



Young  
Psychiatrists  
Network



Belarusian Medical  
Academy of  
Post-Graduate  
Education



Belarusian Psychiatric Association



EUROPEAN FEDERATION  
OF PSYCHIATRIC TRAINEES

International conference

**3rd Young Psychiatrists' Network Meeting**

**“Stigma From The YPs' perspective:  
Hopes and Challenges”**

September 27-29, 2012



Programme and abstract booklet

Ministry of Health of the Republic Of Belarus  
State Educational Establishment  
“Belarusian Medical Academy of Post-Graduate Education”



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Supported by Rotary club “Minsk”

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**Editorial Board:**

**J. Hanson**, MD, PhD, Assoc. Prof., Sweden;

**D. Krupchanka**, MD, PhD student, Belarusian Medical Academy of Postgraduate Education, Minsk, Belarus;

**N. Bezborodovs**, MD, Riga Stradins University, Riga Centre of Psychiatry and Addiction Disorders, Latvia;

**M. Bendix**, MD, Dr. Med., Karolinska University Hospital Huddinge, Sweden;

**S. Jauhar**, MD, MBChB, BSc (Hons), MRCPsych, Department of Psychosis Studies, Institute of Psychiatry, United Kingdom;

**D. Smirnova**, MD, PhD, Samara State Medical University, Russian Federation.

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Graduate Education”

*Anyone who keeps learning stays young.  
The greatest thing in life is to keep your mind young.*  
(c)

*There is  
a story of our meetings.*

*This is the story of **learning**  
and **moving** towards new horizons.*

*First we started with **knowing** each other,  
then we **studied** many different things together,  
now we are ready to **generate** the new and **share**.*

*This is the story of Young Psychiatrists' Network Meetings.*

*The real story of **our lives**. Tonight we are **young**.*

*Daria Smirnova,  
**Editorial Board***



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## PROGRAMME

<b>1<sup>st</sup> Day (27<sup>th</sup> September)</b> <b>Venue:</b> Belarusian Medical Academy of Postgraduate Education (P. Brovki str, 3-1)		
<b>8:00-9:00</b>	<b>REGISTRATION</b>	
<b>9:00 – 9:30</b>	<b>OPENING</b> (Chairperson: Jerker Hanson)	
	Organizing committee address	Organizing committee
	Complimentary speech of the EFPT	Marisa Casanova Dias
	Complimentary speech from the Head of Department of Psychiatry BelMAPGE	Roman Evsegneev
	Complimentary speech from the Chairman of the Belarusian Psychiatric Association	Sergey Igumnov
<b>9:30-10:20</b>	<b>LECTURES</b> (Chairperson: Jerker Hanson)	
9:30 – 10:15	Society, Pluralism, Democratic Tolerance and Mental Health	Wolfgang Rutz
10:15-10:20	Topic discussion	Jerker Hanson
<b>10:20 – 10:50</b>	<i>Coffee break</i>	
<b>10:50-11:40</b>	<b>WPA and YPs' perspectives regarding the stigma issue</b> (Chairperson: Dmitry Krupchanka)	
10:50-11:30	A growing future challenge for clinicians: Stigma by health/mental health professionals in comorbid states	Levent Küey
11:30-11:40	Topic discussion	Dmitry Krupchanka
<b>11:40-12:30</b>	<b>Symposium of Young Psychiatric Organizations</b> (Chairperson: Olga Paravaya) <b>EFPT</b> (Marisa Casanova Dias), <b>AFECP</b> , <b>Russian ECPC</b> (Daria Smirnova), <b>WPA ECPC</b> (Marie Bendix), <b>EPA ECPC</b> (Alexander Nawka)	
<b>12:30 – 13:30</b>	<i>Lunch</i>	
<b>13:30 – 15:30</b>	<b>Case Presentations: “Tricky cases”</b> (Chairperson: Sameer Jauhar)	Suman Sinha, Jelena Vrublevska, Nina Kruk
<b>15:30 – 16:00</b>	<i>Coffee break, Posterhanging</i>	
<b>16:00 – 17:30</b>	<b>WORKSHOPS</b>	
1	Statistics in medicine	Agnieszka Butwicka
2	Attitudes of Psychiatrists towards mentally ill patients	Dmitry Krupchanka
3	Organizations for YPs	Daria Smirnova, Olga Paravaya
4	How to teach by playing games?	Franziska Baessler
5	The importance of proper clinical evaluation of psychopathology. Development of clinical skills: role play	Anu Kant Mital
<b>17:30 – 20:00</b>	<i>Free time (Optional: Excursion in Minsk)</i>	
<b>20:00</b>	<i>Formal dinner (self-funded)</i>	

2 <sup>nd</sup> Day (28 <sup>th</sup> September)			
Venue: Belarusian Medical Academy of Postgraduate Education (P. Brovky str. 3-1), Excursion: “The Republican Research and Practice Center of Mental Health” (Dolginovsky tract, 152)			
9:00-11:30	LECTURES (Chairperson: Dmitry Krupchanka)		
	9:00 – 9:45	Norma, abnormal and mental illness	Aleksandar Janca
	9:45-10:30	Psychiatrists across the world: a stigmatized and discriminated profession?	Wolfgang Gaebel
	10:30 – 11:15	Media and stigma	Alexander Nawka
	11:15-11:30	Topic Discussion	Dmitry Krupchanka
11:30 – 12:00	Coffee break		
12:00 – 13:30	NATIONAL REPORTS ON THE MAIN TOPIC (Chairpersons: Nikita Bezborodovs)		
13:30 – 15:00	WORKSHOPS		
	1	From exclusion to inclusion with social participation	Afzal Javed, Henrik Wahlberg
	2	”Teaching the teachers” interactive seminar	Sameer Jauhar
	3	Media project	Alexander Nawka,
	4	Stigma of psychiatry and psychiatrists	Wolfgang Gaebel, Dmitry Krupchanka
	5	Empathy: biological and psychological approach	Anu Kant Mital, E Mohandas, Rajesh Nagpal, Venugopal Jhanwar
15:00 – 16:00	Lunch		
16:00 – 19:30	EXCURSION TO HOSPITAL “The Republican research and practice center of mental health”		
	16:00-17:00	Transfer to the hospital	
	17:00-18:00	Performance by patients	
	18:00 – 18:30	Excursion around the hospital, 4 groups	Olga Paravaya, Ekaterina Padalko, Dmitry Krupchanka, Maria Navadvorskaya
	18:30-19:30	BAR CAMP (Chairpersons: Olga Paravaya, Dmitry Krupchanka, Maria Navadvorskaya)	
19:30-20:30	Transfer from the hospital		
	Free Time and Informal Dinner		

<b>3<sup>rd</sup> Day (29<sup>th</sup> September)</b> <b>Venue:</b> Belarusian Medical Academy of Postgraduate Education (P. Brovki str, 3-1)			
<b>9:00-10:30</b>		<b>LECTURES</b> (Chairperson: Maria Navadvorskaya)	
	9:00 – 9:20	Stigmatization of psychiatry and psychiatrists in Belarus: facts and actions	Roman Evsegneev
	9.20 – 9:40	Stigma in eating disorders	Oleg Skugarevsky
	9:40-10:30	Empathy: biological and psychological approach	Anu Kant Mital, Mohandas
<b>10:30 –11:00</b>		<b>POSTERWALK</b> (Chairperson: Olga Paravaya)	
<b>11:00 – 11:30</b>		<i>Coffee break</i>	
<b>11:30 – 13:00</b>		<b>WORKSHOPS</b>	
	1	Spirituality, Humanistic approach and the Concept of Well-being in Psychiatry	Russell D’Souza
	2	Stigma, self-stigma and ethics in changing psychiatries and transitional societies	Wolfgang Rutz
	3	Compassion as a pathway to reduce stigma of mentally ill in minds	Daria Smirnova
	4	Mental disorders in pregnancy and postpartum	Marie Bendix
	5	Destigmatisation pathways – discussion of projects on destigmatisation	Nikita Bezborodovs, Dmitry Krupchanka
<b>13:00 –14:00</b>		<b>Reports and statements from all workshops</b> (Chairperson: Marie Bendix)	
<b>14:00 –15:00</b>		<i>Lunch</i>	
<b>15:00 – 17:00</b>		<b>SUMMARIES</b> (Chairperson: Daria Smirnova)	
	15:00 – 15:30	Results of the conference – Further projects	Nikita Bezborodovs, Dmitry Krupchanka
	15:30 – 16:00	Final discussion (future activities of the group, Poster prize) Certificates, feedback questionnaires	Olga Paravaya
	16.00 – 17.00	Optional: 4th YP network meeting planning	Organizing committee of 3-rd YP network meeting and all who want to join
<b>17:00 – 20:00</b>		<i>Free time</i>	
<b>20:00</b>		<i>Informal Good-bye party - National party</i>	

### LIST OF SPEAKERS

Alexander Nawka	Past-President of European Federation of Psychiatric Trainees (EFPT), Prague/Czech Republic
Aleksandar Janca	MD, Professor, Head of School of Psychiatry and Clinical Neurosciences
Anu Kant Mital	Professor, Head of the Department of Psychiatry, Rajiv Gandhi Medical College, Western India
Agnieszka Butwicka	MD, PhD, Department of Child Psychiatry, Medical University of Warsaw, Warsaw, Poland
Daria Smirnova	MD, PhD, Russian ECPC President 2011-2013, AFECPP President 2011-2013, Teacher and research assistant, Psychiatry, narcology, psychotherapy and clinical psychology department, Samara State Medical University, Samara, Russia
Dmitry Krupchanka	MD, PhD student, Department of Psychiatry and Narcology, Belarusian Medical Academy of Postgraduate Education, Belarus, Minsk
E Mohandas	Head, Department of Psychiatry, Elite Mission Hospital, Thrissur, Kerala, India
Franziska Baessler	MD, Department of Psychiatry and Psychotherapy, Heinrich-Heine-University Duesseldorf, LVR Clinic Center, Duesseldorf, Germany
Jelena Vrublevska	MD, PhD student, Riga Stradins University, Division of Doctoral Studies, Riga, Latvia
Jerker Hanson	Assoc. Professor, psychiatrist, Stockholm/Sweden
Levent Küey	Associate Professor of Psychiatry, WPA Secretary General, İstanbul Bilgi University, İstanbul, Turkey
Maria Casanova Dias	Department of Mental Health Sciences, University College London, London, UK
Maria Navadvorskaya	MD, PhD student, Department of Psychiatry and Narcology, Belarusian Medical Academy of Postgraduate Education, Belarus, Minsk
Marie Bendix	WPA Early Career Council, f. President Swedish Psychiatric Trainee Association, psychiatrist, Karolinska University Hospital Huddinge, Stockholm/Sweden
Nikita Bezborodovs	MD, Trainee Psychiatrist, Head of the Young Psychiatrists' Section of Latvian Psychiatric Association, Riga, Latvia
Nina Kruk	MD, PhD student, Department of medical psychology and psychotherapy, Grodno State Medical University, Grodno, Belarus
Oleg Skugarevsky	Professor, MD, Dr.Sci., Belarusian State Medical University, Head of Department of Psychiatry and Medical Psychology, Minsk, Belarus

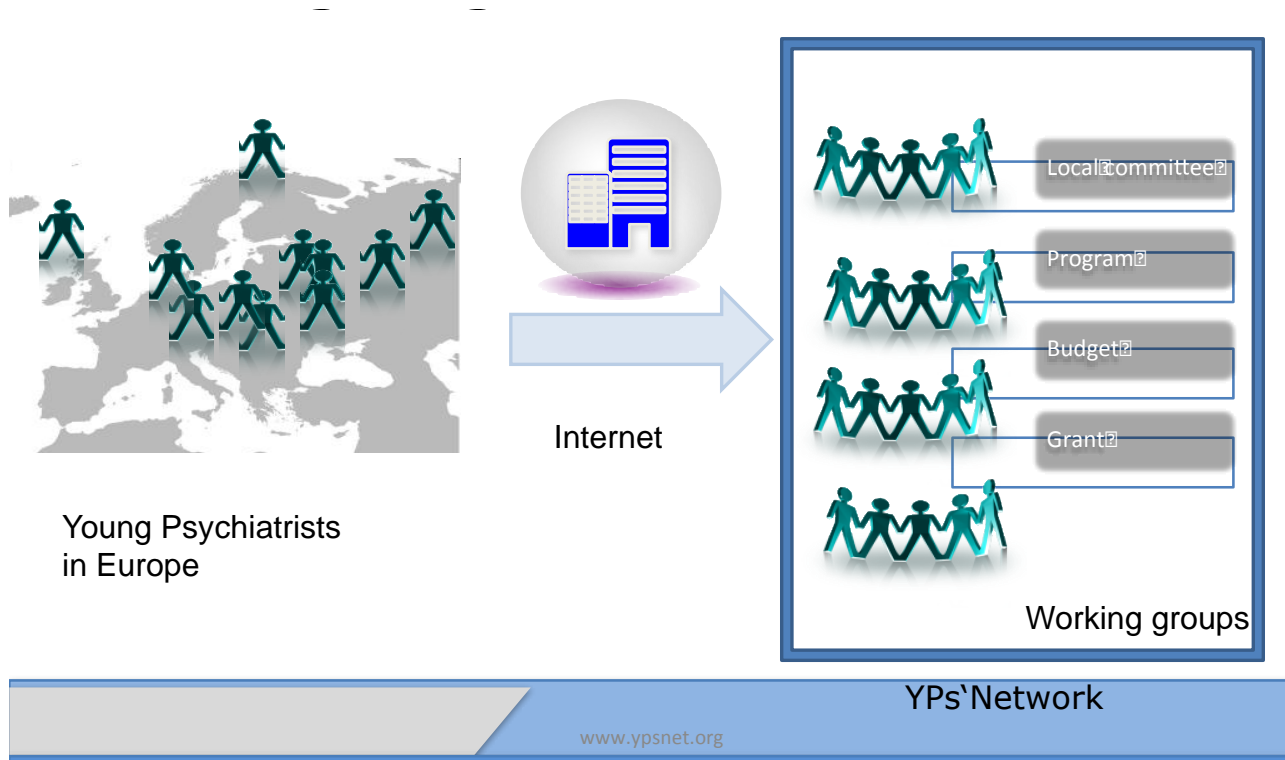
Olga Paravaya	MD, Psychiatrist, The Republican Scientific and Practical Center of Mental Health, Chair of the Belarusian Trainee Association, Minsk, Belarus
Roman Evsegneev	Professor, MD, Dr.Sci., Belarusian Medical Academy of Post-Graduate Education, Head of Department of Psychiatry and Narcology, Minsk, Belarus
Russell D'Souza	MBBS, MD (Madras), FCGP (I), DMHSc, (Melbourne.) MPM (Monash), DCTM (Canberra), MHSMg.(Monash), FAPA (USA), ABDA(USA), MRACMA, FACHSM.(Australia), Director of Clinical Trials & Bipolar Program, Northern Area Mental Health Service, Northern Psychiatry Research Centre (NPRC), Chair of Asia Pacific Bioethics Network for Education Science and Technology, UNESCO Chair in Bioethics Haiffa Centre for Human Bioethics, Melbourne Australia
Sameer Jauhar	Psychiatrist, Head of EFPT Research Group, Edinburgh/UK
Sergey Igumnov	Professor, M.D., Dr.Sci., President of Belarusian Psychiatric Association, Director of the Republican Research and Practical Center of Mental Health, Minsk, Belarus
Suman Sinha	MD, Department of Psychiatry, Lady Hardinge Medical College, Delhi, India
Wolfgang Gaebel	MD, PhD, Professor, Director of the Department of Psychiatry and Psychotherapy, Heinrich-Heine-University, Chair of the Section on Schizophrenia of the World Psychiatric Association (WPA), Co-Chair of the Section on Quality Assurance; Chair of the Taskforce on Nosology and Psychopathology of the World Federation of Societies of Biological Psychiatry (WFSBP); Board Member of the European Psychiatric Association (EPA); Co-Chair of the EPA Section on Schizophrenia; Speaker of the German Competence Network on Schizophrenia (CNS), Dusseldorf, Germany
Wolfgang Rutz	Professor, MD, PhD, Regional Advisor Mental Health, WHO Europe (retired), Past President of Swedish Society for Biological Psychiatry, Past Vice President of Swedish Psychiatric Association, Senior Consultant of University for Applied Sciences in Coburg/Germany, Stockholm, Sweden

## GOALS AND VISIONS

### Historic background

The Young Psychiatrists<sup>1</sup> Network was born in 2009 as "Young Psychiatrists Eastern Europe" due to an initiative from the – no longer active - Swedish Eastern Europe Committee (SEEC/ÖEK) and facilitated by a grant from the Swedish International Development Agency (SIDA). SEEC had, during its last years, made a special effort to address needs and concerns of young psychiatrists (YP) in the Baltic Sea Region and Belarus.

After initial discussions of common goals and possibilities to promote networking between YPs from Lithuania, Russia and Sweden in Kaliningrad in 2009, the first step was to create a web-based platform. (<http://groups.google.com/group/young-psychiatrists-eastern-europe>). By the means of Internet-facilitated interactions (Skype) between YPs from Latvia, Lithuania, Belarus, the UK and Sweden, the first international meeting was organised. It took place in Vilnius in 2010.



<sup>1</sup> Young psychiatrists are psychiatrist or trainees under the age of 40 or within 5 years of completion of the training

## **Our mission, vision and values**

### **VISION:**

Our vision is global development of psychiatry through close co-operation of YPs worldwide, expanding knowledge and sharing experiences, giving the means to influence psychiatric care at local and international level.

### **MISSION:**

Facilitating the evolution of YPs from different parts of the world, and improvement of their knowledge, skills and abilities by close interactions, utilising modern technological communication as well as meeting in person.

### **VALUES:**

Striving to identify and communicate the highest level of clinical care, respecting patients' rights, national diversity, cultural tradition, and working towards destigmatising psychiatric illness in society. The interaction between members of the YP network is grounded in mutual respect, openness, friendship and lack of a hierarchy- encouraging an open dialogue and friendly atmosphere.

## **DESCRIPTION OF ACTIVITIES**

### **Networking**

Organizing group activities, including meetings, and increase the visibility of Young Psychiatrist (YP) in international meetings and through publications, concentrating on YP educational needs.

- Networking with national and other international organizations (World Psychiatric Association, European Psychiatric Association, European Federation of Psychiatric Trainees, Asian Association of Young Psychiatrists) where many network members have official positions
- Continuous Internet communication through Skype, Google groups, Facebook, LinkedIn and our homepage ensure easier contact between interested YPs
- Facilitating processes of establishment of national YP associations by sharing experiences from international YP colleagues
- Facilitate personal contact between YPs, resulting in visits between countries and research collaborations.

### **Annual network meetings**

- The annual network meetings are open to all interested YPs and not restricted to members of the boards of different psychiatric associations and organisations. The focus of the meetings is to share educational experiences between eastern and western countries, and foster discussion about providing quality psychiatric care. Meetings are characterized by a learning environment where it is possible to learn, and practically implement leadership and presentation skills (workshop presentations, research presentation). An important part of the meetings is visits to local psychiatric hospitals, aiming to provide direct insight into local psychiatric care. The quality and content of the meetings are evaluated, and results provide the basis for program development.



- Our meetings are organized by an organizing committee of dedicated volunteers among YPs - “by Young Psychiatrists for Young Psychiatrists”. Membership is possible for any interested YP regardless of their status in their national association. In this way we are offering equal possibilities for all interested YPs in the work of the organizing committee. This function is through working groups,, which facilitate open and democratic discussion. The budget for our annual meetings is planned carefully, aiming to accommodate participants from low-income countries and at the same time allowing international experts to participate without any economic reimbursement.
- Funding of our meetings in the past was provided 2009 by the Swedish Eastern European Committee (SEEC), 2010 and 2011 the Swedish International Development Cooperation Agency (SIDA) and in 2011 the World Psychiatric Association (WPA).
- Our experience has shown that these annual meetings are a crucial part of the network in general, as they give YPs the possibility to interact face-to-face and not only indirectly through the Internet.

