

S19 *Psychiatric disorders related to the war in former Yugoslavia*
NEW ENVIRONMENTS AND SITUATIONS

D. Kocijan-Hercigonja, Department of Psychotrauma, Clinical Hospital Dubrava, Avenia izvidaca, Zagreb, Croatia.

Psychiatric disorders in traumatized children and youth: The psychological changes influenced by war traumas should be observed through the dynamics of war. We have observed the psychological changes in children and youth through the dynamics of war during the last five years, using DSM-IV criteria. According to our experience, war traumas can be divided into 4 phases. Beginning of the war and facing all the changes that it brings. Psychological changes differ in relation to the type of traumatological experience but in most cases the acute PTSD was domineering. The period of exile for the people from the occupied area or the life on the front for the people who stayed in their homes. The problems vary from the chronic PTSD, behavioral changes, anxious and phobic conditions and identity problems. The return and facing reality that has changed from the one they had left behind and dreamed about for 5 years. Now we have depressions, a growing number of suicides, anxious and phobic conditions, behavioural changes and chronic PTSD. Life in the new conditions brings out many changes, the results and outcomes of which are only just developing and we are not yet able to know its definitive ending.

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MENTAL HEALTH PROBLEMS IN REFUGEE CHILDREN
Mikuš Kos A., Slodnjak V. Slovenia

The authors present the epidemiological study of mental health and psychosocial functioning of refugee children from Bosnia and Herzegovina. 286 children aged 14-15 (more than two thirds of the total age group) were screened after two years of asylum in Slovenia. The methods of assessment were: questionnaires for children and teachers, interviews with children and care-takers. The symptoms of PTSD are frequent but they do not interfere significantly with every day functioning (school achievement, peer relation, behavior). The number of children with evident malfunctioning is relatively small (about 20% of the screened population) respectively to the index of the war-related traumatization. Among unexpected findings is the low frequency of symptoms of depression measured with CDI, low rate of aggressive behavior and revengeful thoughts. The findings are discussed and tentative interpretations for the low rate of psychosocial malfunction are offered. The authors focus their attention on the implication of the findings for measures of prevention of long lasting consequences of traumatic war experiences and for the possibilities of counteracting chronic multiple adversities stemming from the life in asylum.

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LIMITATIONS OF PSYCHIATRY IN FORMER YUGOSLAVIA WARS

V. Ibanez-Rojo

Descriptions of reactions to stress and loss, such as war neurosis, psychosis, posttraumatic disorders, grief reactions, ... have shed some light upon the understanding of behavior in war. However psychiatrists must be cautious in the use of pathology categories to describe people symptoms in those situations. Our approach influences the field we study and in these vulnerable, changeable and extremely complex situations, we have more limitations to apply our traditional diagnostic tools.

Research in South-East Asia points out that while a very high prevalence of depression and PTSD is found in war refugee populations, social and functional adaptation is good, and there is no need of help. In studies in North America, the factor related to pathology in war refugee populations is social desadaptation due to the change of culture and place of living, not war experience. Cambodians who came from war to Australia and America have different rates of psychiatric disorders due to different use of cultural (Cambodian) resources to deal with trauma allowed. The high comorbidity that limits the use of categories that are rarely found separately and the difficult validation of diagnostic instruments in different cultures and settings (an actively stressful situation) are pointed out.

In Former Yugoslavia for the first time civil population has been studied during war years, with instruments not designed for high intensity war situations. This has produced a distortion of reality understanding. As much as 300 help projects in Bosnia and Croatia are designed with the assumption that about 700 000 people need psychiatric help (have a disorder) and 7,000,000 need psychosocial support. We discuss these points.

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THE PSYCHIATRIC EFFECTS RELATING TO THE WAR
IN FORMER YUGOSLAVIA: PSYCHIATRIC DISORDERS AND
PSYCHOSOCIAL PROBLEMS IN RESIDENTS AND REFUGEES FROM
FORMER YUGOSLAVIA IN AUSTRIA

A. Friedman, Department of Social Psychiatry, Psychiatric University Hospital, Waehringer Guertel 18 - 20, Vienna, Austria.

Since 1992 the Vienna University Hospital for Psychiatry runs an out-patient service for transcultural psychiatry and migration-bound psychological problems. Among the 600 patients treated in this period of time, Serbs, Croates, Bosnians, Macedonians and Sarayevu Jews - the "Yugoslavs" - by far represented, with 40%, the biggest group; in this group about 25% showed psychiatric relevant states connected to the war in ex-Yugoslavia (1991-95). This sub-group consisted of (1) people who fled the territory of ex-Yugoslavia because of the battles, acts of organized banditism, the "ethnic purification" and acts of personal terror and torture and (2) of members of the preexisting Yugoslav communities in Vienna, consisting mostly of foreign workers and their families. Concerning the causes for these states, they were (1) Torture, battles and loss of relatives or close friends; (2) Loss of homeland and social networks; (3) Conflicts in ethnically mixed families and (4) Austrian attitudes towards the conflict in particular and foreigners in general. Concerning diagnoses, they showed: (1) Affective states of different nosology and of different typology, mostly depressive, dysphoric and mixed; (2) Psychosomatic and conversive syndroms; (3) Posttraumatic Stress Syndroms; (4) Functional psychoses and (5) Attempts of suicide. Consequences regarding psycho- and sociotherapeutic measures and assessments of psychiatric needs in those special cases are to be discussed, as well as general questions concerning the dependence of the integration of foreigners in culturally different societies from different factors in and outside of their specific group.