Editorial

Social Psychiatry: (Part II)

Eliot Sorel, (1995) stated that the mission of social psychiatry is to promote a dialogue between mental health professionals, patients and family organizations, medicine and the social sciences, as well as policy makers. The exchange of ideas will enable clinicians, educators, and researchers to move from the molecular to the organism, then to the family, the culture, and society, all for the benefit of science, our patients, and their families. The inclusion of both professionals and lay people in the pursuit of knowledge, the development of new research, education, and treatment modalities will help in health promotion and illness prevention, this can best be accomplished through engaging the family as the essential functioning unit of society and an object of study for identifying both protective and risk factors with a transcultural perspective.

The XV World Congress of Social Psychiatry was held in Rome, Italy, September 1-5, 1995. In this article, I will summarize some abstracts on Community Psychiatry presented in this congress.

In U.K. Community Mental Health Teams (CMHT) have be come increasingly involved in psychiatric care, but oubt has been expressed as to whether they reach those most in need and whether an equitable service is provided. A study carried out by Laugharne and Fleminge in the Academic Dept of Psychiatry, London Hospital Medical College (May 93-Nov 94), showed that patients referred to the CMHT and inpatients wards differ markedly by GP practice. Larger practices refer more patinets with less severe illness to the CMHT and this leads to more admissions. A substanial number of discharged long-stay hospital patients may drift into homelessness because their famities could not accommodate them. Thus community residences established by the mental health and / or social welfare services will serve as stable homes for the majority of these patients.

From Greece, Hadzisavvas et. al. reported : An Applied Model of Social-Community Psychiatry for Remote Rural Areas. The services started in 1985 and since 1990 are fully operational. Greece still lacks psychiatric services other than traditional hospiatlization in big psychiatric hospitals, often far away from patient's residence. The catchment area of this study is predominantly rural. Its economy is based on agriculture since industrial activity is minimum. Its socio-economic level is one of the lowest in Greece. The main features of our model are comprehensiveness of Mental Health Services, a multidisciplinary approach, integration of adult, children and learning disabilities services and close links with community agencies and individual key-pigures. A "Mobile Unit", consisting of community psychiatric teams, copes with the scattered population by offering services locally on a regular weekly schedule. Systematic follow-up of psychotic patients, our main target group, allows timely intervention, prevention of relapses and reduction of admissions rates. The crisis is managed mostly at home, violent behaviour and hospitalization is avoided. Besides the Mobile unit, a Mental Health Centre and a Child Guidance Unit, a Day Centre for Adults, two Day Centres for Children and Adolescents, a number of protected flats, a hostel for repatriated ex-patients from Leros asylum and a Rehabilitation Centre have been established. The needs for in-patient treatment are covered by 20 beds in the General District Hospital .

From V.S.A, John J. Schwab, M.D., Professor Emeritus, Department of Psychia-

try, University of Louisville, stated that there has been a marked increase in discordance in many parts of the world. Family life in the U.S.A has been disrupted by epidemic divorce. In other parts of the Western World ethnic and religious divisions have erupted as terrorism and even open warfare. And, in much of western society there has been a frightening increase of violence of all types.

These developments have accompanied our rapid culture change. The data on depression and violence underscore the need for social psychiatrists to examine the stressors that have impaired the fabric of society and community life and have led to the disench antment and demoralization basic to mental disorder, discordance, and violence. To promote concordance, we need to scrutinize our value systems and searc for cultural realities that will ameliorate the paranoia and despair of our times.