### **Why are the activities of this network unique?**

- Open to all interested YPs - not only active members in national and international organizations
- Not just another conference. Focus on exchange of knowledge, experience, interaction, collaboration and skills training.
- Not just another international organisation – network to bridge between individuals and organisations for all YP
- Including trainees and young specialists (until age 40 or maximum 5 years from specialist degree) adapting to vast differences in international training
- Interaction with other related professions than psychiatrists to reflect international differences in professions in psychiatry (psychologists, psychotherapists, public mental health professionals)
- Independent partnership with national and international professional organizations

### **Past annual network meetings**

#### *Meetings in Vilnius 2010 and Riga 2011*

The evaluation and consecutive discussions by those who had attended the meeting in Vilnius suggested that the idea of a network – outside of common established organizations and created only by YPs for YPs – was something new and useful. Interest in participation in arranging a follow-up conference was high, and YPs from Poland, Russia and Estonia joined the organising committee.



The follow up conference in Riga 2011 and its evaluation confirmed these impressions. 90 participating YP from 14 countries answered questions about the current meeting and interest in further development of the network (response rate 74%). Overall impression and interest in further similar meetings were high. But 2/3 of participants from mainly eastern European countries stated that they could not have attended the meeting without economic support. On the other hand 1/3 of participants stated that they would return even without economic support.



As the annual meetings are to be considered only a part of network activities we also included questions to those participants who had also attended the meeting in Vilnius the year before (12 participants). They stated that the meeting had only partly changed their behaviour regarding

diagnostics and treatment (average 3,5 on 5-point Likert scale 1= not at all to 5= very much) despite the academic part of the program in Vilnius focusing on diagnostics. On the other hand network effect results were striking: all forms returned stated that they had had indirect contact with international colleagues during the year following the meeting (e g via internet) and 60% had had personal contacts (e g through individually arranged study visits or meetings at other conferences). There were also effects on local and international level concerning engagement in YP-related activities: 83% were after the meeting in Vilnius involved in national trainee or YP associations and 67% in international organizations outside the network. Concerning promotion of international research activities, 17% stated that they had established international research contacts.

The organizers' conclusion from the evaluation was that these meetings seem to reach the goal of building bridges between eastern and western European YPs and also promote engagement in other associations, both nationally and internationally. These meetings are not only seen as another international conference, but are regarded by participants as a meeting place resulting in continuous personal interaction, organizational and research activities.

Since the meeting in Riga 2011 intensive contact has taken place between a growing organization committee for the planning of a meeting in Minsk in September 2012, where YPs from Germany, Croatia and Greece joined the existing group. Contact with other international YP organizations (including World Psychiatric Association, European Psychiatric Association, European Federation of Psychiatric Trainees and Asian Association of Young Psychiatrists) have been established and were strengthened. The network became an official working group of the European Federation of Psychiatric Trainees. Publications and presentations (see list below) in international settings were produced by network members. Further Internet collaboration between members now also takes place through Facebook and LinkedIn. The network also developed its own homepage: [www.ypsnet.org](http://www.ypsnet.org)

### **Publications and presentations about network activities:**

#### *1. Publications:*

Bendix M, Olofsson M, Hanson J: Young Psychiatrists Meetings. Tidskriften för Svensk Psykiatri №3, Sept 2010, 80-81.

Bendix M, Jauhar S, Smirnova D, Bezborodov N, Baessler F, Hanson J, Rusaka M: Svensk psykiatrisk förening i europeiskt samarbete moving together towards new horizons – 2nd Young Psychiatrists' Network Meeting, Riga 2011. Swed. Med. Assoc. Actualities, 2011:3:35.

Bendix M, Jauhar S, Smirnova D, Bezborodov N, Baessler F, Hanson J, Rusaka M. moving together towards new horizons – 2nd Young Psychiatrists' Network Meeting, Riga 2011 [http://www.wpanet.org/detail.php?section\\_id=22&content\\_id=1046](http://www.wpanet.org/detail.php?section_id=22&content_id=1046)

Bendix M, Paravaya O, Kochetkov Y, Jauhar S: Young psychiatrists' meetings in Eastern Europe - Networking for the development of psychiatric training, education and service. World Psychiatry 2011 Oct; 10(3): 239.

Paravaya O, Krupchanka D: Report about 2nd YPs Network Meeting in Belarusian journal "Psychiatry, Psychotherapy and Clinical Psychology". 2(04), 2011. – P. 148.

Rautanen M: Nuoret psykiatrit verkostoituvat Itämeren ympärillä (Young psychiatrists networking around the Baltic sea). Journal of Junior Doctors' Association in Finland, 2011: 3: 32

Reutfors J, Bendix M, Hanson J, Kosidou K, Olofsson M: Framgångsrikt kunskapsutbyte mellan psykiatrer från öst och väst. Tidskriften för Svensk Psykiatri №2, Juni 2011, 38-39.

Smirnova D., Kochetkov Ya., Bomov P., Shmunk E., Semiglazova M. / Из истории ежегодных конференций Young Psychiatrists' Network. Конференция молодых психиатров в Риге'2011: вместе к новым горизонтам <http://old.psychiatr.ru/struktura-rop/sovet-molodyh-ucenyh/young-psychiatrists-network-2011>

Smirnova, D. and D. Krupchanka (2012). "Early career psychiatrists corner: Third young psychiatrists' network meeting: Stigma in YPs' perspective." Asian Journal of Psychiatry 5(2): 208.

## 2. Presentations:

Agnieszka Butwicka	Young Psychiatrists' Network Meetings – Moving together towards new horizons A. Butwicka, Department of Child Psychiatry, Public Paediatric Teaching Hospital, Warsaw (Poland) DGPPN German Psychiatric Congress Berlin, Germany 2011
Marie Bendix	Hur och varför kan ST-läkare engagera sig internationellt? Psychiatric Trainee Conference Varberg, Sweden, 2011
Marija Rusaka	Why do we need a Young Psychiatrists network? An example from Latvia M. Rusaka (Latvia); DGPPN German Psychiatric Congress Berlin, Germany 2011
Sameer Jauhar	Trainees research networks ... A European research, DGPPN German Psychiatric Congress Berlin, Germany 2011

**ABSTRACTS OF LECTURES AND WORKSHOPS**

## **Abstracts of lectures**

### STIGMATIZATION OF PSYCHIATRY AND PSYCHIATRISTS IN BELARUS: SOME FACTS AND ACTION

**Roman Evsegneev, MD, PhD, Professor**

Head of the Department of psychiatry and narcology  
Belarusian Medical Academy Of Postgraduate Education,  
Minsk, Belarus

The present state of art on discrimination and stigmatization of psychiatry, psychiatric patients and mental health professionals in Belarus as well as its historical roots and what can be done to improve the situation are described in the report. Three main areas are discussed: stigmatization of psychiatry as the branch of medicine, stigmatization of the mentally ill persons and their families, and stigmatization of psychiatrists.

### PSYCHIATRISTS ACROSS THE WORLD: A STIGMATIZED AND DISCRIMINATED PROFESSION?

**Wolfgang Gaebel, MD, PhD, Professor**

Department of Psychiatry, Heinrich-Heine-University  
Dusseldorf, Germany

**e-mail: wolfgang.gaebel@uni-duesseldorf.de**

The stigma of mental illness affects mental health care users and relatives, and concerns psychiatry as academic discipline, medical profession, and service provider. In particular, the stigma of mental illness is an obstacle for recruiting young psychiatrists among medical graduates. Hence the World Psychiatric Association WPA has founded the Task Force on Destigmatization of Psychiatry and Psychiatrists and settled an Action Plan including the development of a standardized questionnaire assessing stigma and discrimination of psychiatry and psychiatrists thus providing an evaluation instrument for corresponding anti-stigma interventions.

Results of a multinational survey will be presented that was conducted with the purpose to validate the questionnaire and to provide data for comparison between medical specialists of psychiatry and general medicine as control group. 12 countries participated at the survey (Belarus, Brazil, Chile, Denmark, Egypt, Germany, Japan, Kenya, New Zealand, Nigeria, Poland, and USA), providing a sample of N=1893 psychiatrists and N=1238 general practitioners. Several variables related to stigma were assessed: perceived stigma, self-stigma, attitudes toward other profession, experienced discrimination, job obstacles, job satisfaction and burnout. Cronbach's Alpha as homogeneity indicator ranges between 0.726 and 0.885. Psychiatrists had higher values of perceived stigma and discrimination experiences in comparison to general practitioners. Separate multiple regression

analyses for psychiatrists and general practitioners showed different predictor patterns of perceived stigma for psychiatrists (main predictors discrimination experiences and self-stigma) and general practitioners (main predictor self-stigma).

The survey results show that the questionnaire is suitable for research and evaluation purposes. Furthermore, the stigma of mental illness must be examined individually for different occupational groups or professions in mental health care.

Improving the image of psychiatry and psychiatrists is one strategy of the comprehensive fight against the stigma of mental illness requiring long-term, multi-targeted and multi-level interventions.

## NORMALITY, ABNORMALITY AND MENTAL ILLNESS

**Aleksandar Janca, Professor, MD, MSc**

School of Psychiatry and Clinical Neurosciences, University of Western Australia,

Perth, Australia

e-mail: [aleksandar.janca@uwa.edu.au](mailto:aleksandar.janca@uwa.edu.au)

Many symptoms and signs of mental disorders are experienced by all people and thus can be seen being the points on a spectrum ranging from normal to psychopathological. Current diagnostic systems such as ICD-10 and DSM IV use personal distress, impaired functioning and cultural inappropriateness of an individual's behavior as the threshold for determining clinical significance and diagnostic relevance of experienced psychological and/or psychopathological phenomena. This paper will discuss if the normality, abnormality and mental illness are three separate and distinct concepts with clear boundaries or a part of the dimensional continuum along all human beings move across the time and lifespan.

## A GROWING FUTURE CHALLENGE FOR CLINICIANS: STIGMA BY HEALTH/MENTAL HEALTH PROFESSIONALS IN COMORBID STATES

**Levent Küey, Associate Professor of Psychiatry, WPA Secretary General**

İstanbul Bilgi University,

İstanbul, Turkey

e-mail: [kueyl@superonline.com](mailto:kueyl@superonline.com)

People with mental disorders are facing the double pressure of under treatment both for their mental and physical diseases. The dimensions and burden of these problems associated with the high rates of medical comorbidity, disability, and mortality among people with mental disorders have been revealed in many recent reviews. This issue constitutes a major public health/mental health challenge and has serious consequences, including the stigma by health professionals.

Efforts tackling the stigmatization attached to mental disorders have a history of almost couple decades. On the contrary, the stigma on the management of the somatic illnesses of patients with mental disorders is an issue that has only recently raised concern. Health/Mental health professionals can simultaneously be stigmatizers, stigma recipients and agents of de-stigmatization. The stigmatizing practices and approaches of the physicians, psychiatrists and the mental health workers on somatic illnesses and somatic treatments of patients with mental disorders is a serious aspect of the problem, and can be conceptualized as a reconstructed specific form of general stigma. The stigma by the health and mental health professionals especially on the treatment of medical comorbidities of people with mental disorders is the focus of this presentation. Hence, current researches on the relations of stigma and mental health professionals, general medical professionals, medical education, the caregivers, and the cultural dimensions are reviewed. The conclusions warn us on reviewing the undergraduate and graduate training programmes in the context of current stigma theories and emphasize the need to improve our means of reducing the stigma among the mental health workers and the physicians.

## **SOCIETY, PLURALISM, DEMOCRATIC TOLERANCE AND MENTAL HEALTH**

**Wolfgang Rutz, MD, PhD, Professor**

**Regional Advisor Mental Health, WHO Europe (retired), Past President, Swedish Society for Biological Psychiatry, Past Vice President, Swedish Psychiatric Association**

University for Applied Sciences, Coburg/Germany

Senior Consultant,

Stockholm/Sweden

e-mail: [rutz.wolfgang@gmail.com](mailto:rutz.wolfgang@gmail.com)

Evidence today shows that mental health and physical health are interlinked in mutual interaction. It also shows that the prerequisites and determinants of health and mental health are significantly and in majority strongly related to psychosocial and existential factors, characterized by helplessness and absence of self-governance, lack of existential cohesion, identity and dignity as well as deficiencies regarding social significance and social cohesion. Shortages here afflict not only people's capacity to keep healthy and build resilience, but cause also pathogenically malfunction, disorder and disease. On an aggregate level they also cause scapegoating, extremism, lack of tolerance, stigmatisation and marginalisation towards societal deviant groups including mentally vulnerable persons, linking even to personality changes to be seen in individual behavior.

Experiences made by researchers as well as international organisations in countries of stress, internal conflicts and civil warfare clearly illustrate this - in the Eastern European societies of rapid



transition in the 90s, in the posttraumatic societies in post war Balkan countries, as well as today in European countries heavily afflicted by the international monetary crisis.

Factors of humiliation, loss of status and identity as well as an existential vacuum situation in secularized societies and increasing economical inequalities play here a significant role.

Thus, Public Mental Health can be seen as the basic prerequisite for building up the democratic potential in a population to find mature and constructive solutions vis-à-vis increasing problems in a world of painful transitions. Public Mental Ill Health, in contrast, can easily cause a pre-revolutionary situation leading to dramatic, extremist, intolerant, destructive, regressive and violent “solutions”. Examples for this have earlier been recognized in Balkan countries and can today be noted amongst others in Italy, Greece, Spain and French suburbs.

Thus, public mental health and through it a societies democratic potential together with the political willingness to solve increasingly existing societal problems seems the pre-condition sine qua non to further develop our world in times of economical inequalities and tensed transition in a peaceful, constructive, tolerant and pluralistic way.

On an aggregate and societal level, stigmatizing discrimination and politically regressive avoidance behavior regarding mental health issues are here in our societies - main obstacles for adequate awareness and political constructive action.

## STIGMA AND EATING DISORDERS

**Oleg Skugarevsky, MD, PhD,**

Head of the Department of Psychiatry and Medical Psychology

Belarusian State Medical University

Minsk, Belarus

The eating disorders (ED) prevalence is high in western countries where accessibility of food and sedentary life-style confront with the social pressure to be thin and praising of slimness as a marker of life competence. Anyway relatively little is known about the nature of ED's stigma, how the degree of stigma compares to other mental disorders, or how stigma toward anorexia nervosa (AN) may differ from the one in bulimia nervosa (BN).

Expression of envy or admiration toward an individual with a mental disorder is an aspect of stigma that may be unique to EDs; similar attitudes are almost nonexistent toward other mental disorders such as depression or schizophrenia. Cultural pressures to be thin and “normative discontent” with one's weight and shape may respond for such sentiments.

Given the widely held societal belief that most people can and should control their body weight and shape, recent researches may indicate that EDs are perceived as merely an extreme effort to influence these aspects of appearance. Studies examining the public's perception of EDs reveal that

individuals tend to hold ambivalent stereotypes about the symptoms of AN and BN. For example, body dissatisfaction (that include preoccupation with weight/shape, wanting a flat stomach etc.) was considered normal and generally accepted as a type of ‘normative discontent’ for women, whereas deviations in eating behavior (induced vomiting, spitting out food) were abnormal.

Discussing comparison of the strength of societal beliefs and attitudes toward EDs and other mental illnesses it could be noted that, for example, compared with depression, individuals with AN or BN may experience more attributions of responsibility, fragility, motivation for attention seeking, and admiration for their behaviors. These stigmatizing attitudes seem to support the notion that individuals make a conscious choice, weighing the costs and benefits, to have an EDs. This attitude, in turn, could deter treatment seeking and minimize the serious nature of these disorders.

In one population study it was disclosed that among widely shared community opinions about cause factors and mostly helpful strategies to overcome the EDs there are some that are practically not effective from the evidence-based point of view. For example believing that mothers advises or vitamins supplements are more effective than psychiatrist’s or psychotherapist’s intervention could postpone the time of receiving help. This tendency became more salient in symptomatically active persons. So, it could be suggested that the attitudes and beliefs of individuals in population differ systematically in accordance with the severity of eating disorder symptoms presentation.

Discussing the role of weight bias in EDs’ stigma formation it’s necessary to note that it can impair psychological well-being with increased vulnerability to depression, anxiety, lower self-esteem, and poor body image. Researches show, that obese youth who are victimized by their peers are two to three times more likely to engage in suicidal thoughts and behaviors than overweight children who are not victimized.

The main idea that we should extract from the reviews of different kinds of prevention interventions of disordered eating phenomena is that attempts to lowering stigma should not make disordered eating more attractive. Dramatic consequences of the EDs on one hand and psychological mechanisms to preserve them on the other hand build the content on which destigmatizing intervention should carry out clear message to the consumer.

## **Abstracts of workshops**

### HOW TO TEACH BY PLAYING GAMES?

**Franziska Baessler, MD, psychiatrist-trainee**

LVR clinic center,

Dusseldorf, Germany.

e-mail: f.baessler@gmx.com

This is an interactive workshop for people who like to fascinate learners for learning and teachers for teaching. Bearing in mind most of us had a long first conference day and may suffer from jet leg we will have some fun ourselves and explore the variety of options of using educational games for learning and teaching so that time will go by fast. A series of studies suggest positive effects of educational games (The effect of educational games on medical students` learning outcomes: A systematic review: BEME: best evidence medical education, Guide, 2010). After the workshop each participant herself/himself will have an idea what educational games are all about, have come to a personal impression whether it might be useful for her/him and receive a certificate. Anyone interested is welcome to join and does not need to be prepared in advance. According to Lean et al (2006: Simulations and Games: Use and Barriers in Higher Education. Active Learning in Higher Education 7 (3): 227–42) 60 percent of university staff do not know any learning games and therefore obviously cannot use them. So it is time for us to get to know creative and innovative learning methods to expand our repertoire to work with patients and students as using educational games may result in a better performance (Cochrane review: Educational games for health professionals (2009).

### MENTAL DISORDERS IN PREGNANCY AND POSTPARTUM

**Marie Bendix, MD, DrMed., consultant psychiatrist**

Consultation Department, Psychiatry Southwest, Karolinska University Hospital Huddinge,

Stockholm, Sweden

e-mail: marie.bendix@sll.se

**Objectives:** Workshop about mental disorders in pregnancy and the postpartum period. To give an overview about prevalence and significance of mental disorders in the perinatal period and its impact on the mother and child. To address current knowledge about psychopharmacology and describe different models of perinatal psychiatric services. Case stories discussed in small groups are used to apply knowledge and discuss international differences.

**Aim:** The workshop aims at giving a basic knowledge about perinatal mental disorders and their treatment and care by a combination of lecture and interactive group discussions.

Mental disorders in the perinatal period concern both the postpartum period and pregnancy. Postpartum depression and psychosis have been shown to have serious impact on both maternal and infant morbidity and mortality. But many disorders have also been shown to be common in pregnancy, especially depression and anxiety. Relapse rates for serious mental disorders such as bipolar disorder are high in the perinatal period. Despite the importance of mental disorders many women do not receive adequate treatment. Both health care professionals and patients are reluctant to use medication fearing to affect the fetus or infant. Also specialized medical services are often lacking, combining the multidisciplinary needs of this patient group and liaising closely with social services.

Longitudinal studies have shown that untreated mental disorders impact child development, suspecting that also the prenatal environment plays an important role. Large pharmacological studies have shown that many drugs are safe to be used concerning birth defects. It is though still unclear if mental disorders or medication can lead to long-term developmental problems in the child. The clinical professionals' role is to help the women to make a grounded risk benefit decision.

In the UK the confidential enquiries into maternal deaths have had an important impact on both research and care development. Other countries, such as Sweden, do not have such specialized in- and outpatient resources. At the Karolinska University Hospital Huddinge in Stockholm a Liaison Psychiatry model has been developed in close cooperation with the obstetric department, outpatient maternal health care, child care and psychiatric services also integrating social services. Our model might serve as an example how to use limited specialized psychiatry resources for a large population.

In this workshop environment the international participants will also by means of case discussions have possibilities to address international differences in care for this patient group.

