

outcome indicators to the new GP contract and the opportunity for GPs to undertake commissioning of mental health services.

Recently changes to the new GP contract have increased the focus on reliable diagnosis, monitoring and management of chronic mental health problems in primary care. In addition, the new roles, designed to help in the support and management of individuals with mental health problems offer an alternative to traditional ways of managing mental health problems in primary care. These innovative changes have impacted on traditional ways of working and helped promote a more collaborative integrated approach to care of patients with SEMI.

Despite this emphasis on improving organisational relationships and partnership working through the introduction of these new policy initiatives, evidence suggests that the implementation of policy and development of mental health services, has to date been varied. The experience of those working within, and delivering mental health services suggests a rhetoric reality gap between policy formulation, implementation and service organisation and delivery. This has particular implications for people with mental health problems, many of whom have little choice or voice within society and need integrated services.

S27.04

First results of integrated care in Germany

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Psychiatric diseases already have a great impact with regard to personal and social impairment and socioeconomic costs. The burden of psychiatric diseases on societies is even expected to grow in the years to come. The WHO for example predicts that Major Depression will be the disease with the most disability-adjusted-life-years (DALY's) by the year 2030 in the industrially developed countries.

New approaches and concepts for the treatment of psychiatric illnesses are therefore needed in research and in care.

A critical point will be the establishment of timely, goal-orientated and scientifically founded therapeutic interventions (e.g. according to national or international treatment guidelines) in psychiatric diseases. Such an improvement of the structures of psychiatric care is to be expected by the new models of integrative care.

The "Integrated care of depression" has been established in the Aachen region in 2006 as a model for a best-practice cooperation of inpatient and outpatient care. The aims of this network are the early detection of depression, the optimization of the treatment, the prophylaxis of relapses and especially the improvement of the transitions between the medical practitioners, other therapists and the hospitals involved.

An improvement of the care of psychiatric diseases will be one major step in the quest to prepare the society for the burden of psychiatric diseases to come in the near future.

Symposium: Common mental disorders in sub-Saharan Africa what lessons for the developed world?

S52.01

What can we learn from the history of psychiatry in Africa?

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Alien psychiatrists, most of them from Europe, provided what was known about the mental health and illness of Africans until a few decades ago. Even after departure from the shores of Africa, their views remained dominant among indigenous psychiatrists. Many of those views were based on limited empirical evidence. Some other views, based on well-conducted research, may have been affected by the perennial problem of valid ascertainment of mental and social phenomena. Recent studies, many of them conducted by local scientists, are beginning to offer different perspectives about the nature and profile of mental illness among Africans but are themselves not immune to paradoxes. An examination of both old and new perspectives provides an opportunity to reflect on the challenges of research in psychiatry and how far we still are from achieving consensus.

S52.02

Common mental disorders in sub-Saharan Africa - What lessons for the developed world

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This symposium will bring together leading mental health specialists from Europe and Africa. It will aim at describing patterns of common mental disorders on both continents and will also seek explanations for any observed differences. The objective of the symposium will be to bring out lessons that can be learnt from the two continents with the expectation that these lessons will not only bring about a better understanding of the mental disorders, but that opportunities for joint research projects between Europe and Africa will be explored, using existing research data from the two continents. The symposium will explore the fields of the psychosis and seek to bring out the current state of the debate on the prognosis of, for example, Schizophrenia in Africa versus Europe as the Africans present the latest findings from their continent. Conversion syndromes, Anorexia Nervosa, drug and substance abuse are all conditions that show patterns that are different in the two continents and pose new and challenging opportunities for collaborative research. Though present on both continents, PTSD and the challenge of HIV/AIDS is greater on the African continent partly due to social, economic and political factors that seem to fuel both. European psychiatrists might value opportunities to hear the state of these conditions in Africa and the way Africa is responding to the challenge.

S52.03

Psychosocial responses to HIV/AIDS pandemic in sub-Saharan Africa

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Epidemiological findings and projections indicate that over two-thirds of all the people now living with HIV/AIDS globally live in Africa, South of the Sahara desert and over 80% of the World's AIDS deaths have been reported in the region and yet Africa has only 22% of the world's population with very limited resources.

The paper outlines the current HIV/AIDS epidemiological status in Sub-Saharan Africa, the common psychiatric presentations as well as the magnitude of the psychosocial effects including that of orphanhood. The Health care systems and the available resources are reviewed as they influence psychiatric responses in the region.