From Russia, B. S. Polozhy, Research Center for Social and Forensic Psychiatry, Moscow, reported a study of mental health features in different ethnic groups which is determined by the multinational structure of the country population, including 150 peoples, representing 18 ethnolinguistic groups. Reliable differences in prevalence of psychiatric disorders in different ethnic groups have been revealed, thus extremely low frequency of neurosis and high frequency of alcoholism in North Siberian nationalities, high prevalence of mental retardation and suicides in some peoples of finno-Ugric ethnic group. The formative influence of the ethnocultural factors on the initiation and clinical features of psychiatric disorders have been showed up, e.g. national self-identity, beliefs, social and moral values cultivated by ethnos, rind of upbringing and role positions family, significance and use of national rites and traditions. Taking into consideration these cultural features allows to provide more differential approach to diagnosis and treatment of psychiaric disorders in patients of different ethnic groups. Furthermore, it is worthy to take into account, that all peoples inhabiting Russia experience the influence of different social stress factors posed by complexities of postcommunist period. Disturbances of mental health caused by these reasons are qualified as identity crisis, which could be defined as the state mental desadaptation occuring as response on violent and impetuous changes of society life and manifesting by variable disturbances of mental health. Taking into account disposition of clinical features, four variants of identity crisis have been described : anomic, dissocial, negativistic and magic. Thus, adequacy and efficiency of psychiatric aid in different ethnic groups of population is determined by counting both properly ethnocultural features and measurements of sociocultural conditions of each national group.

As mentioned before in the begining of this article, the XV World Congress of Socia Psychiatry was held in Rome, Italy, September 1-5, 1995. The author, being a member of the Executive Council of the World Association for Social Psychiatry (W.A.S.P), participated in the commemorative symposium in honour of late Professor Jules H. Masserman. Dr. Masserman was co-founder of the International Association for Social Psychiatry, (later to become the World Association for Social Psychiatry). Dr. Masserman served four years as its first president. The Founding Meeting took place in the Green Room of the Esplanade Hotel in Zagreb, Yugoslavia, in Septembep of 1970. For over 24 years, Dr. Masserman sought a humanistic integration between scientific pursuits and human social behaviour.

His scientific studies included those concerning the thyroid gland, intracraial pressure and his monumental 1946 "Principle of Dynamic Psychiatry: Including an Integrative Approach to Abnormal and Clinical Psychology" Esteemed professionals and friends of Dr. Masserman contributed important essays about his major scientific and humanistic contributions My talk in this symposium was titled :Dr. Jules

H. Masserman. His International Leadership Toward Peace And Human Welfare" Di Masserman came with a mixed group of Americans to visit our psychiatric department in Kasr Al-Aini Faculty of Medicine, late in 1979, after Egypt signed the peace treaty with Israel in March 26, 1979. This visit motivated the American Psychiatrie Association to arrange a scientific meeting between American, Egyptian and Israeli Psychiatrists and Politicians in Washington D.C. in January 20-26, 1980. The main topic was Psychological Impediments to international negotiations.

Dr. Masserman invited me twice to write an article, once in Current Psychiatric therapies, Vol. 20-1981. The title of the artiele was :Psychiatric Services in Egypt. The Second Contribution was to the volume of Social Psychiatry and World Accords. The title of the article was: The Impact of Peace on the Psychosocial Development of Children.

I quot from the letter sent to me from Dr. Christine Masserman informing me about the death of Dr. Jules Masserman :

My husband spent his life in service to others, a warm and caring physician, a loyal friend, a supportive colleague, an inspiring teacher, a dedicated scientist committed to the advancement of human welfare. In establishing the Masserman Foundation for International Accords, Chicago, Illinois, USA, he has worked tirelessly to promote international understanding and world peace"

One session of the congress was devote to Rehabilitation of Psychotic Patients. Efforts for Vocational Rehabilitation and Socialization of psychotic patients are usually opposed to the facts such as employers have no motives in employing mentally disabled people, employers feel doubtful about mental illness, great difficulties to support psychotic patiets who are in follow-up and in the same time dispersed in the open labour market. Attitudes of patients towards their work, as well as their reactions related to the occupational activities suggested to them should be considered in planning vocational training and reintegration of psychotic patients in the community. The context of the training and the working activity should be familiar to the patients who participate in the rehabilitation program. Therefore, it is necessary to study their needs, so that suitabe activities could be suggested to the, depending on their personal experiences, their work abilities and expectations.

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