## DESTIGMATISATION PATHWAYS – DISCUSSION OF PROJECTS ON DESTIGMATISATION

**Nikita Bezborodovs<sup>1</sup> MD, Dmitry Krupchanka<sup>2</sup> MD**

<sup>1</sup>Riga Centre of Psychiatry and Addiction Disorders, Riga, Latvia

<sup>2</sup>Belarusian Medical Academy of Postgraduate Education, Department of Psychiatry and  
Narcology, Minsk, Belarus

e-mail<sup>1</sup>: nikita.bezborodov@gmail.com, e-mail<sup>2</sup>: dmitry.krupchenko@gmail.com

This workshop is deliberately placed in the closure of the conference to provide a space for participants who are interested in carrying out stigma-related research to discuss possible future projects, and create a fertile soil for future fruitful collaboration.

During the workshop we intend to discuss the existing stigma-related research projects, and destigmatisation efforts worldwide. Some data on current scientific evidence for effective anti-stigma interventions will be provided, but the main idea is to facilitate a session of interactive exchange of information between participants. Anyone who wants to share about his own stigma-related research, or knows of some other research projects/anti-stigma interventions/funding bodies that exist in the world is highly welcome!

The participants of the workshop then will be encouraged to brainstorm about possible areas and targets of stigma-related research and anti-stigma interventions, and as a result design a study (or intervention) that could be carried out with minimal resources involved. As a product of this workshop we hope to create an international research-group of highly motivated Young Psychiatrists, with a real research proposal to be carried out in their countries of origin, to produce qualitative and publishable scientific data, advance the field of psychiatry and fight stigma!

### BIOSTATISTICS IN MEDICINE

**Agnieszka Butwicka, MD, PhD**

Department of Child Psychiatry, Medical University of Warsaw,  
Warsaw, Poland

Department of Medical Epidemiology and Biostatistics, Karolinska Institute,  
Stockholm, Sweden

e-mail: [agnieszka.butwicka@gmail.com](mailto:agnieszka.butwicka@gmail.com)

Medical statistics plays an essential role in all stages of a quantitative health care research project from design through to analysis and interpretation. This intensive course covers the essential principles and methods required. Emphasis is on study design, appropriate analysis, and interpretation of results. At the end of the course the participants will have gained an understanding of: power analysis, the various design possibilities for a research project, reviewing and appraising published research. The course is relevant to all mental health care professionals who need to understand, use or carry out research. Material covered is of an introductory level and provides some references and foundation for more advanced techniques. The course assumes a familiarity with the statistical terms used in the medical literature but no deep statistical knowledge is required.

### STIGMA OF PSYCHIATRY AND PSYCHIATRISTS

**Dmitry Krupchanka<sup>1\*</sup>, MD, PhD Student, Wolfgang Gaebel<sup>2</sup>, MD, PhD, Professor**

<sup>1</sup>Belarusian Medical Academy of Postgraduate Education, Department of Psychiatry and  
Narcology, Minsk, Belarus

<sup>2</sup>Department of Psychiatry, Heinrich-Heine-University, Duesseldorf, Germany

e-mail\*: dmitry.krupchenko@gmail.com; Tel: +375297750730;

This workshop is devoted to the problem of discrimination and prejudiced attitude towards psychiatrists.

Have been inspired by the foregoing lecture of Professor Wolfgang Gaebel “Psychiatrists across the world: a stigmatized and discriminated profession?” we are going to share our personal experience of discrimination because of our occupation in a friendly and professional atmosphere.

Have we faced such challenge in our professional life?

We will have the opportunity to ask Professor Wolfgang Gaebel to begin our discussion by sharing stigma-induced difficulties he has faced as a leading psychiatrist. Which strategies does he use to cope with it?

Another topic we will discuss is our response to stigmatized attitude. What do we feel, how do we behave facing different prejudices toward our profession? Which ways do we use to overcome that issue: silence, debates, confrontation? Do we personally agree with some of the prejudices? What helps us to support professional self-esteem regardless of discrimination and prejudices around us?

## ATTITUDES OF PSYCHIATRISTS TOWARDS MENTALLY ILL PATIENTS

**Dmitry Krupchanka\* MD, PhD student, Mikhail Kotliar MD**

Belarusian Medical Academy of Postgraduate Education, Department of Psychiatry and Narcology  
Minsk, Belarus

e-mail\*: dmitry.krupchenko@gmail.com; Tel: +375297750730

How do we behave towards mentally ill person in hospital? Is there different attitude in comparison to the same person on the street, in our houses, in our hearts?

The stigma of mental illness may influence society's and family's attitude toward a person. It may affect how a person is perceived by his/her environment. And there is a question: Can stigma of mental illness interfere with psychiatric examination and diagnostic process at all?

We will try to find an answer by examining a psychiatric patient who will be delivered to the workshop right from a psychiatric hospital.

## ORGANISATIONS FOR YOUNG PSYCHIATRISTS

**Olga Paravaya<sup>1\*</sup> MD, Daria Smirnova<sup>2</sup> MD, PhD, Teaching and research assistant**

<sup>1</sup>Republican Research and Practical Center of Mental Health, Minsk, Belarus

<sup>2</sup>Psychiatry, narcology, psychotherapy and clinical psychology department  
Samara State Medical University, Samara, Russia

e-mail\*: olgaparavaya@gmail.com

There are a lot of different organizations supporting young psychiatrists and trainees in their professional development. In every country there is a national association or section within the adult

psychiatric association. They are united together in the European Federation of Psychiatric Trainees. The World Psychiatric Association and The European Psychiatric Association have sections for young psychiatrists. All these structures provide number of activities such as educational courses, scholarships, research opportunities, exchange programs and networking possibilities. Knowing goals and projects of young psychiatrists organization opens new horizons, gives options for professional development in mutual cooperation.

## STIGMA, SELF-STIGMATISATION AND ETHICS IN CHANGING PSYCHIATRY AND TRANSITIONAL SOCIETIES

**Wolfgang Rutz, MD, PhD, Professor**

Regional Advisor Mental Health, WHO Europe (retired), Past President, Swedish Society for  
Biological Psychiatry, Past Vice President, Swedish Psychiatric Association

University for Applied Sciences, Coburg/Germany

Senior Consultant, Stockholm/Sweden

e-mail: [rutz.wolfgang@gmail.com](mailto:rutz.wolfgang@gmail.com)

Outgoing from the World Health Report 2001 and activities of the European WHO Mental Health Department and its international taskforce on stigma and discrimination during the years 1998 to 2005, principles of destigmatisation and the counteraction of discrimination will be discussed. The linkage between stigmatizing others and professional self stigmatisation in response to psychiatry's status in the society will be elaborated on. Consequences for the mental health professions, especially psychiatry, will be shown and consecutive implications for psychiatry's self-understanding and self-identification will be elucidated.

Even other professional and ethical consequences will be exemplified, including psychiatry's professional openness for criticism vs. a self-defensive denial of problems in contact with the public, the public media, and users as well as family networks legitimate criticism. Even their demand for insight, transparency, informed consent and participation with psychiatric research, service provision, prevention activities, therapy and re-integration strategies will be elucidated. Consequences regarding evidence, diagnostic principles and psychiatric categorizations will be exemplified.

The need of community based care as well as interdisciplinary, inter-sectorial and integrated multidimensional approaches adapted to basic human conditions will be discussed. Their implications for necessary humanistic, individualized and inter-subjectivist narrative approaches will be shown. The important role of a professional and societal as well as individual adapted psychiatric professionalism to the transitional and stressful phenomena in changing societies will be exemplified and discussed.

## COMPASSION AS A PATHWAY TO REDUCE STIGMA OF MENTALLY ILL IN MINDS

**Daria Smirnova, MD, PhD, Teaching and research assistant**

Psychiatry, narcology, psychotherapy and clinical psychology department

Samara State Medical University,

Samara, Russia

e-mail: [daria.smirnova.phd@gmail.com](mailto:daria.smirnova.phd@gmail.com); cell: + 7 9272 02 66 99

Phenomenon of stigma of mental illness is widespread as in society so in professional community. Stigma in minds of non-specialists is based on the historical issues of asylums, reminiscences about physical restraints and feelings of shame regarding mentally ill/psychiatric disorder spreading inside most of the cultures. Stigma also rises up from collective fear of insanity and unconscious intentions to form a border in relation to disease and avoid dangerous potencies to fall ill. Nowadays stigma in industrial society is also associated with modern system of values reduced to the individualistic priorities versus collectivistic traditions of care, support and mutual help.

The image of psychiatric patients in modern minds often consists of distorted perception of illness in the absence of emotional reactions of empathy and without the prism of human values. The targets for changes regarding stigma are associated with psychoeducation on what the mental illness is and terms of "psycho" within meanings of human's mind and soul and, as if it did not sound sad, the training on human values, among which the empathy and compassion are the most important. "Just as we take for granted the need to acquire proficiency in the basic academic subjects, I am hopeful that a time will come when we can take it for granted that children will learn, as part of the curriculum, the indispensability of inner values: love, compassion, justice, and forgiveness" (The Dalai Lama).

In addition to mentioned above, stigma in professional community is associated with the decreased emotional involvement of doctors in dialogues with patients following by the work regimen pressure, appropriate defensive psychological mechanisms within the object-subject axis of relationship with patients, burnout syndrome, compassion fatigue and other discussed reasons. Here we can observe the opposite side of compassion, in particular, in emergency and disaster psychiatry. Hence, compassion should be the persistent value but the specific techniques on emotional regulation should be utilized in everyday practice of professionals.

Another point is the process of professional deformation when a proficiency in diagnosis is not always associated with effectiveness in treatment and stability of patients' compliance. Study found the correlations of patients' subjective dissatisfaction with treatment, reduced therapy effectiveness and emotional uninvolved of psychiatrists into everyday communication with patients. There is even an opinion that a psychiatrist working with patients with acute psychoses during more than 8



years is recommended to reduce work in hospital, change position for the out-patients' clinic staff or requalify into psychotherapist.

Compassion, that is defined as a deep awareness of the suffering of another coupled with the wish to relieve, is the therapeutic factor, the prophylaxis of professional deformation and the direction of changing the stigma of mentally ill, who, from the human perspective, are our own afflicted parents, brothers, children. In purposes to reduce stigma of mental illness in minds of people, compassion as a human quality and a skill should be presented not only in upbringing of children, but also in the basic education system of society, everyday media and within specific training programmes on refresher courses of mental health care professionals.

The workshop consists of a theoretical part on the issues of compassion regarding mentally ill and practice of mental health specialists, followed by discussion of participants and the role play/exercises on communication about patients' features of perception of reality.

**ABSTRACTS ON PSYCHIATRIC STIGMA**

# PROBLEM OF SELF-STIGMATIZATION AT WOMEN WITH PARANOID SCHIZOPHRENIA OVER A LONG PERIOD OF TIME IN CONDITIONS OF A GENERAL PSYCHIATRIC HOSPITAL TREATMENT

**Pavel Bomov**

Orenburg State Medical Academy, Russia

Chair of psychiatry and medical psychology

e-mail: bomoff@yandex.ru

**Introduction:** Modern life dictates new conditions for the interpersonal relations of individuals. Until now, people have destroyed the ability to discriminate against the mentally ill, while the patients themselves are often not sufficient grounds to expect from others a negative attitude towards themselves because of their mental disorder. This entails a violation of their socialization, decreased self-esteem. In the literature, this phenomenon is called self-stigma. The aim of this study was to study self-stigma and its extent in schizophrenic patients with paranoid schizophrenia dlitelnotekushey.

**Materials and methods:** To achieve this goal were examined in 11 patients with paranoid schizophrenia, a female who are hospitalized, aged 33-59 years with disease duration of 5 years. We used clinical-psychopathological method, experimental psychology.

**Results:** The average self-stigma - 64, which indicates a high level of disintegration in the motivational and personal sphere, which means a state of frustration. The leading form of self-stigma was social-reversive (52%), to a lesser degree of compensatory met (44%) patients showed autopsychical form less often (4%). Social-reversive form of self-stigma associated with the presence in the patient's mental status disorders and perception of meaning (hallucinatory-delusional syndrome), as well as characteristic for the reduction of psychosis and the critical weakening of the perception of objective reality. Compensatory shape reflects the increase in deficit symptoms of dissociative plan.

**Conclusion:** The data obtained to a greater extent to optimize the process of psychoeducation for patients, as well as other psychosocial interventions.

## THE ANTI-STIGMA CAMPAIGNS IN POLAND

**Agnieszka Butwicka, MD, PhD**

Department of Child Psychiatry, Medical University of Warsaw,

Warsaw, Poland

e-mail: agnieszka.butwicka@gmail.com

Mental illness can be regarded as one of the most powerful socially excluding stigmata. The stereotypes associated with mental disorders are frequent obstacles preventing early and successful

treatment. The burden of stigma often leads to chronic social impairment. Several anti-stigma campaigns were developed to tackle this problem.

In 2000, The Local Polish Action Group was established in the frame of the World Psychiatric Association (WPA) Global Programme Against Stigma and Discrimination Because of Schizophrenia. On 15th of September 2002 first "Day of Solidarity with People Suffering from Schizophrenia" was celebrated for the first time.

Community Psychiatry Unit at the Jagiellonian University in cooperation with the "Open the Doors" Association of Users Prepared integrated educational program carried out in Krakow. the establishment of the Association of Users focused only on educational activities. The program was focused on the education target groups: students of medicine, rehabilitation, sociology and theology, teachers, journalists, students of secondary schools, priests. Introduction to Psychiatry" classes for the first-year students of medicine were organized. The participants of the program organized 500 interviews in mass media and made 15 educational movies for Polish television. The magazine "For Us" edited by patients, families and professionals was published. Since 2008 in the course of 4 educational projects, 31 different educational meetings for the total number of 739 participants have been organized. The evaluation of the project showed that 92% of respondents had a better understanding of people with mental disabilities thanks to the trainings.

In the field of Child Psychiatry, Polish Association for ADHD initialized national campaign entitled "ADHD- The world is not enough"

## STIGMATIZATION OF PSYCHIATRY AND PSYCHIATRISTS IN BELARUS

**Wolfgang Gaebel<sup>1</sup> MD, PhD, Professor, Dmitry Krupchanka<sup>2\*</sup> MD, PhD Student, Ekaterina Padalko MD**

<sup>1</sup>Department of Psychiatry, Heinrich-Heine-University, Dusseldorf, Germany

<sup>2</sup>Belarusian Medical Academy of Postgraduate Education, Department of Psychiatry and Narcology, Minsk, Belarus

e-mail\*: dmitry.krupchenko@gmail.com; Tel: +375297750730

**Introduction:** It is known that stigma of mental illness constitutes a major problem worldwide. But does stigma of mental illness affect not only patients but psychiatry and psychiatrists as well? An international control-group study "Stigmatization of Psychiatry and Psychiatrists" was initiated and carried out by Professor Wolfgang Gaebel to clarify this issue. 15 countries participated in the data collection. This abstract presents preliminary results of Belarusian national part of the study.

**Objectives:** The objectives of the Belarusian part of the study were to assess stigma and discrimination of psychiatry and psychiatrists in Belarus and to compare it with a control group of primary care physicians.

**Methods:** 200 psychiatrists and 200 of GPs filled a paper-and-pencil questionnaires developed at the coordinating center by research authors. Different domains of stigma were assessed.

**Results:** The level of such aspects of stigma, as perceived stigma, discrimination experience, necessity of interventions were significantly higher, whereas such aspects of stigma as stereotype agreement and intentions to change profession because of stigma were significantly lower in a sample of psychiatrists in comparison with GP.

**Conclusions:** Psychiatrists in Belarus more strongly than GP think that they are stigmatized from outside and have more problems because of stigma than GP. But at the same time the level of agreement with stereotypes toward own profession among psychiatrists is significantly lower. And here is the question: what helps psychiatrists to keep their professional identity and good vision of their specialty despite of the higher level of stigma pressing from outside?

#### STIGMA RELATED WORK IN GREECE

**Athanasios Kanellopoulos<sup>1</sup> MD, MSc, Rafail Psarras<sup>2\*</sup> MD, Axilleas Oikonomou MD**

<sup>1</sup> General Children's Hospital Athens "P&A.Kyriakou", Greece

<sup>2</sup> Private practice

e-mail: raphaelpsaras@yahoo.gr

In 1999 the Greek program against the stigma of schizophrenia was launched, as part of the International Program of the World Psychiatric Association (PPSE) to combat the stigma and discrimination against patients with schizophrenia.

Today the program is called "anti-stigma" and has broadened the scope of its activities to all mental disorders, namely bipolar disorder and depression, on the grounds that these diseases are animated by a significant degree of social stigma.

In Greece the national anti-stigma program informs and co-operates with the media and co-ordinates a network of volunteer "stigma busters". Several studies indicate that in Greece stigmatization in the press has been reduced.

It is scientifically documented that social attitudes are difficult to change, just as it is to dispel myths and prejudices surrounding mental disorder. The survival, after all, of these cognitive structures over time, in spite of cultural evolution, attests to their resilience.

Information is a prerequisite for change, but is not enough. The breakdown of prejudices and stereotypes, which contribute to negative attitudes toward groups stigmatized as "different" is a process that requires coordinated action, long term effort, dissemination of information, cooperation and involvement of many different people and organizations from different sectors of society, culture and art.

The "anti-stigma" program today is a multilevel action in research, education, art and communication.

## THE PROBLEM OF STIGMA IN SUICIDE PREVENTION

**Athanasios Kanellopoulos<sup>1</sup> MD, MSc, Rafail Psaras<sup>2\*</sup> MD, Axilleas Oikonomou MD**

<sup>1</sup> General Children's Hospital Athens "P&A.Kyriakou", Greece

<sup>2</sup> Private practice

e-mail: raphaelpsaras@yahoo.gr

Suicide prevention is an umbrella term for the collective efforts of local citizen organizations, mental health practitioners and related professionals to reduce the incidence of suicide.

Such efforts include preventive and proactive measures within the realms of medicine and mental health, as well as public health and other fields – since protective factors such as social support and connectedness, as well as environmental risk factors such as access to lethal means, appear to play significant roles in the prevention of suicide, suicide should not be viewed solely as a medical or mental health issue. Suicide prevention interventions fall into two broad categories: prevention targeted at the level of the individual and prevention targeted at the level of the population.

On the most basic level, stigma is a “mark of shame or discredit”. Stigma includes unfair and negative perceptions of a specific condition or state. In many cultures, suicide is stigmatized. This stigma has its origins in misunderstandings of suicide in general and in influential religious sanctions. (Arboleda-Florez, 2001) Misunderstandings include the suggestions that one is automatically mentally ill, weak, sinful and/or immoral (Domino & Leenaars, 1995)

Suicide has long been a taboo subject in our society. Because of the stigma surrounding suicide, individuals are hesitant to talk openly with others about their own thoughts of suicide. They fear being judged or misunderstood by friends and family members, or they may judge themselves harshly. Vulnerable individuals may feel so alone that suicide appears to be the only solution (Arboleda-Florez, 2003). Health care professionals, politicians and decision-makers may also be affected by suicide stigma. These influential groups may have misunderstandings or discomfort in discussing suicide and this collective silence can, in many cultures, adversely affect funding, research and prevention efforts (Wasserman, 2004).

Survivors of suicide loss may be particularly affected by stigma. Family members and friends may struggle beyond the basic grieving process. Many may question why the suicide occurred and whether they could have prevented it. Because suicide is a difficult topic for many to discuss openly, friends and family members might not feel comfortable enough to seek support groups or services to aid in the healing process. Otherwise helpful supporters might not know how to approach the subject with grieving friends and family.

People with depression and other mental disorders are subject to stigma and discrimination. It is crucial to overcome the stigma of mental disorders to promote social inclusion and cohesion, and to improve public mental health. Eliminating stigma is of key importance to suicide prevention.

MEDICAL EDUCATORS' ATTITUDES TOWARD PSYCHIATRY IN GRODNO STATE  
MEDICAL UNIVERSITY

**Nina Kruk, MD, PhD student**

Grodno State Medical University, department of medical psychology and psychotherapy

Grodno, Belarus

e-mail: dlaninki@gmail.com

This study is carried out under the auspices of the Association for the Improvement of Mental Health Programmes.

