

FC7 Environmental psychiatry**ADJUSTMENT AND POST-TRAUMATIC STRESS DISORDERS IN POST-TOTALITARIAN RUSSIA**

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170 patients with adjustment disorders (AD), "brain fog" syndrome (BFS) and post-traumatic stress disorders (PTSD) were studied using the semi-structured interview, MMPI, Lusher, and analysis of available data on epidemiological surveys. A low level of social security and personal safety, loss of employment and rapid worsening of the social situation caused the appearance of AD. BFS developed in students with the approach of important exams, and PTSD was connected with the wars in Afghanistan and Chechnya. Predisposing factors to the development of AD, BFS and PTSD included: sexual abuse in childhood; dysfunctional family, inadequate rearing practices and poverty. The increased popularity in the use of folk therapy in the treatment of AD and PTSD was noted.

FC9 Environmental psychiatry**PSYCHOLOGICAL DYSFUNCTION IN THE CHERNOBYL DISASTER VICTIMS**

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Objective: The aim of the study was to characterize the psychological dysfunction among victims of the Chernobyl disaster with non psychotic mental disorders.

Method: 120 patients with nonpsychotic mental disorders who were exposed to low doses of radiation after the Chernobyl disaster and who participated in cleaning up the 30km zone were evaluated clinically and psychologically.

Results: Psychological tests indicated poor attention, lack of concentration and memory impairment. They showed mental exhaustion and attention instability. 75% showed a high level of anxiety and more than 60% had experienced character change and 90% had a low level of self-esteem and self-evaluation. 45% showed a decrease in work results and job interest and 25% showed lack of initiative, lack of contact and a disruption of social functioning.

Conclusions: this study suggests that psychological dysfunction is relatively common and may be recognized and inadequately treated in patients with nonpsychotic mental disorders exposed to radiation resulting from the Chernobyl disaster.

FC8 Environmental psychiatry**TREATMENT APPRAISAL AND PERSPECTIVES**

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Since 1992 considerable changes have taken place in psychiatry in Russia with the adoption of the law on psychiatric care (which came into force in January 1993). These reforms have significantly democratized psychiatric care and promoted patients' rights. However there are still serious difficulties in the practice of clinical and social psychiatry including extreme centralisation of psychiatric care, domination of biologically oriented therapy and a shortage of clinical psychologists and social workers. In addition, conditions in Russia are complicated by economic difficulties, consequences of the Chernobyl disaster and local military activity together with migration, relocation and unemployment. The Federal Programme on urgent measures for the improvement of psychiatric care (1996/7) is facing financial problems and the promotion of existing regional programmes on mental health care may be more appropriate in the current situation.

FC10 Environmental psychiatry**THE USE OF COMPUTERS IN CHILD PSYCHIATRY: A STEP TOWARDS COMMUNICATION**

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Computer-based rehabilitation procedures imply a highly structured situation and an "isolation" of emotions implicit in person-to-person contact. This can have specific advantages in the treatment of children with impaired abilities of communication (i.e., those with elective mutism, Asperger's syndrome or autism). The computer offers precisely controlled external information that could beneficially address a child's potential overload/hyperarousal problems, yet is a reasonably complex and interactive system. On another level it enables contact with the fantastic "other" who is entirely under the control of the subject's self. Here, emotion does not have to be kept out of the interactive process but could be retained from uncertainty and risk of accidental encounter. Finally the computer can be a means for "indirect" communication between child and therapist. While paying attention to the same game, participants can gradually shape the "other" through recognizable action schemes which can lead towards authentic wish for a contact.

Our initial experiences of computerized cognitive rehabilitation in the regular treatment of a small group of high-functioning autistic children show that this approach can form a therapeutic framework. We will present case studies and discuss possibilities for its development and use.