

## S51. ODIN: prevalence and outcomes of depression in Europe

Chair: P. Casey (IR)

### S51.01

THE ODIN PROJECT: STUDY DESIGN AND INSTRUMENTS

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No abstract was available at the time of printing.

### S51.02

URBAN-RURAL DIFFERENCES IN THE PREVALENCE OF DEPRESSION IN EUROPE: EVIDENCE FROM THE ODIN PROJECT

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No abstract was available at the time of printing.

### S51.03

NEGATIVE LIFE EVENTS, SOCIAL SUPPORT AND DEPRESSION IN THE ODIN STUDY

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No abstract was available at the time of printing.

### S51.04

PERSONALITY FACTORS IN DEPRESSIVE DISORDERS

A. Horgan, P. Casey. *Ireland*

No abstract was available at the time of printing.

### S51.05

TRIAL OF PSYCHOLOGICAL INTERVENTION IN THE COMMUNITY

C. Dowrick. *UK*

No abstract was available at the time of printing.

## W05. Follow-up changes in psychiatric care (intra- and extramural)

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### W05.01

MENTAL HEALTH CARE IN HUNGARY

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Pluralism in the health service (health insurance companies, charitable foundations, etc.) was abolished in Hungary in the 1950's and health-care institutions were taken into state ownership. The system had several major problems, such as: 1. The health-care

system became too hospital-centric at the cost of preventive and primary care. 2. Important services, such as treatment of alcohol or drug addicts, or rehabilitation of the mentally ill and nursing homes were underfinanced or practically non existing. After the political changes of 1989/90 the changes in the health care system are: GP practices, but not other services have been privatised. Specialist outpatient clinics and hospitals were taken over by local governments. The teaching hospitals, the national institutions, the ambulance service and the blood transfusion service remained in state hands. The Social Security Act underwent several changes, but the insurance system and the health care budget are still fully controlled by the state. Due to traditional "tipping" by the patients to the doctors there are elements of fee for services system or illegal private practices in the state institutions. The introduction of market system led to increasing activity of the drug industry which includes support for continuing medical education. Changing treatment practices include better recognition and treatment for depression which resulted in decreasing suicide rates. According to our hypothesis the burden of some disorders including schizophrenia may be related to political and economical changes: rehabilitation is more difficult in a country with high unemployment rates.

### W05.02

CURRENT TRENDS IN CZECH PSYCHIATRY

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Czech Republic has at present time 10 320 000 inhabitants. In the year 1998 there were 1099 physicians working in 20 psychiatric hospitals, 26 psychiatric departments in general hospitals and about 500 outpatient departments. The number of psychiatrists has increased in recent years. However, the prevalence of psychiatrists per 100 000 inhabitants is still in comparison with the average of EU countries low (10.5 resp. 15.0). The interest of younger physicians in psychiatry has in recent years increased and there are 40-70 new specialists in psychiatry every year. In the Czech Republic there is a trend to decrease the number of beds in psychiatric hospitals (at present time about 100 per 10 000 inhabitants) and improve their quality, and at the same time to increase the number of psychiatric beds in general hospitals (about 1.6/10 000). The average duration of the stay in psychiatric wards is decreasing, however is still rather long (24.9 days in general hospitals and 80.7 days in psychiatric hospitals). The economic factors will influence this development substantially in the near future. After the political changes in 1989 there was a rapid privatisation of outpatient departments with its pros and cons. About 80% of these facilities are at present time non-state. On the contrary the vast majority of psychiatric beds (about 95%) are still state-owned. Czech Psychiatric Association in cooperation with the Ministry of Health has prepared the conception of the further development of psychiatric care emphasizing the outpatient and semimur services as well as the improving the quality of in-patient care.

### W05.03

FUTURE PERSPECTIVES OF SWISS PSYCHIATRY

W. Rössler

No abstract was available at the time of printing.