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Genetic consultation in psychiatry: Family histories and picture tests

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The genetic consultation includes in family-oriented preventive medicine. Mental disorders of a separate member reflect pathological functioning of the whole family. Family sociogram reveal position of the subject in system of interpersonal attitudes and character of communications in family.

20 patients with mental disorders (non-psychotic, schizophrenia, affective, drug abuse dependence) and 6 first degree relatives investigated.

Sociograms of patients with non-psychotic mental disorders represent only close members of family - relatives of the first degree of relationship: children, sibs, parents and husbands; no names of family members; precise circles fill in all space of a circle, not crossed and contact, observed of the integrity of each circle; the circles differ on the size, with often average and allocation of significant persons; the circles are located in the certain order, individual for everyone patient and his family.

On sociograms of patients with psychotic mental disorders number of members of family is expanded, relatives of the first degree of relationship, other relatives and persons are represented and named; circles are interrupted; big variety of sizes of circles and designations of members of family; not filled space of a circle practically; different kinds of connections and symbiotic communications: direct lines with different directions, with elements of a family tree, "nested doll".

Inclusion picture tests in genetic consultation enables to receive the important diagnostic information about communications between members of family, their status, roles and ways of communications. Their use allows to discuss possible ways of the decision of genetic problems of mental disorders.

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The international legion of humanists awarded psychiatry clinic in tuzla with the golden award for peace

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**Background and aims:** To describe the management of all necessary arrangements for the accommodation and ongoing care of the 164 displaced severe chronic psychiatric patients from the Jakes psychiatric hospital (under the control of Serbs' army) who were off-loaded on the afternoon of 28th of May, 1992 at the gates of the Psychiatry Clinic in Tuzla. during war and post war period.

**Method:** Analysis of the incomplete medical records, which arrived with patients in Tuzla with analysis of the activities realized

**Results:** There were 50.6% males, 147 (89.6%) were admitted to the Psychiatry Clinic in Tuzla, 86 (58.5%) were Serbs. The majority were incapable of independent living and required ongoing medical and social care: 81.6% of them had schizophrenia. Older than 50 years were 70 (47.6%) of them, thus made care more complex. Patients were found to be from all regions of Bosnia-Herzegovina. For its work and humanitarian mission and its contribution to peace, trust and co-operation, and for the maintenance of the multi-ethnic

Bosnia Herzegovina, the Psychiatry Clinic in Tuzla received the golden award for peace from the International Legion of Humanists in May 1998.

**Conclusion:** The employees at the Clinic carried out their duties with a high level of humanity and professionalism. They ensured that these patients received everything that was required in any given moment. It showed that goodness and humanity couldn't be beaten by evil regardless of its form or severity.

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Supporting family members of people with severe mental illness

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**Objective:** The present study focuses on the impact of integration of family support components to a community support program for people with severe mental illness.

**Methods:** We believe that family members of people with mental illness need emotional and practical supports to lessen their burden and to achieve self-fulfillment. The more they live a fulfilling life, the more likely they will be able to keep a good relationship with a person with mental illness. Therefore, we utilize five specific interventions; 1) case management for family members, 2) direct support, 3) adjustment of relationship between family members and person with mental illness, 4) cooperation with housing program and respite care program, 5) family psychoeducation program. After interviewing family members regarding our services, process of changes in family members were analyzed by utilizing the stage of changes model (Prochaska & DiClemente, 1983). From this analysis, we identified the appropriate intervention for each stage and effectiveness of each intervention.

**Results and Conclusion:** Since many people with mental illness are living with their families in Japan, family support needs to be a major and fundamental component of community support programs. This present analysis shows the importance of family support suited to their stage of change, since family circumstance improves when family members have more mental elbowroom while being supporters. Even though our experience is from a specific cultural background, we believe that it would be adaptable enough for other programs with various cultural backgrounds.

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Improving nursing documentation. Action research in a north-Norwegian psychiatric hospital

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The new Norwegian health legislation has increased the quality demands on nursing documentation. In collaboration with four psychiatric wards we have conducted an action research project. The staff at a psychiatric hospital has, together with us, explored their own way of producing written nursing documentation. In collaboration with them, we have analysed 20 patient journals which were made anonymous.

Discourse analysis was used as a tool to uncover un-reflected power relations. We read through the documents with a critical view. After an agreement with the staff, we showed them what we judged to be the weak points. We compared the findings with current professional quality standards. The actual language in the reports was