

S-57-02

Stalking and domestic violence: Theoretical implications and empirical results

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S-57-03

Prevalence, nature and social consequences of stalking in the community

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Objective: Community-based studies on prevalence rates of stalking and the impact of stalking on victims in European countries are rare. The present study examined lifetime and point prevalence rates of stalking, behavioural and psychological consequences for victims in a German community sample from a middle-sized city.

Methods: A postal survey was conducted with a stratified random sample selected from the Mannheim residents register. 679 subjects responded. The survey included a stalking questionnaire, the WHO Well-Being Index (WHO-5), and the Patient Health Questionnaire (PHQ).

Results: 11.6% of the respondents (women: 17.3%, men: 3.7%) were stalking victims (lifetime prevalence). In 75.6% the stalker was known to them (in 32.1% a prior intimate partner). 73.1% of victims reported that they had changed their lifestyle. Physical assaults were reported by 30.8%, including restraint (24.4%), beating (11.5%) or hitting (9.0%). 42.3% had been sexually harassed, 19.2% had experienced sexual assaults. A report to the police was made by 20.5% of the victims, and 11.5% sought help from a lawyer. 61.5% reported having received social support from relatives and friends.

Conclusion: This study revealed a high lifetime prevalence of stalking in a German community that was strikingly similar as reported for American and Australian communities. The findings have to be discussed with respect to effects on victims' mental and physical health and potential legislative measure to protect the victims.

S-57-04

Mental health impact of stalking on victims - a community-based study

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Objective: Existing studies on the health impact of stalking victimization are scarce and restricted to the investigation of selected victim samples. The present study aimed at assessing the mental health impact of stalking victimization by using a population-based approach and standardized mental health assessments.

Methods: A postal survey was conducted with a stratified random sample selected from the Mannheim residents register. A total of 679 subjects responded. The survey included a stalking questionnaire, the WHO Well-Being Index (WHO-5), and the Patient Health Questionnaire (PHQ).

Results: Almost 12% of the respondents (women: 17.3%, men: 3.7%) reported having been stalked. A multiple regression

analysis revealed a significant effect of stalking victimization on psychological well-being (WHO-5), even when demographic and psychological variables connected with mental health were adjusted for. Male victims were similarly affected as female victims. The victim perpetrator relationship (ex-partner vs. else) did not moderate the association between stalking victimization and psychological well-being. Victims displayed higher point prevalence rates of common mental disorders according to DSM-IV (PHQ), and a higher rate of comorbid disorders than non-victims.

Conclusion: This study revealed a high lifetime prevalence of stalking in the community. Effects on victims' mental health are significant, suggesting that the phenomenon deserves more attention in future research.

S-57-05

Stalking and the helping professional: Importance of the setting

G. M. Galeazzi. *Community Mental Health Service of Sassuolo, Sassuolo, Italy*

Objective: Helping professionals and, in particular, mental health professionals, may be at high risk of being stalked by patients. The author reviews the literature on the topic and reports on a survey study on stalking to mental health professionals of an Italian Province.

Methods: A total number of 16 papers were included in the review from a Medline and Psychinfo search. Inclusion criterion was an explicit reference to "stalking" or at least two repeated acts of harassment to a mental health professional by patients. A survey was sent to 475 mental health professionals of the Province of Modena, Italy. 363 (76%) responded. Stalking was defined as repeated (more than 10) and persistent (longer than four weeks) intrusions which caused fear.

Results: Despite variations in the definition of stalking used, available research shows that stalking by patients is a common occurrence for mental health professionals, with a wide range of reported cumulative incidence (from 6 to 37%). Stalking in the therapeutic relationship can be interpreted as a boundary violation of the therapeutic setting. In the Modena Survey, 40 respondents (11.1%) had been victims of stalking with male gender and being a psychiatrist or psychologist, instead of a psychiatric nurse or having another role, representing a risk factor for victimization.

Conclusion: Clinicians should pay attention to privacy issues and take seriously very initial signs of intrusiveness and of misinterpretation by the patient of therapeutic care as a sign of romantic attachment.

Sunday, April 3, 2005

S-64. Symposium: It's the people, stupid: Taking care of the mental health workforce

Chairperson(s): Peter Huxley (London, United Kingdom), Sherrill Evans (London, United Kingdom)
16.15 - 17.45, Holiday Inn - Room 8

S-64-01

Morale and job perception of community mental health professionals in Berlin and London

S. Priebe, K. Hoffman, R. Powell, W. Fakhoury. *Barts and the London Medical School, London, United Kingdom*

Objective: A positive morale of staff is central to recruitment and retention of committed professionals and effective service delivery. The study aimed to assess and compare morale and job perception of different groups of community mental health professionals in two European capitals.

