

P53 Health services and epidemiology

STUDYING THE DROP-OUT PHENOMENON IN A COMMUNITY MENTAL HEALTH CENTRE

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The present report is part of a larger study to estimate the drop-out rate and interpret findings at the CMHC in Peristeri, located in the greater Athens area. A drop-out is defined as an individual who unilaterally terminates within 3 sessions without reapplication: a non drop-out is someone who completes therapy or unilaterally terminates after four or more sessions. All adult cases were examined (N=231, males = 9, females= 141) who came to the centre in one year (1.9.95-31.8.96). According to the above criteria, 64 (27.7%) were dropouts and 167 (72.3%) non drop-outs. The two groups were compared regarding sex, marital status, education, profession, living distance from centre, source of referral etc. The statistical analysis was done by chi square (χ^2) method.

The results showed statistical significance as follows: sex ($\chi^2=8.09$ $p<0.001$), profession ($\chi^2=21.02$ $p<0.01$), education ($\chi^2=19.77$ $p<0.01$). The rate of dropout (27.7%) was acceptable and in accordance with other studies discussed.

P54 Health services and epidemiology

PSYCHOSOCIAL CRISIS AND FORCED HOSPITALIZATIONS IN PSYCHIATRY

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Many studies exist describing groups of psychiatric patients who consent to hospitalization, but few works about the demography, clinical or socioprofessional characteristics of inpatients requiring forced hospitalization. This study analyses subjects admitted to our closed psychiatric unit during the last 3 years.

A group of 62 mixed sex patients were selected to determine limits between social and mental alienation in the face of dangerous or aggressive behaviour. Our epidemiological data revealed that mental illness, social distress or negative events can lead to psychiatric admission. There is a high frequency of single subjects without family, unemployed patients, and those who are socially-deprived. The mean duration of hospitalization is about one month but can vary. The most common psychopathologies are psychosis, pathological personalities and chronic paranoia troubles. The interactions between psychiatric disorders and occupational uncertainty, poverty, marginalization etc are discussed. We then present the therapeutic scope of those who will be hospitalized to receive psychiatric care, and research the relationship between disadvantaged situations and mental health problems in order to find more support for the adults admitted to the psychiatric department for psychosocial reasons.

P55 Health services and epidemiology

PSYCHIATRIC DISORDERS IN MENTALLY RETARDED CHILDREN

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Mentally retarded persons constitute a high risk for psychiatric illness and psychiatric disorders are 3 to 4 times more common in children and adults with mental retardation than in the general population. The range of disorders is similar to that found in the general population and the high prevalence arises through the convergence of several risk factors: physical illness, epilepsy and brain damage, language disorders, educational failure and family factors. Objective: To estimate the psychiatric morbidity of mentally retarded children hospitalized at the Institute for Mental Health, Belgrade. Method: A longitudinal retrospective epidemiological investigation was conducted over a five year period. Results: During that period 23 mentally retarded patients were treated and in 91% of cases comorbidity was present. Children with mild mental retardation mostly manifested symptoms of reactive psychosis, adjustment disorder, affective and anxiety disorders. Moderate mental retardation was more comorbid with autism and Downs Syndrome. Conclusion: The investigation proved the existence of mental illness in mentally retarded children and adolescents. The symptom presentation however is different and there is no substitute for proper clinical evaluation.

P56 Health services and epidemiology

FOLLOW-UP OF PSYCHOTIC CHILDREN AND ADOLESCENTS

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Few follow-up studies have been done in developmental psychiatry and it was therefore decided to investigate the outcome of psychotic disorders in children and adolescents 5 to 10 years after the first discharge from hospital. Method: A longitudinal retrospective epidemiological investigation of psychoses in children and adolescents hospitalised for the first time in the Institute for Mental Health, Belgrade over a 5 year period was conducted. The follow-up sample consisted of 41 patients. Results: The mean age at follow-up was 25 years (min. 20, max. 29 years). 70.73% had multiple hospitalisations, 9.76 were treated as outpatients and 19.51% were no longer treated. The worst outcome was in the group of patients who had had multiple hospitalisations and among them psychosis was diagnosed in 89.66% of cases: in this group 17.07% were permanently disabled, many were unemployed and single. When we compared the diagnostic categories among psychoses at the first discharge from hospital and follow-up it is evident that the number of reactive psychoses had decreased and the number of affective disorders and schizophrenia had increased at follow-up. Conclusion: the worse outcome was of psychotic patients with multiple hospitalisations where a high percentage of psychoses were rediagnosed.