as carrying universally applicable knowledge. If so, what is this knowledge? Before mental health technologies are exported to non-Western societies, are we even clear about the evidence base of their efficacy in the West?

The WHO now appears to endorse critiques of the narrow focus on the Western psychiatric category “PTSD” in both programming and in the research literature in recent decades, but their statements about “depression” suggest a unitary, universally valid, pathological entity requiring professional intervention. To assert this is to make a category error, a problem of validity. It is on these grounds that the published research literature largely disqualifies itself.

Arguably the three most important tasks in international mental health are mental handicap, nonbrief psychosis and epilepsy.

Have displaced people in non-Western settings asked us to address “distress” as an issue distinct from their social predicaments? What ownership can they claim over the terms of reference of “international mental health”, the “psychosocial” field, or “disaster mental health”?

Mental health interventions in areas of mass violence

Mr Kaz de Jong – Médecins Sans Frontières

Medicins Sans Frontieres is private humanitarian medical emergency organisation. As part of their interventions it runs currently psychosocial and mental health interventions in 14 countries. The author will present on the views currently held in the MSF Amsterdam section. Some findings on the beneficiaries’ levels of exposure to violence are shared. A model of intervention that allows for cultural adaptation is present and discussed. The presentation will end with sharing some of the lessons learned.

Provision of emergency mental health and psychosocial support - experience from the Pakistan earthquake

Dr Khalid Saeed – WHO representative in the Kashmir Earthquake Area

On October 8, 2005, an earthquake measuring 7.6 on the Richter scale struck Azad Jammu and Kashmir and parts of the North Western Province of Pakistan. An estimated

73,000 people died and more than 69,000 were seriously injured, while about 3.5 million people were affected by the earthquake. It has affected health in all its dimensions, through death, destruction of infrastructure, disintegration of social support networks, sources of livelihood and ongoing uncertainty about the future. All these factors tend to adversely affect the mental health (and psychosocial well-being) of individuals and communities, by increasing the psychosocial distress and psychiatric morbidity having consequences at the individual as well as communal level.

It is in this context of visualizing mental health that the Ministry of Health, Government of Pakistan in collaboration with WHO launched an emergency mental health and psychosocial relief effort spanning over a period of more than five months. We report our experience of undertaking this exercise in extreme circumstances and of providing mental health services in resource-poor settings.

The Government of Pakistan decided within the first week to make the Ministry of Health responsible for mental health and psychosocial support and to start sending out mental health and psychosocial support teams to the effected districts. The MOH took over the responsibility of seconding personnel from federal and provincial departments to the field teams while WHO undertook to provide the logistic and technical support to these teams. These mental health emergency relief teams had a multidisciplinary composition with the objectives of providing relief, promoting positive mental health (i.e., psychosocial well-being) and preventing mental ill health

This exercise involved deploying more than 235 professionals in the form of more than 50 teams from all over the country to the affected areas. The teams besides providing more than 28000 consultations also actively engaged in community based activities for promoting mental health literacy, strengthening social networks, promoting individual and communal resiliency. The most common disorders with which the survivors presented to the relief teams were Anxiety, stress related and somatoform disorders and Affective disorders.

Based on our experience, we conclude that despite limitations of the number of team members which could be deployed mental health teams were providing a service in areas where there was only a limited infrastructure available for provision of mental health services and psychosocial support. Damage to and destruction of the available facilities for mental health services, particularly in NWFP had further hindered the already limited quantum of services available for the effected population.

In order to consolidate the gains made and to make a smooth transition from relief to recovery phase without creating major gaps in service provision we propose a three-tier model: (i) mental health promotion through community development, (ii) integration of mental health services into primary health care and (iii) a district mental health specialist service.

Inter-Agency Standing Committee (IASC) Guidance on Mental Health and Psychosocial Support in Emergency Settings

Dr Mark van Ommeren, WHO, Co-Chair IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings

In recent years, there has been increasing concern by humanitarian agencies for the psychological and social well-being and suffering of people affected by disaster. Effective coordination has often proven to be difficult, especially in high-profile emergencies, involving large numbers of actors. Although the field has had serious controversies in the past, there appears to be an emerging consensus among international humanitarian agencies on what constitute recommended practices.

Consensus is highest for the value of interventions and supports of a social nature - which address social factors considered valuable in protecting and promoting mental health and psychosocial well-being. In addition, there is quite some consensus for the value of selected psychological and psychiatric interventions for specific problems. The Inter-Agency Standing Committee (IASC), formed in response to a UN General Assembly Resolution, exists of heads of large humanitarian organizations (UN, Red Cross, large NGO consortia) and is responsible of global humanitarian policy. A specific IASC Task Force was initiated a year ago to develop inter-agency guidance on mental health and psychosocial support in emergency setting. The Task Force exists of staff 27 experienced international agencies, covering the major players in international humanitarian mental health/psychosocial aid. The primary purpose of this guidance is to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multisectoral actions to protect and improve people's mental health and psychosocial well-being in the midst of an emergency. The guidance includes a matrix to be used as a coordination tool. The guidance includes 26 four-page action sheets giving guidance to actors in multiple sectors. The presentation will describe the guidance, its rationale, the development process, challenges and early successes. The guidance is forthcoming this fall.

The mental health consequences for trafficked women

Mrs Natalia Sakavici – International Organisation for Migration

Human trafficking has become a major migration and human right challenge during the last decade with its most prominent forms of forced sexual and labour exploitation. Over the last five years International Organization for Migration (IOM) has provided direct recovery assistance to over 3,000 survivors in Ukraine, and close to 7,000 in the region of Belarus, Moldova and Ukraine, thus being recognized of managing the largest caseload in the world.

Traffickers exert extremely brutal and manipulative control over victims - from both physical and psychological perspectives - by using rape, beating, torture, starvation, physical exhaustion, isolation, deception and death threats. The direct negative effects are the health consequences, both mental and physical. Victims' mental health disorders are mainly represented by post-traumatic stress disorders, fears, anxiety, depression, suicidal thoughts, poor concentration, low self-esteem, and life perspectives

loss, etc. Their mental health status will vary depending on the individual history, the traumatic events experienced in the recent past and stresses associated with present fears and uncertainties.

IOM has long recognized that women's needs are more extensive and multi-faceted. As a response, IOM is addressing a wide range of these health issues, including medical research. It is a challenging task to address the health problems' complexity, however, the accumulated practical experience as well as findings from recent research activities in partnership with London School of Hygiene and Tropical Medicine make possible to enable caregivers to develop more targeted care policies and strategies that improve women's chances of regaining their health and well-being.

Torture, mental health status and refugee application outcomes among recently arrived asylum seekers in Australia

Ms Dominique Le Touze – University of New South Wales

There are ongoing concerns that asylum seekers who have been tortured and who suffer trauma-related mental disorders are being refused protection by countries in which they seek asylum. The study described here assessed a consecutive sample of recently arrived asylum seekers attending immigration agents in Sydney, Australia. The mental health of participants was assessed using a series of structured measures.

Participants were followed up to assess the outcomes of their refugee applications. The 73 participants, who had resided in Australia for an average of 4.3 months, reported high rates of torture (51%), and that group was at highest risk of suffering co-morbid post-traumatic stress disorder (PTSD) and major depression. This response has been associated with substantial levels of psychosocial disability. Neither past torture nor current psychiatric disorder influenced the outcomes of refugee applications among the sample.

The study raises further concerns that tortured asylum seekers and others with trauma-related mental disorder may be at risk of repatriation to their countries of origin.

The IMISCOE-IOM European Survey on Migration and Health

Professor David Ingleby - Utrecht University

Within the EU network of excellence IMISCOE (International Migration, Integration and Social Cohesion), an international group of seven researchers has been engaged since 2005 on a Europe-wide survey of migration and health, assisted by the Migration Health Department of the International Organisation for Migration (IOM).

This survey is the first major all-round, comparative study on this topic. It will present an accessible overview of existing knowledge about both 'upstream' and 'downstream' factors influencing the health of migrants and ethnic minorities. Findings on mental

health play a prominent role in the survey, which will highlight different patterns of illness in different countries and among different groups, as well as relationships between health policies and political or economic factors. Differences between North-West, Southern and Central & Eastern Europe are a particular focus of interest.

Countries are surveyed using a grid which is standardised as far as possible. Data are drawn from published sources, official statistics and 'grey' literature. Preliminary results are available based on data from 12 countries and it is planned to extend the survey to at least 20.

In this talk I will discuss the variety of different perspectives and paradigms to be found in work on migration and health. Some approaches focus on migrants as potential carriers of contagious disease, while others emphasise the risk factors or stressors migrants are exposed to (in particular, socio-economic disadvantage and lack of 'social capital'). For refugees, an approach based on disaster management and PTSD is giving way to more holistic views. Approaches to health care delivery are variously informed by notions of equity, social inclusion, anti-racism or intercultural competence.

After a disaster: Providing Care for the mentally III

Dr Ian Soosay & Dr Andrew Mohanraj – University College London & International Medical Corps

The Indonesian province of Aceh was devastated following the Boxing Day Tsunami of 2004. 120,000 people lost their lives and over 600,000 were left homeless and displaced. Psychosocial programmes were seen as a major part of the post-disaster response with over 150 NGOs running programmes in the area.

Whilst many of the interventions focussed on people who were experiencing distress following the Tsunami, there were very few that had a capacity to manage people with mental illnesses. Large-scale disasters have a significant impact on people with pre-existing mental illness, affecting their care support systems and reducing the provision of healthcare. Evidence also suggests that one of the long-term consequences of such an event is a significant increase in the prevalence of mental illnesses such as depression, years after the immediate crisis has settled. It is these chronic conditions that are associated with the heaviest social and economic burdens of illness, as well as having wider implications, such as links between maternal mental health and infant health.

Mental health interventions following disasters should take a long-term view, with an emphasis on capacity building, institutional strengthening and sustainability. Work needs to be done on bridging short-term emergency psychosocial interventions with a more developmental model that is required to meet long-term needs. We will share our experiences of the WHO Community Mental Health Programme in Aceh and the International Medical Corps Psychosocial Programme to illustrate some of the issues raised.

A Psychosocial Needs Assessment of Conflict-Affected Communities in Three Districts of Aceh, Indonesia

Mr Jesse Grayman – International Organisation for Migration/Harvard University

Between December 2005 and February 2006, a team of researchers from the International Organization for Migration and the Department of Social Medicine from Harvard Medical School carried out a Psychosocial Needs Assessment in three high conflict districts on the northeast coast of the Indonesian province of Aceh. Conducted six months after the signing of a peace agreement on August 15, 2005, the research was designed to determine the level of conflict-related traumatic experiences suffered by members of these communities, to assess levels of psychosocial and mental health problems and identify high risk subgroups in the population, and to identify patterns of resilience and resources drawn on by communities and their members in managing mental health problems. The sample for the quantitative survey consisted of 596 adult respondents randomly selected from 30 rural villages. 75 community leader informants were also interviewed. Members of these communities report high levels of traumatic events. Men reported significantly greater physical violence than women. Psychological symptoms measured with the HCL-25 and Harvard Trauma Questionnaire checklists are extraordinarily high, ranking with post-conflict populations in settings such as Bosnia or Afghanistan. Odds analyses suggest factors associated with greater likelihood of suffering depression and trauma-related illness, as well as particular groups at high risk. Rates of head trauma suffered through beatings, strangulation, near drownings, and other forms of torture or violence, are also astonishingly high and deserve clinical interventions and further research. Findings may be generalized to high conflict communities in the districts of Pidie, Bireuen, and Aceh Utara. Recommendations for intervention includes mobile clinical outreach with nurses trained in community mental health and targeted implementation of a series of pilot therapeutic programs with careful evaluation of the efficacy of each approach.

Treating serious mental illness in situations of forced dislocation: problems and solutions

Dr Lynne Jones by Dr Andrew Mohanraj – International Medical Corps

This paper describes the challenges posed by severe mental illness in populations subject to forced dislocation. These populations have specific difficulties: the emergency deprives them of social supports that previously sustained them; their families, overburdened themselves, may abandon them; medication supplies are disrupted making them vulnerable to breakdown. Traditional healing systems may be unavailable. Host country psychiatric services maybe closed to refugees. Stigma and self-neglect may prevent sufferers from presenting at camp health facilities. Consequently such patients are particularly subject to human rights violations such as chaining, physical abuse, being left exposed to the elements.

Data is compared from mental health services established for refugees and IDPs in five emergency contexts: Chad, Pakistan, Sri Lanka, Aceh and Sierra Leone. It demonstrates that people with serious mental disorders form a substantial proportion of referrals,

(more than 40% in three countries) and discusses the significance of these figures. It then examines the problems of service provision for such patients in these contexts and the solutions adopted.

Key actions include: the identification of patients through effective liaison with stakeholders; biological and psychosocial interventions to provide protection, relieve symptoms and restore functioning; education and support for existing carers; rapid training of members of the emergency primary health care team; establishing an accessible, advertised service within the camp/community; ensuring a sustainable supply of appropriate psychotropic medications; building a relationship with traditional healers and the local health infrastructures; planning for return home. Service provision in the five countries will be analysed within the framework of the newly drafted guidelines from the Interagency Standing Committee for Mental Health and Psychosocial Support.

Measuring mental health needs in East Timor - methodology, practicalities and ethical considerations.

Dr Catherine Bateman – University of New South Wales/London School of Hygiene and Tropical Medicine

East Timor is a recently independent, post-conflict country in which an estimated twenty-five percent of the population perished during twenty-five years of Indonesian occupation. It is a setting with scarcely any previous provision of psychiatric services and where violence and disruption have been experienced on a wide scale.

