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THE TREATMENT OF ADOLESCENT OFFENDERS UNDER PROGRAMMES WITH ASSISTED LIBERTY

A. C. Sanchez, M. A. A. Cabral, V. L. L. Canalli. Department of Psychiatry, Universidade Estadual de Campinas/PGSM, rua Estades Unidos 427 - Vila Victoria II, Indaiatuba, Sao Paulo, Brazil

Under the Federal Law no 8.069 of 13 July 1990, families, institutions, the community and the state are responsible for the safeguard of the rights of children and juveniles in respect of their bio-psychosocial development. This study aimed to look at 25 adolescent offenders living in Indaiatuba, Sao Paulo and who came under the social-educational law of Assisted Liberty from August 1995 to January 1996. Since they had criminal records, authorization was obtained from the Judge and later from their parents or legal guardians to have access to these adolescents. In addition their own agreement was obtained.

One interview was carried out with the parents and one with the adolescent in order to research their life histories. The study also aimed to distinguish aspects of bio-psychosocial maturity, family and social relations, inner conflicts, behaviour changes and personality structure.

The study showed that despite the above mentioned Law, adolescent offenders were likely to continue to offend because of inadequate family and social relationships, employment difficulties, unwillingness to be trained all of which hindered their reintegration into society.

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POSTGRADUATE TRAINING ON DRUG DEPENDENCE: THE EXPERIENCE OF BARCELONA UNIVERSITY

M. Sanchez-Turet, X. Ferrer, A. Duran. Masters in Drug Dependence, Dept of Psychiatry and Clinical Psychobiology, Barcelona University, Passeig de la Vall d'Hebron 171. Barcelona, Spain

The Master's Degree on Drug Dependence is a postgraduate course at the University of Barcelona which began in the academic year 1986-87. It is a 2 year course comprising 290 hours of theoretical classes and 410 hours of practical classes. The Course is run by the Department of Psychiatry and Clinical Psychobiology of the Health Sciences Division of the University, and a degree from one of the Faculties or Schools in the Division. Social work graduates are also accepted and in exceptional cases other graduates if they have training or professional experience in the field. Practical classes take place in local centres with official status recognised under the Drug Dependence Plan of the Department of Health and Social Security of the Generalitat of Catalonia Government.

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URGENCES PSYCHIATRIQUES ET PATIENTS RÉCIDIVISTES

C Sanchez.

Objectifs: Les auteurs étudient les caractéristiques cliniques et sociodémographiques d'une population de 38 patients récidivistes et ayant été évalués durant l'année 1995 à l'unité d'urgences psychiatriques de l'hôpital cantonal universitaire de Genève.

Méthode. Le critère de définition retenu pour ces patients était celui de 4 passages au plus durant la période étudiée. Une fiche synthétique comprenant les caractéristiques socio-démographiques, cliniques (DSM III R) et les orientations thérapeutiques a été remplie à la fin de chaque intervention.

Résultats: Le profil type du récidiviste est un patient jeune (20-40 ans) de sexe féminin (70%) ayant des antécédents psychiatriques, étant bien connu des services publics psychiatriques. Les principaux motifs d'admission étaient les tentatives de suicide et l'abus de substances psychoactives. La grande majorité de patients est constituée de sujets dont la pathologie sur Axe I s'inscrit dans une affection psychotique ou thymique à long cours. Sur l'Axe II le diagnostic le plus fréquent était de personnalité borderline.

Conclusion : La prise en soins aux urgences des patients récidivistes se révèle difficile et nécessite une collaboration étroite de tous les soignants impliqués dans leur traitement.

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PROBLEMS OF PSYCHIATRIC CARE FOR CHILDREN IN MODERN RUSSIA

A. A. Severny, A. Yu. Smirnov. Independent Association of Child Psychiatrists and Psychologists, 23 18/15 Gruzinsky Val, Moscow 123056, Russia

Child psychiatry is still carried out in Russian within the confines of mental hospitals and dispensaries. This includes child psychosomatics, infantile psychiatry, border psychiatry and psychotherapy, addictive behaviour in childhood and adolescence and child abuse. Preventive goals are absent and the Ministry of Health refuses collaboration with public professional associations. The prevalence of mental pathology is 15% in infancy, 50% in children of pre-school age, about 75% in adolescents. 20% of school pupils take drugs. During the last 5 years there has been a 50% increase in deliquent behaviour among adolescents and suicide mortality is in the region of 30% to 60%. The profession of "child psychiatrist" is no longer reocognised by the Russian health services since 1995. The future of child psychiatry in Russia must include prevention and rehabilitiation as well as the development of care for infants in the fields of border psychiatry and psychotherapy.