psychiatric examination, biopsychosocial development and clinical issues such as schizophrenia, mood disorders, dissociative disorders, anxiety disorders, psychopharmacology, psychotraumatology, and consultation-liason psychiatry. A specialty training is entered depending on the performance in the competitive central exam after the completion of medical school. As this exam includes few questions on psychiatry currently, the motivation of medical students on learning psychiatry remains rather limited. This central exam is also valid for the selection of candidates for postgraduate training in psychiatry. There are debates on the accuracy of this selection process which can not be considered as an ultimate method concerning this specialty which requires certain abilities different than that of the other areas in medicine.

W03.05

TOWARD BETTER PUBLIC MENTAL HEALTH BY MEANS OF PROBLEM ORIENTED AND COMMUNITY BASED MENTAL HEALTH EDUCATION

M.W. deVries. *Maastricht University - IPSER, Department of Psychiatry and Neuropsychology, Section of Social Psychiatry and Psychiatric Epidemiology, The Netherlands*

The current global mental health need has been highlighted in a number of institutes of medicine, World Bank and academic reports. These have made it clear that the mental health burden of the poor worldwide who are inheriting the health problems of the rich, is great and increasing. The scope and complexity of mental health problems warrant that mental health should be a core part of the medical curriculum, particularly since prevalence rates of psychiatric disorders are high across a range of medical settings, particularly in primary care. Psychiatric skills are an essential ingredient of the doctor-patient relationship and the management of illness course. A key reason for including a public mental health, community approach to psychiatric education is that mental health problems are not randomly or evenly distributed in a population, illness is localised in risk groups that often reside in specific neighbourhoods or social settings, and at the individual level the experience of psychopathology fluctuates with time, place and culture. Given this ubiquitousness of mental health problems in society and medicine as well as the evolving scene of the psychiatric knowledge, mental health education may best be achieved by the addition to the medical curriculum of self-study skills and primary health care experience in the community. This can help the young practitioner in medical school place illness in real life contexts, providing insight into both causes, prevention and management of illness. It is the proposition of this paper that self and small group study skills and community based approaches should be added to hospital based curricula that tend to stress only diagnoses and treatment. A public mental health educational, self-study focus on mental health based on the community and "Problem Based Learning" curriculum of the Network of Community-Oriented Educational Institutions for Health Sciences (Secretariat: Maastricht University, the Netherlands) is presented in this paper as part of the response to meeting the global mental health need.

W03.06

PSYCHIATRIC EDUCATION AND THE CHANGING UNDERGRADUATE CURRICULUM IN THE UK

M. Greenberg

No abstract was available at the time of printing.

FC05. Affective disorders

Chairs: S.J. Claes (B), E. Ceskova (CZ)

FC05.01

THE ASSOCIATION BETWEEN ONE-YEAR OUTCOME OF MAJOR DEPRESSION AND CARE UTILISATION IN THE GENERAL POPULATION. FINDINGS FROM THE NETHERLANDS MENTAL HEALTH SURVEY AND INCIDENCE STUDY (NEMESIS)

J. Spijker[1] *, R.V. Bijl[2], R. de Graaf[2], W.A. Nolen[3]. [1]*De Gelderse Roos, Mental Health Care, Arnhem;* [2]*Netherlands Institute of Mental Health and Addiction, Utrecht;* [3]*University Medical Centre and H.C. Rümke Groep, Utrecht, the Netherlands*

Background: Data on outcome of depressive disorder are difficult to interpret because of the different patients profiles found in different levels of care. General population studies have the advantage of their non-selection of patients.

Design: NEMESIS is a prospective survey on 7147 respondents from the Dutch adult general population (aged 18 to 64). Diagnoses of psychiatric disorders according to DSM-III-R are based on the Composite International Diagnostic Interview (CIDI), Version 1.1 (computerized version). Care utilisation, sociodemographic and clinical factors were evaluated and social functioning was assessed with the Short-Form-36 Health Survey (SF-36).

Results: At baseline 305 persons had a major depression (MD) in the preceding six months. At follow-up after one year 72 (23.6%) had been lost to attrition. Of the 233 who remained, 166 (71.2%) had recovered from the MD and 67 (28.8%) had not. 159 (68.2%) got in contact with professional medical care for their mental problems. Increasing level of care was significantly associated with severity of depression, comorbidity with anxiety disorders and dystymia and longer duration of previous episodes and with impaired role functioning. Antidepressant use was associated with severity of depression, comorbidity with anxiety disorders and dysthymia and unemployment and impaired social role functioning. Best outcome (83.8% recovered) was found in those persons who didn't receive professional care and worse outcome (41.9% recovered) in those persons who received specialised mental health care with antidepressants. All respondents improved in role functioning except those who received primary care without antidepressants

Conclusions: Depressed patients on different levels of care with different types of care can be distinguished on clinical characteristics and role dysfunctioning. The outcome varies and is especially poor in specialized mental health care with antidepressants. In discussing outcome of MD it is advisable to consider subcategories of patients and to use changes in role functioning next to depression status as a measure of outcome.

FC05.02

PSYCHOPATHOLOGY AND TREATMENT PROGNOSIS IN BDV-INFECTED PATIENTS

C.W. Spannhuth[1] *, D.E. Dietrich[1], L. Bode[2], T. Lau[1], T.J. Huber[1], H. Ludwig[3], H.M. Emrich[1]. [1]*Dept. of Clinical Psychiatry and Psychotherapy, Medizinische Hochschule Hannover;* [2]*Robert Koch-Institut, Berlin;* [3]*Dept. of Virology, Faculty of Veterinary Medicine, Freie Universität Berlin, Germany*

Borna disease vires (BDV) is known as pathogenic in certain animal species. Recently, human strains of BDV were isolated from

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