The East Timor Mental Health Needs Study was designed to survey the mental health of the population, and in particular, look at the impact of war and forced migration on mental health. It was predominantly an epidemiological prevalence study of mental illness but it incorporated more qualitative methods of assessing mental health needs as perceived by the community themselves. The results were presented to the Government to help inform policy and prioritisation of services in the complex context of post-conflict health planning.

The paper will describe our methodology as well as other practical challenges in carrying out a survey in a post-conflict country. New techniques, such as the use of aerial photography and Global Positioning Satellite (GPS) technology will be demonstrated. Importantly, we hope to share our experience of working with the many different stakeholders, which not only included the local community and its political structures, but also a wide range of organisations such as the UN, NGOs and the Truth and Reconciliation Commission.

Long term conflict on mental health of Kashmiri women

Dr Surinder Jaswal – Tata Institute of Social Sciences, India

The nature of violence during conflict on women is profound, including dying, torture, experiencing sexual abuse, losing loved ones, homes and communities. Research shows that there is a direct impact of on-going violent conflict on women such as rape, prostitution and sexual violence. It is also known that during conflict there is a sharp increase in other forms of violence such as war-time domestic violence besides other impacts on day to day life, such as loss of work, fragmentation of communities, social structure etc.

It is also seen that besides the direct stressors of conflict, there are many long -term consequences of the civil strife for the economy, essential services, social systems and life patterns. All this produces considerable stress resulting in direct and chronic stressors particularly on the mental health of women in terms of vulnerability, morbidity and disability.

This paper presents the findings from six community based research studies conducted over the last 15 years, using a combination of quantitative and qualitative methodologies on the consequences of on-going strife on the mental health of Kashmiri women. Women residing in the valley and in migrant camps were included in the studies. The findings clearly reveal that vulnerability factors such as being a woman, age, education, marital status and type of family and secondary stressors such as major events in the life of the women and presence of social support play a key role in the mental health of women.

Addressing inequalities in the mental health of asylum seekers and refugees

Dr Angela Burnett – Medical Foundation for the Care of Victims of Torture/Sanctuary Practice

A recent meta-analysis of the literature on the mental health of refugees has shown that refugee status confers an overall increase in psychological ill-health. The authors found that this is not an inevitable consequence of conflict and trauma but reflects the socio-political conditions which they face in host countries, and they conclude that improving these conditions could improve mental health outcomes

Using a human rights framework, I will examine the inequalities in mental health which asylum seekers and refugees, including survivors of torture face in host countries and how the socio-political conditions could be moderated. I will look at some of the barriers to health faced by refugees and asylum seekers in the UK. Using in addition the experience of Black and Minority Ethnic communities, I will examine mental health services which have been developed in the UK and explore ways in which these could be focused more appropriately on the needs of their users. I will also describe the challenges faced by health workers in providing care to this vulnerable group of people and explore ways in which health workers can look after themselves.

Sustainable development in mental health in Cambodia

Dr Chhit Sophal – Ministry of Health, Cambodia/International Organisational for Migration

Cambodia is a country wracked by a quarter century of conflict, ending less than ten years ago. Mental health professionals and related services were totally destroyed during the Khmer Rouge regime and remained non-existent through the early nineties.

In 1994, with the Initiative and funding from the Government of Norway and the support of the International Organization for Migration (IOM) mission in Cambodia, a Mental Health program commenced. Initially the program was managed by Norwegian specialist psychiatrists who were posted to Cambodia and trained local counterpart physicians and nurses commenced in Phnom Penh, Cambodia. As of January 2006 a total of 26 Cambodian Psychiatrists and 40 Psychiatric nurses have been trained and the program is able to provide limited National coverage of relevant mental health services. However, the status of mental health services, and their ongoing development in Cambodia remains a very significant challenge, primarily because of difficulty in accessing adequate funding, low human resource capacity, and difficulty in access/delivery of services.

To identify key factors that contribute to the development of a successful National Mental Health Program in a post-conflict situation, and to identify those that limit or hamper that objective.

The retrospective study explored the process of development of a National Mental Health Program for Cambodia over the last twelve years (since 1994), highlighting the achievements, limitations and constraints.

The study findings identified key factors influencing the development of mental health in Cambodia. These are the contribution of external supports from WHO, IOM, TPO, SSC, CARITAS, Louvain Development, and others. These supporters have contributed at two levels: Management and Implementation/Technical Operational. The management level involving policy, planning, guidelines, protocol, curriculum and management development; whereas at the implementation level dealt with the clinical and training services, to include: diagnosis, treatment, care, training, education, service accessibility and quality.

WHO and IOM have played crucial roles in both levels, and the other supporters have mainly supported at the implementation/Technical Operational component.

Based on the realities of health service delivery in Cambodia, a National Mental Health Program must integrate Mental Health services into general health services, within the existing infrastructure in a complementary and consolidating manner. The full support of the Ministry of Health is a key to the successful evolution of a National Mental Health Program.

Mental health policy development and implementation in four African countries: breaking the cycle of mental ill-health and poverty

Professor Alan Flisher – University of Cape Town

This presentation serves to introduce a Research Programme Consortium (RPC) funded by the U.K. Department for International Development (DFID). The purpose of the RPC is to develop and evaluate mental health policy in poor countries, in order to provide new

knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health. The programme will undertake an analysis of existing mental health policies in poor countries, provide interventions to assist in the development and implementation of mental health policies in those countries, and evaluate the policy implementation over a 5-year period. The programme will be conducted in four countries that represent a variety of scenarios in mental health policy development and implementation (Ghana, South Africa, Uganda, Zambia). Strategies for making mental health care accessible to poor communities will be documented, for instance, through primary health care and non-health sectors, with an emphasis on promoting mental health and providing care for those who most need it and can least afford it. Capacity will be built in mental health research, policy making, service planning and service delivery. The RPC will provide a coherent body of high quality policy relevant new knowledge to assist other developing countries to break the cycle of poverty and mental ill-health.

Rural-urban migration and mental problems in the young Thai population

Dr Tawanchai Jirapramukpitak – Thammasat/Institute of Psychiatry

Thailand has experienced a dramatic growth in rural to urban migration. In Pathumthani, a Bangkok outskirts, half the local population has migrated during their lifetime. We conducted a cross-sectional catchment area survey in Northern Bangkok. A representative sample of 1052 young residents, aged 16-25 years was selected. Measures include: 1) exposures – migration (defined as the occasion when a young person, born in a more rural area moves for the first time into Greater Bangkok), experience of abuse– defined as reporting any emotional, physical, sexual abuse event. 2) outcomes - a) common mental disorder, b) alcohol-related disorders c) substance use. Mental health problems and childhood abuse experiences were common in both migrants and non-migrants. Forty six percent of adolescents had migrated from rural areas to Bangkok, mostly independently after the age of 15 to seek work. Experiences of emotional and physical abuse were found more prevalent particularly among early migrants. The prevalence of alcohol use disorders was significantly higher among migrants. There were also gender differences in the impact of migration on substance use, with migrants having a higher 1-year prevalence of substance use among males. The study findings represent an important advance in identifying the possible relationships between rural-urban migration and mental disorder in youth. Future studies with this population should incorporate longitudinal designs in order to capture both risk and resiliency factors associated with mental disorders in young migrants, particularly late male migrants. This will prove helpful in devising both preventive and tertiary interventions for adolescents.

Issues of trauma amongst people of concern

Dr Nyorovai Whande - UNHCR

UNHCR is responsible for the physical and legal protection of refugees and asylum seekers whether they are urban based or camp based. In the efforts to plan adequate and effective programs UNHCR attempt to use approaches and or tools which can best gather information on the population of concern.

Becoming a refugee had a different impact on individuals, families and communities. It is clear that individuals react to becoming refugees in different ways based on their experience, culture and religion.

Most people suffer some aspects of trauma on becoming refugees. A major factor in planning for refugee programs to address trauma should be the concept of change. To plan refugee protection and assistance activities efficiently and effectively, analysis of social and economic roles of women, men and children in the refugee community and understand how these roles will affect and be affected by planned activities. In a refugee context, customary socio-economic roles are disrupted. Roles and responsibilities of women and men are changing constantly as the stages of the refugee condition evolve from departure through flight, arrival and asylum to durable solution.

Factors for considerations:

- Refugee profile (age, religion, culture, education etc)
- Gender roles
- Resources management
- Refugee participation
- Community mobilization
- Urban visa camp based
- Sexual gender based violence
- Children affected by armed conflict

How does taking this into consideration give us a better chance of implementing better mental health programs for people of concern?

The health of women trafficked for sexual exploitation in Europe: Findings from a prospective study of women entering post-trafficking services

Ms Cathy Zimmerman – London School of Hygiene and Tropical Medicine

Although trafficking in women is recognised as a severe form of violence and a serious human rights abuse, little evidence exists on the health needs of women and adolescents in post-trafficking services. The purpose of this study was to examine the physical, sexual and reproductive and mental health consequences of women who have been trafficked for forced prostitution. A cohort of 207 women trafficked predominantly for forced prostitution attending post-trafficking services in seven European States were interviewed upon entry to services (within 14 days), and a portion of these women were interviewed at two further time periods (mean 35 and 125 days, respectively). Physical or sexual violence during the trafficking situation was reported by 95% of study participants, and 77% reported severe movement and activity restrictions. High levels of violence

prior to being trafficked, including child sexual abuse, were also documented. Physical injuries during trafficking were reported by 58% of women. Symptoms that may significantly impact on daily functioning (including headaches, back pain, dizziness, and memory problems) were prevalent throughout all three interview periods, although significant reductions occurred with time. 56% of the women reported symptom levels suggestive of post-traumatic stress disorder at the first interview, and these symptom levels appeared to drop rapidly by the second interview (12%). Reported symptoms of depression, anxiety, and hostility were nearly two times greater than population norms. There were significant improvements over time, although depression and anxiety levels remained well above population norms after approximately 125 days of receiving care.

PARALLEL SESSIONS ABSTRACTS

31st August 2006 - 11:00 to 12:30 - ROOM A

Children & Adolescent Mental Health

Norms for South African child and adolescent mental health services

Professor Alan John Flisher – University of Cape Town

The aim of this project was to develop norms for child and adolescent mental health service in South Africa. Methods: A national situation analysis of current public sector child and adolescent mental health services was conducted. A computerised model was developed for estimating the mental health service resource needs of children and adolescents suffering psychopathology. This model had the following steps: (a) derive population estimates for children and adolescents for each province; (b) estimate prevalence rates for children and adolescents; (c) calculate service utilisation for primary health care (clinics and community health centres), hospitals (outpatient and inpatient); specialist facilities (outpatient and inpatient), day programmes and regional support teams; (d) calculate the staff required for these services; (e) calculate norms on the basis of service utilisation and staffing needs. Following extensive consultation, norms were developed for minimum cover (the minimum recommended service provision) and maximum or full cover (for all children and adolescents with mental disorders).

Minimum and full cover norms will be presented for each province. There has been little progress in integrating child and adolescent mental health services into the primary health care system. Vertical referral services are established in only a few areas.

Each province should set realistic targets for staffing of primary and district level facilities; the establishment of comprehensive child and adolescent mental health services (CAMHS) at primary, secondary and tertiary levels; and the establishment of formally constituted CAMHS teams in order to provide support for lower tiers and outreach to rural areas.

The use of self help technology for adolescents with mental disorders - Evidence based and user views

Ms Muna Ahmead - National Primary Care Research and Development Centre, University of Manchester

Depression is the most common mental disorder among children and adolescents. Social stigma, limitation of access to health services, waiting long and the lack of well trained health workers, raise the importance of using self help technologies (computer programs, audio-visual, and internet) to deliver mental health interventions for adolescents with depression and anxiety.

Aims:

- Explore adolescent's perspective (aged 12-25 year) in their relation to depression and anxiety, health seeking and coping strategies
- Explore the effectiveness of self help technology for the treatment of depression and anxiety

Design:

- Qualitative study involving a total of 17 semi-structured interviews

- Quantitative study involving systematic review included 17 studies

Settings:

- Two youth institutions at Manchester: YASP centre and Powerhouse Library

Results:

Adolescents seek different coping strategies to deal with their depression and anxiety including emotional and problem focused approaches. They defined depression and anxiety depending on many dimensions. They viewed self help technology as potentially effective but they emphasized the need to improve them to meet their needs. They identified the barriers that prevent them from using technologies including psychosocial barriers (e.g. peer pressure, social stigma) developmental barriers (e.g. normalization of depression), technological barriers (e.g. privacy, confidentiality) and personal barriers (e.g. reading, writing, computer skills)

Conclusion

Very few adolescents used self help technology for their depression & anxiety and this perspective contrast with the current professional emphasize on using self help technology for adolescents with depression and anxiety. Adolescents view the need to improve these technologies in order to use them.

Indicators of positive mental health within an EU context

Dr Ana Aguirregabiria & Miss Samantha Hull - Deusto University, Bilbao

Promoting mental health during infancy and childhood is a fundamental activity for individuals, communities and governments to undertake. There is strong evidence that the early years of life have a crucial impact upon mental health throughout the life span.

Previous activities to promote mental health have been biased towards a prevention model that has targeted at risk populations. Such projects look to protect individuals from developing poor mental health – our work is different.

We take a different strategy towards mental health promotion: identifying factors which influence the maintenance and promotion of Positive Mental Health. Each factor is described as a structural indicator.

