SES16.03
DEINSTITUTIONALIZATION IN GERMANY AND SWITZERLAND

H.-J. Haug*, W. Rössler. *Psychiatric University Hospital, Zurich, Switzerland*

The central European countries Germany and Switzerland are confronted with a variety of individual problems concerning health care. After an analysis of problems which are shared by both countries, these individual aspects are analysed. In Germany there has been a rapid structural change of psychiatric care in the last 30 years. Although there was a broad movement to deinstitutionalize patients with chronic psychiatric disorders who need longterm care, there are still too many psychiatric beds in big psychiatric hospitals and still missing psychiatric departments in general hospitals in some areas. Due to historical reasons the mental health care system in Switzerland is not easily comparable with the one in Germany. Deinstitutionalization in Switzerland mainly means reduction of beds in the existing psychiatric hospitals rather than a structural change with a conversion to psychiatric departments in general hospitals. Thus, in both countries the process of deinstitutionalization has still not come to a satisfying level. This is not only due to the economically difficult situation in the recent time period. A change can only be expected when the opinions about modern principles of psychiatric care get more weight in the general society and their political representatives. This implicates the aspects of the relationship of psychiatry to other medical disciplines, the stigma of psychiatry and the diversity of successful psychiatric treatment- and care methods investigated in the last decade.

SES16.04
DEINSTITUTIONALISATION AND PSYCHIATRIC REFORM IN SPAIN

J.L. Vázquez-Barquero[1]*, J. García[2]. [1]*Clinical and Social Psychiatry Research Unit, University Hospital "Marqués de Valdecilla", University of Cantabria, Santander;* [2]*Mental Health Services, Autonomous Community of Principado de Asturias, Spain*

The transformation of Psychiatric care produced in Spain since 1980s has produced as its most significant achievements: i) the development of a new organisational structure for mental health care; ii) the integration of mental care in the general health system; iii) the creation of a network of community mental health centres; iv) the adoption by the community of more positive attitudes towards mental illness and its treatments.

However, the application of the Spanish Psychiatric Reform has followed an uneven course, with marked differences between the different autonomous regions. The main deficiency has been in the development of intermediate community services and programmes. It is also possible to detect a strong tendency to maintain the old mental hospital for both short and long term mental health care. Finally, the analysis of the Spanish experience has revealed that: i) many of the criticisms usually made about the deinstitutionalization processes, are derived from its inadequate implementation; ii) it is wrong to simply equate deinstitutionalization with closure of psychiatric hospitals, without the awareness that it represents a far more complex process.

S39. Suicide Part III. Suicidal behavior: prophylactic treatment (Supported with unrestricted educational grant from Servier)

Chairs: Y. Lecrubier (F), J. Angst (CH)

S39.01
CAN BETTER RECOGNITION AND TREATMENT OF DEPRESSION REDUCE SUICIDE RATES?

Z. Rihmer. *National Institute for Psychiatry and Neurology, Budapest 27, Pf.1. 1281, Hungary*

It has been repeatedly demosntrated that 60–65% of suicide victims had (mainly untreated) depression at the time of suicide. In spite of the fact that depression is highly treatable illness, the rate of appropriate drug treatment of depression in the population and among the suicide victims is extremely low. It is particularly disturbing, since almost 50% of depressed suicide victims contact the health care several weeks or months before their deaths. On the other hand, it is also well documented that adequate acute and long-term treatment of mood disorders reduces significatly the suicide mortality in this high-risk population. Given the aboves and that the incidence of depression is increasing, the frequently noted argument (ie. "increasing utilization of antidepressants did not reduce suicide rates") is counterproductive. Theorethically, if the rate of treated depressions in the population increases gradually, at a given point it will appear in the dcline of the suicide rate. However, since the effect of a given intervention largerly depends on the baseline situation (the effect is greater when the baseline sutuation is more pathological) the role of better recognition and treatment of depression in reducing suicide rates can be easier to demonstrate in the populations where the suicide rate is high and the rate of treated depression is low. In fact, recent studies from Hungary (where the suicide rate was the highest on the world till the mid 90s) suggest that more extensive treatment of depression can reduce suicide mortality at the level of the population.

S39.02
PREVENTION OF SUICIDE AND SUICIDE ATTEMPT BY ADEQUATE LITHIUM LONG-TERM TREATMENT

B. Mueller-Oerlinghausen. *Department of Psychiatry, Freie Universitaet Berlin, Germany*

Based on well documented serotonin-agonistic and antiaggressive effects of lithium, we hypothesized that a properly performed lithium long-term medication might have specific antisuicidal effects. Support for this assumption came from our findings that in a high risk group of the Berlin Lithium Clinic suicidal behaviour was significantly higher in patients having discontinued lithium than in those with regular uninterrupted medication. In the context of a large prospective multi-centre German study (MAP), in which patients were allocated at random to either lithium, carbamazepine or amitriptylin long-term treatment, it could be demonstrated that suicides and parasuicides occurred exclusively in the non-lithium groups. A reduction of suicidal behaviour should result into a lowering of the 2–3 fold increased mortality in affective disorders. Such an effect of lithium long-term treatment could be shown by various groups, e. g. Coppen in the U.K. and Nilsson in Sweden, but has been particularly demonstrated by the collaborative large study of IGSLI. It has been shown in a large international patient group

https://doi.org/10.1016/S0924-9338(00)94288-3 Published online by Cambridge University Press