P26.03
The GAF-Scale's variability in clinical routine work

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The aim of this study was to investigate the systematic variation of the GAF-scale when used in clinical routine work. The variability should be understandable according to the scales construct and to the other axis in DSM IV.

Method: A clinical database was used with 5408 cases assessed by 175 raters as a routine. A hierarchic linear regression model was calculated to investigate the main effects on the GAF scale's variability. The R2 values were calculated. To investigate the interactions a variance component model was calculated.

Summary of the results: The analysis showed a systematic variation in GAF that first was explained by diagnostic considerations on axis one followed by axis four and organizational factors. The results were in line with other controlled studies that have focused on the explained variation in GAF due to diagnostic considerations.

Conclusions: The result shows a systematic variation in line with the scales constructs. These systematic variations indicate that the scale is used as it is supposed and it indicates validity when used in clinical routine work.

P26.04
Sense of control, control modes and adjustment to breast cancer

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The proposed study aims to suggest a theoretical model in which sense of control and control modes influence the level of psychological distress among women after the diagnosis of breast cancer. The present model is a broadening of Shapiro's model of control (Shapiro, D.H., Schwartz, C.E. and Astin, J.A. (1996). Controlling ourselves controlling our World. American Psychologiat, 51, 1213–1230). The proposed model attempts to predict which women are more vulnerable to psychological distress following a breast cancer diagnosis. The suggested model includes medical variables (the disease stage, histological variables, the treatment plan etc.), personality variables (sense of control and control modes), demographic variables, perceived social support and their moderating effect on the psychological distress. This theoretical model intends to expand the knowledge in the psychosocial aspects of cancer and may improve the efficiency of the immediate intervention with women after breast cancer diagnosis.

P26.05
Tokophobia: a morbid dread of childbirth

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Some women dread and avoid childbirth, despite desperately wanting a baby. This is tokophobia. Hofberg & Brockington (BJPsych 2000)interviewed 26 British women with a morbid fear of childbirth. They suggested phobic avoidance of childbirth may date from adolescence (primary), be secondary to traumatic birth or present with prenatal depression. Pregnant tokophobic women, refused their choice of delivery, suffered higher rates of psychological morbidity then those granted their choice. A pilot study investigated tokophobia in Grand Cayman in 2000.

Methods: Women, aged 16 to 46, attending General Practice Clinic (GPC), completed a questionnaire.

Results: 354 questionnaires were returned. Respondents were Caymanian (53%), Jamaican (32%) and British (5%). 14% of childfree women and 16% of mothers had such a profound dread of childbirth, they avoided pregnancy. 25% of mothers confirmed postpartum depression and/or nightmares.

Conclusion: Grand Cayman in the Caribbean is a multi-cultural society of 41,000 people, half foreigners. The study suggested 1 in 7 women attending GPC suffered symptoms of tokophobia. This is important unrecognised psychopathology transcending culture, colour and country. This work is being developed in Warwickshire, UK. A GP cohort of 1250 women have been contacted. Results will be available in April 2002.

P26.06
Mental pathology in homeless people. American and European studies

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Objective: To compare the American and European studies published about prevalence of mental health pathology in homeless people.

Method: To select the papers, we have used the database more disseminate internationally, selecting English, French and Spanish Languages that is:
- Med-line
- Excerpta-Medica
  and Spanish one, IME: Spanish Medical Index. the keywords used were:
Homeless and Mental Disorder.
Homeless and Mental Disease.

Search includes since 1990 until 2001. Thus, we have found about 35 relational articles.

Results: We have found a high proportion of mental prevalence in homeless people, around 20–80 %. Overall, is observed higher prevalence of mental disorders in America and Europe, maybe is due to the assessment methods and samplings sites.

Thus, in America some studies used to extract the sample from hospitals, and emergency shelters, and in Europe the sample used to be from shelter homes, and soup kitchen. The higher rates as in American as in European studies are the substance use disorders (Alcohol and drugs), rates are around 30–60%.

Discussion: Maybe the high rates in prevalence of mental pathology are because of substance abuse disorders are included in the general index. Also, is discussed the unclear relationship between homeless and de-institutionalized people.

P26.07
Taking care and treatment in mental health

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The cost-effectiveness evaluation in the health services and the technical instruments in mental health practice determined a deep modification in the organization and interventions of community psychiatric assistance.

The Italian mental health services, in fact, after almost twenty years of development without organizational frame and homogeneous techniques in the national territory, were deeply transformed