We have been researching the structural indicators of positive mental health in children from birth to ten years. The project was co-funded by the Blackwater Valley and Hart PCT and European Parliament and the Council of the European Union and was conducted within a European Union context.

We completed a comprehensive literature search to identify behaviours and activities that mentally healthy people undertake. We clustered behaviours and activities into five specific structural indicators: breastfeeding, early stimulation, pro-social activities, family support and, education and learning. In order to assess their discriminant, useful and practical value for governments and stakeholders across Europe, we requested feedback from targeted individuals at governmental administration levels. The results were analysed with the Delphi methodology.

The presentation will reflect on the breadth of activities involved in Mental Health Promotion, and outline the specific structural indicators we have identified.

Identity styles in relation to coping processes in college freshmen

Dr Damanjit Sandhu – Department of Psychology, Punjabi University, India

Adolescence involves many life-shaping processes. Leaving the parents' home and entering college represents a transitional event, and poses a number of adjustive demands that threaten one's sense of identity. It has been suggested that the manner in which individuals deal with these events or stressors, and whether this transition is overwhelming or a manageable challenge, will be influenced by identity styles. Identity styles are social-cognitive styles in general, and ways of processing identity-relevant information, making personal decisions, and approaching identity relevant problems in particular. The present research aims to study the identity styles in relation to coping processes used by adolescents who have moved out of their home-towns into hostels and are in the beginning of their college freshman year. For this purpose, data on identity styles, adjustment, emotional distress, and coping processes were collected from 100 boys and girls (mean age, 18.5 years) belonging to colleges of city Patiala, India. The data is being analyzed.

13:30 to 15:00 – ROOM A

Methods in International mental Health Research

The comparative validity of the Twi versions of the EPDS, PHQ-9 and SRQ-20 in detecting post-natal common mental disorder in Kintampo, Ghana

Mr Benedict Weobong - Kintampo Health Research Centre, Ghana/Institute of Psychiatry/London School of Hygiene and Tropical Medicine, UK

Objective:

Perinatal common mental disorder (P- CMD) and poverty interact in a negative cycle: P-CMD impedes women's ability to learn and to engage productively in their economies, and poverty in turn increases the risk of developing P-CMD, reduces access to much needed promotive, preventive, curative and rehabilitative simple mental health interventions. P-CMD is a significant risk factor for infant stunting and retarded development in the developing world.

There is no empirical evidence to support the validity of commonly used screening scales for perinatal mental disorder in Ghana. Assessment of the comparative advantage of case-finding instruments for the detection of P-CMD is of obvious relevance to planning of future community mental health intervention strategies in the developing world. We report data from a study to test the comparative utility of case-finding tools to screen for postnatal CMD in Kintampo, Ghana in preparation for a later cohort study to investigate its effects on infant and maternal mortality.

Design:

160 women aged 15-45 years, 5-11 weeks postpartum were recruited with informed consent. The women were randomly selected from a large scale cluster-randomized controlled trial investigating the effects of weekly supplementation of specified doses of VitA on pregnancy related mortality. The Edinburgh Postnatal Depression Scale (EPDS), the Patient Health Questionnaire (PHQ-9) and the SRQ-20 were tested against a local clinician's gold standard case assessment. A sub-sample (N=40) were re-interviewed two weeks following the initial interview. Scales were translated into Twi using bilingual and bi-cultural expertise from Ghana and UK. Scale psychometric properties were determined using Receiver Operating Characteristics analysis (area under curve, optimal cut point, and sensitivity, specificity and Cohen's Kappa at that cut point). Internal scale consistency (Cronbach's alpha) and test-retest reliability (intraclass-correlation) were ascertained for each scale.

Results:

The three test scales, EPDS (0.79), SRQ20 (0.78) and PHQ9 (0.79) showed equivalent internal consistency. Test-retest reliability was better for PHQ9 (ICC 0.75) than for the EPDS (0.51). For criterion validity the PHQ9 (AUROC 0.90 (0.81-0.98)), was also superior to the SRQ20 (0.74 (0.62-0.86)) and the EPDS ((0.84 (0.76-0.92))). Item analysis revealed that a mixture of somatic and cognitive symptoms best discriminated between cases and non-cases for all three scales.

Conclusions:

Somatic bias may have been an issue for the SRQ20, which contains a high proportion of somatic items. PHQ-9 is short and easy to administer. It is not specific to the postnatal period. It generates a scale score, with a cut point, and an approximation to DSM-IV minor and major depression.

The development and initial validation of an international instrument to assess mental health service user's experiences of stigma and discrimination (DISC-10)

Ms Elaine Brohan - Institute of Psychiatry

There is an identified need for detailed international data on how stigma and discrimination affect the lives of people with a diagnosis of schizophrenia. The Discrimination and Stigma Scale (DISC-10) was developed to address this need. This interview-based instrument asks participants to comment on the extent to which they have experienced stigma or discrimination, as a result of their mental disorder. The instrument addresses key areas of everyday life and social participation, including work, marriage, parenting, housing, leisure, and religious activities. The instrument also considers the extent to which participants limit their involvement in areas of everyday life due to anticipated discrimination or self-stigma.

This research was performed as part of the International Study of Discrimination and Stigma Outcomes (INDIGO). The development of the DISC-10 contributes to this research area by considering experiences of positive as well as negative discrimination, while also focusing on these events from a service user perspective. Data was collected from twenty-nine sites (N=25 at each site), in twenty-eight countries; this provides valuable information on the nature of stigma and experience of discrimination in diverse cultures.

The following methods will be used in the psychometric validation of the DISC-10: acceptability (item non-response, item-endorsement frequencies, aggregate adjacent endorsement frequencies, maximum endorsement frequencies, floor and ceiling effects), reliability (internal consistency, item-total and inter-item correlations), validity (content, intercorrelations of the scales). Cross-cultural measurement equivalence will also be examined. The results will be used to advise on the future development and recommended use of the DISC-10

Enhancing vocational outcomes of Individual and Support Placement Model by social skills training

Miss Ashley Sze Man Chan - The Hong Kong Polytechnic University

Individual Placement and Support (IPS) was developed to help people with severe mental illness obtain and keep competitive employment. The effectiveness of IPS to boost up the employment rates of people with severe mental illness is well demonstrated. The job tenure of IPS participants however did not outperform those receiving traditional vocational rehabilitation. Previous studies have shown that interpersonal difficulty is the most frequent reported problem leading to job

termination. We proposed that the vocational outcomes of IPS especially job tenure would be augmented if it is used together social skills training. Work-related Social Skills Training (WSST; Tsang & Pearson, 2001, Schizophrenia Bulletin, 27 (1), 139-148) is designed and shown to improve the social skills of people with severe mental illness necessary for getting and keeping a job. We merged it with IPS to form the Integrated Supported Employment protocol (ISE; Tsang, 2003, JoR, 69 (3), 25-30). This paper describes the rationale of ISE and its implementation procedures with illustrations of two case vignettes.

Ascertaining late-life depressive symptoms in Europe: an evaluation of the EURO-D scale in 10 nations - The SHARE project

Dr Erico Costa - Centro de Pesquisa Rene Rachou, Belo Horizonte, Brazil/Institute of Psychiatry

The reported prevalence of late life depressive symptoms varies widely between studies, a finding that might be attributed to cultural as well as methodological factors. The EURO-D scale was developed to allow valid comparison of prevalence and risk associations between European countries.

We used Confirmatory Factor Analysis (CFA) and Rasch models to assess whether the goal of measurement invariance had been achieved; using EURO-D scale data collected in ten European countries as part of the Survey of Health, Ageing and Retirement in Europe (SHARE)(n=22777).

Principal Component Analysis (PCA) suggested a two-factor solution (Affective Suffering and Motivation) in 9 of the 10 countries. With CFA, in all countries, the two-factor solution had better overall goodness-of-fit than the one-factor solution. However, Affective Suffering provided equivalent measurement across countries, while the Motivation factor did not. The Rasch model indicated that the EURO-D was a hierarchical scale. While the calibration pattern was similar across countries, between countries agreement in item calibrations was stronger for the items loading on the affective suffering than the motivation factor.

Conclusions: There is some evidence to support the EURO-D as either a unidimensional or bi-dimensional scale measure of depressive symptoms in late-life across European countries. There is strong evidence to support the cross-cultural measurement properties of its Affective Suffering sub-component but not for its Motivation sub-component.

13:30 to 15:00 – ROOM B

Serious Mental Illness

European Multi-Centre Randomised Controlled Trial of Adherence Therapy for People with Schizophrenia

Dr Richard John Gray - Institute of Psychiatry

Background: More than half of people with schizophrenia have sub-optimal treatment adherence. There is equivocal evidence of the effectiveness of adherence therapy in improving treatment adherence and clinical outcomes for people with schizophrenia.

Aims: To evaluate the effectiveness of adherence therapy in improving: medication adherence, symptoms, and quality of life in people with schizophrenia. Method: A 52 week, single-blind, multi-centre randomised controlled trial of the effectiveness of adherence therapy. Patients were individually randomised to receive eight sessions of adherence therapy or health education. Assessments were undertaken at baseline and 52 week follow-up. Results: Adherence therapy was no more effective than health education in improving antipsychotic medication adherence,

psychiatric symptoms, or quality of life. Conclusions: This effectiveness trial provides evidence for the lack of effect of adherence therapy in patients with schizophrenia with recent clinical instability, treated in ordinary clinical settings.

Health seeking in schizophrenia: attributions of illness, choice of treatment facility

Mr Bright Akpalu - Kintampo Health Research Centre

Mental ill health contributes enormously to the global disease burden in terms of mortality, morbidity and disability adjusted life years. It is estimated to contribute as much as 12% to the global disease burden. One of the most dramatic mental illnesses is schizophrenia. In Ghana, this syndrome accounts for about 60% of admissions to the psychiatric hospitals. Early detection of prodromal symptoms as well as prompt and appropriate health-seeking behaviour have been found to be crucial for prognosis and treatment success. Objectives: We investigated the risk factors of schizophrenia, the main attributions that patients and caregivers cite as causes of the syndrome, as well as the impact of this on the start of treatment for recent-onset psychosis.

A population-based case control study was used to identify recent onset schizophrenia in the middle belt of the Brong Ahafo Region of rural Ghana. The Kintampo District Surveillance System facilitated the identification of compounds and provided the basic demographic characteristics of the cases and the controls for the study. We tracked 117 recent-onset schizophrenia cases (not more than five years' duration), and 234 controls matched on age, sex and community, for the study.

A two-stage sampling technique was designed in which fieldworkers and community surveillance volunteers identified potential cases using a psychosis screener and case vignettes. This was followed by an assessment by two psychologists using the WHO-designed instrument, the Schedules for the Clinical Assessment of Neuropsychiatry (SCAN).

Attributions were many and varied. They included a curse from deities, punishment for personal or group wrongs, hard drugs, as well as genetic and biological reasons. Health-seeking was delayed by several factors including the stigma attached to mental illness, inability to recognize some benign symptoms as indicative of mental disorder, and the nature of the onset. Prompt treatment was assured only when the onset was dramatic or started with agitation and aggressive behaviour, and when the case had insight. Health seeking was considerably delayed when negative symptoms were predominant, or when the case had very little or no insight. In terms of choice of treatment facility, the largest number went to prayer camps and shrines as the first-line options. Very few people went to the psychiatric facility as a first option, citing spiritual nature of the illness, inaccessibility of the psychiatric facilities and poverty as the main reasons.

Attributions were the basic criteria that informed the choice of the first-line treatment facility consulted on the onset of symptoms, and most of these attributions were spiritual rather than bio psychosocial. Helping cases and especially caregivers to accept more plausible attributions will help in seeking early treatment, and more importantly, more effective treatment as these have profound implications for prognosis. The stigma attached to mental illness is also an area of concern that has to be addressed to ensure that treatment is sought early during the prodromal stages of the illness.

Idioms of expression of psychosis in Kintampo, Ghana

Dr Victor Christian Korley Doku - Kintampo Health Research Centre, Ghana/Institute of Psychiatry/Maudsley Hospital, UK

Objective: To identify local terms used to describe symptoms and signs experienced by 100 people with recent onset psychosis in Kintampo, rural Ghana

Method: The participants were initially identified by trained community key informants and then followed with interview with an interview to conduct a psychosis screen. Those who screened positive were interviewed with the Twi translation of the World Health Organisation Schedules for Clinical Assessment in Neuropsychiatry (SCAN) and the Positive and Negative Syndrome Scale for Schizophrenia (PANSS). A consensus ICD-10 diagnosis was derived by reviewing clinical notes. This was conducted by a panel of consisting of a psychiatrist and two research psychologists. PANSS scores and output from the computer version of the SCAN and Clinical Descriptions from the ICD-10 were also included in the formulation. Side-effects were assessed using the Twi version of the Liverpool University Side Effects Rating Scale (LUNSERS). Commonly used culturally specific terms which did not fit within standardised terms used to describe psychopathology were identified and recorded.

Results: Hallucinations were commonly reported. Thought disorganisation was frequently observed. Negative symptoms were particularly difficult to elicit. A high prevalence of physical symptoms such as headaches, bodily aches and burning sensation were noted. Some symptoms were culturally specific and were not captured in the terminology of standardised validated instruments.

Conclusions: Schizophrenia and related psychosis can be reliably diagnosed among Twi speaking people in rural Ghana, using the SCAN, PANSS and ICD-10. However both the content and expression of delusion and hallucinations are modified by the prevailing culture and language and may not be sufficiently elaborated in standardised terminology.

