tries. Along with the natural growth of foreign and foreign-born populations, new influxes due to either labour recruitment, family reunification or request for political asylum are playing an important role. It is clear that as the demography of most countries in Europe continue to shift, therapists will increasingly work with clients who have backgrounds and cultural expectations highly dissimilar to their own.

The importance of preserving and fostering the health of immigrant communities has only been recently acknowledged. As of today, many receiving countries have limited information on the health status of their immigrant populations; evidence is increasing, however, that individuals from ethnic minority groups have worse mental health status.

On the political level, it is clear that the health and health care delivery to non-native ethnic groups need to be considered in the frame of both national immigration policies and health system structure, because both factors could greatly influence entitlement and access to health services. An important issue is if immigrant communities are allowed to participate in the political discussions about the mental health care system and whether or not they can organize their own ethnopsychiatric system.

On the institutional level, the health status of immigrants can be attributed to various barriers to access to mental health care (financial, linguistic, cultural); lack of training of health professionals; racism and lack of attention to the needs of ethnic communities within the health system. The benefits and risks of engaging allochtonous care providers will be discussed.

At the individual level, the eurocentric basis of educational programs may equip students for work with middle class white people and highly acculturated immigrants, but most are not trained to conduct accurate clinical assessments of more culturally diverse clients. The benefits of systematic introduction of anthropological knowledge in euro-mental health education, and modification of eurocentric forms of treatment will be discussed, and alternatives suggested.

PSYCHOPATHOLOGY AND MIGRATION: AN EPIDEMIOLOGICAL STUDY

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Objectives: There have been many reports of increased incidence of psychiatric disorders in ethnic minority groups from the Caribbean and North Africa living in Northern European countries. Little is known about psychiatric morbidity associated with migration *within* Europe. *Method:* The administrative incidence for all psychiatric disorders were determined for Italian individuals living in a defined area in Southern Switzerland. In this area, Italians constitute around one-fifth of the total population. *Results:* Preliminary results indicate that, over the period 1991–1992, the raw administrative incidence rates were nearly twice as high for the Italian group, as compared to the Swiss group (including a small group of immigrants from other countries): 136.3 per 100,000 person-years in the Italian group, and 79.6 per 100,000 person-years in the Swiss group (rate ratio: 1.7, 95% confidence interval: 1.4–2.1). *Conclusions:* The findings suggest a substantially increased risk for psychiatric morbidity in the Italian population living in Southern Switzerland. Further investigations should shed light on which of several possible explanations for this finding is most likely: i) differences in socio-demographic composition of the source populations, ii) a selective increase in a particular diagnostic group, such as psychosis or alcohol-related pathology, iii) differences in the pathway to care.

EVIDENCE FOR PSYCHOSIS OF GOOD PROGNOSIS IN PEOPLE OF CARIBBEAN ORIGIN LIVING IN THE UK

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Cross cultural studies have shown that the prognosis of psychotic disorders is better in non-industrialised countries. Some researchers have questioned whether the reported increased incidence of psychosis in people of Caribbean origin living in the UK may be due to an excess of such good prognosis illness.

The objective of this study was to compare the course and outcome of psychotic illness in a group of Caribbean people resident in the United Kingdom and a group of white British patients.

A cohort of 113 patients with psychosis, admitted consecutively to two south London Hospitals, was followed up over an average of four years.

Multiple sources of information were used including relatives, general practitioners, family members, spouses, hospital and hostel staff and case notes.

The black Caribbean group spent more time in a recovered state during the follow-up period (adjusted odds ratio 5.0 95% confidence interval 1.7–14.5) and were less likely to have a continuous illness (0.3; 0.1–0.9).

There were no differences in hospital use. These findings persisted after adjustment for possible confounding variables such as age of onset, childhood social class, DSM diagnosis, sex and length of illness.

We conclude that black Caribbean patients have a better outcome after psychotic illness than do white patients and the high incidence of psychosis in this group may be due, at least in part, to an excess of good prognosis illness.

The presence of environmental precipitants, "life events", predicts better prognosis. The better prognosis shown here may be due to a higher prevalence of illness with social precipitants.

REFUGEE MENTAL HEALTH IN EUROPE: AN OVERVIEW OF EPIDEMIOLOGY AND TREATMENT INTERVENTIONS

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In this paper, we will discuss recent trends in numbers of refugees in Europe. The advantages and disadvantages of different models for psychosocial interventions in refugees with mental health problems will be considered. Suggestions will be made about future research on psychosocial interventions for adult refugees, concentrating on further development of effective and efficient treatment for those who have developed serious and physical symptoms as a result of extreme stressors.

HIGH INCIDENCE OF SCHIZOPHRENIA IN SURINAMESE AND ANTILLEAN IMMIGRANTS TO HOLLAND

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Introduction: Reports of a high incidence of schizophrenia in Afro-Caribbeans in the UK are a matter of much debate. In recent decades many immigrants from Surinam and The Netherlands Antilles have settled in Holland. More than one third of the Surinamese-born population now lives in Holland. We compared the risk of a first discharge for schizophrenia (ICD-9) for young (15–39 yrs) immigrants from Surinam and the Antilles to that for their native-born peers in the period 1983–92.

