

In the pre-war period the total number of committed suicide was 439 and 50.8% of them were people with mental disorders. During the war committed were 174 suicides, and 35.1% of them were persons with mental disorders. In the post-war period committed were 320 suicides, and 34.7% of them were persons with mental disorders. The average age of people who committed suicide in the pre-war period was 45 ± 2.5 years, while in the war and post-war period suicide rates increased in youths. The leading method of committing suicide in war and peace circumstances was by hanging, but significantly more ($P < 0.05$) in the pre-war period. Suicide by fire arms and hand bombs were significantly higher in war circumstances and post-war period ($P < 0.001$). In peace and war circumstances between those who committed suicide were significantly more addicted to alcohol ($P < 0.05$). The number of those who committed suicide and were schizophrenic was higher in war circumstances, but not significantly. In war and post-war period was a higher number of suicide committed by people with acute psychotic disorders ($P < 0.001$) and a significantly higher number of those who committed suicide and suffered from depressive disorders ($P < 0.05$).

In war circumstances a higher number suicide was committed by people with acute psychotic disorders, young-aged and by fire arms.

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Understanding crisis: First steps of validation of “crisis integration scale” (CIS)

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Crisis is a psychic reaction to stress with the potential to produce psychiatric symptoms. It is also considered as a transition phase which may change attitudes and interpersonal functioning. Special psychotherapeutic interventions have been developed in order to promote these changes. Brief crisis intervention centres (CIC) provide an alternative to hospital treatments and preserve as much as possible social relations and functioning.

In this study, we present the “Crisis Integration Scale” (CIS), a new, brief self-rating scale developed to measure whether or not a patient integrates his/her crisis as a constructive experience of his/her life. This scale is in French language (EIC: “Echelle d’Intégration de la Crise”) and is based on the concept of “integration versus sealing-over” proposed by T. McGlashan.

CIS data of 70 recently admitted patients to our CIC suffering of major depression or anxiety disorders are presented and compared to data assessed at the same time point with BPRS, SCL-90-R, Recovery Style Questionnaire (RSQ) and Global Assessment of Functioning (GAF).

The first statistical analysis shows encouraging results according to reliability (internal consistency, test-retest). However no significant correlations were found between CIS and validity measures (e.g. BPRS items).

The next step for the validation of CIS is to study further the external and internal validities. All these results will then be compared with those concerning a different clinical population (patients with psychotic symptoms) admitted in a specialised outpatient unit.

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What do they think of us? Opinions of general hospital ward staff on a CLP service

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Background and aims: The CLP is the operative area where psychosomatic theories and clinical practice meet, and the moment when psychiatry meets the rest of medicine, aiming at building an efficient communication. CLP activities are founded on a good relationship with colleagues, being the referring physician the actual “first client” of a CLP intervention, even before of the patient.

Methods: We administrated an anonymous and self-compiled questionnaire to 330 doctors and head-nurses of different wards of the Modena General Hospital, questioning about their opinions on usefulness, efficiency, relevance to everyday clinical practice of the CLP Service.

Results: 109 of the 330 questionnaires were answered back (33%); 63.3% of the sample judged “very useful” our Service. 89.9% expressed positive opinion about the presence of a single, “dedicated” consultant for their ward. Most useful aspects of our intervention are considered to be: advices on psychotropic drug therapy (84.4%); talking with the patient (73.4%); interventions on the families (73.4%) and organizing care after discharge (33.9%).

Conclusions: Data from our study support the concept of how useful is the role of psychiatric operators in the contest of GH, and that GH ward staff seem to share this opinion. Very few studies exist on feedback to CLP activities, in spite of the relevance of the subject: being aware of needs, expectations and opinions of our colleagues is (one of) the starting points defining CLP identity and mission.

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Associations between demographic and other factors and outcomes of formal assessment for compulsory admission in Norfolk, UK

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Background and aims: Most studies of patients subject to compulsory admission to psychiatric hospital examine only the population of those already subject to compulsion. This prospective study examines the whole population of patients who have been formally assessed for compulsory admission, and includes those where the decision was taken not to proceed with compulsory admission.

Methods: All Approved Social Workers in the County of Norfolk were asked to complete data collection sheets contemporaneously for each formal assessment for admission taking place in terms of the Mental Health Act 1983 over the period 2001 – 2006 inclusive. This data was then collated centrally and subject to analysis regarding demographic and other factors associated with requests for assessment and decisions to actually use compulsory admission powers.

Results: Data on about 5000 individual formal Mental Health Act 1983 assessments were collected representing over 95% of the total number of such assessments carried out during this period in Norfolk.

Conclusions: There were significant associations between gender, age, marital status and accommodation and both referral for formal assessment and compulsory admission to psychiatric hospital. Some aspects of these associations were unexpected and are discussed further.

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Safety and effectiveness of intramuscular psychotropic drugs in acutely agitated patients - a Pan-European study