Dementia and the role of the 10/66 Research Group

Dr Cleusa Ferri, Institute of Psychiatry

Abstract is enclosed apart.

13:30 to 15:00 – ROOM C

Displaced Populations

Psychosocial Care for Adult and Survivors of the Tsunami in India

Dr Susan Becker - Georgetown University. USA

Objectives: The Tsunami disaster in South Asia affected the mental health and livelihoods of thousands of survivors, but psychological aspects of rehabilitation efforts are frequently neglected in public health initiatives.

Methods: Professional teams from the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore India travelled to the worst affected areas in South India and implemented a mental health program of psychosocial care to survivors. This report is based on observations in Tamil Nadu State during January 2005.

Results: Emotional distress was prevalent in adult and child survivors and a mental health community based training model of psychosocial care was implemented. Using a train the trainer mode, 1050 community level workers were trained by psychiatrists and psychiatric social workers from January-April 2005 to provide emotional support and facilitate the recovery of adult and child

survivors. Preliminary data suggests that psychosocial care is effective in terms of reducing emotional distress and preventing psychiatric morbidity.

Conclusion: Disaster response should aim to pre-empt and prevent psychiatric morbidity, promote mental health, and to reinstate the fabric of the community. The psychosocial care train the trainer approach has implications for natural and manmade disasters in developed and developing countries. It is particularly relevant in preventing psychiatric distress following disasters in resource poor settings where there are large numbers of survivors and few mental health professionals to treat them.

Political Uprooting, Resilience and Distress: How Israelis Coped with Disengagement

Professor Hasida Ben-Zur - University of Haifa, Israel

The study aims to assess personal resilience and nation-related resilience and distress in Israeli society before and after the Israeli disengagement from Gaza and northern Samaria, and the dismantling of Jewish settlements in the summer of 2005. A telephone interview was conducted with a random sample of 701 Israelis residing in various parts of Israel, and 246 Israelis residing in Gaza and northern Samaria, at the first time point, several weeks before the disengagement was implemented. Of this sample, 462 and 124 respondents, respectively, were re-interviewed by telephone several weeks after the disengagement. Both groups answered questions measuring personal sense of mastery and optimism, pointing to personal resilience; questions measuring satisfaction and optimism regarding the political/security situation in Israel, representing nation-related resilience; and questions measuring psychological symptoms regarding the political/security situation in Israel, pointing to nation-related distress. The results showed that uprooting contributed to higher levels of nation-related distress and lower nation-related resilience, while personal resilience was related to less distress and greater nation-related resilience. Some of these relationships were replicated in Structural Equation Modelling (SEM) analyses. The findings underscore the importance of personal resources in coping with traumatic political events such as forced uprooting.

Alcohol use among Refugees in North Western Tanzania

Dr Joseph Mbatia - Mental Health and Substance Abuse Section, Ministry of Health and Social Welfare, Tanzania

This is a description of qualitative and quantitative findings of alcohol use among Burundian refugees living in Lukole Camp in north western Tanzania.

The objectives of the study include assessment of awareness of community leaders of alcohol related problems in the camp, main reasons for alcohol use and exploration of possible ways of reducing alcohol consumption in the camp.

Qualitative information was gathered using focus group discussions that involved community leaders and interviews of key informants. A randomly selected sample of adult refugees responded to an interviewer administered structured questionnaire that focused on alcohol use.

Of 1013 interviews showed that alcohol use was very common in the camp. The alcohol use rates were 72% ever used, 57.7 % use in the last 30 days and 39.7 use in the last 2 weeks. It appears high rates of alcohol use were unrelated to stressful refugee status, but people were thought to be drinking more heavily in the camp compared to drinking levels back in Burundi.

Comparison of alcohol consumption rates at Lukole and other non refugee sites in Lusaka Zambia and Dar es Salaam in Tanzania indicate higher rates of alcohol use at the camp. Implications of these findings and a number of recommendations for reducing alcohol use among refugee populations in Tanzania are proposed.

People on the move - Bio-Psycho-Social perspective

Dr Bushra Habbani - Khartoum centre for Psychological Medicine and Counselling, Sudan

- Movement in essence is stressful life event as it encompass disturbance in the individual and group circumstances.
- The degree of stress is proportional to the degree of shock in magnitude and duration.
- There specificity in the response of people to stress life situations based upon coping mechanism.
- Coping mechanisms product of availability of physical and technical resources and psychological make up and readiness of individual.
- Physical needs are dependant on abundance of material and efficiency in the system of service distribution.
- The psychological readiness is related to the degree of stability and organization of these communities initially, and competence of psycho-social support after the catastrophic events later.
- Globalization and involuntary resettlement lead to great disruptions in the dynamics of people relationships from the out set of economic, ecological, social, health and psychological dimensioning chaotic phenomena.
- As containment of the mass migration is as a phenomena is not feasible we should look at controlling the consequences of it the more rationally.
- The do so we should generate ground for a common consensus from the political economic psycho-social dimension in order to define the problem accurately and hence propose the right approaches to on how to deal with it.

15:30 to 1730 – ROOM A

Mental Health in Complex Emergencies

Developing community mental health treatment competencies in a post tsunami undeclared war zone

Dr Nicholas Rose – Oxon & Bucks MHT/Oxford University/International Medical Corps

International non government organisations (INGO's) operating in low income disaster areas increasingly provide mental health "capacity building" measures to support and develop existing local services. However these interventions are often based on taken for granted assumptions that undermine their effectiveness. These include acceptance that brief courses by visiting experts make a difference to clinical skills in the field; that trauma focused work is the main training need; and that western notions of illness, therapy and coping are universally applicable. Thus, capacity building often takes the form of a top down imposition of western conceptions and strategies, with little follow through to develop skills in the field, and inadequate sensitivity to local belief systems.

This study describes a model of mental health capacity building used on the East coast of Sri Lanka in the second year after the tsunami, during a period of escalation of ethnic hostilities amounting to undeclared civil war. The model has at its core the ongoing clinical skills training

and supervision of medical officers in their normal workplace. The medical officers, normally confined to public health duties, attended a short mental health course given by local professionals, and then started fortnightly mental health clinics in their districts. These clinics were observed by an experienced supervisor trained in clinical competency development, who gave ongoing feedback on clinical performance. Patient information was recorded to assess mental health needs, and the type of skills needed to meet these. Results show high levels of medical officer satisfaction, a need for training in dealing with familiar severe disorders such as schizophrenia and depression, a relative absence of trauma related problems, and a training context that is highly sensitive to local belief systems.

Mental health as a determinant in community recovery from disaster

Mr Chris Underhill – BasicNeeds

BasicNeeds is an international organisation working in the field of mental health and development. As of December 2005 we have 28,411 participants with mental illness and epilepsy in our programmes with 63% in Africa and 37% in Asia. We work in both urban and rural environments as well as relatively stable communities and those suffering from high levels of migration or emergencies.

BasicNeeds has been involved in a major programme funded by the Disasters Emergency Committee (through Christian Aid) to support communities in southern and eastern Sri Lanka throughout the tsunami disaster event. With the support of the Northern Rock Foundation and the One Foundation it has also developed a long term training of trainers programme serving the tsunami affected region

Drawing on evidence from the above Basic Needs has noticed that the capacity of groups of people to recover from disasters is closely associated with individual, family and household ability to cope with trauma and stress.

Taking a case study approach the paper will address the issues of vulnerability of people to mental health problems noting that supporting their recovery can be a major determinant in the ability of a community as a whole to engage in its own recovery and rehabilitation process.

The paper ends by drawing on good practice developed in Sri Lanka and by noting that the post-emergency processes of reconstruction, resettlement and economic and livelihood development cannot be decoupled from an understanding of the role of mental health.

Drama in People on the Move

Ms Anisha Siromoney - Women's Christian College

This paper suggests a new method of trauma counselling called Drama which uses the element of theatre – role-play – in the process of somatic experiencing, a naturalistic model of traumatic stress resolution developed by Dr. Peter Levine.

In the process of somatic experiencing Dr. Levine offers a comprehensive theoretical and clinical approach to helping clients work through symptoms of traumatic stress in a wide variety of clinical contexts including bodywork, movement, and psychotherapy settings. His method is based on the theory that traumatic symptoms in humans and animals are indications that the lower brain,

physiological distressing processes are incomplete, fixated or disorganized and seeks to complete these processes by releasing the intense energy that was mobilized for survival.

By definition, it is said that in role-playing, participants adopt characters, or parts, that have personalities, motivations, and backgrounds different from their own. Role-playing is like being in an improvisational drama or free-form theatre, in which the participants are the actors who are playing parts.

Drauma combines role-playing with the process of somatic experiencing by modifying the pendulation of Dr. Levine's process by switching roles between characters. The subject will be asked to play the role of a character with good sensations and then switch to one which produces bad sensations. Since these theatrical sensations will be similar to the different physical sensations experienced by the subject who has gone through trauma, they are likely to be as effective as pendulation. They could indeed be more effective since theatre can be very physical and the theoretical concept of somatic experiencing is based on the completion of the physiological distressing lower brain processes.

This paper highlights the use of Drauma specifically in people on the move by studying its effect on a particular category of such people- for e.g. adolescents who are leaving their families to become residents in college, moving from a sheltered way of life to the more independent stage of hostel life.

Can lessons learnt from the Commission for Reception, Truth and Reconciliation inform public mental health policy in East Timor?

Ms Dominique Le Touze - University of New South Wales/London School of Hygiene and Tropical Medicine

In 2000, the East Timor Commission for Reception, Truth and Reconciliation was established in order to review human rights violations that took place between 1974 and 1999, and reconcile communities affected by them.

A qualitative study into the mental health outcomes of the Commission found several states commonly experienced by a significant minority of participants. These included anger and frustration, 'thinking too much', silence or 'shutting down', overwhelming sadness and shame.

The paper will outline the Commission process and the ways in which it may have impacted on mental health and wellbeing.

Particular focus will be given to notions of 'healing', both social and individual, common throughout the process. Specifically the way in which the psychological 'wounds' of conflict were deemed to be in need of 'cleaning out' healing could occur.

Mention will also be made of the importance of justice, or perceived justice in ameliorating symptoms of distress following violence. Elsewhere research with post-conflict populations suggests that a sense of justice is a key factor in improving traumatic stress symptoms. The East Timorese government is reluctant to pursue extradition for those perpetrators residing in Indonesia, despite the Commission's recommendations to the contrary. This is likely to have a significant mental health impact not on those who took part in the Commission process, but indeed all those across the country affected by serious violence.

15:30 to 17:30 – ROOM B

Asylum Seekers & Refugees

Migration and psychological well-being among Turkish migrant women

Ms S. Gulfem Cakir – University of Kent

Until recent times, the psychosocial consequences of migration have been among the neglected areas in both migration and mental health literature. The purpose of this research study is to explore and describe acculturation and adaptation experiences and its psychological consequences among Turkish-speaking migrant women living in London. This study examines acculturation and adaptation processes on the basis of resilience theory in order to identify which characteristics and factors contribute to the well being of Turkish migrant women. The sample included different migrant groups, from economic migrants to refugees, living in London where the largest Turkish-speaking community resides. Within the first part of the study, self-reported questionnaires were distributed to 500 women. The questionnaire included a demographic part, some standard scales (GHQ, Satisfaction of Life Scale, Social Support Scale, Acculturation Attitudes Scale, and Empowerment Scale) and some open-ended questions. Initial findings (n=220) indicated that almost half of the participants have experienced psychological and physical health problems after their arrival to the UK. These psychological problems included feelings of depression, anxiety and loneliness. It also appeared that most of the participants received help for their physical health problems but not for their psychological problems. They also expressed dissatisfaction with the healthcare they receive in the UK, mainly because of cultural and language differences.

'Unheard voices': listening to Refugees and Asylum seekers in the planning and delivery of mental health service provision in London

Mr David Palmer - Tizzard Centre/University of Kent

Research into the mental health needs of asylum seekers and refugees has revealed that they are likely to experience poorer mental health as well as higher levels of exclusion and vulnerability than native populations. Data for this research was drawn from semi-structured interviews from 31 refugees and asylum seekers. By adopting an overall participatory action research framework, this paper suggests an innovative mode to redress the imbalance between service provider and user's approach into addressing mental health needs of refugees and asylum seekers. The paper starts by discussing how the complexity of the issues experienced by those living in exile, necessitates the adoption of a more integrated and holistic approach in the planning and delivery of services by various stakeholders. The fundamental challenges faced by service providers in the mental health and social care sector is to incorporate the views, and whenever possible the users themselves in the planning and delivering of services. The paper then explains how incorporating such a wide perspective of mental health needs, allows providers to plan intervention, which takes account of the multitude of practical, social, cultural, economic and legal difficulties, that can act as contributing factors to the long-term mental health of refugees and asylum seekers. The implications of the suggested method of work in this research are far-reaching, which highlights amongst others, a shift from a medical model of the causes and effects of ill health. This approach requires a truly radical re-organisation potentially encompassing changes not only in healthcare but in welfare, housing, employment and immigration policy.

Cultural Bereavement and Post Traumatic Disorder among Displaced Persons /Refugees/Asylum seekers from the point of Multicultural Social Work in Austria

Margit Holzer-Aghotor - SANKOFA (NGO), Austria

It is uncertain whether employees of government institutions or NGO-workers are able to recognise symptoms of PTSD and cultural bereavement among displaced persons/refugees/asylum seekers in Austria. It is a relevant problem among refugees and asylum seekers and most people working with them are not able to identify it.