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Method: We used data from the national psychiatric registry. Age- and sex-adjusted relative risks were calculated by Poisson regression analysis.

Results: Age-adjusted relative risks of a first discharge for schizophrenia were significantly higher for male than for female immigrants.

The age- and sex-adjusted relative risks were 3.8 (3.5–4.1) for Surinamese-born immigrants and 3.9 (3.5–4.5) for the Antillean-born.

Conclusion: The results provide evidence of a high incidence of schizophrenia in these immigrant groups and support similar findings on Afro-Caribbeans in the UK. Migration from Surinam was of such a large scale that selective migration of persons at risk for the disorder is unlikely to explain these findings.

S19. Borderline syndromes and self-mutilation in adolescence and adulthood

Chairmen: I Brockington, P Berner

DIFFERENTIAL ASPECTS OF IMPULSIVITY IN PATIENTS WITH SELF MUTILATIONS

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Self-mutilative behavior meets with the DSM-IV criteria of impulse control disorder which describe a failure of behavioral control. Beside behavioral problems, self-mutilators report an enduring tendency to sudden and extreme reactions towards stimuli in general, that means on a cognitive, emotional and behavioral level of personality functioning. Our study aims at giving empirical data in support of a model of impulsivity which regards a high cognitive tempo and an affective hyperreagibility as subfeatures of an impulsive personality. Subjects were recruited from a population of female patients attending a treatment program for personality disorders. Four groups of subjects were studied: 25 self-mutilators, 25 patients with other modes of impulsive behavior, 25 patients without any impulsive behaviors, and 25 normal controls.

Concerning the problem of cognitive impulsivity, the following objective parameters were assessed beside a battery of self-assessment inventories on impulsivity: time estimation, stimulus reaction time, Matching Familiar Figures Test (MFFT) and a special version of the Stroop test. The hypothesis was that high-impulsive subjects underestimate time intervals, show lower performance in stimulus reaction tasks, lower response latency at the cost of unaccuracy in the MFFT, as well as an impaired inhibition of an automatic overlearned response.

Affective reagibility was studied by an experimental design in which affects are induced based on a short story. Information is given on intensity and run of affect during the course of the story. Preliminary results show intense and frequently alternating affective responses to stimuli of negative and positive valence in self-mutilators. In a frustration experiment self-mutilators responded with a stronger affect of anger or depression than control subjects.

TREATMENT OF SEVERE BORDER-LINE PERSONALITY DISORDERS WITH SPECIAL REGARD TO BORDERLINE-SYNDROMES: COMPARISON OF PSYCHODYNAMIC AND BEHAVIOURAL THERAPY SETUP

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Since BECK's cognitive and LINEHAN's dialectic behaviour therapy, behaviour therapy in general has become more important for the treatment of severe personality disorders, a field of intensive research by psychodynamic therapists already since KERNBERG. By this development the question of differential indication of psychotherapeutic methods is raised, i.e. which personality disorder does gain more benefit from a behavioural and what more from a psychodynamic therapeutic strategy? As an empirical contribution to answering this question, patients suffering from personality disorders were compared in a behavioural (Luisen Hospital Bad Dürrheim) and a psychodynamic oriented (the ward 'von Baeyer' of the Psychiatric University Hospital Heidelberg) institution. They were assessed by the same standardized psychopathological and psychological instruments at admission, at discharge, and half a year and one year after discharge. The psychotherapeutic process in the hospital is recorded with the 'psychotherapy-hour sheet' of GRAWE et al., which is filled in after each session by patients and therapists alike.

Implications of the design and some special aspects of recruiting patients for this particular sample are discussed with examples.

BORDERLINE SYNDROMES IN ADOLESCENCE

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A sample of 183 patients (24 diagnosed as borderline disorder, 93 as emotional disorders, 48 as externalising disorders, 18 with the diagnosis of psychosis) and a control sample (n = 166) were investigated with the Borderline Syndrome Index (BSI), a self report questionnaire. Differences in mean scores and main results from the factor analysis are reported. Profiles of the different groups by using the statements most often agreed to in this questionnaire are described. In a smaller subsample the Diagnostic Interview of the Borderline-Syndrome (DIB) was carried out in addition to BSI. Comparisons of means, selected co-efficients of predictability and the correlations between BSI and DIB scores are described. The results indicate that these instruments may discriminate to a certain degree between adolescent patients diagnosed with borderline disorder and other patients as well as control group subjects. A differential analysis of gender leads to further questions.

SELF MUTILATION- THERAPEUTIC ASPECTS

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Nach einer Schätzung führen 0.6–0.75% der Allgemeinbevölkerung gelegentlich Selbstverletzungen aus. Von diesen 'offenen Selbstverletzungen', die als unspezifisches Symptom bei zahlreichen psychischen Störungen auftreten können, müssen die heimlichen Selbstbeschädigungen bzw. die artifiziellen Störungen im engeren Sinn (DSM IV, ICD 10: factitious disorders) abgegrenzt werden.

Bisher liegen keine ausreichenden Daten von Evaluationsstu-

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