**Objectives.** 1) To obtain information about the attitudes of medical educators of Grodno State Medical University (GSMU) to psychiatry and their opinions about psychiatrists. 2) To provide received data to the WPA Task Force on Destigmatization of Psychiatry and of Psychiatrists. 3) To present the results of this project to the medical educators in Belarus.

**Aim.** It is expected that our results will be useful to the work of the World Psychiatric Association's Task Force on Destigmatization of Psychiatry and of Psychiatrists and will be helpful in reducing stigma among medical educators.

**Material and Methods.** 95 medical educators (non-psychiatrists) of GSMU took part in the study. They completed a 37-item Perceptions of Psychiatry survey questionnaire. Items are rated on a Likert-type agreement scale. We also provided translation and back translation of items into English. The questionnaire includes statements about perceptions of psychiatry as a discipline, as a career, effectiveness of psychiatric treatments, psychiatrists as role models, psychiatric patients, the quality of psychiatric training offered in our university.

**Discussion and results.** The analysis of the data revealed the following trends in educators' attitude: patients are violent and unpredictable; working with them is not rewarded and emotionally exhausting. They also don't appreciate the care they receive and should be held in separate institutions. Psychiatric treatments are less effective than treatments in other branches of medicine. Psychiatry is intellectually challenging. Evaluation of psychiatric training and the importance of learning psychiatry in general are quite high.

**Conclusions.** The results indicate the presence of sufficiently expressed stigmatizing representations of GSMU educators. This applies particularly to the perception of psychiatric patients. Unfortunately, they still perceived as danger and require isolation. Received data was provided to the study director at Queen's University for entry and analysis.

#### STIGMA OF MENTALL ILLNESS IN BELARUS

**Nina Kruk<sup>1\*</sup> MD, PhD student, Dmitry Krupchanka<sup>2</sup> MD, PhD student, Olga Paravaya<sup>3</sup> MD**

<sup>1</sup> Department of medical psychology and psychotherapy,

Grodno State Medical University, , Grodno, Belarus

<sup>2</sup>Department of Psychiatry and Narcology,

Belarusian Medical Academy of Postgraduate Education, Minsk, Belarus

<sup>3</sup>Republican Research and Practical Center of Mental Health, Minsk, Belarus

e-mail\*: dlaninki@gmail.com

The stigma of mental illness robs people of their rightful opportunities in work, relationships, housing, and health care. Stigma is not some kind of heady abstraction experienced by an overly sensitive few. It is a social injustice that discredits many people with serious mental illness, terribly harming them in the process.

This problem is very actual in Belarus too. There are a lot of incomprehension and desire to fence off from this problem. Term “psycho” still causes suspicion and anxiety. And it concerns not only patients, but their relatives and specialists providing mental health care.

Fortunately the situation is gradually changing. There are some initiatives and projects which provide idea of destigmatisation:

- Projects “No to stereotypes” and “Social integration of people with mental disorders” ([www.opeka.by](http://www.opeka.by)), provided by International Charitable Public Association "" UniHelp";
- Journal “Ordinary people”. Publishing is supported by charitable fund “Aktion Mensch”, Germany
- Taking part in such international research project like “Stigmatization of Psychiatry and Psychiatrists” carried out by Professor Wolfgang Gaebel and “Medical educator’s attitudes toward psychiatry” carried out under the auspices of the Association for the Improvement of Mental Health Programmes
- The work of volunteers
- And of course the meeting organized by the Young Psychiatrists’ Network: “Stigma From The YPs' perspective: Hopes and Challenges” that is taking place in Minsk, Belarus and to which this booklet is devoted. We hope to move the awareness of the problem forward,



discuss possible ways forward and implement intervention on destigmatisation as a result of the conference.

Certainly further steps to reduce the stigma are needed. At present we have just sort of solitary and non-systemic activity. Moreover, the image of aggressive and uncontrollable people with mental disorders is often cultivated by the media and even used in political games. But, things are moving, changes have already begun.

## INSIGHT AS A MEDIATOR BETWEEN STIGMA AND DEPRESSION IN SCHIZOPHRENIA

**Dmitry Krupchanka\* MD, PhD student, Mikhail Kotliar MD**

Belarusian Medical Academy of Postgraduate Education, Department of Psychiatry and Narcology  
Minsk, Belarus

e-mail\*: dmitry.krupchenko@gmail.com; Tel: +375297750730

**Introduction:** The paradox of insight into schizophrenia is a fact of controversial impact with both positive and negative sides. It is known that insight and depression are positively correlated: the more awareness of schizophrenic illness, the more likelihood of depression. The mechanisms of this correlation have been clarified insufficiently at the moment. At the same time schizophrenia is one of the most stigmatized disorders. It can be expected that insight is a sort of mediator between depression and stigmatizing views of patient's environment.

**Hypothesis:** We hypothesized that correlation between the level of depression in patients and stigmatizing views of their close relatives depends on the patient's illness awareness.

**Materials and methods:** 96 (response rate - 80%) patients with a diagnosis of "paranoid schizophrenia" were included in the cross-sectional, observational study. The data were collected by clinical interview using the following questionnaires: "The Scale to Assess Unawareness of Mental Disorder" (SUMD), "Calgary Depression Scale for Schizophrenia" (CDSS). The stigmatizing views were assessed in patient's closest relative with questioner "Mental health in public conscience".

**Results:** In the group of patients with full awareness of mental disorder the statistically significant correlation between level of depression in patients and intensity of stigmatizing beliefs ("Non-biological vision of mental illness") in their close relative was found.

**Conclusions:** Received data support our hypothesis that the correlation between the level of depression in patients and the intensity of stigmatizing views of their close relatives depends on the patient's illness awareness. The clinical implication of the study results need to be discussed.

## STIGMA IN PSYCHIATRIC ILLNES IN SWEDEN

FACTS, MEASURES MADE, EFFECTS, FUTURE?

**Johan Reutfors MD, PhD\*; Jerker Hanson MD, PhD; Marie Bendix MD; Kyriaki Kosidou MD; Lejla Cakovic MD; Mattias Olofsson MD; Anastasia Poyiadji MD; Wolfgang Rutz MD, PhD; Myrto Sklivanioti, Henrik Wahlberg MD**

\*Psychiatry Northwest and Karolinska Institutet

Stockholm, Sweden

e-mail: johan.reutfors@ki.se

**Aim:** To give an overview concerning the knowledge about stigma in psychiatric illness in Sweden. We also want to describe what has been done to address stigmatization and how this might have affected changes in attitudes in recent years.

**Material and Methods:** Selective review of relevant literature and studies in Sweden.

**Results:** Mortality due to both physical causes and suicide is highly increased among patients with psychiatric illness in Sweden. Part of the explanation for this may be stigma associated with psychiatric illness. Commonly found prejudice against persons with mental illness in Sweden include the following statements: "A mentally ill person cannot work", "A mentally ill person is less talented", "Mental illness is the parents' fault", "Depression is a sign of weakness", "Psychiatry cannot help the mentally ill" (1).

In a Swedish multi-centre study, 162 relatives of patients in acute psychiatric wards were interviewed concerning psychological factors related to stigma (2). It was found that 83% of the families experienced a burden because of their relative's mental illness, 18% of the relatives had at times thought that the patient would be better off dead, and 10% had experienced suicidal thoughts.

A Swedish doctoral thesis for which patients with mental illness had been interviewed has found that most people with mental illness feel that they belong to a group that is devalued and discriminated against in society (3). Many people find it almost hopeless to get work if their psychiatric background history would be known, they choose to keep their social contacts on a superficial level, and some have stopped making new friends. The dominant media images of people with mental illness are perceived to consolidate public prejudice and stereotypes. A higher frequency of stigmatizing experiences correlate with poorer psychosocial functioning, frequent admissions to inpatient care, low self-esteem, and a less satisfactory subjective quality of life. Patients called for more adequate information about their illness from psychiatric services and greater control over their care and treatment.

"Brain knowledge" is a publicly funded campaign that supplies with facts about mental illness and works against stigma in Sweden with the help of "ambassadors" (1). According to their population surveys in 2009 and 2010, there has been a positive shift in public attitudes towards mental illness. Every third person that previously experienced discomfort for people with mental illness living in

the neighborhood has changed its mind, from 17% to 11%. Furthermore, the proportion of persons who do not want to live next door to a person with mental illness has decreased from 18% to 13%.

**Conclusions:** Stigma in mental illness is highly prevalent in Sweden. There are, however, some positive signs of improvement. Efforts to reduce stigma should be given high priority.

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## NATIONAL MENTAL HEALTH PROGRAMME: REDUCING STIGMA IN INDIA

**Suman Kumar Sinha, MBBS, MD (Psychiatry), Assistant Professor**

Department of Psychiatry, Lady Hardinge Medical College & Associated Hospitals

New Delhi, India

e-mail: [drsumansinha@gmail.com](mailto:drsumansinha@gmail.com)

**Objectives:** Community mental health services also known as District Mental Health Programme (DMHP) were initiated for the first time in four districts of India as part of the National Mental Health Programme (NMHP) in the year 1996. NMHP was restructured in 2003 to expand DMHP to 100 districts with additional components of Upgradation of Psychiatric Wing of Government Medical Colleges/ General Hospitals; Modernisation of State run Mental Hospitals; Information, Education & Communication (IEC) activities; and Research and Training. These schemes were implemented for improving the mental health care services and reducing the rampant stigma related to mental illnesses in the community.

**Aim:** The IEC activities under DMHP as well as central IEC activities under NMHP specifically focus to reduce stigma related to mental illnesses in the community. Early diagnosis and treatment indirectly address the stigma by promptly controlling the illness and reintegrating the person in society. An evaluation of the DMHP was done in 2008-09 to look at the functioning of the scheme.

**Material and Methods:** Using stratified random sampling 17 districts were chosen for the study from a total of 108 districts which were funded under the NMHP. A structured questionnaire was used to capture the awareness of people in these districts by systemic random method. Same questionnaire was administered in five non-DMHP districts. Descriptive statistics were used to compile and analyse the results.

**Discussion and results:** A total of 487 and 150 people spread over 17 DMHP districts and 5 non-DMHP district participated in the study. 42.5% of the participants were females and 57.5% were males. A significant more people (86.9%) from DMHP districts had some knowledge about mental

illness as compared to people (74.7%) from non-DMHP districts. People from DMHP districts were significantly more aware than those from districts where DMHP is not in operation in terms of identifying symptoms of mental illness (22.4% vs 12.7%). More people from DMHP districts considered mental illnesses as curable as compared to those from the non-DMHP districts across various categories of broad diagnosis such as Psychosis (56.8% vs 45.5%), Neurosis (73.8% vs 66.0%), Epilepsy (76.8% vs 44.4%), Substance dependence (66.8% vs 45.0%).

Only 47.3% of people from DMHP district considered occult practice as treatment of mental illness as compared to that of 70.5% in non-DMHP district. In contrast, significantly more (55.3%) people from DMHP district considered medicines as treatment of mental illness as compared to those (33.9%) from non-DMHP districts. About 32.2% of people from non-DMHP district believed that mental illnesses are untreatable whereas such believe was shared by only 13.5% people in DMHP districts.

More people had received information about mental illness from awareness camps (19.4% vs 7.1%), doctors at district hospital (17.3% vs 4.0%), from health workers (19.1% vs 10%) in DMHP districts than compared to those in non-DMHP districts.

As a whole people in districts where DMHP is being implemented are more aware about mental illness. Implementation DMHP has resulted in availability of community treatment facilities for mental illness as well as increasing the awareness and consequent decrease in stigma related to mental illness.

**Conclusions:** There has been perceptible improvement in awareness in districts where DMHP has been implemented. However, much more effort needs to be done as lack of awareness and stigma still remain a major barrier in community in accessing the mental health services. The DMHP needs to be extended to cover all the districts so that other areas also may benefit from its activities. Inclusion of new components such as life skills training in schools, counseling services in colleges, work place stress management, suicide prevention services, involvement of community based organisations, which had been felt need in DMHP will make it more comprehensive and effective in fighting stigma and providing mental health care.

#### STIGMA IN DENMARK

**Dr René Sjaelland**

Psychiatric Centre of Hvidovre,

Copenhagen, Denmark

e-mail: [sjaelland@gmail.com](mailto:sjaelland@gmail.com)

**Aims:** To investigate governmental policy on stigma and actions derived from this. To give an example of an anti-stigma campaign.

**Background:** Through the past 5 years focus on stigma in psychiatry has increased significantly in Denmark. According to the WHO neuropsychiatric diseases compromises the 2nd largest leading cause of Disability Adjusted Life Years (DALYs) in European countries. In Denmark it accounts for more than 50% of approved early retirement pensions. Therefore the government has had a great incitement in decreasing the prejudices and strengthening treatment available.

**Method:** There is an official mental health policy since 2009 when the ratification of the Helsinki declaration on Mental Health was carried out. In 2010 a report by the "Danish Regions", the political institution responsible for the daily operation of health provision, was published based on several questionnaires and telephone interviews. On the basis of this report the National Board of Health, and some of the largest NGO's in the psychiatric field launched a campaign called "En af Os" ("One of Us") targeted towards the general population to provide knowledge on psychiatric diseases and thereby decrease stigma in society. The campaign was launched in different media.

**Results:** The report stated that 45 % consider persons with psychiatric illnesses dangerous, 36 % would prefer not to live with one and 11 % not to work with one. There are differences when it comes to diagnosis. Schizophrenia is looked more down at than unipolar depression and anxiety. Knowledge of psychiatric diseases was uneven in terms of gender, education and geography. 11 % of the responders could not mention any disease. The campaign "One of Us" targeted all psychiatric diagnoses and is still on from time to time with new material.

**Conclusion:** Much effort has been done by the National Board of Health, the Danish Regions and the NGO's. On the basis of the results of the report, it is suggested that the introduction of a differentiated view on psychiatric illnesses rather than looked upon as a whole could decrease stigma. Furthermore a change of the language used, distribution of knowledge and a strong focus on an integrated labor market were highlighted as main instruments to limit stigma.

#### STIGMA PHENOMENON WITHIN THE MENTAL HEALTH FIELD: RUSSIAN PERSPECTIVE ON THE ISSUES OF DESTIGMATIZATION

**Dina Tukhvatullina<sup>1\*</sup> MD, Daria Smirnova<sup>2</sup> MD, PhD,  
Anastasia Zolotova<sup>3</sup> MD, PhD, Sergey Yagoda<sup>4</sup> MD**

<sup>1</sup> Mental Health Research Center, Russian academy of medical sciences, Geriatric Psychiatry Unit,  
Department of Alzheimer's Disease, Moscow

<sup>2</sup> Psychiatry, narcology, psychotherapy and clinical psychology department,  
Samara state medical university, Samara

<sup>3</sup> Psychiatry department, Rostov state medical university, Rostov-on-Don

<sup>4</sup> Psychiatry department, Stavropol state medical academy, Stavropol  
Russian Federation

**Introduction.** The stigma of psychiatric disorders and discrimination against psychiatric patients are arguably the greatest remaining barriers to improving the quality of life of sufferers (Sartorius, N., 1998). The main problem is that the most patients with psychiatric disorders encounter with systematic discrimination in many parts of their life which is marking them out for community sanction on the basis of some unacceptable deviation from the norm. This form of social avoidance occurs in family, at work places, personal life and public activities, public health service and mass media. Numerous studies suggest that members of the general population may accept psychiatric patients socially, but tend to withdraw from more personal relationships such as working or living together. The stigma towards mental disorders formation depends on three factors: 1) the problem of knowledge (ignorance), 2) the problem of attitude (prejudice), 3) the problem of behavior (discrimination) (Factors of stigmatization of individuals with psychiatric disorders, Yastrebov, V., et al, 2009).

**Data.** The studies of attitudes in the general population and among general practitioners also suggest that doctors stigmatize psychiatric patients more than the general public does. Members of Russian ECP Council took part in data collection within WPA research project on Non-psychiatric medical educators attitude towards psychiatry and psychiatrists (Stewart, H., Sartorius, N., 2010) which also confirmed the stable presence of stigma of mental health field itself in representatives of both professional and non-professional communities. However, more medical, biological psychiatry may help to reduce stigma. In society common attitudes include regarding psychiatric illnesses as frightening, shameful and incurable; while psychiatric patients are characterized as dangerous, unpredictable, untrustworthy, unstable, and helpless. The mass media have a prominent role in stereotyping with a potent “variable interval intermittent reinforcement” schedule. Psychiatric diagnosis and treatment probably attracts stigma in itself giving social avoidance and increasing the amount of psychiatric contact a patient has had.

**Discussion.** Education is the most obvious means of attempting to increase knowledge, soften attitudes and influence behavior within struggling at phenomenon of stigma. Recent studies do, however, suggest that education is reasonably effective in increasing knowledge of the general population to identify various mental illnesses and to regard them as similar to physical illnesses. We must try to correct misconceptions that psychiatry is a vague subject, that psychiatrists are ineffectual and that the patients are particularly awkward. Education will seem to be most effective therefore if it is specific, accurate, honest and targeted at particular social groups avoiding psychiatric terminology. Media coverage of psychiatric issues appears to be a very important source of information and attitudes. The only way that psychiatrists can directly influence de-stigmatization is by being proactive, strive to improve the quality of life of patients, look out for

discrimination in public services and learn from others on how to deal with it. The Internet becomes increasingly common source of medical knowledge and we must provide accessible, sensible alternatives to any misinformation.

**What is done in Russia?** In accordance to obvious problems experiencing by doctors, patients, their relatives and society in general the several associations were organized in last decades. One of the biggest is “The Public Council on Mental Health Problems”, which brings together professional and non-professional organizations in mental health to improve all aspects of help and support to mentally ill people and their family members. The council’s activities include developing and promoting psychoeducational programs, destigmatization programs and mental health days. Psychoneurology out-patient clinics provide with rehabilitation programs, educational programs for patients and their relatives (3 months course with seminar one per week). With support of Mental Health Research Center of Russian Academy of Medical Science (MHRC RAMS) were organized “School for leaders of self-help groups” in partnership with international organization GAMIAN-Europe. In that base was established NGO “Non-Governmental Initiatives in Psychiatry”. The news-bulletin “Catherine” publishing monthly addressed to consumers of mental health services and contains the basic information about mental disorders, recommendations, explanation of their Rights and Law. The regularly meetings of self-help groups help to negotiate with psychological burden of stigma, enhance skills of communication, dignity and social rehabilitation.

Department of Alzheimer’s Disease and related disorders of MHRC RAMS organized “School for care-givers of patients with dementia” 2-3 times each year with care-giver’s leaders, doctors, professors and lawyers where families get together with their problems and don’t feel ashamed to share challenges they have to deal with every day. About 20 years ago was established autonomous NGO “Help for patients with Alzheimer’s Disease and their families” and accepted as full member of ADI (Alzheimer’s Disease International Association) [www.alzrus.org](http://www.alzrus.org). School provide with educational programs in the field of dementia including stigma problems of patients and their families and destigmatization.

Destigmatization programs aim not only to destigmatize people with mental illness, but to raise the profile of all people who work in the field of psychiatry, and psychiatrists in particular (Yastrebov, V., 2007). The important professional organizations are Russian Society of Psychiatrists and Independent Psychiatric Association which raise and direct to the government and general public questions regarding protection of rights and legal rights of patients with mental disorders. Another organization – Family and Mental Health – offers several initiatives to address the needs of patients, their relatives and the family as a whole; provides with consultations and psychotherapeutic help, run educating programs of independent living and leisure activities. Regional Public Organization called Public Initiatives on Psychiatry establishes three months courses for patients and their

relatives on a permanent basis to provide with information about the main mental disorders, treatment possibilities, as well as social and legal problems. The experience showed that courses become much more effective when users themselves provide information to listeners. Especially it concerns a “social part” of the program (relationship with professionals, positive thinking, friendly environment within the family, adequate attitude to the ill family member). In cases of infringement of their human rights patients/relatives can obtain free consultations on medical and legal help provided by the Independent Psychiatric Association.