Methods: A sample of 30 professionals was randomly selected from each of six groups: psychiatrists, nurses and social workers in Berlin and London. Morale and job perception were assessed using standardised questionnaires and simple open questions, which were subjected to content analysis.

Results: Despite the small sample sizes of single professional groups, the analysis revealed various statistically significant differences. Morale varied between the professional groups in London, but not in Berlin. Nurses and particularly social workers in London showed a low morale with high burn out scores. Most professionals enjoy direct work with patients and feel stressed through bureaucracy and managerial tasks. Yet, various specific aspects what professionals like and dislike in their jobs differs between Berlin and London.

Conclusion: Low morale appears a serious problem for nurses and social workers in London. Although both cities share various challenges of mental health care in European capitals, what professionals view as positive and negative in their jobs varies. The differences might be due to cultural factors and features of the health care systems. The results may inform initiatives to improve morale of staff in community mental health care.

S-64-02

A national survey of mental health social workers in England and Wales: Decision latitude, organisational justice and mental health

S. Evans. *Institute of Psychiatry & SCWR, London, United Kingdom*

Objective: The study aimed to: • characterise the mental health social work workforce in terms of their demography, experience, job content, workload, working environment, health and well-being; • explain the nature and direction of associations between these explanatory variables and mental health, burnout and job-satisfaction.

Methods: A postal survey (in England & Wales) incorporating the GHQ-12, Maslach Burnout Inventory, Karasek Job Content Questionnaire and a job-satisfaction measure.

Results: Respondents (n=237) reported high stress and emotional exhaustion levels and low levels of job-satisfaction. Feeling valued at work, job demands, decision latitude and feelings about the place of MHSW in modern services contributed to the explanation of job-satisfaction and most aspects of burnout. Approved Social Worker status was associated with job dissatisfaction.

Conclusion: Stress factors within the workforce may exacerbate recruitment and retention problems, if employers fail to recognise the demands placed upon MHSWs and to value their contribution to the mental health services.

S-64-03

Social workers in adult mental health - survey results from the Republic of Ireland

P. Quinn. *St Patricks Hospital, Dublin, Ireland*

Objective: The purpose of this study is to look at mental health social workers' perceptions of the quality of their work environment in Ireland, both in terms of facilities available and support systems.

Methods: A postal survey was carried out in January/February 2003, where a questionnaire was sent to practitioners providing adult mental health social work services in Ireland (either within public sector Health Boards or in private hospitals). The questionnaire consisted of 58 questions, structured in 7 sections: background of respondents; working environment and current work, supervision; practice teaching; working with other agencies/professionals; training and professional development; service provision.

Results: The study identifies substantial disparities among mental health social service providers both with regard to facilities, such as office accommodation and computing facilities, and support systems (administrative support, supervision).

Conclusion: The quality of the work environment affects the quality of the service delivery that workers are able to provide. Poor work environment will lead to an inefficient service and short-term economies may constitute diseconomies in the longer term. The study suggests that there is a need to develop nation-wide standards and the means to ensure these standards are followed.

S-64-04

Consultant psychiatrists working patterns: Are progressive approaches the key to staff retention?

A. Mears. *Royal College of Psychiatrists, London, United Kingdom*

Objective: The objective of our research was to investigate how different styles of working affect the occupational burdens experienced by consultant psychiatrists in the UK, and how interventions might improve mental health and retention.

Methods: A questionnaire (the design informed by three speciality-specific focus groups: general adult psychiatry, old age psychiatry and child and adolescent psychiatry) was sent to a randomly selected group of 500 consultant psychiatrists. The questionnaire form included sections for demographic data, work patterns, roles and responsibilities, work style, job content and work environment. Other sections used validated tools: the Karasek Job Content Questionnaire (JCQ; Karasek et al, 1998), the Maslach Burnout Inventory (MBI; Maslach & Jackson, 1993) and the 12-item version of the General Health Questionnaire (GHQ; Goldberg, 1992).

Results: Three factors emerged from the data reduction exercise carried out on the data. Positive Workload pattern (PWP): A high PWP score indicates a positive, progressive workload pattern. The more positive the consultants' WP score, the better they felt about their job, the better their scores on all 3 JCQ scales, the lower the score on the MBI emotional exhaustion scale, and the lower their GHQ score. Clarity of Role (CR): A high CR score indicated a low level of ambiguity surrounding the consultants' role. The higher the CR score, the better the consultants felt about their job and the higher their satisfaction, the better their score on all three MBI and JCQ scales, and the lower the GHQ score. Perceived support (PS): A high 'Perceived

Support' score indicated by reporting a high level of support from their multidisciplinary team. A good PS score is associated with good job satisfaction, and positive scores on the social support and decision latitude scales from the JCQ.

