

population. In Baltic countries where suicide rates are highest in Europe, MPSRs are on average only twice higher than in the general population.

**Conclusions:** With our findings we argue that there is a lack of suicide preventive measures in Slovene prisons. Based on these data the programme of prison suicide prevention is now going on.

## Poster Session III: Other Psychotherapy

### P0351

"Orenpropsy" - Orenburg, promotion, psychiatry

A.E.E.U. Antokhin <sup>1</sup>, G.M.M.V. Gorbunova <sup>2</sup>, K.E.E.M. Krurova <sup>3</sup>.  
<sup>1</sup> Orenburg State Medical Academy, Orenburg, Russia <sup>2</sup> Orenburg Regional Clinical Mental Hospital No 1, Russia, Orenburg, Russia <sup>3</sup> INO "OrenProPsy", Orenburg, Russia

"OrenProPsy" – Orenburg, Promotion, Psychiatry.

"OrenProPsy" is an Independent Non-profit Organization, which was founded to make information and services in the sphere of mental health easy to access. The main aims of the organization are to promote the proper information on mental diseases and methods of their treatment alongside with the information on the possible ways of the rehabilitation of those who suffer from mental diseases; stimulate the professional development of the staff; provide all services in the sphere of mental health for the public access; encourage the use of all possible means to solve the problems in the sphere of mental health. "OrenProPsy" activities are aimed at different groups of people such as: patients with mental disorders, their relatives, mental health specialists and the public at large. "OrenProPsy" main activities include publishing activities (books, brochures, booklets, leaflets); informative activities (lectures, discourses, social work, practical work with patients and people from their surroundings, mass media presentations of mental health problems; educational work (seminars and conferences for mental health specialists); direct assistance for the projects which are carried out in the sphere of mental health in partnership with other organizations. On Mental Health Day "OrenProPsy" organized mass media presentations and lectures on the mental health problems for the internists and the general public. Different charity programs get their financial support from private and public organizations in Orenburg and its region. The research work is conducted in association with the Department of Psychiatry and Medical Psychology of Orenburg State Medical Academy.

### P0352

Psychoanalytical treatment of a suicide attempted psychotic patient

S. Antonatos. *Department of Psychiatry, Medical School, University of Athens, Athens, Greece*

In a General Hospital without psychiatric clinic, Consultation-Liaison Psychiatry (C/L) plays an exceptional role in the demand to develop and facilitate the collaboration between the patient and the doctors of each clinic in which the patient is nursed.

In a such "orphan" frame, complete psychiatric care and hospitalization are hardly attempted. Here I will present to you the way I worked as a psychiatrist of C/L, with a male schizophrenic patient in Orthopedic Clinic after a serious suicide attempt. The General Hospital in this particular case received a half-dead, bodily and mental, patient.

His physical problem was attended intensively so as he could be directed to a Special Rehabilitation Centre for further improvement. At the same time, through the configuration and investment of suitable therapeutic frame, his "mental bleeding" stopped. Through this procedure and slowly by slowly, he learned to invest in a new human relation with the hope and prospect to "stand finally in his legs".

The comprehension of countertransference was the key for the therapeutic approach of this patient.

The psychoanalytical theory and experience of clinical pioneers (e.g. Mentzos, Benedetti, Racamier) who dealt with the psychotherapy of psychosis are the support in the particular work.

It is worth mentioning that this patient received a psychoanalytical type approach. However, the technique and therapeutic frame suffered modifications so as to be adapted so much to his psychotic pathology as also to the conditions of his long-lasting hospitalization (5 months roughly) in the Orthopedic Clinic.

### P0353

Social and psychological aspects of haemophilia - Case report

B. Avgustin, B. Novak Sarotar. *University Psychiatric Hospital, Ljubljana, Slovenia*

34-year old patient with haemophilia A, HIV and Hepatitis C (HCV) infection was sent for psychiatric evaluation before starting the treatment of HCV with interferon. He was infected with HIV through plasma concentrate in the age of 12 years. In that time, he has been told to have an HIV infection, without any concrete psychological support. He started the treatment of HIV infection, which was successful, with seroconversion several years ago. But the psychological problems, such as feelings of stigma, social isolation and uncertainty remained.

At first interview he expressed anger on the whole medical team, including psychiatrist. He denied any psychological problems and was trying to devalue the conversation. Later on, during the once weekly psychotherapy sessions several important issues arose.

- For long time he was stigmatised and discriminated inside his family due to HIV infection. His feeling towards the members of his family and stigma due to HIV infection have been addressed during the psychotherapy. Later on in the course of psychotherapy, it became clear that he is stigmatised due to haemophilia and HCV infection, too.
- He holds the destructive pattern in intimate relationships. He ended several relationships because of the fear to tell his partner about the HIV and HCV infection.
- As defence mechanisms he has been using projection, denial and rationalizations.
- He started to talk about his past, often traumatic memories and feelings around haemophilia, HIV infection in terms of manageable disease.

### P0354

Sexual and partnership counselling in breast cancer survivors

J. Bitzer. *Department of Obstetrics, Gynecology, Social Medicine, University Hospital Basel, Basel, Switzerland*

**Introduction:** The majority of women who have to undergo treatment for breast cancer report some form of impairment of their sexual function and/or a deterioration of their sexual experience and satisfaction and frequent partner problems