The “Code of Professional Ethic of Psychiatrists” and the Law of the Russian Federation “On Psychiatric Care and Guarantees of Citizens’ Rights during Its Provision” are also prescribing equal social/human rights and possibilities to every member of society without distinction of mental and intellectual capacity.

**Conclusion.** In order to achieve necessary results on stigma reduction there are must be team-work of patients and their families /relatives, professionals, mass media which should be supported by government/well-known institutions/municipal authorities. Destigmatization programs in Russia grow steadily over last decade. There is a number of organizations and professional associations which provide with educational courses, comprehensive programs of psychorehabilitation, activities and professional team support (psychiatrists, psychologists, social workers, lawyer and general practitioners). All that information can be easily found by patients and other searchers in Internet, psychiatric hospitals, local outpatient health centers, brochures and specialized newspapers and journals.

#### STIGMA RELATED WORK IN LATVIA

**Inga Zarde<sup>1</sup>, Nikita Bezborodovs<sup>1\*</sup>, Laura Stane<sup>1</sup>, Jelena Margolina<sup>1</sup>, Maris Taube<sup>2</sup>**

<sup>1</sup> Riga Center of Psychiatry and Addiction disorders, Latvia

<sup>2</sup> The National Health Service, Latvia

e-mail\*: nikita.bezborodov@gmail.com

In the year 2010 there were 72 131 people (3.2% of the population in Latvia) with mental disorders registered in the National Register of Diseases. In a recent nationwide health monitoring survey approximately 65% of respondents mentioned they have experienced stress, anxiety and low spirits in the past year (NHS, 2010). That may indicate that there are in fact more people with some kind of mental disorders than officially registered, and only a small proportion of them seek and get proper help. Psychiatric stigma has proven to be one of the major obstacles on the pathway to care. First efforts to address stigma related issues in Latvia were made by the Public Health Agency (PHA) not long before the financial crisis stroke Europe in 2008. Unfortunately due to economic downslide scarcely any development happened since then.



Some of the efforts made are listed below:

- **TV campaigns, 2007**

- **“There is always a way out!”** – the aim of this campaign was to educate general public about recognizing depression, to encourage tolerance towards people suffering from mental disorders, and to information about possibilities to get government paid professional help.

- **“Anna”** – a short TV story about a nice girl who is friendly and helpful but has a mental disease. The motto of this campaign was: “Start talking and you will understand!”

- **“Phonebook”** – a suicide prevention campaign with the motto: “Call your friend before it is too late”.

- **Web-based campaigns**

- **“Think positive!”** – a separate link in the PHA homepage that provides information about promotion of mental health, positive stories about coping with everyday problems, ideas about coping with negative emotions, and information about possibilities to get help.

- **Web-based educational information about different mental disorders** – a special section in the PHA homepage that provides educational information about depression, schizophrenia and other mental diseases as well as gives statistics about mental disorders in our country.

- **Legislative and governmental actions**

- **“2009 – 2014 action plan for improving mental health”**. This legislation includes plans of improving mental health care - implementing multi-disciplinary teams, providing community based mental health care. This plan also intends to take into account service users’ opinion and promote communication among different medical fields. It is supposed to be realized with government support, but the economic crisis has dramatically slowed down its implementation.

- Changes in the **“Law of Consumer Rights”**. It is now forbidden by law to treat a consumer differently because of his/her disability. That means also that places have to be adjusted to be accessible for people with disabilities.

- **Large-scale quantitative and pilot qualitative research** about psychiatric stigma has been started by a doctoral student in Riga Stradins University in 2009 and is still going on.

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**OTHER ABSTRACTS**

COGNITIVE DETERMINANTS AND SEQUELAE OF ALCOHOL ADDICTION IN MALE  
BELARUSIAN POPULATION

**Abdullahi Alison MD, Andrei Kopitau MD, PhD,**

**Yana Pavlenko\* MD, L.Z. Sitko\* BSc**

Belarusian State Medical University,

\*Center for Research and Practice in Mental Health, Minsk, Belarus

e-mail: alisonoctober@gmail.com

**Background:** Research into the relationship between cognitive processes and addictive behavior is currently an area of substantial interest to researchers and medical practitioners. Cognitive mechanisms play a major role in the formation and maintenance of addiction as well as been responsible for craving and relapse when attempting withdrawal. In this trend we undertake to investigate cognitive mechanisms potentiating alcohol addiction, and deficits secondary to addictive behavior among a male Belarusian population.

**Materials and methods:** Subjects in these studies are 88 Belarusian male between the ages 14 to 25 years old. Adopted research methodology is clinical neuropsychological analytical case control study. The main group (MG) comprises 50 individuals with diagnoses of alcohol dependence (F10.2x), alcohol abuse (F10.1) and alcohol intoxication (F10.0x); while the control group (CG) comprises 38 individuals having no history of pathological alcohol consumption. Clinical and socio-demographic data from the respondents were obtained by means of structural interview, Belarusian index of severity of addiction “B-ASI, diagnosis of pathological patterns of alcohol consumption was established using ICD-10 criteria and AUDIT. Cognitive functions were assessed using the CANTAB eclipse neurophysiological test batteries, personality factors were profiled by means of NEO-PI instrument (Russian edition) and comorbid covert psychopathological symptoms investigated for using the SCL-90R (Russian version).

**Findings:** Analyses of the data obtained revealed significant association of certain cognitive mechanisms – impulsivity, risk taking and planning failures with risk of pathological pattern of alcohol consumption and alcohol dependence; while varying degree of impaired visuospatial perception, memory defects and diminished executive functioning were identified across subcategories of the main group. The findings were controlled for variable personality factors and presence of psychiatric comorbidity.

**Conclusions:** Cognitive mechanisms – impulsivity, risk taking and planning failures determine risk of pathological patterns of alcohol consumption and addiction while pathological patterns of alcohol consumption condition impairment of visuospatial perception, memory defects and diminished executive functioning among male Belarusians. Above findings could be a facility for programs of

alcohol addiction prevention as well as psycho-correction and rehabilitation of alcohol addicted patients.

## SLEEP DISORDERS IN PATIENTS WITH NICOTINE ADDICTION

**Mikhail Bazhmin MD**

Psychiatry, narcology, psychotherapy and clinical psychology department

Samara State Medical University

e-mail: nazgo@rambler.ru

There are a lot of health problems in smokers. These problems are very different and well-known so as do not need description. However, the problem of sleep disturbances of smokers still remains unexplored area, while the existence of this group is important problem for smokers all over the world. 100% of people meet some difficulties in night sleep, but smokers have them daily and by experience of physicians-somnologists, they have more problems than other groups in population. Russia has a strong first place in the list of countries compared for substance abuse. Nevertheless general practitioners do not pay enough attention to these patients and their sleep disturbances, as well as physicians are not interested in treatment and rehabilitation of smokers.

The aim of the study was to determine the extent of sleep disorders, as well as their structure in smokers compared with those in healthy non-smokers.

European unified scale for determining sleep disorders and somnology technique of expert evaluation of sleep disorders by A. M. Wein were used.

We found that 22.3% of smokers have a presleeping disorder (69.9% as insomnia), (compared to 17.2% in control group); 12.4% of smokers suffer from intrasleeping disorder (79.0% are nightmares), (compared to 8.6% in control group); 34.7% of smokers suffer from Disorders Group postsleeping (85.6%-signs non-clinic by narcolepsy), (against the 23.6% in control group). Thus, 69.4% of patients suffer from the nicotine addiction or other disorders of sleep against 49.4% in the group of healthy controls.

Thus, smoking affects sleep process, in particular, all its stages, from sleep to postsleeping activity. In some cases, it significantly decreases the quality of life of patients, their health and as following disrupt their functioning in social environment that reveal targets for further studies and elaboration of new approaches to cope with smoking as a high risk factor for associated diseases and, in particular, sleep disorders.

# ATYPICAL ANTIPSYCHOTICS IN CHILD AND ADOLESCENT PSYCHIATRY PRACTICE IN LATVIA

**Nikita Bezborodovs<sup>1</sup>, Liga Grinvalde<sup>1</sup>, Arnis Rizevs<sup>2</sup>, Raisa Anderzina<sup>2,3</sup>**

<sup>1</sup>Riga Centre of Psychiatry and Addiction Disorders, Riga, Latvia

<sup>2</sup>Children's Clinical University Hospital «Gailezers», Psychiatry clinic, Riga, Latvia

<sup>3</sup>Riga Stradins University, Department of Psychiatry and Narcology, Riga, Latvia

e-mail: nikita.bezborodov@gmail.com, tel: +371 28 343 256

**Background:** In recent years we've witnessed a rapid rise in the off-label use of atypical antipsychotics (AAPs) in child and adolescent psychiatry (CAP) practice despite still limited evidence base for their efficacy and safety.

**Aims:** To investigate the patterns of use and frequency of side effects of AAP therapy in children and adolescents with schizophrenia spectrum disorders in Latvia.

**Methods:** We conducted a retrospective chart review of all inpatients with a diagnosis of schizophrenia spectrum disorder (F2) treated in Children's Clinical University Hospital Psychiatry clinic, Riga, Latvia from September 2008 till September 2011.

**Results:** We identified 126 admissions (F/M ratio - 1,5; mean age - 13,83 (SD 2,69) years; mean duration of hospital stay - 24,89 (SD 22,48) days). The most frequent diagnoses (ICD10) were juvenile-onset (34,1%), paranoid (23,8%) and simple (13,5%) schizophrenia, acute and transient psychotic disorder (10,3%) and schizotypal disorder (8,7%).

In 91,3% cases patients received antipsychotic therapy (28,6% only AAPs, 11,9% only typical antipsychotics (TAPs), 50,8% a combination of both). Most widely used AAPs were Quetiapine - 34,9%, Risperidone - 26,2%, Olanzapine - 19,8%, Aripiprazole - 15,9%. In 58,7% cases patients received anticholinergic medication, so reports of extrapyramidal side effects were anecdotal. In 31,0% cases (9 patients on AAPs, 30 on combined treatment) there was a significant ( $>400\text{mU/L}$ ) increase of serum prolactin level. In 15,9% cases (6 on AAPs, 1 on TAPs and 13 on combined treatment) there was a significant ( $>450\text{ms}$ ) elongation of QTc interval.

In 40,7% of cases patients gained weight during their hospital stay (average weight gain being  $+2,77\text{ kg}$ ). Patients receiving AAPs were more likely to gain weight during their inpatient treatment ( $p=0,001$ ) than patients not receiving AAPs, whereas no such difference was found for TAPs ( $p=0,669$ ). There was a strong positive correlation (Pearson's  $R=0,549$ ,  $p=0,001$ ) between weight gain and length of hospital stay. However the proportion of the patients that could be considered overweight or obese upon discharge from the hospital did not change comparing to the point of admission.

**Conclusions:** AAPs in Latvia are rapidly substituting TAPs as the firsthand treatment for children with schizophrenic psychoses, but more research is needed to investigate the safety profiles of this

heterogeneous drug group. The rate of metabolic and cardiac side effects of AAP therapy in Latvian CAP clinic seems to be significant, with as much as 2/5 of those receiving AAPs rapidly gaining weight, 1/3 developing hyperprolactinaemia and 1/5 - prolongation of QTc interval.

## THE POSSIBILITY OF PAIRING HADS AND SPS TO IDENTIFY SUICIDAL PATIENTS: A CLINICAL EXPERIMENT IN A SOMATIC HOSPITAL

**But-Husaim Uladzimir, MD**

Brest regional psychoneurological clinic, Brest, Belarus

Brest regional oncological clinic,

Brest, Belarus

e-mail: psychobvv@gmail.com, cell: +375 297 282359

Modern psychotherapeutic methods very often enable clinicians the capacity to identify at-risk patients based on early onset of symptoms. However most physician internists often do not have enough time or adequate training to carry out an intake diagnostic interview with each patient. For a long time, hospitals rely on The Sad Persons Scale (further - SPS) to identify patients who may show suicidal tendencies. However useful though the scale may be, it does not reveal the severity of anxiety or depressive level, which requires a specialist's intervention. Often, clinicians (counselors, counseling and clinical psychologists) are assigned patients who score more than three points on the SPS; those with lower points are often ignored or not given proper attention. An additional measure which may provide a clinician one more piece of the puzzle thus a more holistic picture is Hospital Anxiety and Depression Scale (further - HADS). The scale is filled by the patient in a short period of time, thus considered an economical step for a doctor to take.

**Objectives:** In order to determine the effectiveness of HADS scale in a somatic hospital, the research project recruited 25 patients and 25 employees of the Brest Regional Oncology Center as subjects for a parallel study on a scale of SPS.

**Aim:** The research project is meant to compare and contrast HADS's and SPS's effectiveness of identifying individuals who may benefit from psychotherapy.

**Materials and methods:** HADS (Zigmond A.S. And Snaith R.P. (1983)), M.Ju.Drobizhev's adaptation (1993); adapted SPS (Patterson et al. 1983)); the correlation analysis of results.

**Discussion and results:** 68% of the study group subjects administered with HADS showed clinically significant signs of anxiety and / or depression. 72% of those subjects examined with SPS met the criteria of clinical anxiety of depression and would benefit from psychotherapy. The coincidence of the scales was 66.6%. However, the carried out in the control group showed a rather significantly different result. In the control group, only 8% of those tested with HADS had clinically significant symptoms, in comparison to SPS's - 36%. The coincidence of the scale was

10%. A closer examination of the data indicated that SPS were men with higher education 45 years of age or older. The absence of clinically significant manifestation of anxiety and depression in this group was supported by a diagnostic interview with each examined.

A correlation analysis was found a linear correlation between the values of the HADS and the SPS: (HADS A + SPS) Pearson's correlation coefficient: 0.502349, correlation error: 0.124804,  $t = 4.02512 > 2.6822$  ( $p > 0.99$   $f = 48$ ); (HADS D + SPS) Pearson's correlation coefficient: 0.605195, correlation error: 0.114904,  $t = 5.26697 > 2.6822$  ( $p > 0.99$   $f = 48$ ). Based on such analysis, it can be concluded that the HADS and SPS can be mutually.

**Conclusions:** The results showed that SPS paired with HADS, may help medical professionals and mental health service providers identify at-risk patients, subsequently provide timely early interventions and hopefully, in a long run, enhance treatments which patients can receive.

## FAMILY OF A CHILD WITH SEVERE CHRONIC ILLNESS

**Julia Chepik, Senior Lecturer**

Department of General and Clinical psychology, Belarusian State University,

Minsk, Belarus

e-mail: chepikpuls@rambler.ru; cell: +375293207505

**Introduction:** The family of a child with complicated chronic illness has its distinct features, which manifest in an abrupt restriction of social contacts, separation and closure. Family's members feel deficiency of communication with surrounding people, lack of free time, inability to relax, permanent psychosocial fatigue. The whole range of research shows children with heavy forms of congenital anomalies are perceived negatively in society. This attitude spreads not only to the sick child, but to his parents, brothers and sisters too.

**Aim:** investigation of social situation in the family of a child with complicated chronic illness.

**Methods:** The study was conducted in 2012 on the basis of Belarusian Children's Hospice detected a number of social and psychological factors, which influence the relationships in the family the most. The general number of participants was 115 persons, 30 of them were seriously ill children, 29 mothers, 25 fathers and 31 siblings. Following methods were used in the research: document analysis; questionnaire to identify psychosocial factors; the test of vitality (D. Leontiev); questionnaire of parents' attitude (A. Varga, V. Stolin); Rene Gille's test; questionnaire «The parents' behavior and the attitude of teenagers to them» (E. Shafer).

**Results:** Acquired data showed that parents didn't get enough joy from their activities and that in its turn generated a feeling of disdain, a feeling of being isolated from social life. A level of viability was below normal and in this case we can talk about tiredness, perplexity, emotional stress of parents of the sick child. Siblings often didn't feel accepted, supported, lacked parents'

involvement. The second children felt fear, they were afraid of illness, and had a lot of misconceptions about illness of the other brother or sister. Siblings that were helping to adapt the sick brother or sister to the society were often not adapted to the society themselves. The features of relationships of parents and healthy children were characterized by large emotional distance, the deficiency of communication, coldness of relationships.

**Conclusions:** We guess that to improve the adaptation of sick child's family to the social reality we need to inform parents about the processes that happen both to the sick child, and to the healthy children in the family, availability of social support. We need to facilitate the creation of special groups for parents and siblings, and systemic involvement of professionals and volunteers.

### EXCHANGE IS CREATION

- MURIEL RUKEYSER, AMERICAN POET

**Dr Marisa Casanova Dias (ST4) <sup>1</sup>, Dr Mariana Pinto da Costa<sup>2</sup>,**

**Nikolaus Bausch-Becker<sup>3</sup>, Dr Rene Sjaelland <sup>4\*</sup>**

EFPT Exchange Working Group

<sup>1</sup>Department of Mental Health Sciences, University College London, London, UK;

<sup>2</sup>Hospital de Magalhães Lemos, Porto, Portugal;

<sup>3</sup>Department of Psychiatry and Psychotherapy, University of Luebeck, Luebeck, Germany;

<sup>4</sup>Psychiatric Centre of Hvidovre, Copenhagen, Denmark

e-mail\*: sjaelland@gmail.com

**Aims.** To set up the first formalized European Psychiatry Exchange Programme, in order to promote cooperation and intercultural professional exchange among trainees. The objectives of the EFPT Exchange Programme are to:

- Promote awareness of intercultural aspects of psychiatry
- Engage in clinical/research/teaching activities
- Become acquainted with different mental health systems
- Gain experience of different illness manifestations and treatment options
- Experience a different training programme
- Socialize with peer group, promote networking and discuss coping strategies regarding work life balance

**Background review.** Within the medical field, mobility is increasing at different levels including amongst patients and health professionals. It gives rise to diverse challenges in the face of which traditional learning tools and skills may not be sufficient. In psychiatry, the intercultural dialogue becomes crucial when considering different illness manifestations. At an undergraduate level,



elective programmes are increasing while universities move towards a global curriculum. However, at postgraduate level there is very limited provision for such experience.

**Method.** The Programme is organised by a working group within the European Federation of Psychiatric Trainees (EFPT) for trainees of the member countries. It offers 2-6 weeks in observational placements across Europe in diverse areas: Research, neuropsychiatry, sexual health, ECT, homeless people, child and adolescent psychiatry, learning disabilities, forensic, addictions, etc. In the pilot phase in the spring of 2012, 7 countries offered vacancies in their institutions for clinical and/or research programmes. The selection criteria included: Motivation letter, CV, language proficiency and seniority in training.

**Results.** We received 39 applications, and expressions of interest from trainees in 12 different countries, from which 17 were accepted: 2 to Denmark, 4 to Ireland, 1 to Portugal, 6 to Spain, and 4 to the UK. They were mainly female (67%) and in their third year of training (32%), followed by the first (25%) and forth (18%).

**Conclusion.** This innovative exchange programme can help to highlight training differences across Europe and may in the future assist in redefining this structure, with the long term aim of equipping trainees for the practice of psychiatry in the future.

## THE MEDIA AND INTELLECTUALS RESPONSE TO MEDICAL PUBLICATIONS: THE ANTIDEPRESSANTS CASE

**Kostas N. Fountoulakis, Assistant Professor of Psychiatry**

3rd Department of Psychiatry, School of Medicine, Aristotle University of Thessaloniki  
Thessaloniki, Greece

During the last decade there was a debate concerning the true efficacy of antidepressants. Several papers were published in scientific journals but also many articles were published in the lay press and the internet both by medical scientists and academics from other disciplines or representatives of societies or initiatives. The current paper analyzes the articles authored by three representative opinion makers; one academic in medicine, one academic in philosophical studies and a representative of an activists' group against the use of antidepressants. All three articles share similar gaps in knowledge and understanding of the scientific data and also are driven by an 'existential-like' ideology. The scientific information included in the articles is at times completely wrong, overstretched or selective; however it is doubtful that anybody other than high-level academic researchers can trace and tackle these issues adequately. Thus it is concluded that similar articles might misinform and mislead both the lay public as well as the policy makers and eventually harm public health. There seems that this line of thought represents another aspect of the stigma attached to people suffering from mental illness.

