

level may impair the independence of psychiatrists' decisions towards the individual patient as well as that of his judgement both in clinical practice and in research. Ethical implications from this threat will be exemplified by i) educational grants, ii) research in developing countries, iii) publication bias, iv) cost-effectiveness analyses, v) placebo-control. Finally it will be recommended: you may dance with the porcupine, but you should read all contracts in advance and reflect their ethical implications with regard to published ethical guidelines.

S-29-04

Forensic psychiatry: Two masters, one ethics

J. Arboleda-Florez. *Queen's University Dept. of Psychiatry, Kingston, Ontario, Canada*

The growth and impact of Forensic Psychiatry as an alternative to the general mental health system over the last fifty years has been quite well documented. Such growth even threatens funding for the general mental health system as more and more budgetary allocations have to be made to cover the large number of mental patients being processed by the courts or ending up in the correctional system. Mental Health Courts and a number of management initiatives have developed while larger number of forensic psychiatrists are required. Little has been written, however, about the ethical demands and moral extrapolations that forensic clinicians have to address in their day to day activities as they crisscross systems with antithetical demands and contrary aims and objectives. Serving two masters creates conflicts of double agency for the psychiatrist and cognitive confusion among patients. This presentation will review these ethical problems and will present guidelines for reconciliation.

Monday, April 4, 2005

S-31. Symposium: Future of education in ethics in psychiatry: Evidence based medicine (EBM) or values based medicine (VBM)?

Chairperson(s): Paul Cosyns (Edegem, Belgium), Driss Moussaoui (Casablanca, Morocco)
14.15 - 15.45, Gasteig - Lecture Hall Library

S-31-01

P. Cosyns. *University Hospital Ziekenhuis, Edegem, Belgium*

S-31-02

B. Fulford. *University of Warwick, Coventry, United Kingdom*

S-31-03

Teaching ethics in psychiatry to post-graduates

D. Moussaoui. *Centre Psych. Ibn Rushd, Casablanca, Morocco*

Ethics should be taught longitudinally across all stages and disciplines in psychiatry. The experience of the Casablanca center will be presented, highlighting a number of characteristics: - The

teaching cannot begin without starting implementing a number of practical measures to improve human rights of the patients - Theoretical teaching is based upon a number of classic philosophical texts on ethics, as well as on the Madrid Declaration and its appended guidelines, - The teaching should be highly interactive, based on actual cases, preferably known to everyone in the institution - The evaluation of the teaching is multiple, and might be based upon a research study conducted by the student under the supervision of the teacher(s) - The real aim of such teaching is to improve the daily practice of the entire team.

S-31-04

J. Arboleda-Florez. *Queen's University Dept. of Psychiatry, Kingston, Ontario, Canada*

Tuesday, April 5, 2005

S-56. Symposium: Added value? European multi-centre service studies

Chairperson(s): Stefan Priebe (London, United Kingdom), Thomas Kallert (Dresden, Germany)
14.15 - 15.45, Holiday Inn - Room 2

S-56-01

The impact of outcome management in community health care - the MECCA study

S. Priebe, J. Bullenkamp, W. Rossler, L. Hansson, D. Wiersma, F. Torres Gonzalez. *Queen Mary, Univ. of London Newham Centre for Mental Health, London, United Kingdom*

Objective: For various reasons, there have been wide spread calls for routinely assessing individual outcome in community mental health care. This study tested whether repeated outcome management with a focus on patients' subjective views would improve outcome through more accurate treatment decisions or a more favourable therapeutic relationship or both.

Methods: The effectiveness and cost-effectiveness of a new intervention were compared with standard care in a cluster randomised controlled trial (i.e. randomisation of key workers to experimental or control condition) in community mental health services in six European countries (Germany, Netherlands, Spain, Sweden, Switzerland, United Kingdom). In the new intervention patients were asked by their key workers about subjective outcome every two months. The results were immediately displayed on a PC and intended to inform the therapeutic dialogue.

Results: At baseline a total sample of 500 patients with psychotic disorders in community mental health care were recruited to the study. The drop out rates were relatively low. Setting features and baseline characteristics of patients varied between centres. Preliminary results about effectiveness will be presented.

Conclusion: The new intervention has been shown to be feasible in different health care systems despite various practical problems. Preliminary conclusions for the effectiveness of the intervention will be discussed.

