support. The following study is among the first to address these barriers using a remotely delivered, one-on-one caregiver intervention. Caregivers ($n = 93$) of patients with severe and enduring mental health difficulties took part in a tailored psychoeducation and skills training intervention, consisting of weekly 40 minute videoconference or telephone sessions with a trained clinician. Caregivers completed the Involvement Evaluation Questionnaire (IEQ) and General Health Questionnaire (GHQ-12) at baseline, and eight sessions (mid treatment). It was hypothesized that caregivers would show a reduction of distress and burden in response to the intervention. Interim comparison of pre- versus 8th session measures demonstrated a highly significant reduction in GHQ scores ($P < 001$), as well as a highly significant reduction in IEQ scores ($P < 001$). Results suggest that remotely provided, one-on-one, tailored psycho-education and skills training may be an effective and accessible intervention to improve the well-being of, and decrease burden in, caregivers of mental health patients.

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Evaluation of suicide risk in psychiatric patients after discharge. A follow-up study

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Résumé
Introduction Several studies show that the first period after discharge has an higher suicide risk.
Objectives Following up psychiatric inpatients after discharge may be important in order to better understand the risk and the protective factors of suicide.
Aim The aim of our follow-up study is to evaluate the predictive factors of suicide in a sample of psychiatric inpatients after discharge.
Methods We analyzed the temperament and the levels of hopelessness, depression, suicide risk in a sample of 87 (54% males) inpatients at time T0 (during the hospitalization), T1 (12 months after discharge) and T2 (8 months after T1). We administered the following scales: BHS, MINI, TEMPS, GMDS, CGI.
Results A statistically significant difference on the risk of suicide with substance abuse was found among patients who were followed up and who refused to participate, respectively at T1 ($\chi 24 = 2.61$; $P < 0.05$) and T2 ($\chi 24 = 1.57$; $P = 0.05$). At T1, 4 patients attempted suicide and 18 showed suicidal ideation. In the second follow-up, 1 patient successful committed suicide, 1 subject attempted suicide and 10 patients showed suicidal ideation. Patients with suicidal ideation at T1 showed higher levels of hopelessness and a diagnosis of bipolar disorder type I ($\chi 24 = 10.28$; $P = 0.05$). Sixty-seven percent of subjects with suicidal ideation showed higher scores in the BHS at T1. Significant differences were found on the anxious temperament at T2 between two groups.
Conclusions The follow-up could represent a significant strategy to prevent suicide in psychiatric patients.

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Tendency to stigmatization of mentally ill people by university students in the Czech Republic

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Introduction Mental illness is still surrounded by false myths, stereotypes and prejudices. Stigmatization is a social problem on a national and international level and may lead to discrimination.
Objectives Stigmatization has a negative impact on patient's life, treatment seeking, self-image, adherence and mental health recovery.
Aims The aim of the study was to examined the tendency to stigmatization mentally ill people by university students in the Czech Republic.
Methods The constructed questionnaire called Tendency to stigmatization TTS (Cronbach's alpha = 0.952), demographic questionnaire and tentative shortened version of personality questionnaire NEO-PI-R were administered on Facebook offered to student groups.
Results The statistical analysis of data from 1350 students showed a relatively high tendency to stigmatization depending on age (stigma is lower with age), gender (women have a lower TTS than men), studied university, faculty, educational focus. The lowest rate of stigmatization had students of psychology. Students of economics, management, informatics and engineering disciplines stigmatize in a high degree. Social oriented students had the lowest TTS, technically orientated the highest. The TTS also depends on personal agreeableness (low-friendly students had a higher TTS) and neuroticism (mentally unstable students had slight TTS). Lower TTS had students who attended psychopathological/psychiatric subject at school, also students, who personally met or know somebody with mental disease and students with mental health problems (Table 1).

Table 1 Description of the sample, demographic data.

Table I: Description of the sample, demographic data

VARIABLE	MEAN AND STANDARD DEVIATION
Age	22 ± 3.79
Gender (M: F)	329 : 1021
Nationality	
Czech	1193 (88.4%)
Slovak	139 (10.3%)
Other	17 (1.3%)
Academic orientation:	
Arts focus	739 (54.7 %)
Science focus	375 (27.8 %)
Technical focus	178 (13.2 %)
Other	58 (4.4 %)
Field of study	
scientists and chemists	233 (17.3%)
teachers	166 (12.4%)
economists and managers	131 (9.7%)
sociologists, social workers, journalists	131 (9.7%)
medical students and health professionals	125 (9.3%)
linguists	104 (7.6%)
lawyers	99 (7.3%)
psychologists	110 (8.1%)
archaeologists, historians, philosophers, religionists and artists	84 (6.5%)
engineers and builders	78 (5.8%)
Marital Status:	
single	951 (70.4 %)
with partner	339 (25.1 %)
married	51 (3.8 %)
divorced with partner	3 (0.2 %)
divorced without partner	4 (0.3%)
Subject of psychopathology or psychiatry YES/NO	301 / 1049
Knowledge mentally ill nearby YES/NO	830 / 520
Personal contact with mentally ill YES/NO	987 / 363
Treatments for mental problems	239 / 1091