## PECULIARITIES OF JURIDICAL AWARENESS OF CONSUMERS OF PSYCHIATRIC CARE

**Irina Hvostova<sup>1</sup> MD, PhD, Tatuana Gemza<sup>2</sup> MD,**

<sup>1</sup> Department of Psychiatry and Narcology,

Belarusian Medical Academy of Postgraduate Education,

<sup>2</sup>City Psychoneurological Clinic

Minsk, Belarus

e-mail: i\_khvost@mail.ru

**Subject:** The paternalistic approach in psychiatry goes back to the past, partnership of a psychiatrist and a patient demands the knowledge of the law regulating psychiatric care by both parties.

**Aim:** Assessment of the peculiarities of juridical awareness of consumers of psychiatric care.

**Materials and methods:** 44 patients receiving psychiatric care in the City Psychoneurological Clinic were anonymously interviewed.

**Discussion and results:** The majority of respondents (59,9%) didn't know about the existence of the law regulating psychiatric care (further - the Law). Nobody could remember its name. Only 20,5% of the interviewed patients were interested in the contents of separate articles of the Law, all of them had access to it in the institution where the psychiatric care was provided.

Respondents were asked to assess, what thoughts and feelings the existing Law caused in them. 40% of respondents experienced the feeling of safety because the Law declared their rights. 5% experienced feared that someone could abuse the Law. 29% of respondents were indifferent to the existence of the Law and thought that it doesn't influence their life in any way. The others were at a loss in an assessment of their emotions.

More than half of respondents (55%) thought that their rights were broken when receiving psychiatric care. 20% of respondents thought that their rights were broken at the point of hospitalization to a psychiatric clinic, 19% suspected medical staff in violating their confidentiality. No more than a quarter of respondents (23%) complained about the violation of their rights to administration of the institution providing the psychiatric care. The vast majority of patients didn't consider that the legislation regulating provision of psychiatric care needed to be changed.

**Conclusion:** As a whole, juridical awareness of consumers of psychiatric care in Belarus is characterized by low interest in the law regulating psychiatric care, by passive behavior in the sphere of defending their own rights, by doubt in loyalty of experts.

## PSYCHOTHERAPY IN COMPLEX TREATMENT OF NON-PSYCHOTIC DEPRESSIVE SPECTRUM DISORDERS

**Sergey Igumnov<sup>1\*</sup> MD, PhD, Professor; Vitaly Zhebentyaev<sup>2</sup> MD, Assistant Professor**

<sup>1</sup>Director of the Republican Research and Practical Center of Mental Health, Minsk, Belarus

<sup>2</sup>Vitebsk State Medical University, Vitebsk, Belarus

e-mail\*: sigumnov67@gmail.com; Tel/fax: +37517 2898048

**The aim** of this investigation was to study the effectiveness of a combination of differentiated short-term psychotherapy and pharmacotherapy with antidepressants, compared with a combination of cognitive therapy and pharmacotherapy with antidepressants.

**Materials and methods.** The study was implemented in a clinical randomized clinical trial. The study included 119 patients with primary non-psychotic disorders of depressive spectrum. 40 patients received clinical and psychological examination, results of which were used to develop differentiated short-term psychotherapy. Experimental group consisted of 44 patients whose treatment is differentiated short-term psychotherapy, developed on the basis of the received data, in combination with standard pharmacotherapy. Comparison group comprised 35 patients whose treatment consisted of cognitive therapy in combination with standard pharmacotherapy. To develop differentiated therapy selected by the following methods: multimodal psychotherapy, cognitive therapy, existential psychotherapy, interpersonal psychotherapy, gestalt therapy, Ericson hypnosis, psychodynamic psychotherapy. Appointment of antidepressants and anxiolytic drugs in the experimental group and comparison group was conducted in accordance with the investigation of the case-control. In the course of a study to develop a differential short-term psychotherapy patients, according to severity and duration of symptoms, were divided into three subgroups: short-term depressive reaction -30 patients, prolonged depressive reaction - 30 patients, and depressive episodes -59 patients. In short-term depressive reactions set a techniques include: a) psychological relaxation sessions, b) exposition techniques, c) cognitive therapy for correction of vulnerable personality traits. With prolonged depressive reaction applied psychotherapy aimed at correcting avoid personality traits in various modalities. When depressive episodes were used personality-based support interventions from cognitive, existential and interpersonal psychotherapy, Ericson hypnosis.

**Results.** By the end of 1st week, there were significant differences from the comparison group on indicators of efficiency, psychic anxiety, somatic symptoms, daily fluctuations in the state ( $P<0.05$ ). On 14 and 21 days of therapy the total number on a scale HDRS-21 in the experienced group was authentically below ( $P<0.01$ ). As compared to the group of comparison for certain the subscales of depressed mood ( $P<0.01$ ) became better anymore, middle insomnia ( $P<0.01$ ), retardation ( $P<0.05$ ), anxiety psychic ( $P<0.001$ ) and anxiety somatic ( $P<0.01$ ), general somatic symptoms ( $p<0,05$ ),

paranoid symptoms ( $P<0.01$ ) and depersonalization ( $P<0.05$ ). According to the questionnaire of SCL - 90 in the experienced group the scales of Global Severity Index GSI ( $p<0,05$ ), somatic symptoms ( $P<0.05$ ), anxiety ( $P<0.05$ ), depression ( $P<0.05$ ) and phobic anxiety ( $P<0.05$ ) reduced more quickly.

Follow-up study has shown, that in the experienced group steadier parameters symptomatic improvement, social functioning and use of received psychotherapeutic experience in life are observed ( $P<0.05$ ).

## THE BELARUSIAN REPUBLICAN RESEARCH AND PRACTICAL CENTER OF MENTAL HEALTH: THE MAIN DIRECTIONS OF THE DEVELOPMENT

**Sergey Igumnov\*, MD, PhD, Professor**

Director of the Republican Research and Practical Center of Mental Health

Minsk, Belarus

e-mail\*: sigumnov67@gmail.com; Tel/fax: +37517 2898048

The Republican Research and Practical Center of Mental Health (abbr. RRPC MH) was founded on 4 February, 2009 in Minsk, the Republic of Belarus.

The main directions of the development of the RRPC MH are as following:

- The study of the actual problems of the psychiatry of elderly age as well as Alzheimer disease and other neurodegenerative disorders, epidemiological researches in the Republic of Belarus, working out clinical and psychological tools for the assessment of cognitive functions; implementation of psychiatric approaches peculiar to elderly age into general medicine;
- Developing of innovative methods of diagnostics and treatment of mental and behavioral disorders in extreme situations;
- The study of the problem of the due diagnostics and therapy of affective disorders including epidemiological research in the Republic of Belarus, working out of the national standards of diagnostics and treatment of depressions and other affective disorders, implementation of the methods of diagnostics of “hidden depression” into general medical practice;
- The study of actual problems of child and adolescent psychiatry: epidemiological researches in the Republic of Belarus, introducing of the tools for psychological assessment of cognitive functions in early childhood; elaborating of the correction and prophylactic programs aimed at prevention of behavioral deviations, alcohol and drug dependence, “non-chemical” addictions such as gambling and “technological addictions” among adolescents;

- Identification of psychological, social-demographic and other factors influencing the indices of the quality of life of the patients suffered from mental disorders as well as chronic somatic diseases;
- Developing of innovative methods of diagnostics and prevention of suicidal and parasuicidal behavior;
- The participation in organizing of interdisciplinary interaction in setting up of the national system of the early identification of the children requiring social and medical-psychological protection of the State;
- Developing of the scientific programs on clinical approbation of the modern psychopharmacological medications according to international research standards;
- Working out and publishing of scientific articles, instructions, manuals and monographs on the topic of the research;
- The development of international cooperation in the area of mental health problems.

The Republican research and Practical Center of Mental Health (abbreviation: RSPC MH) is situated in 152, Dolginovsky tract, Minsk 220053, the Republic of Belarus on the basis of the Republican Clinical Psychiatric Hospital (abbr. RCPH), well known with its profound clinical traditions (it was established in 1919). The RRPC MH consists of research laboratories and research groups included into 2 departments: the Department of Social and Clinical Psychiatry and the Department of Addiction Problems employing more than 30 research workers. Being the main coordinating center in the area of mental health research in the Republic of Belarus, the Center has been developing various scientific contacts with profile research centers and chairs in the Republic of Belarus, Russian Federation and other CIS countries. We hope to establish fruitful scientific cooperation with leading scientific schools and clinics of the European Union, the USA, Japan and other countries.

## SUICIDAL BEHAVIOUR OF ADOLESCENTS AND YOUNG PEOPLE IN MODERN MEGAPOLISES: DIAGNOSTICS, PROPHYLAXIS, CORRECTION

**Sergey Igumnov<sup>1\*</sup> MD, PhD, Professor; Anatoly Gelda<sup>2</sup> MD, PhD, Ass.Professor;  
Tatyana Gelda MD, Senior Researcher; Sergey Davidovski MD, PhD, Senior Researcher**

<sup>1\*</sup> Director of the Republican Research and Practical Center of Mental Health;

<sup>2</sup> Head of Laboratory

Minsk, Belarus

e-mail\*: sigumnov67@gmail.com; Tel/fax: +37517 2898048

The research objects are people aged 15-24, Minsk citizens, who committed parasuicides and suicides. The goal of the research is retrospective suicidological analysis of socio-demographic

characteristics and prospective complex research of suicidological behavior in the cohort of Minsk citizens aged 15-24. In the process of research there were conducted socio-demographic, biographic, experimental psychological, clinical psychopathological and examined predictive factors of high risk of suicidal behavior formation in the cohort of Minsk citizens aged 15-24. To conduct retrospective suicidological analysis we included in the research 1051 parasuicide and 99 suicides altogether, and to conduct prospective suicidological examination we included in the study 114 parasuicides.

As a result of research it was discovered, examined and displayed ( $P < 0.05-0.001$ ) that the relative factors of the risk of performing suicidal actions in the cohort of Minsk citizens aged 15-24 are gender (women are 1.3 times more likely to perform suicidal attempts and men are 4.8 times more likely to commit suicides), age of 21-24 (43-63% of suicidal actions), alcoholic intoxication (the moderator of 60% male suicidal actions, 37% female suicidal attempts and 53% female suicides), level of education (1.7 times more risk for women with incomplete high school education and 1.2 times more risk for men with complete high school education), social (1.4 times more risk for women studying at specialized secondary education institutions and higher education institutions, 1.5 times more risk for employed and 1.6 times more risk for unemployed men) and marital status (for women under 18 — 2.6 times more risk, divorced and widowed — 3.4 times more, cohabiting without de facto marriage registration — 1.8 times more, and for single men of marriage age — 1.8 times more).

The obtained and analyzed research data are the basis for the development of the program of suicide prophylaxis measures among young population of modern megapolises.

## ORGANIC PERSONALITY DISORDER. CLINICAL, DYNAMIC AND PROGNOSIS CHARACTERISTICS.

**Olga Izmailova, MD, Dmitry Romanov, MD, PhD, Assoc. Professor**

Psychiatry, narcology, psychotherapy and clinical psychology department

Samara State Medical University,

Samara, Russia

e-mail: lela707@bk.ru; cell: + 7 9379 86 26 26

Organic personality disorder is not enough studied problem in psychiatry. The great importance is the differentiation of clinical variants of organic personality disorder, which differ in the structural and dynamic characteristics. The issues of therapy and prognosis of this type of mental disorder also remain poorly understood. Most of the patients with this nosology are young people. That makes the problem of studying the various aspects of organic personality disorder especially socially

significant and requires an integrated approach to the diagnosis, prognosis and treatment of this disorder.

**Objective.** The identification of clinical, dynamic and prognostic characteristics of organic personality disorder for further development of a differentiated program of rehabilitation and therapeutic interventions for this group of patients.

**Material and methods.** The study involved 85 patients aged over 18 years with organic personality disorder (F07.0 in ICD-10), hospitalized in a psychiatric hospital of Samara. In the study, we used the methods of research: clinical and psychopathological, catamnestic, functional studies of the brain (EEG, MRI), experimental-psychological, mathematical statistics.

**Results.** At this stage of the study the clinical characteristics of psychiatric disorders and dynamics are assessed. There were defined four main clinical groups which differ in degree of emotional and volitional, cognitive and behavioral disorders, as well as the quality of social adaptation. The data obtained allow implementing a predictive assessment of the different variants of the organic personality disorder, according to which it is necessary to use a differentiated approach to pharmacotherapy and psychotherapy of these patients.

## PERSONALITY ASSESSMENT IN PATIENTS WITH DEPRESSIVE AND ANXIETY DISORDERS

**Nina Kruk, MD, PhD student**

Grodno State Medical University, department of medical psychology and psychotherapy

Grodno, Belarus

e-mail: dlaninki@gmail.com

Personality assessment is always a complicated task. There are a lot of theoretical approaches for understanding and explanation of what the personality is. The lexical approach that was started in Baumgarten's work in 1933 is now one of the most widespread descriptive model or taxonomy for definition of a personality. And it is named the Five-Factor Model or "Big Five". It was created and developed during the 20<sup>th</sup> century and showed repeatability of five factors in personality structure in many cross-cultural researches.

But there is no such kind of research in Belarus still with the exception of one study, which included 70 responders – educators of universities. Furthermore in clinical practice (especially outpatient) brief assessment methods with proven effectiveness are needed.

The **aims** of the study are adaptation and validation of questionnaires (Mini-markers, Big Five Inventory), creation of clinical interview and risk differences assessment for patients with depressive and anxiety disorders in frames of the five-factor model.

**Materials and methods.** We provided translation and back translation of English versions of BFI and Mini. Minnesota Multiphasic Personality Inventory (MMPI) and also semi structured interview were used. Preliminary data was assessed with ROC-analysis.

**Results.** 233 participants without mental illnesses and 192 patients with depressive and anxiety disorders were included in the study. They were also questioned with Minnesota Multiphasic Personality Inventory and semi structured interview within the five-factor model. When compared groups were significantly different in factors of Neurotism ( $p=0.000$ ), Openness to experience ( $p=0.002$ ) and Extraversion ( $p=0.000$ ). The last two were higher for group of healthy participants. But AUC (Area Under Curve), that we got after construction of the ROC-curve, was satisfied for factors Neurotism and Extraversion (0.784 and 0.708 respectively). At least these 2 factors demonstrate good quality of clinical model and diagnostic significance.

**Conclusions.** People with neurotic disease have higher level of factor Neurotism factor and lower – of Extraversion and Openness to Experience. Adopted questionnaires showed their diagnostic significance. Analysis of relationships between “Big Five” and MMPI is being provided and will be discussed in later publications.

#### PHYSICIANS AND SUICIDAL BEHAVIOR: BASIC KNOWLEDGE, ATTITUDES, PROFESSIONAL AND PERSONAL EXPERIENCE

Lasy Y.V.<sup>1\*</sup>, Minkevich K.M.<sup>2</sup>, Vilkockaya N.V.<sup>3</sup>,  
Zacepin A.O.<sup>4</sup>, Vilkocky E.A.<sup>5</sup>, Naumovskaya N.A.<sup>6</sup>, Pilipenko L.K.<sup>7</sup>

Belarusian Medical Academy of Post-Graduate Education<sup>1</sup>, Minsk Regional Clinical Center of  
Psychiatry and Narcology<sup>2</sup>, Minsk City Emergency Hospital<sup>3</sup>, Republican Scientific  
Practical Center “Cardiology”<sup>4</sup>, Republican Research and Clinical Center of Neurology and  
Neurosurgery<sup>5</sup>, Minsk Clinical Hospital N3 in the name of E.V. Klumov<sup>6</sup>

e-mail\*: elasy@tut.by

**Background:** Physicians are well known from studies to confront with suicidal behavior (SB) of their patients frequently in their practice. Moreover, suicide risk is higher among physicians in comparison with other professional groups.

**Aims:** to evaluate (1) basic knowledge of physicians about suicide; (2) frequency of suicide events (SE) within their professional practice and personal history; (3) influence of professional and demographic characteristics on physicians’ basic knowledge of SB, attitudes to it and frequency of SE.

**Method:** the questionnaire “Specialists attitudes to suicide” (developed by authors) has been proposed anonymously to the group of physicians.



**Results:** 425 copies of questionnaire have been filled (male – N=179, 42.1%). More than 70% of respondents considered suicide to be the consequence of mental disorder. No more than 30% agreed that not only psychiatrists are to be involved in suicide prevention. The portion of 58% has reported the experience of patient's suicide and 67% - of parasuicide in their practice. More than 80% mentioned the personal emotional influence of suicidal act. 15% of respondents lost someone from their close people in consequence of suicide. About 37% of physicians had suicidal thoughts and 8% have reported an act of deliberate self-harm ever in their life. The level of knowledge regarding symptoms and treatment of depression has turned to be unsatisfactory.

Statistically significant bonds ( $p<0.05$ ) have been revealed between specialty, sex, age, religiosity and years of practice on the one side, and physicians' knowledge of suicide causes, its connection with mental disorders, belief in possibility to prevent suicide, SB frequency in practice and strength of its influence on doctor, number of suicidal events in personal history and knowledge about depression, on the other. Psychiatrists appeared to be more sensitive in perception of SB of their patients and have reported their own suicidal ideation more frequently than other specialists.

**Conclusions:** the educational programs in the field of depression detection and suicide risk evaluation are badly needed for physicians. Besides, physicians need psychotherapeutic and psychiatric assistance much more urgently than it was evaluated before. Further studies are necessary to clarify more precisely the peculiarities of personal and professional traits' influence on the quality of suicide risk assessment and doctors' emotional well-being.

## PSYCHIATRIC TRAINING IN MINSK, RIGA AND VILNIUS

**Jonas Mikaliunas\* MD, Laurynas Bukelskis MD, residents in psychiatry**

Vilnius University, Department of Psychiatry, Lithuania

e-mail\*: jonas.mikaliunas@gmail.com

13 April 2012 psychiatric trainees from Vilnius organised their first international conference. Colleagues from Latvia and Belarus were invited. The main topic of the conference was the discussion: "Strengths, Weaknesses and Future Expectations of Psychiatric Training". There were also presentations made by trainees and workgroups (e.g. first psychosis episode, psychodrama, training psychotherapy for psychiatrists etc.). Please find below some insights from the discussion.

**Prof. Vita Danileviciute** (Head of Psychiatric Training at Vilnius University): Hopes – The Clinic of Psychiatry is ready to: listen to residents' needs; get proposals concerning residency; improve collaboration between residents and teachers.

**Assoc. Prof. Sigita Lesinskiene** (Head of CAP Training at Vilnius University): You can't work only as a bio or as a psycho or as a social. It's always balancing between medicine and social science and also psychotherapy.

**Assoc.prof. Elmars Rancans** (Department of Psychiatry and Narcology, Riga Stradins University): Residency is a period of time, when you can invest in yourself as much as you can. Universities are made for serving your needs, you are the clients. We are here not to teach you, but to help you learn.

**Dr. Dmitry Krupchanka** (Belarusian Medical Academy of Postgraduate Education): Obligatory distribution - non-motivated residents. We have 1 year psychiatric residency in Belarus and we dream about 2 or 3 years residency.

**Prof. Dainius Puras** (Child and Adolescent Psychiatrist, Past Dean of VU Medical Faculty): We are in the process of moving from the wrong idea – that a resident is just a student, to a modern idea – that a resident is first and foremost a doctor. And you can use this space and develop your critical thinking which is the most important competence in our specialty.

**Dr. Nikita Bezborodovs** (Representative of Latvian Psychiatric Residents): Most important issues in psychiatric training in Latvia are: 1) Psychotherapy training (although situation from last year is changing); 2) Institutional support; 3) Psychiatric rehabilitation, community psychiatry.

**Dr. Judita Augenaite** (Representative of Vilnius University Psychiatric Residents): Most important issues in psychiatric training at Vilnius University are: 1) Lack of supervisions; 2) Psychotherapy training; 3) Implementation of new training program; 4) Working conditions; 5) Lack of accredited or high quality facilities.

