

S62.2

Decreased level of cortisol and testosterone among massevacuated adults from Kosovo with trauma experiences and diagnosis of PTSD

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The objective was to study longitudinally the development of PTSD and compare clinical data with stress hormone levels among mass displaced adults.

A sample (at baseline total 218; female: 122; men: 96) of mass displaced adults from Kosovo completed a prospective study with a baseline study and follow up studies after 3 months, 6 months and 1,5 years. The last follow up was done among two groups: those who applied for asylum in Sweden and those who had repatriated to Kosovo. Trauma experiences, PTSD and depressive symptoms were measured with self-rating instruments at baseline and the three follow up studies. At the third follow up study after 1,5 years self-rating instruments were used, clinical diagnosis were made and hormone levels (salive) of cortisole and testosterone were measured. The results showed decreased level of cortisol and testosterone among the participants with trauma experiences and diagnosis of PTSD. The presentation will discuss the significance of self-rating instruments, stress hormones (salive) and the clinical diagnostic interview in early detection of PTSD, depression and other relevant symptoms related to traumatic life events.

Funding: the Swedish Migration Board with EU funding project number: JHA-1999/REF/110 and European Refugee Fund (ERF 141/2001).

S62.3

The impact of torture on post-traumatic stress symptoms in massevacuated from Kosovo

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The present study examines the effect of torture in generating PTSD symptoms by comparing its impact with that of other traumas suffered by a war-affected sample of massevacuated from Kosovo in Sweden. Traumatic predictors of PTSD, depression and aggression were examined among a subsample of 91 massevacuated who had participated in a baseline and three follow up studies and who had endorsed at least one trauma category on the Harvard Trauma Questionnaire. The last follow up was done among those who applied for asylum in Sweden and those who had repatriated. Principal components analysis (PCA) yielded three trauma factors that were applied to predicting PTSD scores and related symptoms. Although limited by a relatively small sample size and ongoing trauma among the participants, the present study provides support for the identification of torture experience as a particularly traumatic event, even when the impact of other war-related trauma is considered. The presentation will discuss the major importance of early prevention for torture survivors - either those repatriating for various reasons or applying for asylum - is an investment for everyone.

Funding: the Swedish Migration Board with EU funding project number JHA-1999/REF/110) and European Refugee Fund (ERF 141/2001).

S62.4

Caregivers' encounter with somatic communication of mental ill health in a multicultural community

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Results from a study exploring clinical experiences and meanings among health professionals in a multicultural area in Stockholm with regards to encountering patients communicating mental ill health and social problems via physical symptoms will be presented. Data were collected via focus group-interviews and results confirmed by member-checks. Caregivers found bodily signs to be a common way of expressing emotional distress. This mode of communication was perceived as an area of conflict. Caregivers experienced barriers to communication, difficulties in decoding patients' language of suffering, and the local model of a division between caregivers, to be obstacles to help. Results suggest that shortcomings in working with mental ill health in primary care can make "somatization" one functional coping strategy for obtaining attention and medical help. The significance of constructing supportive organisational structures and models for adapting clinical work to local populations and for treating mental ill health outside psychiatry will be discussed.

Funding: Public Health and Medical Service Committee (HSN) Dnr 2001-7451.

S62.5

National Swedish introduction programme for refugees – a programme with a potential for mental health promotion

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The mental health of refugees is often found to be poorer than among the population of the host country. This has often been explained by the extreme psychosocial stress (i.e. war-experiences or assaults) encountered by the refugee before migration. Although this is highly relevant, it is also important to pay attention to the influences of the post-migratory psychosocial environment around refugees in the country of reception, especially when strategies to sustain and promote the mental health of refugees are in focus. The local municipalities and aims to provide refugees with the means to be self-supporting and to take an active part in community life carry out the national introduction, a state-financed programme. The presentation will focus on a qualitative study primarily based on interviews with professionals and focuses on the barriers and possibilities to sustain and promote mental health for refugees within the context of the introduction. The results will focus on how the relationship, between the refugees, the professionals working in the system and the policies governing the introduction, influences mental health in refugees.

Funding: National Board of Integration (Dnr: INT-33-00-2632, KI 1631/2001) and European Refugee Fund (Dnr: ERF 141/2001, KI 3341/2001).