Clinical work poses a special challenge because of difficulties in making a diagnosis with any people of a different cultural background. In the case of displaced people/refugees who must draw upon cosmologies different from those used in the western countries to explain their experiences of extreme trauma, room has to be created to be sensitized to those systems favoured by them.

The response of health professionals to refugee sickness varies very much. Sometimes, workers have attempted to identify and treat refugees using western definitions and this may mean treatment (or creation) of an illness the refugee does not have and confusion in the mind of the refugee about what this medical encounter means.

The knowledge about Post Traumatic Disorder and Cultural Bereavement and its acceptance and recognition could be used to improve the life of displaced persons/refugees/asylum-seekers.

15:30 to 17:30 – ROOM C

Children on the Move

Evaluation of interventions and services for adolescent mental health promotion and care in Eritrea

Dr Chiara Servilli – WHO, Eritrea

Child and adolescent mental health is a necessary priority for the healthy development of societies and is central to the future development of low income countries throughout the world, but in particular in sub-Saharan Africa where AIDS orphans, displaced populations of child combatants, reintegrated child soldiers, AIDS affected and infected youth and youth marginalized because of lack of economic opportunity are jeopardizing the future of whole nations. WHO's Department of Mental Health and Substance Abuse has initiated programmes to address global child and adolescent mental health problems. WHO's Department of Child and Adolescent Health is also advocating an accelerated approach to promoting the health and development of young people in the second decade of life and is developing new tools to help countries in developing policies on adolescent health and prioritising interventions.

The Ministry of Health of Eritrea along with its partners developed an Adolescent Health Policy in 2005 and is now in the process of conducting a situation analysis of available interventions and services for adolescents in the country in order to develop a framework for Adolescent Health Policy implementation.

The paper will present the results of the revision of interventions related to mental health in adolescents in Eritrea using the Mapping Adolescent Programming and Measurements (MAPM) framework. It will also show the utilisation of findings in developing an adolescent health strategic plan.

Children on the move ... removed, taken away, denied – the internally displaced children of Sri Lanka

Ms Nishalie Fernandopulle – Institute of Psychiatry

An estimated 380,000 Sri Lankan children have been displaced as a result of war, many repeatedly (UNICEF Sri Lanka, 1998). Such children brutally uprooted and forced to be 'on the move', especially while remaining in their own countries, are exposed to danger and insecurity and face perilous circumstances.

The exploratory study aimed at providing a descriptive understanding of the experiences, feelings and perceptions of internally displaced Sri Lankan children during a period of 'movement' from violence to peacefulness. The methods used to obtain these descriptions were drawings and focus-group-discussions on the children's conceptualisations of 'My Village' both as they saw it in the past and as they see it in the future.

The retrospective descriptions ('My Village As I Saw It') of the displaced children depict experiences that may lead to emotional and physical trauma, for example, destruction of homes, violence against individuals and communities leading to a 'mobility of society'. The prospective descriptions ('My Village as I See It') depict a period of transition involving both hope and apprehension. The need to adjust to a new life - under the fear of moving back to the old violence is portrayed. The disruption of family life and stability as parents move from jobs or seek employment overseas is also discussed emphatically.

Where do children belong? Social role and rehabilitation of former child soldiers

Ms Julie Guyot - Howard University School of Social Work

Former combatants represent an attack on the expected behaviour of young people, their traditional social status and social position. Child soldiers operate outside of the traditional adult/child paradigm, threatening the established system of adult authority. This paper focuses on how the social position held by children and youth affects reintegration. Assumptions of the community, individual families, and NGOs about the nature of childhood may not be in alignment with a returnee's sense of self, particularly in regards to areas of competence, authority, and prestige. Youth are welcomed back as children, not veterans. However, the "return" to community isn't a return to the childhood they left behind. The sense of opportunity experienced by young people (or enduring drive) may sit in opposition to the societal expectations that greet them. Rather than building on psychosocial competencies—be it fortitude or savvy economic networks—rehabilitation efforts may support a return to (prelapsarian innocence) an unblemished state so that children may be children once more...despite the radical social transformation that has taken place.

Even a cursory visit of the concepts of childhood and youth demonstrates how the meaning of childhood has changed considerably in the period during which it has been studied. Modern attitudes about children and their role within society may also further vary between cultures. Still, children and youth are generally expected to maintain a subordinate position within their families and communities.

The traumatic events children are exposed to in wartime have been subject to study, whereas the traumas that may arise through attempts at reintegration have received scarce attention.

The Aspirations, Experiences and Well-being of Unaccompanied Asylum Seeking Children

Ms Menakshi Sharma – Institute of Psychiatry

The number of Unaccompanied Asylum Seeking Children (UASC) in the UK has grown from 600 in 1996 to 6700 in 2003. Separation from their families and culture, being at a vulnerable age, being exposed to various traumatic experiences, breakdown of schooling, and lack of support are some of the problems they face, which will contribute to poor psychological functioning. Their needs and aspirations are understandably diverse and poorly understood by service providers and carers. The aim of the project is to investigate and identify the physical and emotional health needs and well being of the UASC. Disparities in expectations, aspirations and their actual experiences over time in England will be explored. Hypothesis one is: females will report higher level of psychological morbidity when compared with males. Hypotheses two is: UASC in social care will show better adjustment. Hypothesis three is: UASC in social care will show better adjustment in the 12-month follow up stage. 150 young people are expected to be recruited from the Refugee Council, Brixton. They will be interviewed using The Child Global Assessment Scale, The Strengths and Difficulties Questionnaire, 15 short questions on risk and resilience and a qualitative interview investigating pre-flight, flight and post flight experiences, aspirations and expectations of life in the UK. One-third (50) young people will be followed up for 12 months and interviewed over this period. Data will be analysed and reported to identify how effective advocacy services may be developed for UASC.

The role of the Youth United Nations Association in Pakistan – working with children and adolescents in the community

Ms Fouzia Chishti – United Nations Association of Pakistan

United Nations Association of Pakistan is the permanent member of the World Federation of United Nations Associations (WFUNA). UNAP is the only body that represents Pakistan in the WFUNA forums. It participates in number of youth activities including forum, speech, awards for universities, colleges, school and Madrasah students as well as United Nations events in Pakistan & globally. UNAP also provides Vocational training and English communication skills to the Unemployed youth. UNA-Pakistan creates awareness in the wide range of issues that confront the United Nations and Pakistan.

Mental illness is widespread in Pakistan. Some 20 per cent of the population is affected by depression, drug abuse, personality disorders and obsessive-compulsive disorders, other severe forms, such as schizophrenia, are also prevalent. There are few resources to deal with them. "Doctors will see between 15 and 20 patients per hour. This is not really very practical in the long run,"

Activities of UNAP:

According to the statistics of UNA-PAKISTAN. There are hardly any resources available for dealing with the mental problem. "No more than 300 psychiatrists are treating a population of 140 million people." We compared this to the US where there are around 40,000 psychiatrists for a population of 240 million. "Resources are stretched to the absolute limit, so there is marginal care".

The earthquake of October 8th, 2005 at 8:50am, measuring 7.6 on the Richter scale, is the largest to hit Pakistan in decades and has led to widespread destruction in Pakistan's North West Frontier and Azad Kashmir. This devastating earthquake in Pakistan is now turning into one of the toughest relief operations in the world. Casualty toll has been over 75000 according to official figures and estimated 2.5 million people are reported affected. According to UNICEF, at least

17,000 children died when their schools collapsed in the giant earthquake on 8th October and estimation of 1.6 to 2.2 million children have been affected. There has been large-scale damage to infrastructure and services adversely affecting accessibility, healthcare, clean water, sanitation and safety.

Since October 9, 2005, United Nations Association of Pakistan (UNAP) regrouped and deployed its resources to deal with sudden-onset of earthquake emergencies in North West Frontier of Pakistan (NWFP) and Azad Jammu & Kashmir (AJK). After this tragic event UNAP-Pakistan has adopted two villages and initiated vocational training programmes in the earthquake affected areas of Pakistan to help the people to normalize their living style as it was, before the earthquake. Somewhat 45 Doctors including 2 well-known psychiatrists are treating the traumatized patients on daily basis. UNAP-Pakistan vocational training institute is training the boys and girls of that village's different skill so that they could easily earn their livelihood and help their families. United Nations Association of Pakistan has also conducted several workshops, seminars and awareness programmes to create awareness amongst the people regarding mental illness. This year UNAP has successfully organized a seminar on the Role of Media Awareness on Drug Abuse on the No Tobacco day and arranged a workshop on the Interaction with the drug addicts and their families in one of the reputed psychiatric hospitals of the country. Pakistan is a transit country drugs are being produced in Afghanistan and smuggled into Pakistan via different routes. We also find Drug abuse as one of the major causes of the mental illness in the society. Youth of today feels like a man while holding a cigarette in his hand from a very early age, which they don't know is the first step towards drugs and mental illness. We as a part of the United Nations are committed to promote awareness against all the ills of society and to educate the masses and help them to put themselves on an enlightened path. UNAP and Anti Narcotics Force of Pakistan have joined hands to fight the drug menace together; Mental illness has horrendous effects on the individual, the family unit and the society as a whole. We need to make concerted efforts to defeat disease. The psychiatric conditions need a more prominent place in medical education. The educated sections of the Pakistani society need better information about these conditions.

1st September 2006 – 09:00 to 10:30 – ROOM A

Epidemiology

Maternal Common Mental Disorder (CMD) and Infant Nutrition – Evidence from Malawi

Dr Robert Stewart – University of Manchester/College of Medicine, Blantyre, Malawi

Introduction

Maternal depression is associated with impaired infant growth in Asia. There is limited evidence regarding such an association in Africa. We conducted two studies addressing this issue in Malawi.

Method and Results

Study 1 was a cross-sectional study investigating whether maternal common mental disorder (as measured using a translated and validated Chichewa version of the Self-Reporting Questionnaire (SRQ)) is associated with low weight and height amongst infants due for measles immunisation. 501 mothers/infants were recruited. 30% of the mothers had an SRQ score ≥ 8 . The mean height-for-age z-score was significantly lower amongst the infants of these mothers compared with SRQ low scorers (after accounting for potential confounders). Infant weight-for-age was not significantly different between the 2 groups.

Study 2 was a cohort design investigating whether maternal CMD is a risk factor for poor infant weight gain following discharge from a Severe Malnutrition Rehabilitation Unit. In provisional findings, of 240 mothers/infants recruited during infant admission, 71% of the mothers scored ≥ 8

on SRQ. 148 (62%) mothers/infants attended 4-week post discharge review. On repeat SRQ, 34% of these mothers scored 8 or more. There was no association between maternal CMD and infant weight change between discharge and follow-up.

Discussion

There is an association between maternal CMD and infant growth in Malawi. Marked mental distress is common amongst mothers of severely malnourished infants. These findings will be discussed with additional reference to the interaction of maternal CMD, HIV infection and infant wellbeing.

Depressive symptoms in the postnatal period in Lalitpur district, Nepal: Prevalence and risk factors

Signe Dørheim Ho-Yen - University of Bergen, ISF/Stavanger University Hospital, Norway

Background: Depression in the postnatal period occurs also in poorer countries, but is commonly not diagnosed. Identifying and treating depression in postnatal mothers is important in Nepal, where suicide has been found to be the second largest cause of deaths among women in reproductive age. The child's cognitive, emotional and social development might be impaired by maternal depression. In South Asia, maternal depression might also contribute to poor infant growth.

Objectives: The aim of this study was to estimate the prevalence of depressive symptoms among mothers 5-10 weeks after delivery in Lalitpur district, Nepal. Factors associated with an increased or decreased risk of depression were also examined.

Methods: A total of 426 postnatal women from a clinical, a rural and an urban population were included in a cross-sectional structured interview study of mental health. Depressive symptoms were measured by the Edinburgh Postnatal Depression Scale (EPDS), and mental distress by the Self Report Questionnaire-20 (SRQ-20).

Results: The overall prevalence of depressive symptoms in the postnatal period (defined as EPDS > 12) and the prevalence of mental distress (defined as SRQ-20 > 10) was lower than previously reported both from Nepal and South Asia. There were no significant differences in prevalence among the three populations studied. Some of the possible protective and precipitating factors were associated with traditional family structures in Nepal, whereas others were similar to factors reported from studies in industrialized countries.

Implications: Health workers should evaluate possible depression in postnatal mothers showing the presented risk factors.

Psychosocial Risk Factors of Suicidal Attempt in Pakistan

Dr Sajida Agha - Isra University, Pakistan

Stress is discovered as major source of many psychological problems like feelings of depression, helplessness and lack of interest in any social activity and life, which seriously lessen the adaptive behaviours and incapacitate the individual. Sometimes in stressful situations and continuously changing circumstances not only affect an individual response but generally individual tends to think suicide a best solution for his problems.

The objective was:

- To know the common psychosocial risk factors of suicidal attempt in Pakistani population.
- To find out the severity and effect of various psychosocial stressors on individuals' response.
- To formulate the method of observation and to select the suitable psychological tests for the measurement of psychological and social factors for Pakistani population.

A structured interview, Suicide Probability Scale (SPS), and a socio/societal scale were administered on 144 subjects. Sample comprised of 72 psychologically disturbed patients who had made a suicidal attempt(s) before one year, diagnosed as such by the psychiatrist/psychologist from various hospital of Karachi city and 72 non-suicidal groups.