**Dr. Jonas Mikaliunas**: There are 3 different types of supervision – clinical, psychotherapy and individual educational (UEMS). Most of what we lack is educational supervision. We could try to move from teacher and student “school like” relations, to trainer and trainee (doctor - doctor) relations.

## THE INFLUENCE OF TELEVISION ON MENTAL STATE OF CHILDREN AND TEENAGERS

**Irina Morozova, MD**

Psychiatry, narcology, psychotherapy and clinical psychology department

Samara State Medical University

Samara, Russia

e-mail: [eduardamey@mail.ru](mailto:eduardamey@mail.ru)

It is known that the TV influences negatively on mental and social development of children and teenagers, increases the level of verbal and physical aggression, antisocial behavior, prevalence of gender and ethnic stereotypes, and also increases psychopathological frustration that is connected with anxiety. The more children and teenagers watch TV, the less time they spend on reading,

communicating, physical activity. The definition of specificity of the negative influence of TV is rather topical.

The studying of the influence of television on a mental state of children and teenagers was an aim of this research.

35 children and teenagers at the age of seven to seventeen years (23 boys and 12 girls) have taken part in the research, which was made on the base of the Samara children's city clinical hospital № 1. The technique of the screening-diagnostics of mental pressure and neurotic tendencies of children and teenagers (Nosachev G., Hajretidinov O., Pechkurov D., Uvarovskya O., 2004) was used in the research. The technique has been modified by the researcher and the authors for children and teenagers because primary it was a questionnaire for parents. The technique is directed on revealing of symptoms of mental pressure and neurotic tendencies of children and teenagers, which are classified in 9 scales. These scales reflect the degree of expressiveness of vegetative infringements, astenization, frustration of a dream, infringements of appetite, the symptoms of the depressive spectrum, the increased uneasiness, phobias, pathological habitual actions, extrapunitive aggressions.

As a result the following facts were established: about a half of the questionnaired children and teenagers prefer TV-programs, soap operas, films with the negative context, more than a half of the investigated spend more than 2 hours a day for watching TV-programs and video films; 37 % of children and teenagers say about the symptoms of exhaustion after watching TV. Criminal and informational programs, and also detective and fantasies correlate more syndromes of mental pressure, than the films with the fantastic and mystical context and modern cartoons. The children and the teenagers who are keen on TV-programs, serials, the films that contain the scenes of violence, show the high level of extrapunitive aggression.

Thus, the research has revealed the specific negative influence on a mental condition of children and teenagers. The received results about TV's negative influence can be used in working out of the psychopreventive and rehabilitation programs of the complex treatment of children and teenagers with the somatic pathology.

## THE CONFIRMATORY FACTOR ANALYSIS OF SCHIZOPHRENIA'S CLINICAL STRUCTURE

**Anastasiya Nestsiarovich MD, Victor Obyedkov MD, PhD**

The Republican research and practice center of mental health, Department of psychiatry

Minsk, Belarus

e-mail: nestsiarovich@mail.ru +375 29 377 14 42

**Objectives:** The problem of clinical subtyping of schizophrenia is still not solved. The confirmatory factor analysis applied to the symptoms of clinical psychometrical scales of schizophrenia (such as SAPS/SANS) in plenty of studies reveals the classical three-factor structure of schizophrenia: positive symptoms, negative symptoms and disorganization. Nevertheless when the same analysis is conducted on the level of separate signs of scales the results vary from two clinical dimensions to seven. Some studies allocate “disordered relating” as independent clinical pattern.

**Aim:** To determine basic psychopathological dimensions in symptom structure of paranoid schizophrenia in Belarusian sample.

**Material and methods:** 90 patients diagnosed paranoid schizophrenia (46 men and 44 women) were examined by Scale for the Assessment of Negative/ Positive Symptoms (SAPS/SANS). Confirmatory factor analysis has been conducted on the level of separate item and sign scores of scales. To extract the factors PCA method with Varimax rotation were used.

**Discussion and results:** On the level of items factor analysis revealed three classical dimensions: positive symptoms, negative symptoms and disorganization. On the level of clinical signs four dimensions were detected: paranoid, disorganization, psychomotor poverty, social disadaptation. The last one included symptoms of anhedonia-asociality which reflects lack of involvement into interpersonal relationships and low quality of life. The defect of social functioning is considered to be an independent psychopathological dimension and the “secondary” negative (deficit) manifestation.

**Conclusions:** defect of social functioning is an independent target for therapeutic interventions, which requires intensive training of interpersonal communication skills and social activity in patients with schizophrenia.

## PREDICTORS OF PARASUICIDES WITH SEVERE MEDICAL SEQUENCES

**Olga Paravaya<sup>1\*</sup>, MD, Yauheni Lasy<sup>2</sup> MD, associated professor, Evgeny Sheremet<sup>1</sup> MD,**

<sup>1</sup>Republican Research and Practical Center of Mental Health

<sup>2</sup>Belarusian Medical Academy of Postgraduate Education

Minsk, Belarus

e-mail\*: olgaparavaya@gmail.com

**Objectives:** There is an ongoing discussion about intent to die in self-injuries and its influence on suicidal acts' outcomes. One of the hypotheses implies that severe medical damage can serve as the indication of real wish to die and to be in this case a strong predictor of consecutive suicide or parasuicide.

**Aim:** To reveal factors contributing to the severe suicide attempts.

**Material and Methods:** We used Piers Suicidal Intention Scale (SIS), Beck Scale of Suicidal Ideation (SSI), Beck Hopelessness Scale (BHS) and the Scale of Suicide Motives. Data were processed with SPSS 18. For revealing variants contributing to parasuicide severity we used regression analysis.

**Discussion and results:** According to the different models of regression analysis, the higher rates of SSI, the SCL-90's Subscale of Depression and hopelessness revealed by the BHS increased severity of parasuicide in examined group. The fact of alcohol intoxication at the same time decreased it.

After dividing by gender other significant variables were revealed. For women, the severity of suicide attempt was increased with the high scores of the SSI, drastic suicide attempt previously, sexual abuse in anamnesis and diagnosis of Bipolar affective disorder, and vice versa, it was decreased with the young age and the fact of alcohol intoxication. For men's depression, hostility according to the SCL-90 increased and alcohol intoxication decreased the severity of suicidal act.

It seems unexpected that alcohol intoxication decreased severity of suicide attempt, because more than 60% of suicide in Belarus committed in the state of alcohol intoxication. In our study 67% of examined people did suicide attempt in the state of alcohol intoxication. Our results can be explained by the fact of the controversial influence of alcohol consumption on the suicidal acts. On the one hand, alcohol intoxication can make person to act in the more impulsive way and reduce sensibility to pain; on the other hand, it may result mainly manipulating acts which don't imply death as the aim. The higher rates of hostility according SCL-90 can be associated with the ability to externalize aggression which may reduce the risk and severity of self-injury in patients.

**Conclusions:** We should pay special attention to patients with alcohol misuse and depressive symptoms including hopelessness. General population should be informed about risk of alcohol consumption in crisis state and educated about alternative coping strategies.

## CLINICAL AND SOCIAL CHARACTERISTICS OF PATIENTS WITH VARIOUS TYPES OF BIPOLAR DISORDER

**Natalya Pizhamova MD, Senior laboratory assistant**

Psychiatry, narcology, psychotherapy and clinical psychology department

Samara State Medical University

Samara, Russia

e-mail: n.pizhamova@gmail.com, Tel: + 7 9277 07 13 14

**Objective.** Diagnosis of bipolar disorder is often incorrect due to missed hypomaniacal episodes. Research objective was studying of clinical and psychopathological features of episodes and socio-environmental adaptation at patients with various bipolar disorder categories.

**Methods.** Clinicopathological, catamnestic, scales of an estimation the bar statistical.

40 patients of a psychiatric hospital were investigated (16 men and 24 women).

**Results.** Research of maniacal episodes has shown that for the first time the episode arose at the age from 18 to 41 years, middle age of occurrence of the first episode of mania has made 21,8 years. According to our research, the irascible mania (44,2 % investigated) is the most widespread clinical variant of maniacal episodes at which on the foreground left **soreness**, fault-finding, aggression, dysphoria.

The classical mania has been presented in 12 %. The mixed episodes investigated at 3,5 % for which the one-stage coexistence or rapid cycling were presented.

The depressive episode occurs for the first time at the age from 16 till 39 years, middle age of occurrence - 26,8. The minimum duration - 29 days, maximum - 95. Average duration of episodes on 1 patient - 65,7 days. The classical variant of a depressive episode were prevailed, adynamic depression was observed in 8,6 % of cases, disturbing - in 6,9 %, delusional symptoms was observed at 15,5 % of patients.

Two groups were allocated among investigated patients: 1 group of patients in which clinical picture maniacal episodes were prevailed (25 patients) and 2 group - patients with prevalence of depressions (15 patients).

**Conclusions.** The conducted research has shown that at patients of the first group frequency of the phases of hospitalization connected with occurrence was above, than at patients with prevalence in a clinical picture of depressive symptoms. Number of patients who completely disabled was also higher in the first group. The quantity of **attempted suicides** at the second group patients was twice above. Patients of both groups received following treatment: treatment antipsychotics, antidepressants, mood stabilizers, tranquilizers, an ECT.

As a result of research it has been revealed that classical variants of depressions and atypical variants of mania prevailed in a clinical picture of affective episodes of the investigated patients with bipolar disorder. It was marked that more quantity of episodes and more expressed **socio-environmental adaptation** is in group of patients with prevalence of maniacal episodes. The risk of a suicide was two above in the group of patients with prevalence of depressive symptoms. Medication with mood stabilizers was obviously deficient, especially for second group patient.

# DEPRESSIVE-ANXIETY SYMPTOMS AND COPING STRATEGIES IN PATIENTS OF MULTIPLE SCLEROSIS

**Ihar Popenya**

Department of Psychology and Psychotherapy,  
Grodno State Medical University, Grodno, Belarus.

e-mail: isp@open.by

**Background.** Stress is a usual satellite of multiple sclerosis (MS). Processes of coping and psychological defense mechanisms are important ways of adaptation in chronic diseases. The high level of depressive and anxiety disorders in MS can be associated with particularity of MS patient's coping with their somatic state.

**Objective.** To identify the type of common coping methods for stressful situation and their association with level of depression and anxiety in MS patients.

**Materials and Methods.** The study included 47 patients (36 (77%) female ones and 11 (23%) male, middle age - 38,5 ( $\pm 12,7$ )) with identified diagnose of MS from Grodno hospitals. The level of depression and anxiety was investigated by Hamilton Rating Scale for Depression (HDRS) and Hamilton Anxiety Rating Scale (HARS). Coping strategies were defined by E. Heim test, which elicits behavioral, cognitive and emotional coping.

**Results.** 72,3% of examined patients had clinically significant symptoms of depression, 62,2% - anxiety symptoms. Middle level of depression among MS patients was 14,6 ( $\pm 9,66$ ) scores on a HDRS (13,1 ( $\pm 12,45$ ) in male patients, 15,1 ( $\pm 8,79$ ) - in female), level of anxiety - 13,3 ( $\pm 9,55$ ) scores on a HARS (11,3 ( $\pm 11,66$ ) in male patients, 13,9 ( $\pm 8,97$ ) - in female). In our study we identify that MS patients mostly use such coping strategies as distraction, altruism, disregard, humility, countenances preservation, problem analysis, religiosity, optimism, emotional repression, although these strategies hadn't correlations with depression and anxiety level. On the other hand some coping strategies, which are not very popular among MS patients, had statistically verified link with level of depression and anxiety: cooperation had a positive correlation with depression level; perplexity, protest positively correlated both with depression and anxiety; appeal for help had a positive correlation with level of anxiety; lastly, constructive activity had a statistically verified negative correlation both with depressive and anxiety symptoms.

**Conclusions.** Belarusian MS patients have a high level of depressive and anxiety symptoms. Some coping strategies using by MS patients are associated with the severity of depressive and anxiety symptoms. However, these correlations can be interpreted in two ways from position of cause-and-effect relationships: coping strategy can be as a cause and a consequence of depression and anxiety. This information can be used in planning of psychocorrectional work with MS patients.

Key words: multiple sclerosis, depression, anxiety, coping.

## SUICIDE IN SCHIZOPHRENIA: RELATION TO DRUG TREATMENT AND SIDE EFFECTS

**Johan Reutfors\* MD, PhD; Shahram Bahmanyar MD, PhD; Robert Bodén MD, PhD; Lena Brandt MSc; Erik G. Jönsson MD, PhD; Anders Ekblom MD, PhD; Urban Ösby MD, PhD**

\*Clinical Epidemiology Unit, Department of Medicine, Karolinska Institutet,

Stockholm, Sweden

e-mail\*: johan.reutfors@ki.se

**Objective.** Patients with schizophrenia are at increased risk for suicide, but data from controlled studies of how pharmacotherapy and side effects are related to suicide risk is limited. The aim of the study was to explore suicide risk in relation to prescription of antipsychotics and antidepressants as well as in relation to extra-pyramidal side effects.

**Material and Methods.** Of all patients with a first clinical discharge diagnosis of schizophrenia or schizoaffective disorder in Stockholm County between 1984 and 2000 (n=4,000), patients who died by suicide within five years from diagnosis were defined as cases (n=84; 54% male). Individual matching was performed with one schizophrenia control per suicide case from the same population. Information on prescribed medication and side effects was retrieved from psychiatric records in a blinded way. Associations between exposures and suicide risk were evaluated by conditional logistic regression while adjusting for possible confounding factors (age at onset, sex, and education).

**Results.** A lower suicide risk was found in patients who had been prescribed a second generation antipsychotic (clozapine, olanzapine, risperidone, or ziprasidone; 12 cases and 20 controls): adjusted odds ratio [AOR] 0.29 (95% confidence interval [CI], 0.09-0.97). When the 6 cases and 8 controls that had been prescribed clozapine were excluded, the AOR was 0.23 (95% CI, 0.06-0.89). No significant association was observed between suicide and having been prescribed any antidepressant (33 cases and 30 controls) or any antipsychotic (83 cases and 83 controls). A history of akathisia did not affect the suicide risk significantly: AOR 1.21 (95% CI, 0.44-3.33). However, a lower suicide risk was found in patients with other extra-pyramidal side effects: AOR 0.33 (95% CI, 0.12-0.94).

**Conclusions.** The lower suicide risk for patients who had been prescribed second generation antipsychotics may be related to a pharmacological effect of these medications, to differences in compliance, or to differences in other characteristics associated with a lower suicide risk. Having extra-pyramidal side effects (except akathisia) appears to be associated with lower suicide risk in the early phase of schizophrenia; a possible explanation for this might be higher antipsychotic medication adherence among these patients.



## RESEARCH OF HOSPITALISM CLINICAL AND REHABILITATION ASPECTS AT THE PSYCHIATRIC HOSPITAL PATIENTS.

**Vladimir Rossiyskiy, MD, Psychiatrist**

Samara Psychiatric hospital

Samara, Russia

e-mail: vladimir.rossiyskiy@gmail.com, Tel: + 7 9277 00 56 35

The hospitalism phenomenon is considered as an important problem of social psychiatry. The phenomenon reason, its clinical displays, preventive and rehabilitation aspects are not up to the end studied.

**Research objective** was definition of hospitalism's clinical and social characteristics at psychiatry hospital patients for perfection of rehabilitation actions.

**Research problems:** 1. Revealing clinical and social factors participating in hospitalism development at psychiatry hospital patients. 2. Definition of hospitalism's clinical and psychopathological structure.

Work was carried out on the basis of the Samara regional psychiatric hospital.

35 patients of a psychiatric hospital - men and women at the age from 18 till 65 years have been investigated.

**Methods of research:** clinicopathological, psychometric, sociometric, statistical.

Clinical and the social factors promoting hospitalism formation at a psychiatric hospital patients were revealed as a result of research. The hospitalism clinicopathological structure were defined, classification of hospitalism severity levels was developed. Correlation between hospitalism intensity degree, its clinicopsyhopathological features and the social factors, promoting its formation were investigated.

## THE ASSESSMENT OF SUICIDAL RISK IN CLINICAL PSYCHOLOGISTS DURING THE PROCESS OF PROFESSIONAL EDUCATION.

**Elena Shmunk\*, MD, PhD, A. Kedrovskaya MD, PhD**

Tomsk, Russia,

e-mail\*: eshmunk@mail.ru

**Background.** Nowadays the problem of suicide remains one of the sharpest mediko-social and psychological problems. According to World Health Organization, suicides are one of three principal causes of death of people in the age of 15-44 years all over the world. The professional affiliation has certain risks. In medical corporation one of the greatest suicide risks takes place in psychiatrists and psychotherapists, including also psychologists-psychotherapists.

**Aim.** To estimate suicidal risk in students of the faculty of clinical psychology and psychotherapy.

**Materials and methods.** Several scales for the assessment of suicidal risk were used (Antisuicidal motivation scale [Vagin Y.], Beck depression inventory, Beck scale of hopelessness, Taylor's anxiety scale, suicidal risk scale [Ljuban-Plots B.]. Statistical processing was made with program STATISTICA 6.0.

**Results:** 30 students studying in IV, V courses (age 20-22 years) of the faculty of clinical psychology and psychotherapy were investigated. Suicidal risk in clinical psychologists was not very high (3,5 points on average); depressive symptoms weren't observed (6,6 points, Beck depression inventory); hopelessness wasn't found (2,2 points, Beck scale of hopelessness). The level of anxiety (Taylor's technique) was moderate with a tendency to high (18,7 points).

There were several antisuicidal motivational complexes in clinical psychologists: narcissistic, cognitive hope, time inflation and ethical. Suicidal risk was low in those students who supposed that suicide is an equivalent of weakness and cowardice, "disgraceful flight" ( $p < 0,05$ ). Suicidal risk was high in those students who had high rates of depression, anxiety and feeling of hopelessness ( $p < 0,05$ ).

**Conclusion.** To sum up, generally the suicidal risk in students of the faculty of clinical psychology and psychotherapy is low. Attention should be paid to early recognition of symptoms of depression, anxiety and feeling of hopelessness as they are correlated with high risk of suicide.

## DEVELOPING FRAMEWORK FOR IMPLEMENTATION OF NATIONAL DISASTER MANAGEMENT ACT 2005 AND DISASTER PREPAREDNESS IN INDIA

**Suman Kr. Sinha, MD**

Department of Psychiatry, Lady Hardinge Medical College,  
Delhi, India

e-mail: drsumansinha@gmail.com

**Objectives:** National Disaster Management Act was enacted in India in 2005 to establish institutional framework and legal authority for disaster management in India. It prescribes setting up of dedicated disaster management structures at national, state and district level with specific disaster management plans and financial allocation at each level. The study was aimed at accessing the implementation of this Act at national, state and district level in India.

**Methods:** An observational study was done in 2012 using information available in the public domain to access establishment of administrative framework at all levels under the National Disaster Management Act 2005.

**Results:** It was observed that though broad institutional framework has been established at the national and the state level many districts are yet to get district disaster management authority and district disaster management plan. Creation of separate fund for disaster relief is also lacking in

many districts. Establishment of dedicated helpline number for disaster management has been done in only a few of the states.

**Discussion:** India is country prone to all types of disasters. Though it has been over 6 years following enactment of the National Disaster Management Act the basic framework for management of disaster at all level is still not complete. Delay and deficiencies in establishing district disaster management authority, district plan for disaster management and dedicated funding mechanism needs to be addressed urgently. National Disaster Management Authority, which has been mandated with monitoring and implementation of the National Disaster Management Act, needs to plug these gaps in disaster preparedness.