Conclusion: Consultant psychiatrists working in a more progressive way appear to be suffering less from the occupational pressures than their more traditional colleagues.

S-64-05

Morale of staff in community mental health care in a province in Northern Italy

G. M. Galeazzi, S. Priebe, S. Delmonte, W. Fakhouri. *Community Mental Health Service of Sassuolo, Sassuolo, Italy*

Objective: Burnout and job satisfaction can have a substantial impact on the nature and quality of care delivered by mental health professionals. This study aimed at exploring morale of psychiatrists and nurses working in Community Mental Health Centres of the Province of Modena, and at finding perceived influential factors.

Methods: 30 psychiatrists and 30 psychiatric nurses completed a survey on work morale. Established scales (Maslach Burnout Inventory, Minnesota Job Satisfaction Scale, Team Identity Scale) were associated to open-ended questions, scored using a posteriori formed categories (inter-rater agreement on the final categories had kappas ranging from .60 to .91). Regression analyses were used to determine predictors of morale as measured by the scales.

Results: Nurses had lower scores on emotional exhaustion and depersonalisation than psychiatrists. The perceived most enjoyable aspects of the job were the emotional contact with patients, possibility of teamwork and humanitarian aspects of the profession. 22% of the variance of the emotional exhaustion score was predicted by being a psychiatrist (instead of a nurse) and by reporting team conflict as a pressure in the job. The same variables explained 14% of the variance of the overall burnout score.

Conclusion: The "human" element of the profession and relational aspects, both with clients and colleagues, are considered more important than technical competence or other potential sources of stress in determining work morale and satisfaction. Training in skills to establish a positive therapeutic relationship and strategies to reduce team conflicts could have a positive impact on staff morale.

Tuesday, April 5, 2005

S-63. Symposium: Future directions of mental health care

Chairperson(s): Stefan Priebe (London, United Kingdom), Angelo Fioritti (Rimini, Italy)
16.15 - 17.45, Holiday Inn - Room 6

S-63-01

Trust and choice in mental health - some postmodern implications for the future

R. Laugharne. *University of Exeter, Exeter, United Kingdom*

Objective: Postmodern critics of scientific modernism have questioned the knowledge and power of medical scientists. The issues of trust and patient choice are two areas of interest stimulated

by this criticism. We sought to review the research evidence on trust and choice in mental health.

Methods: We completed a literature review of trust and patient choice in mental health, and completed a survey of mental health patients.

Results: Trust in doctors remains high. Higher levels of trust are associated with older age, continuity of care and choosing your doctor. Patients want choice in their treatment but in partnership with their doctor. Giving patients choice in their treatment improves engagement with services but the effect on treatment outcome is variable.

Conclusion: Issues raised by postmodern cultural change have practical implications for mental health. Trust remains high in doctors, but this finding needs to be investigated for psychiatrists. Patients want choice, not as a pure consumer but using advice from their doctor.

S-63-02

Re-institutionalisation in different European countries

S. Priebe, A. Badesconyi, A. Fioritti, L. Hansson, R. Kilian, F. Torres Gonzalez, T. Turner, D. Wiersma. *Queen Mary, Univ. of London Newham Centre for Mental Health, London, United Kingdom*

Objective: De-institutionalisation has been the dominant process of mental health care reforms in Western Europe since the 1970s. It has been argued that this process may now have been superseded by the new era of re-institutionalisation. Major characteristics of the new process are an increase of forensic beds, involuntary admissions, and places in supported housing. Yet, there has been little systematic research on the subject, and this study assessed data from different countries.

Methods: Changes of forensic beds, involuntary admissions, places in supported housing, conventional psychiatric hospital beds and the general prison population between 1990/1 and 2002/3 were identified in England, Germany, Italy, Netherlands, Spain and Sweden.

Results: The number of forensic beds and places in supported housing increased in all countries, whilst changes in involuntary admissions were inconsistent. Conventional psychiatric beds showed further decrease in five of the six countries, but the degree varied. The general prison population has risen markedly in all countries.

Conclusion: Whether the new process is seen as re-institutionalisation or trans-institutionalisation depends on the interpretation and the balance between new places in different institutions, further reduction of hospital beds and the capacity of services in the community. Re-institutionalisation appears to occur in countries with different traditions and health care systems. Explanations and implications for future directions of mental health care are discussed.

S-63-03

Changing legal frameworks for mental health care in Europe

A. Fioritti. *Direttore Sanitario Azienda USL Rimini, Rimini, Italy*

Objective: Cross-national comparison of law provisions can be very helpful in order to outline models and trends and to support in drafting new legislation.

Methods: A recent comparison of the texts of laws from all countries members of the European Union has allowed for an