Result supported the assumptions that suicidal subjects tend to experience a higher level of stress; hopelessness; negative self evaluation; hostility; suicidal ideation; low achievement motivation; more family problems; low peer relationships and higher societal pressures than the non-suicidal subjects.

It was concluded that a person who experiences higher stress tend to be more vulnerable to attempt as compared to one's who experiences lower level of stress. It is highly felt that frequent researches in this area with reference to gender are needed so that one can understand how gender related problems are important in determining mental health. Counselling centres in every hospital is needed.

Maternal mental distress in pregnancy and perinatal outcomes in Ethiopia: a population-based cohort study

Mr Girmay Mehdir – Addis Ababa University, Ethiopia

Background

Maternal psychological morbidity during pregnancy has been associated with low birth weight in South Asia and a range of adverse perinatal outcomes in high-income settings. We sought to replicate these findings in sub-Saharan Africa.

Methods

A population-based sample of 1066 women was recruited in the third trimester of pregnancy at a demographic and surveillance site located in a predominantly rural area of Ethiopia. Maternal psychological morbidity was assessed using a locally validated interview-administered version of the Self-Reporting Questionnaire-20. Women were followed up by project workers living in their community so as to obtain birth weight within 48 hours of birth and information regarding other perinatal outcomes.

Findings

Scoring above the SRQ-20 cut-off of 5 (SRQ case) was not significantly associated with lower mean birth weight (-92.0g; 95%CI -194.9 to 10.8g) but strongly independently associated with reported premature delivery (RR 3.1; 95%CI 1.6-6.3). Delaying the initiation of breast-feeding showed an association of borderline significance with SRQ caseness in pregnancy. Worry about the forthcoming delivery but not SRQ caseness was associated with prolonged labour (RR 1.5; 95%CI 1.1-2.2). Stillbirths and early neonatal deaths were not predicted by maternal mental health or any of the other psychosocial exposures.

Interpretation

Our study provides suggestive evidence that maternal mental health during pregnancy is an important factor in adverse perinatal outcomes in a setting with a high burden of poverty,

undernutrition and communicable disease, although does not replicate the strong associations with low birth weight found in South Asia.

11:00 to 12:30 – ROOM A

Mental Health & Relocation

Designing transition of migrants: role of psychologists

Professor Sandhya Singh Kaushik - Banaras Hindu University, India

For most people, migration requires major adaptation as people cross interpersonal, socio-economic, cultural and geographic boundaries due to globalisation. For many, even a carefully planned move implies a redefinition of identity and value systems, with frequent loss of support and disempowerment for people on the move (foreigners) in the new community. Migration may represent an upheaval and a source of stress for the individual, the family, the community and the employer, thereby, threatening the mental health of the individual. The present paper brings together some of the best current thinking, summarizing the bio-psycho-social, behavioural and nutritional approach and the role of psychologists, with their package of cognitive-behavioural and other multimodal techniques to empower the migrants. Planned transition will lead to positive outcome. Positive outcome will depend on combined efforts of professionals from various disciplines. Adequate behaviour analysis, detailed anamnestic interviews followed by required therapy is becoming a must. Some facts regarding emotional consequences are also reported for positive and negative outcomes. The wealth of information and insights provided in the paper will help clinicians reduce the suffering that migrants and their families endure as a result of displacement and help them increase their (clients') capacities to enjoy and derive pleasure from these necessary human activities for optimum need satisfaction and self-actualization.

A bridge for migrants: the role of migrant/refugee community organisations in promoting and enhancing mental well being

Ms S. Gulfem Çakir - University of Kent/Middle East Technical University, Turkey

Community organisations have a crucial role in promoting and enhancing mental well being issues of migrant communities. In particular, they voice community needs, take important action to meet these needs, and inform the local authorities and councils to set relevant policies and programmes. Given the voluntary and often migrant-led nature of these organisations and their increasing number in the UK, it is important to discuss their intermediary and protective role in mental health of migrant populations.

In our paper, we discuss the case of community organisations that deal with a fairly new migrant community – the Turkish-speaking community. Semi-structured interviews were conducted with representatives from organisations providing mental health services, cultural and social support, education programmes, and services for women. Our findings indicate that the nature of services offered by all organisations is fairly broad, regardless of their stated focus, staff/membership size or funding. Their services address wider psychosocial needs and assist their members to deal with migration-related stressors that are generally viewed outside of the remit of professional mental health services. They act as a point of reference for migrants and their families as well as the mental health statutory sector and local authorities. In summary, these organisations constitute a bridge for migrants to access welfare rights and benefits, but more importantly a bridge to communicate with host local communities. In a broader sense, these organisations

promote social support and community empowerment, which may be more significant than help from mental health professionals when dealing with mental health difficulties.

Approaches to mental health services in informal settlements

Mr Chris Underhill – BasicNeeds

BasicNeeds is an international organisation working in the field of mental health and development. As of December 2005 we have 28,411 participants with mental illness and epilepsy in our programmes with 63% in Africa and 37% in Asia. We work in both urban and rural environments as well as relatively stable communities and those suffering from high levels of migration or emergencies.

The United Nations Department of Economic and Social Affairs Population Division foresees that by the year 2007 more people will be living in urban areas than in rural worldwide. BasicNeeds has initiated a series of urban programmes in Kampala, Dar es Salaam, Nairobi, Accra and Bangalore so as to address the problems of mentally ill people living in very poor conditions in informal settlements.

In all the cities that we work the informal settlements are subject to continued inward migration and several of the cities have long term migrant populations that have settled and co-existed for some years. BasicNeeds has noticed that rural to urban migration leads to both opportunities and threats for mentally ill people bringing particular stress on both individuals and families. The struggle to establish the family in an unfamiliar environment is greatly exacerbated by the presence of mental illness.

Drawing on our urban programmes the paper cites examples of good practice for urban programme management. Given that the existence of informal settlements will often be highly political and lead to limited resource allocations, the paper ends by demonstrating low-cost techniques to supporting mentally ill people and their families.

The Role of Appraisal and Coping Processes in the Adaptation of Immigrants from the Former Soviet Union

Ms Liat Yakhnich - University of Haifa, Israel

Since 1989, Israel has absorbed more than one million new immigrants, with about ninety percent of them from the Former Soviet Union (FSU). The present study investigated the role of cognitive appraisals, coping strategies, and personal resources (personality characteristics) in the adaptation of FSU immigrants in Israel. A sample of 301 new immigrants, 67% women, 25-45 years old, completed inventories measuring personal resources, i.e., tolerance for ambiguity and cognitive flexibility, cognitive appraisals of employment, language, and housing problems, and strategies used to cope with these problems. Their level of life satisfaction, distress (as indicated by depression and anxiety), and willingness to stay in Israel, were also assessed. Structural Equation Modelling (SEM) analysis showed that tolerance for ambiguity and cognitive flexibility contributed positively to controllability appraisal, task-focused coping, level of participants' satisfaction and their willingness to stay in Israel. The same personal resources were found to make a negative contribution to threat and harm appraisals, emotion-focused coping, and distress. Controllability appraisal and task-focused coping contributed positively to participants' satisfaction and willingness to stay in Israel, while threat and harm appraisals and emotion-focused coping contributed positively to distress levels and negatively to willingness to stay in

Israel. The results of this study have significant implications for such aspects of immigrants' adaptation as absorption policies and the provision of individual care by professionals and organizations.

11:00 to 12:30 – ROOM B

Challenges to Service Provision

Rethinking wellbeing: from contexts to processes

Dr Giorgia Dona – Refugee Research Centre, University of East London

Using Bauman's concept of extraterritoriality - a condition of being 'in' but not being 'of' the spaces we physically occupy - this paper aims to show that it is the conflagration of physical places and psychological spaces that underpins assumptions linking forced migration and wellbeing. First the relationship is exposed through the analysis of four perspectives on refugees' wellbeing: the medical model, the cultural approach, the psycho-social position, and the emerging multi/levelled social ecological viewpoint. Second, the separation of physical spaces from social-psychological states entails an alternative fifth position to surface: from contexts to processes. According to this perspective, wellbeing is viewed as a condition of being 'of' rather than being 'in' predicated on psychological dis- and em-placements and negotiations that are distinct from physical dis- or re-locations and where processes transcend and replace localities.

Violence in Iraq: history, concepts & consequences

Dr Muhmmmed Lafta - Deputy of National Advisor for Mental Health, Iraq

Definition of violence

The intentional use of verbal or Physical force or power, threat, or actual, against oneself, another person, or against a group or community.

That either results in or has a high likelihood of resulting in injury, death, psychological harm, or deprivation. Violence is a very difficult multi-factorial problem but according to what Kaplan and Saddok said 50 years ago, the cause of violence is mainly frustration and the main preventive measure is Dialogue, violence is always following poverty in a vicious circle.

Iraqi tragedies due to violence reached a high level, are the main subjects in media and satellites nowadays.

Explosions, Rape, Slaughtering and Military activities became routine daily practices.

As 35 years of encouragement of violent attitudes in our society especially among children had its deleterious impact in creation of that vicious circle. During that period there was no program for prevention of violence, but in the year 2004 such program was initiated. The article will include figures, diagrams & our opinion about the mass destruction in Iraq nowadays.

Primary health care and mental health promotion: an exploratory study in rural India

Dr Michelle Kermode - Australian International Health Institute, University of Melbourne, Australia

Introduction: The Comprehensive Rural Health Project (CRHP) located in Jamkhed, a drought-prone area of rural Maharashtra (India), is a mature and successful primary health care project based on the principles of equity, integration and empowerment, with a focus on women. While CRHP does not have a formal mental health service, many of their activities indirectly promote mental health by addressing its determinants i.e. by enhancing social unity, minimising discrimination and generating income for participants.

Study aims: 1. to describe the concepts of mental health and beliefs about the determinants of mental health among women involved with CRHP; 2. to identify commonly perceived mental health problems; and 3. to investigate the perceived impact of CRHP on factors associated with mental health promotion. Method: Thirty-two women participated in in-depth interviews that were transcribed, translated and thematically analysed.

Findings: Mental health and illness were clearly understood by these women to be the product of cultural and socio-economic factors. Mental health was commonly conceptualised as an absence of stress. The most frequently identified stressors were conflict with husbands and mother-in-laws, domestic violence and poverty. Many of the women described personal experiences with suicide and violence. The women recognised the CRHP's contribution to women's mental health in terms of empowerment of women through income generation and education, and the reduction of discrimination based on caste and sex.

Conclusion: Deliberate and structured integration of interventions designed to promote mental health into PHC programs is a possible strategy for improving the lives of people living in remote rural communities in low-income settings.

Mental health status of the aged migrants

Professor Nagarathamma Boya - Sri Venkateswara University, India

Indian population consists of more than 70 million aged persons. India is known for its strong joint family system but it was shook by rapid urbanization, industrialization, evolution of multi skilled trades and thus the ease to earn leading to migration in great numbers towards cities. The present study intends to examine the mental health of the elderly migrants in Hyderabad city of Andhra Pradesh which is a metropolitan. The elderly migrants came to the city as labourers, vendors, domestic servants and due to social migration they never got back to their natives.

The quality of life of the elderly migrants was found to be very low. Most of them lived in slums. 77% of them reported multiple ailments. Their mental health status was low when compared to their counter partners living in the villages. Males expressed better mental health. Some migrant elderly women were economically supporting their men. Most of the migrants expressed loneliness and helplessness. In spite of their physical disability they were forced to work to eke livelihood. They were unable to adjust to the new surroundings, the weather, language and the like.

The migrants should be helped by caring and sharing. There is a great need for a whole set of domiciliary and community services to provide them medical care, nutrition, day care centres. Government aid is not reaching the needy in time due to clumsy procedures. Indian Government is unable to pay due attention towards the care of the elderly because of problems like illiteracy, unemployment, poverty etc.

11:00 to 12:30 – ROOM C

African Mental Health

Migration and mental health: A qualitative study of Ethiopian women in domestic work in Middle Eastern countries

Dr Atalay Alem – Addis Ababa University

Most studies examining relationships between migration and mental health have been conducted in high-income Western countries, even though a large proportion of international migration flows between non-Western countries. Migrants between non-Western countries may be particularly at risk of severe exploitation and hardship. Three focus group discussions were conducted with Ethiopian women migrants to Middle Eastern countries, some of whom returned to Ethiopia with serious mental illness and others who remained mentally well. In this paper we document and analyse their lived-day-to-day experiences while working abroad. Three prominent themes emerged from the data as likely threats to mental and physical health: grossly inhumane treatment, severe cultural dislocation and massive disappointment in not achieving expectations. The most salient hardships reported by the women were highly exploitative day-to-day living and working conditions, including frequent physical maltreatment, sexual abuse, sleep and food deprivation and extreme restrictions on their freedom. This study supports the mounting concerns about the experiences of Ethiopian migrant domestic workers in Middle Eastern countries and suggests mechanisms by which these may lead to serious mental illness.

Portrayal of mental health in a national Ghanaian newspaper

Dr Victor Christian Korley Doku - Kintampo Health Research Centre, Ghana/Institute of Psychiatry/Maudsley Hospital, UK

Objective:

To determine the nature of the coverage given to mental health in the Daily Graphic during the period 1992-2005.

Method:

A content analysis of articles selected by purposive sampling, undertaken by independent raters (psychiatrist, psychologist, and anthropologist) using 5 apriori categories: profile, content scientific accuracy, quality of journalism, tone of article.