## LANGUAGE DISTORTIONS RELATED TO COGNITIVE DYSFUNCTION IN MILD DEPRESSIVE STATE

**Daria Smirnova<sup>1</sup>, MD, PhD, Elena Sloeva<sup>2</sup>, PhD,  
Natalia Kuvshinova<sup>2</sup>, PhD, Alexander Krasnov<sup>2</sup>, MD, PhD, Professor,  
Dmitry Romanov<sup>1</sup>, MD, PhD, Assoc. Professor, Gennadii Nosachev<sup>1</sup>, MD, PhD, Professor**

<sup>1</sup> Psychiatry, narcology, psychotherapy and clinical psychology department

<sup>2</sup> Pedagogics, psychology and psycholinguistics department

Samara State Medical University,

Samara, Russia

e-mail: daria.smirnova.phd@gmail.com; cell: + 7 9272 02 66 99

**Objective.** Mild depression is not diagnosed or false positively diagnosed in clinical practice. Whereas nonverbal (motor) and affective components are similar to variations of normal sadness in healthy individuals, difficulties in diagnostics are connected with interpretation of associative component of depressive triad which is presented in patient's speech. The precise study of verbal structure and semantics of speech in relationship to thought disorder/cognitive dysfunction as the only sensitive indicator of mild depression is hypothesized to clarify the diagnosis and clinical perception of this mental state.

**Methods.** 124 patients aged  $41,85 \pm 11,89$  years (67% female) with mild depression were studied at the moment of the first request for medical help. 77 healthy persons (65% female), including 35 healthy persons with life problems and reactions of normal sadness, were observed as controls. Speech was studied using a number of standard psycholinguistic procedures at the superficial and deep levels of Russian language. Statistical data analysis included descriptive methodics, nonparametric analysis (U-criteria Mann-Whitney, test by Wald-Wolfowitz,  $p < 0,05$ ), mathematic modeling of discriminate analysis ( $\lambda$ -Wilks; method Standard).

**Results.** The definite clinical criteria were revealed as differentiation of mild depression on common psychopathological subtypes such as anxious, asthenic-hypodynamic and melancholic. The content of an affective component, semantics of an associative component, leading component of depressive triad and direction of the prevailing time representation were observed in significant correlation with leading hypotymic affect. The following speech indicators were revealed in correlations with the mood state and depressive subtypes. Lexical-stylistic sublevel of written speech demonstrated verbosity, narration dominated over reasoning, signs of oral speech, increased number of phraseologisms, tautologies, lexical and semantic repetitions, metaphors, comparisons, inversions, ellipsis. Lexical-grammar sublevel contained more pronouns of all types with the prevalence of personal pronouns, imperfective verbs in preferential past tense. Syntactical-stylistic sublevel represented the prevalence of simple sentences, truncated and impersonal types, the inversive order of words. Component analysis of patients' speech demonstrated the distortion of quality and reduction of semantic component.

**Conclusions.** The most pronounced changes in speech, mainly within deep structures, were revealed in melancholic subtype; superficial level of speech was damaged mostly in asthenic-hypodynamic subtype; speech was similar to healthy controls and contained the resource signs in anxious subtype. The disruptions of structure and semantics of speech demonstrated the most clinically pronounced thought disorder in melancholic depression while the cognitive adaptability level was higher in anxious depression.

## REHABILITATION PROGRAMS IN NEUROCOGNITIVE DEFICITS TREATMENT

**Anna Spikina\*, MD, PhD, A. Savelyev-MD, PhD, Professor**

Medical Academy of Postgraduate Education,

St. Petersburg, Russian Federation,

e-mail\*: a-spikina@yandex.ru

Neurocognitive deficits in schizophrenia patients is a major health and social problem of modern psychiatry nowadays. Many patients with schizophrenia are of working age and there is a high enough percentage of their disability. That is why this problem is of very high social and medical importance.

**Objective:** to study the influence of neurocognitive training on higher cortical functions in schizophrenia patients and to evaluate their effectiveness in the treatment of schizophrenia.

**Material and Methods:** we formed groups of patients diagnosed with paranoid schizophrenia undergoing treatment in the departments of rehabilitation and day hospital. All patients received adequate pharmacotherapy with atypical neuroleptics. Patients of the main group (102 patients)

additionally participated in the training of cognitive deficits. Patients included in the comparison group (48 patients) received only pharmacotherapy.

**Methods:** Clinical (advanced clinical psychopathological interview), paraclinical (psychological study of neurocognitive deficits in a battery of standard tests, the study of social functioning of patients - the scale of PSP). Study design: Initial evaluation of patients was carried out at the first call, prior to the neurocognitive training. Follow-up study was conducted one month after completion of training programs and the final examination, after a year. In the comparison group surveys were conducted with the similar frequency. Structure of trainings: Intensive training is conducted during the stay of patients in the department of rehabilitation at a frequency of at least two times a week. The duration of each session not exceeding 60 minutes. The total number of classes at the stage of intensive training is 10-12. Trainings are held two times a week. Supporting phase is aimed at maintaining and strengthening depleted during an intense phase of cognitive skills, as well as strengthening of the studied material, with following inclusion of patients in social programs. Trainings performed with a frequency of 1 every 2 weeks for six months. The duration of each session is 60 minutes. On stage, supporting the group can include more people from different groups (10-14), past the stage of intensive training.

**Results:** After training the cognitive processes in schizophrenia patients were obtained by increasing the tempo of the performance, improving concentration, improving the adequacy of long-term thinking and memory have been identified trend towards an increase in operational short-term memory. According to the survey indicated an increase in all indicators (the difference with the control group ranged from 3% to 26%), the maximum improvement falls on visual memory, and minimal attention to the function.

**Conclusion:** The neurocognitive training showed itself as an effective method of correcting neurocognitive deficits.. Inclusion of these trainings in the rehabilitation program helps to reduce the term of the patients stay in hospital and rapid integration into society.

## MYTHOLOGICAL IMAGINATIONS AND CULTURAL STIGMA OF MENTAL ILLNESS IN PATIENTS WITH SCHIZOPHRENIA

**Tatiana Tsiatserkina<sup>1</sup> MD, Olga Korsak<sup>2</sup> MD, PhD**

<sup>1</sup>Republican research and practice center of mental health;

<sup>2</sup>The state pedagogical university of name of M.Tank

Minsk, Belarus, e-mail: mikulovic@mail.ru

**Introduction.** Not enough attention in psychiatric literature is given to cultural aspects, in particular ones connected with mythological component of public consciousness. Meanwhile, their elements can make a basis of psychopathologic constructions, for example, of archaic and religious delirium.

**Materials and Methods.** As an object to study mythological imaginations in Belarusian society we choose the apothropeic (protective) texts in which instructions to realization of traditional magic rituals based on residual pagan views are given. The remains of the last took roots in public consciousness so deeply that in spite of scientific and technical progress became a natural element of an everyday life of Belarusians.

**Results.** As a result of the analysis of apothropeic texts certain analogies to the psychopathological phenomena observed in a clinical picture of schizophrenia are revealed. Among them the magic thinking, restriction of volitional nature of mental and behavioral activity and derealization-depersonalizational phenomena are defined as the main. The last are presented by the changed perception of surrounding reality and themselves, based, first of all, on "antiworld" experience which is meant as all negative that accompanies schizophrenia and is connected with semantics of death. There are bases to assume that ideas of "another world" developed, including, and on experience of contacts with the people having mental deviations. Patients with schizophrenia still allocate with the fantastic features inherent in the "beyond, left, negative world" that largely defines the stigmatization of them.

**Conclusions.** The way out of a situation is seen in the psychoeducation, one of the components of which supposes the demythologization of public consciousness.

## RISK OF STROKE IN MIXED DEMENTIA: FOLLOW-UP STUDY

**Dina Tukhvatullina MD, Research Fellow**

Mental Health Research Centre, Russian Academy of Medical Sciences

Department of Alzheimer Disease and Related Disorders

Moscow, Russia

e-mail: dinatu\_uk@yahoo.co.uk

**Background:** Mixed Dementia (MD) is considered as Alzheimer's disease associated with cerebrovascular disease. Vascular risk factors are common in MD. It was shown that strokes and TIA occurs in history of dementia. Those vascular changes were confirmed by MRI data, which is one of obligatory criteria of MD diagnosis.

The aim was to study frequency of stroke and mortality in history and follow-up of MD.

**Methods:** all patients admitted to the psychogeriatric unit for the first time from 2005-2009 with diagnose: mild and moderate MD. The length of follow-up study is 3 up to 9 years from the first admission. The sample of non-selected cohort made up 94 patients (m/f 1:3.9). The mean age at the

first admission was  $76 \pm 5.4$ . The duration of dementia in average is 4.2 years. A history of stroke was in 37.1 % of MD cases. MRI picture of ventricular and subarachnoidal space enlargement was common whereas signs of leukoaraiosis as well as number and localization of vascular focal changes varied significantly.

**Results:** A history of stroke defined in 35.1% cases of MD. Strokes made up 41.4% before the onset of dementia and 68.6% after. Strokes occurred at 0-1 year before the onset of MD in 8.2 %, 2-6 year and over in 17.2 % cases respectively. Whereas strokes developed after the onset of MD during 2-6 years in 37% and 20.7% of cases over 6 years. In this cohort 16 patients administered with stroke during follow-up period (10 cases were administered for the first time and other 6 developed repeatedly). 11 of them died due to the stroke.

**Conclusion:** The follow-up study confirmed a high risk of stroke in MD. This data needs to compare with the rate of dementia progression. The treatment of vascular risk factors is critical in complex of antidementia intervention.

## ‘SUBJECTIVE PSYCHOLOGY’ OF TRUE HALLUCINATIONS AND PSEUDOHALLUCINATIONS

**Nataliya Voynova MD, resident doctor**

Moscow Research Institute of Psychiatry

The project’s advisor: associate professor Boris Voskresensky

Russian State Medical University, chair of psychiatry and medical psychology,

Psychiatric Hospital №1

Moscow, Russia

e-mail: dark\_eva@mail.ru

True hallucinations and pseudohallucinations are well known as typical for some psychiatric disorders. Their correlation with normal psychical functions such as perception and conception has been discussed for a long time. Clue to this issue, particularly, could be found by careful examination of patient’s subjective, self-reflexive psychic organization. In this way, the aim of present research was to investigate this possibility studying the patients' subjective psychic organization by taking their subjective interpretations of the "perception", "conception" and, after, their own correlation of their hallucinatory phenomena with one of these terms.

The research was made on the base of Psychiatric Hospital №1 in Moscow. 25 patients having schizophrenia spectrum disorders (F20, F23 in ICD-10) for 5 and more years (follow-up verified diagnoses) with hallucinations and/or pseudohallucinations in their structure were assessed (Group 1). Also two groups of comparison were combined: 4 patients with endogenous affective disorders without psychotic symptoms (F3 in ICD-10, Group 2) and 15 healthy people (Group 3). No special

knowledge in psychiatry or psychology was allowed, what's gone as a main criterion of selection for all three groups. Research was made using clinical psychopathological method - a special questionnaire, with which patients (Group 1) were asked to correlate their "voices" (in- and/or external) with perceptions and conceptions, to explain why they preferred one or another variant then and, afterwards, to interpret both terms. Members of groups 2 and 3 had to do the third part, explaining the meaning of "perception" and "conception".

**Results:** patients from Group 1 had no difficulties with the task and mostly have brought their pseudohallucinations into correlation with perception. This result is contrary to our consideration at the start: more "complicated" psychopathological phenomena (pseudohallucinations) were correlated with "simpler", less subjectively specified psychical function. This "paradox" was illustrated by patients: "I perceive from...", but not "... what". So, perception was reconsidered by patients as a forcible phenomenon, the display of influence extraneous for their psyche. Conception was interpreted by patients as a psychic process of their own. Characteristics of true hallucinations were less defined. Members of Group 3 hadn't the courage to give defined terms without some minutes for reflection, but after thinking for a while, they gave definitions close to academic ones. Group 2 takes an intermediate position with their formulations in common similar to the Group 3.

**Conclusions:** the results have shown the fundamental difference between perception as normal psychical function and perception as morbid, forcible experience. From this point of view, pseudohallucinations seem to be separate experiences of different structure that are alien to normal psychic functions, and cannot be considered as disorders of conceptions or perceptions. Thereby, patients with schizophrenia have their psychic organization to become more complicated in some ways. Results of this research open some perspectives for psychotherapeutic work with psychotic patients.

## PREVALENCE OF DEPRESSION IN LATVIAN MEDICAL SERVICES AND IN THE GENERAL POPULATION OF LATVIA

**Jelena Vrublevska<sup>1\*</sup> MD, PhD student, Elmars Rancans<sup>2</sup> MD, PhD, Professor**

<sup>1</sup>Riga Stradins University, Division of Doctoral Studies, Riga, Latvia

<sup>2</sup>Riga Stradins University, Department of Psychiatry and Narcology,

Riga, Latvia

e-mail\*: vrublevskaja@inbox.lv

**Background.** Depression is one of the most frequent and burdensome mental disorder in European Union [1]. Patients with unrecognized depression consult with medical services more frequently, and consume greater health care resources [2]. Across European countries only 37% of subjects



with mood disorders in the last year received any health care [3]. The purpose of the study was to determine the prevalence of depression in health services and in the general population of Latvia.

**Methods.** Methodology formed the study of available literature on the prevalence of depression in Latvia from 2008 as well estimation the point prevalence of depressive symptoms in the general population, which was the part of face-to-face cross-sectional multi-stage stratified randomised general population survey with total sample size of 4493 persons on substance use in Latvia in 2011. To measure the depression the participants were interviewed using the Patient Health Questionnaire-9 with a cutoff point for depressive episode  $\geq 10$ .

**Results.** In 2010 53.3% of unique patients with mood disorders and 5.7% with neurotic disorders have received help from psychiatrists while in primary care the most common diagnosis was somatoform vegetative dysfunction (F45.3, ICD-10, 71%) and only 6.2% of visits were associated with depression. Data arrays of National health service show that in primary care diagnosed depression formed 0.17% of the general population of Latvia, in state-funded services were consulted 0.6% of population, while complains of depression in the past month had 7.6% but in the past 12 months – 27.4% of the general population. The point prevalence of major depressive episode in the general population of Latvia was 6.7% (95% CI 5.6-7.9%). Depression was more common in woman than man ( $p=0.020$ ), respectively 7.8% (95% CI 6.2–9.5%) and 5.6% (95% CI 4.2-6.9%). Prevalence of having depression was the highest (9.9% (95% CI 7.5–12.5%)) among oldest (55–64 years old) age group for both genders in comparison with youngest (15–24 years old) age group (3.8% (95% C.I. 2.5-5.1%);  $p=0.0011$ ).

**Conclusions.** The point prevalence of depression in the general population of Latvia is among the highest in the Baltic states. The prevalence of depression is higher in age group above 55 years which different from those studies where the prevalence of major depression is found to be highest among subjects under the age 45 years. In the general population diagnosed depression and self-reported cases are 10 times more frequent than number of patients treated in the State paid health care services. In primary care level depression is not sufficiently recognized and correctly differentiated from neurotic disorders.

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## CANDIDATE GENES FOR SCHIZOPHRENIA

**Sergey Yagoda MD**

Stavropol state medical academy

Stavropol, Russia

e-mail: sergey.yagoda@gmail.com

Investigation of candidate genes in schizophrenia may uncover molecular mechanisms of mental disorders. For the last few decades more than 1008 genes and 9785 polymorphisms were studied and some of them show significant correlations with the disease, but no one of them can verify the diagnosis yet. Below there is an introduction with common candidate genes for schizophrenia.

*Catechol-O-methyltransferase* (COMT), located in 22q11, is managing the production of enzyme with the same name. There are two common polymorphisms in Val158Met position, which significantly affects dopamine degradation in prefrontal cortex and cognitive functions. Valine allele carriers have near than 40% more active catechol-O-methyltransferase than methionine subjects do. They are characterized by low dopamine levels in prefrontal cortex, low working memory levels and are suffering schizophrenia, panic disorder, some neurotic disorders more frequently than other population.

*Neuregulin 1* (NRG1), located in 8p12 plays important role in differentiation of neural, vascular tissue and glial cells (oligodendrocytes and Schwann cells). In the adult nervous system it participate glutamatergic neurotransmission. Study of NRG1 in Chinese, Scotland and Icelandic populations showed concordance with schizophrenia.

*Regulator of G-protein signaling 4* (RGS4) is located in 1q21-22. Biochemical role of this gene is decreasing the time of exposure to mediator in the postsynaptic membrane. Recent studies of this gene show that in the schizophrenia there is a reduction of expression in the prefrontal and supratemporal cortexes.

*Disrupted in schizophrenia gene* (DISC1) was identified in the translocation zone of 1 and 11 chromosomes (1;11)(q42.1;q14.3). DISC1 protein participates in the development of neural tissue in the embryogenesis (forming the predecessors of neural cells) and in the ontogenesis (supports axonal growth, transport and synaptogenesis). Some genetic studies confirm the correlation between polymorphism of DISC1 and schizophrenia and bipolar disorder. Also, rs3738401 polymorphism is associated with pharmaceutical resistance in schizophrenia.

It is clear that future studies can expand the pathophysiological mechanisms of the mental disorders, but the problem of genetic investigations of schizophrenia is far from completion.

## MENTAL DISORDERS IN ONCOGYNECOLOGICAL PATIENTS

**Anastasia Zolotova MD, PhD, Teacher and research Assistant**

Rostov State Medical University Department of Psychiatry, Rostov Research Institute of Oncology  
Rostov-on-Don, Russia

e-mail: cehhin@mail.ru; cell:+79289060294

**Objective.** Mental disorders are common in oncogynecological patients after panhysterectomy. There is a need of differential diagnosis between the manifestations of postcastration syndrome and the onset or exacerbation of mental illness. Therefore, it is important to study mental disorders in oncogynecological patients after panhysterectomy.

**Aim.** The aim of the study was to identify characteristics of mental disorders in oncogynecological patients after panhysterectomy.

**Materials and methods.** 60 women of reproductive age after panhysterectomy on account of oncological pathology were examined. Clinical method and Hospital Anxiety and Depression Scale (HADS) were used.

**Discussion and results.** Depressive and anxious symptoms predominated in 76,7% of cases. The most frequently observed were: adjustment disorder: mixed anxiety and depressive reaction, (F43.22) - 43,3% and organic asthenic disorder due to somatic disease (F06.67) – 31,3%. According to Hospital Anxiety and Depression Scale (HADS) 90% of women had high scores. 35% of patients had sub-clinically significant anxiety ( $8,5 \pm 0,16$ ) and depression ( $9,8 \pm 0,11$ ), and 40% of them had clinically significant anxiety ( $15 \pm 0,12$ ) and depression ( $12 \pm 0,13$ ).

**Summary.** As a result, the research of psychic sphere of oncogynecological patients after panhysterectomy identified mental disorders of different nosology with a predominance of anxiety and depressive symptoms. Appropriate therapy of these disorders can improve the quality of life and social adaptation of such patients.



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## ORGANISING COMMITTEE

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**Nikita Bezborodovs** (MD, Riga Stradins University, Riga Centre of Psychiatry and Addiction Disorders, Riga, Latvia, nikita.bezborodov@gmail.com)

**Olga Paravaya** (MD, Psychiatrist, The Republican Scientific and Practical Center of Mental Health, Minsk, Belarus, olgaparavaya@gmail.com)

**Dmitry Krupchanka** (MD, PhD student, Department of Psychiatry, Belarusian Medical Academy of Postgraduate Education, Belarus, Minsk, dmitry.krupchenko@gmail.com)

**Maria Navadvorskaya** (MD, PhD student, Department of Psychiatry, Belarusian Medical Academy of Postgraduate Education, Belarus, Minsk, maria.navadvorskaya@gmail.com)

**Agnieszka Butwicka** (MD, PhD, Department of Child Psychiatry, Medical University of Warsaw, Poland agnieszka.butwicka@gmail.com)

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### Local committee:

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**Dmitry Krupchanka** (MD, PhD student, Department of Psychiatry, Belarusian Medical Academy of Postgraduate Education, Belarus, Minsk, dmitry.krupchenko@gmail.com)

**Olga Paravaya** (MD, Psychiatrist, The Republican Scientific and Practical Center of Mental Health, Minsk, Belarus, olgaparavaya@gmail.com)

**Maria Navadvorskaya** (MD, PhD student, Department of Psychiatry, Belarusian Medical Academy of Postgraduate Education, Belarus, Minsk, maria.navadvorskaya@gmail.com)

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