This study indicates an association between psychiatric illnesses and suicide in later life, history of suicidal behaviour, poor physical health and functional status and poor social circumstances.

Conclusions: There are significant differences in the area off mental health and the behaviour of elderly women compared with younger subjects and between women and men. The preliminary study revealed that in most of cases, there was an association of major affective illness, substance uses disorder, severe physical illness with functional limitations, moderate and severe pain and little social support.

The prevention of depression – most common mental illness in late life – must address the educational program in primary care to enhance knowledge regarding the treatment of mental illnesses and recognise despair and suicidal ideation. The depression is often under-diagnosed and under-treated. Clinicians should use the newer antidepressants and community care to decrease the suicidal risk in elderly.

SES08.3

Transcultural aspects of women's mental health – a view from India and Denmark

S.K. Jha. *Denmark*

No abstract was available at the time of printing.

SES08.4

Human rights abuses against women

S. Dahl*. *University of Oslo, Psychosocial Centre for Refugees, Norway*

The objective of this presentation is to focus on human rights abuses against women and its relevance to women's mental health. Information published by human rights organizations as well as relevant psychiatric research will be presented. Human rights abuses against women appear on different arenas, not only under state terrorism and oppression, not only in times of war and conflict, but in civil life, in the legal system, the work place, in public and in the private sphere of the family. In the mental health area an increased awareness concerning gender related factors influencing women's mental health has emerged. We have, however, limited knowledge of the effect of discrimination, genital mutilation, slavery, oppression and war on women's psychological development and mental health. We have more knowledge on the effects of sexual abuse and rape, domestic violence and torture on mental health. What we lack is a perspective in research as well as in treatment that combine the human rights perspective with the mental health perspective. Such a perspective can bring the study of social risks a step further.

SES08.5

Migration and Islamic culture in relation to women's mental health

M. Hofecker Fallahpour. *University Hospital, Psychiatric Outpatient Department, Basle, Switzerland*

Women's mental health issues are facing growing importance in German speaking countries. Yet the mental health problems of women in migration are still underscored and almost no research has been done in this field. This is even more the case with women of Islamic background. The consequences are severe as far as under detection of mental illness and insufficient treatment is concerned. Several reasons seem to be responsible for these facts the major ones being language barriers and difficulties in understanding the cultural background as well as the actual context of living in a foreign community. First steps and initiatives involving multidisciplinary approaches have shown that women in migration need specific attention in psychiatric services as well as specific training is necessary for the providers of such services. Several case descriptions illustrating typical lifespan problems and examples of integrative trans-cultural work in the Psychiatric Outpatient Department of Basle, Switzerland will be shown. Yet there is need for further investigations as well as need for innovative service development and especially for an increase of women therapists to involve themselves into such topics.

SES09. AEP Section Psychopathology – Psychosis, mapping positive, negative and cognitive symptoms

Chairs: S. Opjordsmoen (N), M. Musalek (A)

SES09.1

The concept of positive symptoms from a psychopathological point of view

M. Musalek*. *Anton Proksch Institute, Vienna, Austria*

Schizophrenia represents a phenomenologically heterogenous group of mental disorders. The symptoms of DSM-IV or ICD-10 schizophrenia constructs fall into three natural dimensions: the positive symptoms including firstly a psychotic and secondly a disorganized dimension and thirdly the negative symptoms. Current psychopathology attribute positive symptoms in four groups: delusions, hallucinations, formal thought disorders and catatonic symptoms. Especially delusions and hallucinations play a prominent role in the DSM-IV and ICD-10 diagnostics of schizophrenia in general. The occurrence of bizarre delusions or hallucinations consisting of a voice keeping up a running commentary on the person's behaviour or thoughts alone allows the attribution to the DSM-IV or ICD-10 diagnostic class of schizophrenia. As it could be shown in recent studies on the phenomenology and pathogenesis of delusions and hallucinations, they are caused by complex interactions of physical, mental and social factors and are not only related with schizophrenic disorders. Therefore such diagnostic procedures remain highly doubtful. According to the results of psychopathological as well as treatment studies the replacement of nosology-oriented categorical diagnostics (e.g. categorical classes as schizophrenia, schizotypal disorders, etc.) by symptom- or syndrome-oriented dimensional diagnostics becomes necessary in order to improve the out-come of this group of disorders by the development of effective, pathogenesis-oriented treatment strategies.

SES09.2

Conceptualisation of negative symptoms

G. Stanghellini. *Italy*

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