Results:

191 articles were identified. Most articles were straight forward reports on events involving senior mental health officials or the Health Minister. The most commonly reported topics were suicides, drug abuse, charitable donations to psychiatric hospitals and overcrowding, understaffing and poor conditions in the state psychiatric hospitals. Very few articles provided accurate and detailed analysis of mental health issues. Until recently articles given prominence usually referred to violent behaviours by mentally ill persons with use of derogatory language. However in the last two years there has been more coverage of the human rights of the mentally ill, including a review of mental health legislation, and calls for an improvement in psychiatric services. Articles written by mental health professionals scored high on scientific accuracy and quality of journalism.

Conclusion:

The media has great potential for education in mental health issues. A positive trend has been noted in newspaper coverage of mental health in recent years. Beyond reporting of events,

coverage should include more extensive investigation of mental health issues and place emphasis on accuracy and in-depth analysis

Searching for healing: an ethnographic study of therapeutic resources for mental illness in Kintampo, Ghana

Ms Ursula Read, University College London/Kintampo Health Research Centre, Ghana

Context: Psychiatric services are extremely limited in Ghana and often used only as a last resort. Healing for mental illness is often sought from spiritual practitioners, including traditional healers, and prophets or pastors of Pentecostal/Charismatic churches. The latter are increasingly popular and many churches establish 'prayer camps' in which individuals and their relatives stay for some time undergoing healing rituals such as 'deliverance' from evil spirits and fasting.

Aims:

To explore the following:

- The healing resources commonly approached by persons with mental illness
- The practices/rituals used in the treatment of mental illness
- The understandings of mental illness held by healers and clients
- The reasons underlying the person's and/or the family's choice of healer
- The perceived efficacy of healing practices

Methods: The study was conducted in Kintampo town and surrounding villages. It employed ethnographic methods of participant observation in prayer camps, churches and shrines, and semi-structured interviews with healers and their patients and accompanying family members.

Results: Mental illnesses were commonly considered to be 'spiritual sicknesses' and unsuitable for hospital treatment. Shrines and prayer camps were found to be a popular resource for people with mental illness and many patients reported an improvement in their mental health. However shackling and beating of patients is common and living conditions are poor. There is a need to explore possibilities for the sharing of knowledge and co-operation between the different healers in Ghana in order to improve the care of those with mental illness.

Managing drug use among in and out of school youth in Ghana

Mr George Opoku – Volunteers for Health Promotion, Ghana

Background: The rate of drug use among the adolescent in Ghana is on the ascendancy. The drugs vary from soft to hard drugs. Individuals have different reasons and mentalities as to they take drugs. The impact is becoming alarming as most youth have become drug victims and mentally affected.

Objectives: This work is to identify major reasons of drug use and abuse among the adolescent so as to help prevent them from falling into victims.

Methods: Seven communities were selected from each of the ten regions in Ghana. Questionnaire, interviews, and personal interactions were used.

Results: The level of drug awareness among the adolescent and the general populace is low. There is high rate of employment among the youth. There are inadequate facilities and structures to provide drug related programmes, education and counselling leading to the adolescent involvement in drug use, production and trading. Among the major reasons of the youth involvement in drugs includes the following: to cope with the living standard, improve upon their work performance, and study for long hours, release stress and tension, for relaxation etc. This

was due to lack of proper information on drugs and peer influence. There is an increasing rate of drug victims among the youth in Ghana.

CONCLUSION: Government should provide adequate facilities and structures to involve all stakeholders, NGOs and other institutions to be agent of drug information, education and communication. Drug education should be incorporated in both the circular and extra circular activities in the school education.

POSTER ABSTRACTS

Depression, disability and socio-economic position among older adults 'left behind' by out-migration: a multilevel study in Kanchanaburi Province, Thailand

Dr Melanie Abas – Institute of Psychiatry

Background:

There is a rise in demographic ageing in rural areas in many developing countries. The high level of rural to urban migration of young adults may have negative impacts for older adults left behind in the provinces.

Methods:

Setting: The Kanchanaburi Demographic Surveillance System (DSS) surveys population change in 100 neighbourhoods and 12,500 households in Kanchanaburi province, Western Thailand.

Hypothesis: There is an increased risk of depression and disability among older adults who were exposed to out-migration of one or more co-resident children between 2000 and 2005, compared to those co-residing with at least one child and not exposed to out-migration.

Design: A historical cohort study, making use of the longitudinal DSS data to define those exposed and unexposed to out-migration.

Interim results:

Since 2000, 12% of households had at least one member out-migrate every year and 7% had at least one in-migration. Descriptive analysis of the longitudinal dataset and qualitative work show that most OAs live with a child co-resident or close by. They get support from elderly neighbours and siblings. They do not expect remittances from out-migrant children and commonly continue to support children by working into very old age as labourers/agriculturalists.

Interim conclusion and ongoing work:

Despite the high level of youth out-migration from this Thai province, many families arrange at least one child to live close to elderly parents. It is not known how OAs are coping with greater exposure to out-migration. This study will enable an adequate sample of OA exposed to out-migration to look at risk of depression and disability and at change in socio-economic position.

Adult Mental Health Services in Ukraine

Miss Olga Golichenko & Dr. Kingsley Oтуру - Queen Margaret University College, UK/Copenhagen University; Royal Tropical Institute, the Netherlands

The process of transition of mental health services in Ukraine from hospital to community-based models from 1991 till 2006 is described in the paper. General characteristics of mental disorders in Ukraine are presented. An analysis of mental health services on the basis of a framework by Thornicroft and Tansella (1998) is undertaken. Major stakeholders of the services are identified. Main stages and elements of the process of transition in Ukraine are investigated. Advantages and disadvantages of different models of mental health services delivery in Ukrainian context are discussed. Literature on international experiences and a case study of transition in Lithuania is analyzed. The reasons of the slow transition are identified in the conclusion part of the paper. Recommendations on the development of the process of transition in Ukraine are proposed.

The main objective is to analyze the process of transition of mental health services in Ukraine from 1991 to 2006. There are three specific objectives. Firstly, to describe mental health services in Ukraine according to Thornicroft and Tansella framework (1998). Secondly, to analyze the

nature, stages of development and elements of the process of transition. Thirdly, to analyze the literature on international experiences and the case of Lithuania on the process of transition. Fourthly, to draw recommendations on the development of the process of transition of mental health services in Ukraine based on the experiences of transition in other countries and international literature.

The methodology of the research consists of a literature review which focuses on studies, mainly in the domain of mental health services in the region of Eastern and Central Europe. Expert interviews and questionnaires complement the information that is missing from the existing literature.

A Study of Mental Health Problems among the Aged in Chandigarh (INDIA)

Dr SPS Bhatia - Post Graduate Institute of Medical Education & Research, Chandigarh, India

A Cross-sectional study of 361 aged persons of age 65 years and above was conducted in Chandigarh city, India to study the mental health problems and it was found that females had higher mean score on anxiety, depression, somatic and cognitive symptoms as compared to males anxiety, depression.

Anxiety, depression mean score was higher among the aged who lived alone and also it was more in females than males. Widows had higher mean score than widowers among the aged who lived with the family on anxiety, depression and somatic symptoms. Depression and somatic mean scores was higher in females as compared to males in all the micro environment groups.

Statistical t-test & Z test were used for the analysis of the data.

SSRIs in children- Risks and benefits

Dr Kiruthika Sivasubramanian - Prudhoe Hospital, Prudhoe

The use of SSRIs in children has attracted considerable controversy. There have been several reports about the increased suicidal risk and CSM guidelines have cautioned against their use in the paediatric age group. We have been using SSRIs in children for depression, anxiety disorders and OCD. We conducted a study looking at the patient profile, indications for treatment, response rates and adverse effects of SSRIs in children. It was designed as a retrospective study and the data collected from the case sheets. A total number of 155 case sheets were studied and SSRIs were used in 31 patients as part of 41 trials. The age group ranged from 9 to 18 years with a mean age of 14 years. The target symptoms treated included anxiety-agitation (61%), OCD (23%) and depression (16%). There was an initial response rate of 56% and 17% worsened during treatment. Adverse effects were noted in 78% and included agitation, nausea, vomiting and deliberate self harm. Suicidal acts or ideation were not observed in any of the patients. Therapy was discontinued in 73% more due to loss of initial response than adverse effects. The current literature on the use of SSRIs in children is reviewed and the controversies discussed.

Aggression and social skills in Polish students of lower secondary schools

Dr Joanna Kossewska - Pedagogical University, Department of Psychology, Poland

Recent processes of system transformation in Poland are very dynamic and underlie a deep social change. Reorganisation of education system made in 1999 started the process of within country migration in youngsters. It changed two-level education (primary and secondary schools)

into three-level one (primary schools – 6 years period of tuition, lower secondary school - 3 years period of tuition, upper secondary school). This reorganisation is one of the main factors influencing the increase of antisocial behaviours in youngsters.

The present study aimed at establishing the relationships between aggressive antisocial behaviours and social skills in students of lower secondary schools.

Utilising S.B.G. Eysenck Impulsiveness Questionnaire, the Matson Evaluation of Social Skills with Youngsters and the Multidimensional Inventory of Interpersonal Aggression by Ignaczak elaborated on Dan Olweus 59 students of second grade of lower secondary schools in Krakow were assessed for the traits of empathy, impulsiveness, aggression as well as social skills.

Inappropriate social behaviour measured with the MESSY correlated positively with aggression and impulsiveness, and negatively with empathy. Female adolescents obtained lower scores in Aggressiveness/Antisocial Behaviour and in Conceit/Haughtiness, and higher scores in Social Skills/Assertiveness, displaying greater appropriate social behaviour than male adolescents did.

Empathy plays a central role in the development of prosocial behaviour effective controlling of aggression. Positive role of empathy in interpersonal relationships found in Polish sample has been also shown in many nations such as American Colombian and Spanish.

Possible interpretations and applications of findings to education and mental health recommendations will be discussed.

Meeting the Needs of All: Promoting Fair Mental Health Practices for socio-culturally diverse youth in France through the FACE© program

Dr Leon-Patrice Celestin - Hospital Poissy-Saint-Germain-en-Laye

Background & Aim: Socio-culturally diverse youth's uprising in France has revived equity issues, including regarding mental health services. Consistent with France's 'High Authority of Health' (HAS) and international recommendations to develop continuous fair practice assessment, the evidence-based FACE© program was designed to 'Facilitate Adjustment of Cognitions and Emotions' in youth and their families.

Method: This paper presents program rationale, implementation and initial outcomes. Within the European FACE© study, referrals from a mental health service serving a large, socially-culturally mixed western-Paris region are analysed regarding service disparities toward disadvantaged youth and fair practice promotion through the FACE© program.

Results: The multi-axial FACE© program was designed for preventing and treating cognitive-behavioural, emotional and stress-related difficulties in youth and their families, by: 1) enhancing fair, evidence-based practice through systematized protocol implementation to identify at-risk contexts; 2) advancing research through studying socio-cultural risk & resiliencies to prevent stigma & discrimination; 3-4) promoting prevention of inequalities and mental health problems in youth & their families through psycho-education and professional training; 5) evaluating interventions.

Currently, over fifteen best-practice protocols & instruments are being implemented, including a semi-structured, developmental psychopathology review allowing for extensive risk-resiliency mapping. Furthermore, drawing on insights that youth's behavioural difficulties relate to disrupted cognitive-emotional adjustments, five age-appropriate FACE© group-interventions (ALPHA, FACE, ICAREI/II, FOCUS, LOCUS) have been designed. During structured modules, participants learn to «FACE» problems through step-wise cognitive-emotional remodelling and group-feedback empowerment, complemented with medication where needed and family psycho-education sessions enhancing acquisitions' transfer. First-wave participating youth demonstrated clinically significant improvements (e.g. T2-T1 differential CBCL/TRF scores ranging=-4to-19/mean=-10,9). This process has facilitated systematized identification of at-risk situations along with socio-economic specificities, whereby culture-sensitive probing into youth and families' self-

perceived disadvantages significantly reveals expressed needs to address these issues more explicitly.

Conclusion: The FACE© program outcomes highlight the importance of systematic assessment to promote fair practice and support the feasibility of service model implementation with associated clinical and self-appraised improvements.

Self concept in Adolescence and Adult Immigrants

Msn Fatemeh Eskandari - Tabriz University of Medical Sciences

Background and purpose: All human attributes the self is the most complex and intangible. Self concept emerged by interpersonal experiences, competence valued by society and self actualizations that all of the factors change in immigrants. The purpose of descriptive study was to determine component of self concept among afghan immigrants.

Method: 300 afghan immigrants selected based on convenience sampling in Tehran. The instrument for data gathering was questionnaire.

Results: 62 percent of people were female and 35 percent were 16 to 21 years. 21 percent had low level of self concept and only 7 percent had good self concept. 28 percent had low level of psychological self .46 percent had low level of social self. 21 percent of people reported low level of sexual self and 16 percent reported low level of adaptation self.

Conclusion: Stressors associated with leaving the country of origin, such as the loss of family and social support and adaptation problems such as life style can cause reduction of self concept, and it can emerge depression and other psychological and social problems. Supervision and support groups can be helpful to working with immigrants.

Depression among Afghan Immigrants in Iran

Msn Mehdi Safari - Tabriz University of Medical Sciences, Faculty of Nursing and Midwifery

Background and purpose: Immigrant- related issues are risk factors for depression. Family dysfunction, ineffective social support, non positive expectations concerning the future, low level of religiosity were significantly associated with high levels of depression. The purpose of this descriptive study was to determine depression among immigration in Tehran.

