

SES10.5

Health care for mentally ill mothers – current status in Austria

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Objectives: Despite the high prevalence – with estimates of approximately 10,000 – of women suffering annually from postnatal psychiatric disturbances in Austria, there has been a lack of treatment for these women and assistance with their children.

Methods: Motivated by a research initiative from the EU on transcultural aspects of postnatal depression (PND), comprising of 17 participating research centres world-wide, a research team at the Vienna University Clinic for Psychiatry initiated the investigation of the probability of mother-child admissions at 31 psychiatric wards in Austria including experiences with admittance.

Summary of the results: 23 departments (74.2%) provided information. A total of 12 departments responded that they hypothetically accepted mothers with babies. 6 mental institutions performed a total of 10 conjoint admissions. The estimated admission rate for new mothers is 3–4%, which suggests 325 annual admissions in Austria. Only 3% were admitted with their baby.

Conclusions: In 1999 a total of 10 conjoint mother-baby admissions were documented in mental hospitals in Austria – development of such services is warranted.

S40. Developmental psychopathology from infancy to early adulthood

Chairs: M.H. Schmidt (D), H.C. Steinhausen (CH)

S40.1

Early temperament and development in adolescence

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Objective: To investigate the association between early child temperament and psychopathological problems in adolescence.

Method: In a prospective longitudinal study 362 children were followed up from infancy into adolescence. Temperamental characteristics according to the dimensions proposed by Thomas and Chess were assessed at the age of three months. At follow-up visits in preschool age, school age and, ongoing, in adolescence a broad range of psychopathological problems was measured by highly structured parent interviews, behavioral observation and the CBCL.

Results: A prevailing negative mood in infancy was associated with an elevated internalizing problem score on the CBCL in adolescence. Also, adolescents with internalizing problem scores in the clinical range showed more dysphoric affect, a lower threshold of reaction, more irritability, and a lower adaptability to stress at three months.

Conclusion: Temperamental characteristics which are close to the concepts of the “difficult child” or “negative emotionality” in early infancy are associated with significant psychopathological problems in adolescence. Since the stability of early temperamental traits is generally considered to be low at the moment possible mediating factors like subthreshold internalizing problems or parenting behavior in preschool age are analyzed.

S40.2

Childhood and adolescence predictors of early adulthood conduct problems

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Objectives: T. Moffit postulated a model for life-time adolescence limited course of conduct problems. For testing this model outcome and precursors of dissocial disorders at different stages of life have been investigated.

Methods: Data from 2 longitudinal studies (N=399 and N=361) have been analyzed for the incidence and course of dissocial behaviour. Data from the age 8, 13, 18, and 25 years resp. 2, 4, 8, and 15 years have been available. We included possible pathogenetic risk mechanisms, as well.

Results: We could find an early beginning of stable courses of oppositional/aggressive behaviour to delinquency, dissocial personality disorder, and substance abuse. Besides of these well known risk factors specific developmental disorder, mother-child interaction, and dark field delinquency could be observed to be predictive.

Conclusion: In general, the model of T. Moffit can be confirmed. There are accumulating influences even during later adolescence. Protective mechanisms for unexpectedly favourable courses have been identified.

S40.3

Development and psychopathology in adolescence: findings from the Zurich Adolescence Psychology and Psychopathology Study (ZAPPS)

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Objectives: The ZAPPS has two main objectives, namely, the study of (1) the prevalence, course, and the correlations of psychiatric disorders in adolescence, and the study of the determinants and processes for psychiatric disorders and for mental health in adolescence. The main determinants under study are life events, coping styles, self-related cognitions, and the quality of the social network and its potential for support.

Methods: The project is based on a longitudinal study with three waves 1994, 1997, and 2000 of a stratified, randomized sample. The longitudinal study comprises N<800 subjects.

Summary of results: The presentation will include findings in four major domains: (a) age effects, (b) period effects, (c) prevalence rates of psychiatric disorders, and (d) the interplay of risk, vulnerability, compensatory, and protective factors.

S40.4

Parental major depression and prospective longitudinal risks for psychopathology from adolescence to young adulthood in their children: a community study

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Background/aims: Studies in clinical samples have suggested a key role of parental disorders on risk of early onset disorders in offsprings. Some studies suggest significant diagnostic specificity while others have failed to replicate this.

Methods: Since clinical samples imply the risk of clinical selection biases, the early developmental stages of psychopathology study (EDSP) studies these issues in a community sample of 3021 subjects aged 14–24 at baseline in a community sample. Parents