

It seems, in fact, of major interest this approach that leads to an earlier evaluation, and therefore, diagnosis and therapeutic procedures.

The authors collected data from clinical records of patients, followed in Águas Santas Health Centre (Primary Health Care Centre), which were referred to Psychiatric consultation from 1 January to 31 December 2006. This data was used in order to fulfil an investigation protocol, concerning: socio-demographic features, psychiatric diagnoses, therapeutic interventions, past psychiatric history and final orientation, either to the general practitioner or to a specialized psychiatric ambulatory clinic, in St Jonh's hospital. Preliminary results show that most of the patients were medicated before psychiatric consultation, time to answer the request was at least 30 days, the main diagnosis were Depressive Disorders and Personality Disorders and the majority of the patients still be followed by their General Practitioner in the Health Centre outpatient clinic.

The main propose of this investigation is to evaluate the importance and efficacy of this kind of psychiatric intervention and conclude about ways of improving these same items.

## P406

To a question of optimization of the medical and psychological help to patients with GID

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Patients with Gender identity disorder (GID) - not numerous groups of patients, however which require the well-timed, highly skilled help of experts. In Russia the statistics is not conducted. Carried out clinical researches in the given area have taped an insufficient level of the organization and financing of the medical and psychological help to patients with GID. Key questions here are: 1) programs of the medical and psychological help to patients with GID; 2) diagnostics of the conditions, shown disturbance GID; 3) aspects of treatment of patients with GID; 4) programs of the psychological help to relatives of patients with GID.

1. For today GID-serious mental disease with a probable lethal outcome. Carried out clinical researches have taped 30% of patients with GID with presence in the anamnesis of attempts of a suicide either suicidal tendency that demanded an urgent active intervention of the doctor.
2. The patients with symptoms of the-GID –non-uniform group of patients with various clinical forms from the transsexuals at schizophrenia.
3. 95% surveyed with disturbance of sexual identification) believed in surgical methods of treatment. From them only at 39.6% from among all surveyed Transsexual-men and women, and they accepted surgical correction with accompanying hormone treatment.
4. Programs for parents where them it is possible to train to analyze and correct behavior of children if it is a question of children's and teenage age, and also to give knowledge of a gender dysphoria and an opportunity of participation in a family psychotherapy.

## P407

Mother of courage

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**Background:** Parents of mentally ill patients are stigmatized by the disease of their ill family members, emotionally, socially and physically burdened. Authors are presenting a case report of a mother of 23 year old schizophrenic daughter, who started to attend support groups for families of mentally ill persons almost two years ago.

**Aim:** To investigate whether the joining to the association for families of mentally ill persons and regular attending to its programs (psycho educative lectures, support groups), would enable the mother of a patient with schizophrenia to re-establish her psychic balance by reducing high expressed emotion.

**Methods:** psychological test PIE (The profile index of emotions) three times during 18 months

**Results:** PIE tests showed reduced high expressed emotions (fear, sorrow and anger). Mother turned from the depressive position in life and started to work positively with her daughter's illness, started to motivate other parents, and started to help them with her advice. She became one of the founders of the Society for Improvement of Mental Health and Quality of Life of Mentally Ill Persons and Their Families "Happy Family", Croatia, where she is now a member of the Organizational board and is an accountant.

**Conclusion:** An active role in association for mentally ill persons re-established the psychic balance in this mother, changing her to a powerful, strong and competent person who not only can cope positively with her daughter's disease but also is able to help other parents in the same situation.

## P408

Since I have my case manager, I am back to life

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**Introduction:** The authors are presenting the case report of a patient who was taken care for the Community Mental Health Team in Croatia, following the recommendations of WHO 2004 as well as IRIS guidelines, considering Basic standards for management of patients with serious mental illness in the community developed by GAMIAN-Europe.

**Results:** Authors are presenting work of a case manager on the case of the patient who himself takes the responsibility to ensure that the needs of patient and his family are met, by acting in a more pro-active fashion (Assertive case management (ACT)). A care-plan for the patient is presented, which details all the care which the patient was receiving, and who is providing the care. This plan is agreed at the meeting of the patient, the family, the case -manager, the psychiatrist, and other team members who are providing some of the care (Social worker, Psychologist, Occupational worker). The plan is agreed collaboratively with the patient and the family and signed by all parties concerned, including the psychiatrist. The plan is reviewed at a formal meeting of those concerned at the end of the treatment.

**Conclusion:** We recommend developing Community Mental Health Teams in Croatia which are based on the ACT principle. They are more expensive and more demanding in terms of face to face patient contact, but it is evidence based that they give better long term results.