Method: Participants were 400 afghan immigrants that selected based on convenience sampling. The instrument for data gathering was questionnaire.

Results: The results showed that 62 percent of persons were female and 35 percent were 16 to 21 years. 45 percent of participants had mild and moderate depression. Depression was significantly associated with sex ($p < 0.02$) and job of father ($p < 0.001$), so that female and family of workers reported high level of depression.

Conclusion: Coping resources focus on the persons social and economic supports and a sense of personal mastery and majority of coping factors can unstable in immigrants and experienced stressors can increase depression.

Problems of Preserving the Mental Health

Ms Nadezda Vanyukhina - Institute of Economics, Management and Law (Kazan)

Any situation that distinctly differs from the ordinary one can result in development or deviations. Some of such critical situations are widespread and met by almost any person (entering school or institute and adaptation to it, marriage etc.) and some can be considered unordinary (global changes in the society, terrorists' attack, moving to another city or even country etc.). In Russia during the last 20 years restructuring of the society resulted in mass unemployment and migration. And the most widespread problem emerged because of that is addiction.

When any physical harm occurs, there turns on the complex of physiological and psychic phenomena (such as pain, feelings of anxiety, fear and danger etc.), which makes a person preserve his physical health. When it comes to mental health, we don't find such natural preserving complexes. That's why in preserving our mental health we must use our intellect. We must learn how to distinguish dangerous to our mental health factors and to become proficient in resisting them.

We discovered the attitude to health and amount of knowledge about it within groups of youth and adults. We found out that health is the greatest value to people of any age, but they can name very few indices of health and are poorly aware of their own state of health. There also was found difference in evaluating physical, mental and social health.

Managing mental health in developing countries

Mr Kusi Atta Samuel – Ghana Educational Service

Background: Statistically, mental illness is on the ascendancy in developing countries. The youth is mostly affected. There is an insufficient structure to cater for the people mental needs to improve upon mental health in the developing world.

Objectives: The study was conducted to identify factors affecting mental health and to find possible solutions.

Methods: Three District capitals were selected from each of the ten Regional Capitals in Ghana. Questionnaire and interviews were used for study. Foreign magazines from health directorate were also used for the study.

Results: High unemployment rate couple with poverty among the youth has compelled most youth to involve in drug business ranges from production marketing and consumption which generates quick income according to the youth. Quite a few number of the aged has also been mentally affected due to poverty and poor socio-economic background in developing countries. There are insufficient structures and tools provided by both private and government institutions to cater for the mental health of the populace.

Conclusions: Government and private bodies should promote employment opportunities. There should be a strict drug policy on production, marketing and consumption. Government and international health department should encourage the private sectors to involve in the drug policy, management and prevention. Government together with private institutions should provide enough structures to improve the rehabilitation of mentally affected individuals.

Sex role conflict and organizational commitment among men and women doctors

Ms Aneela Maqsood - National Institute of Psychology, Quaid-i-Azam University, Islamabad, Pakistan.

The present study aimed to find out the relationship between sex role conflict and organizational commitment among men and women doctors. The study also explored the impact of demographic variables, like age, marital status, qualification and job experience on the variables of the study. A sample of 80 Doctors (40 women, 40 men) of grade 17-18, was selected from three Public Sector Hospitals of Islamabad and Rawalpindi. The instruments used in the study were Sex Role Conflict Scale (SRCS, Chusmir & Koberg, 1986), and Organizational Commitment Questionnaire (OCQ, Porter, Steers, Mowdy & Boulin, 1974). The results based on correlational analysis on SRCS and OCQ indicate that higher level of sex role conflict manifest itself in lower level and organizational commitment for women but not for men. Among demographic, the analysis indicate a significant difference between men and women on total SRCS showing significantly more sex role conflict in women as compared to men, while no significant difference have been found on their organizational commitment. On the variable of age, the only significant difference have been found on the results of organizational commitment, the older doctors are more committed to their organization as compared to youngsters, while no significant differences have been found on their sex role conflict (total and subscales). All others demographics showed non-significant results. The findings have been discussed in the light of socio-cultural values or the profession of doctors prevailing in Pakistan.

Depressive symptoms of adults and its relation with mother's dysfunctional attitude

Dr Seema Munaf - Institute of Clinical Psychology, University of Karachi.

The present research aims to determine the relationship between depressive symptoms of adults and their mother's dysfunctional attitude. After detailed literature review it was hypothesized that, there would be a positive correlation between mean score of Mother's dysfunctional attitude and depressive symptoms of adults.

In order to test the hypothesis, the samples comprise of seventy- five male and seventy-five female university students who served as a first sample and their mothers who served as a second sample. All the students were randomly selected to voluntarily participate in the study. After completion of questionnaire including relevant information, The IPAT-Depression Scale (Krug & Laughlin, 1976), was administered upon them. Then their consent was taken for the tester to approach their mothers only for the purpose of administration of another scale upon them. Those students who regretted, their mothers were not taken as a second sample, and the filled form of that student was also not considered. Mothers of other students were approached through telephone and their appointment was taken.

After development of rapport, the form of demographic information was filled and then they were requested to complete the Dysfunctional Attitude Scale-Form A (Weissman, 1979).

The filled protocols were scored according to the standard procedure as mentioned in the manuals. For statistical analysis of the data Pearson Product Moment Correlation Coefficient, Partial Correlation and Regression analysis were applied.

Results indicate positive correlation between the mean score of depressive symptoms of adults and the mean score of their mother's dysfunctional attitude. It can therefore be interpreted that mother's attitude play an important role in the development of Psychological problems even in adult's life. Partial correlation between two variables controlling age of the mother and socioeconomic class also shows positive correlation($r=0.6998$ & 0.6559 respectively), which indicates that age difference of the mother, and differences in socioeconomic class do not make significant difference in the result. Further the correlation between mother's dysfunctional attitude and depressive symptoms of a) adults daughters and sons= 0.662 and 0.691 , respectively,

reveals, more +r for sons as compared to daughters, and b) of last born adult children =0.760 and of first born adult children= 0.707, making it clear that impact of mother's dysfunctional attitude is more negative on last born than first born.

Moreover, the correlation between dysfunctional attitude and depressive symptoms of adult children of working and non-working mothers =0.747 and 0.694 respectively, which make it obvious that children of working mothers take more influence from their mother's dysfunctional attitude than adult children of non-working mothers.

In the end avenues for future research have also been suggested and guidelines and recommendations to rectify the negative effects of the mother's dysfunctional attitude upon adult children are given.

Evaluation of a psycho-education group for refugees suffering post-traumatic stress disorder

Dr Desiree Gonzalo - Traumatic Stress Service, Maudsley Hospital

The Traumatic Stress Service (TSS) at the Maudsley Hospital is an outpatient service that assesses and treats survivors of traumatic events. Many TSS service users are asylum seekers / refugees suffering from post traumatic stress disorder (PTSD) and other complex mental health problems as a result of torture, war, displacement, loss of family etc. Outcome studies on psychological treatments of this group are growing but few. The TSS is committed to developing effective therapies for such individuals. The first stage of treatment for individuals previously exposed to severe trauma at the TSS (prior to the processing of traumatic memories) is facilitating stability and a sense of safety through psycho-education of symptoms, social support and learning coping skills. This is key for asylum seekers / refugees due to the significant social problems they face. This safety / stabilisation work can be done on a one-one basis but recently the TSS has carried implemented it within a group setting. This approach consists of 8 patients meeting weekly with two facilitators plus translators. Sessions focus on different problem areas, e.g. sleep, PTSD, anxiety, shame, depression, anger, and how to cope with them. The Group meets once a week over a period of ten weeks and it takes place on a city farm in Vauxhall. Patients are encouraged to participate in other post-group social activities on the farm, such as gardening. This paper will describe the groups in more detail, report on the outcome of the interventions so far (using pre and post symptom measures) and present user satisfaction feedback.

A comparative analysis of coping in "normal" (community/managerial sample) and psychiatric populations: A preliminary analysis of the Coping Scale for Adults (Frydenberg & Lewis, 1997)

Miss Jacqueline Ryan - Murdoch University- Western Australia

Objectives: To evaluate the psychometric properties of the Coping Scale for Adults – (CSA) (Frydenberg & Lewis, 1997) and to evaluate it's utility in discriminating between "normal" and psychiatric populations.

Design: The study was a cross-sectional design, contrasting the similarities and differences in coping mechanisms of psychiatric inpatients and a community sample.

Method: There were 110 psychiatric inpatients and 369 community adults who all completed the General form of the CSA questionnaire.

Results: The CSA discriminated between the psychiatric and community/managerial sample. The psychiatric sample were more likely to respond by using Non-productive coping strategies such as “ignore”, “worry”, “tension reduction”, “keep to self”, and Optimism such as “seek spiritual support” and Sharing strategies such as “social action”, and “seek professional help”. They were less likely to utilise Productive strategies such as “focus on solving the problem”, “work hard and achieve”, “improve relationships”, “physical recreation”, “protect self”, “humour”, and “relaxing diversions” than the community/managerial sample.

Gender differences were noted in the Psychiatric sample with men utilising more unproductive coping mechanisms such as wishful thinking, tension reduction, self blame, and keeping to self, more than women.

Conclusions: The CSA appeared to discriminate between the psychiatric and community samples. The results are discussed in terms of methodological implications and suggestions for a combined quantitative and qualitative approach for measuring coping.

INTERNATIONAL MENTAL HEALTH EXECUTIVE GROUP

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Laurence Benson	the Institute Secretary
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William Yule	Psychology
Matthew Hotopf	Psychological Medicine
Avshalom Caspi	Social Genetic Developmental Psychology
Robert Goodman	Child and Adolescent Psychiatry
Dinesh Bhugra	Health Services Research
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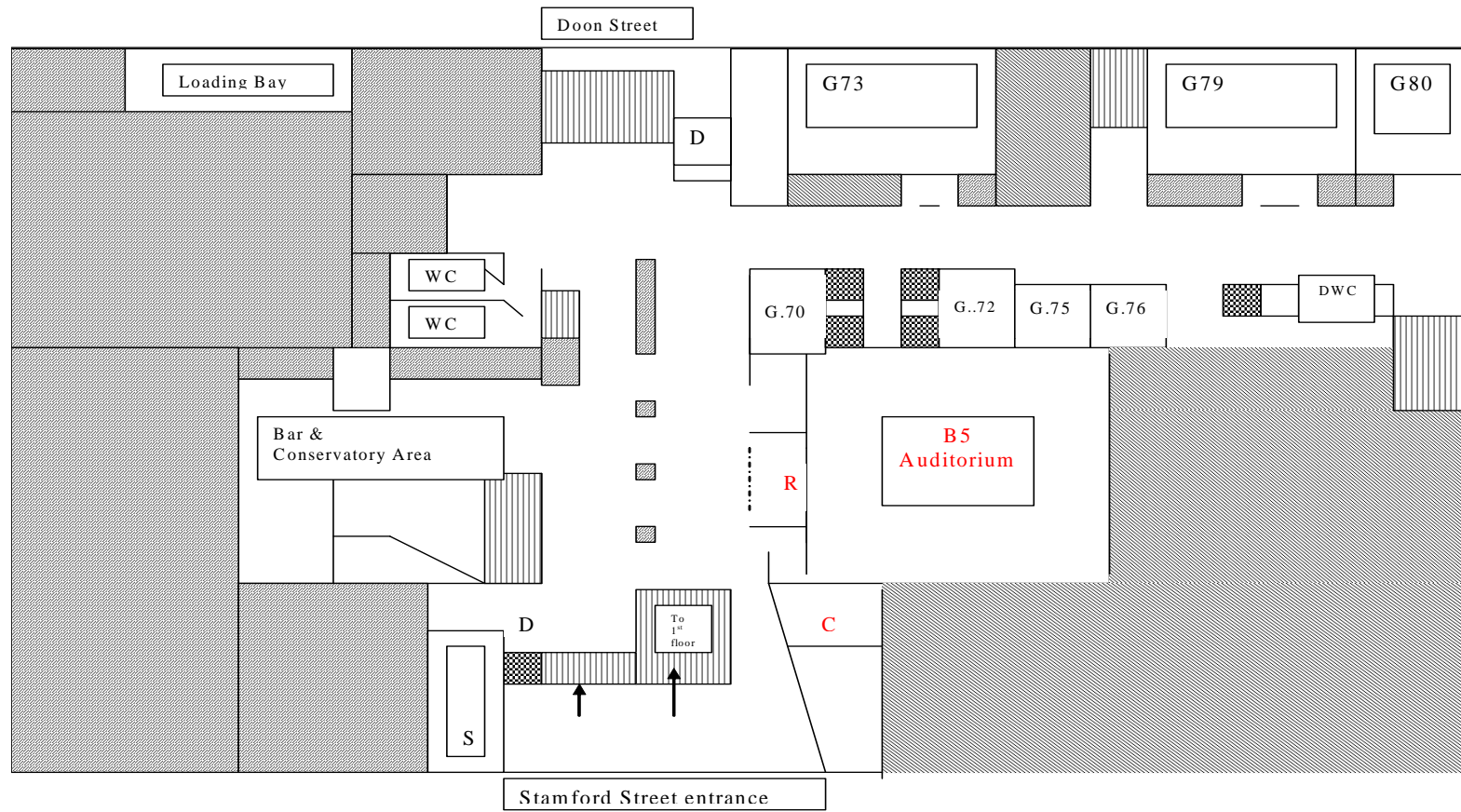
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