S-56-02

Assessment of long-term outcomes and treatment seeking following posttraumatic stress - the STOP study and the CONNECT study

D. Lecic-Tosevski. *Institute of Mental Health, Belgrade, Yugoslavia*

S-56-03

Involuntary hospital admissions in Europe – EUNOMIA

T. Kallert, M. Gloeckner, G. Onchev, J. Raboch, A. Karastergiou, Z. Solomon, M. Maj, A. Dembinskas, A. Kiejna, P. Nawka, F. Torres-González, S. Priebe, L. Kjellin. *Universitätskrankenhaus Abt. für Psychiatrie, Dresden, Germany*

Objective: Previous research has shown a specific profile of risk factors characterizing patients who are admitted on a legally involuntary basis to psychiatric hospitals. The identified features include: younger age, diagnosis of a psychotic disorder and/or mental retardation, manic symptoms, and somewhat more inconsistently male gender and/or non-Caucasian ethnicity.

Methods: The naturalistic and epidemiologically oriented EUNOMIA-study design which has been successfully implemented in 13 sites in 12 European countries uses a standardized battery of instruments (e.g. for socio-demographic and clinical characteristics, psychopathology, legal status, perceived coercion, satisfaction with treatment) to assess two groups of patients at three time-points within a three-month follow-up period: legally involuntarily admitted patients (aimed at figure of complete cases in each centre: N= 140) and legally voluntarily admitted patients who – according to a screening procedure – feel coerced to admission (aimed at figure in each centre: N= 40).

Results: This preliminary analysis will use ca. 1200 – 1500 patients included in the first 18 months of the recruitment period and outline specific features of legally involuntarily admitted patients focusing on their initial assessment within the first week after hospital admission. In detail, the distribution of socio-demographic and clinical characteristics, legal status, perceived coercion and satisfaction with treatment across the samples in the 13 participating sites will be presented.

Conclusion: The results will be embedded in standardized information on the organization of mental health care in the participating catchment areas. In particular, consequences for the clinical practice of involuntary hospital admissions across Europe will be demonstrated.

S-56-04

Potential capacity of day hospitals for general psychiatric patients

J. Raboch. *Psychiatric Department, 1st Me, Prag, Czech Republic*

Objective: of our presentation is to show feasibility of day hospitals for general psychiatric patients in acute need of treatment and to discuss potential capacity of day hospitals. Five acute day hospitals from Prague, Dresden, London, Michalovce and Wrocław were participating on European multicentric study EDEN (European Day Hospital EvaluationN.)

Methods: We have performed sensitivity analysis to show the worst and the best estimation of feasibility for each center and for the whole population. Analysis of exclusion criteria has been provided.

Results: The worst estimation (18% of all patients seeking acute treatment) is close to clinical reality and shows how many patients actually went through acute treatment in day hospitals successfully, although the capacity can rise up to 70% of all acute admissions.

Conclusion: We want to discuss reasons for exclusion and identification of specific categories, which can potentially increase the capacity of day hospitals for broader spectrum of patients than what is today's clinical practice.

S-56-05

Reintegration of mentally ill patients into regular employment: The EQOLISE study

T. Burns. *Department of Psychiatry, Univ, Oxford, United Kingdom*

Objective: Mental health service studies, despite claims by their trialists that they are of proven efficacy, have often been characterised by inconsistencies in results when replicated in differing health care contexts (e.g. European experience with ACT). Independent Placement and Support (IPS) has been proposed as an effective vocational rehabilitation which is independent of contextual factors such as employment rates. A European multi-centre study of IPS (EQOLISE) aims to test this proposal.

Methods: EQOLISE is an RCT of a rigorously standardised IPS intervention (with proven efficacy in the US) in six very different European contexts. 50 psychotic subjects have been allocated in each site to IPS or high-quality traditional vocational rehabilitation. Analysis aims to test both the overall efficacy of the intervention in a European context, but more pertinently, to explore the impact of differential welfare benefits and employment rates and legislation on its effect.

Results: While IPS does appear probably to be an effective vocational intervention Europe there have been marked differences between sites in both recruitment difficulties and an early suggestion of some variations in efficacy.

Conclusion: Social context does affect vocational rehabilitation in mental health. Actively utilising differences in context, while ensuring consistency of experimental intervention, can reveal more about that intervention than simply repeating it in a single environment. European cultural variation is an asset to Mental Health Services Research, not just a problem.

Tuesday, April 5, 2005

S-57. Symposium: The many facets of stalking

Chairperson(s): Christine Kuehner (Mannheim, Germany), Harald Dreßing (Germany)
14.15 - 15.45, Holiday Inn - Room 6

S-57-01

Stalkers of prominent people

D. James. *Royal Free Hospital School of, London, United Kingdom*