

chosen to achieve a fitting measure of global functioning; data survey was both retrospective (chart review) and prospective.

Results: Paired samples t-tests showed significant differences between T1 and T2 with regard to “Composite Scale” ($t(9)=3.354$; $p<.01$), “Communication” subscale ($t(9)=2.449$; $p<.05$) and “Socialization” subscale ($t(14)=2.613$; $p<.05$); the “Daily Living Skills” subscale demonstrated a borderline p-value ($t(9)=2.250$; $p=0.0510$).

Conclusions: These results indicate that farmstead community environment can produce a favourable effect on adaptive behaviour, especially in those areas which represent the chronic core of autistic symptoms.

P0309

Phenomenon of immigration and suicide in young people in Romania
O.D. Panait, A. Chirita. *University Clinic of Psychiatry, Craiova, Romania*

Suicide in young people is complex, with multiple dynamic factors contributing to the event in each individual case. The most common risk factors are: psychiatric disorders (mood and anxiety disorders, psychotic disorders, alcohol and substance use disorders, personality disorders), psychosocial stressors, medical diseases and poor coping capacity. Generally it is estimated that up to 90 % of suicide in young people is related to a mental disorder.

In Romania, in the last 10 years, the importance of the psychosocial stressors has significantly grown up, especially the fear of losing a beloved one. Because of the migration of people in the western countries, due to the better conditions for work there, many children and teenagers are left in the care of relatives or state institutions, which fail to give them the love and understanding of their parents.

Our study, made in collaboration with the Forensic Medicine Institute, shows, on a 10-year period, the increasing of suicide attempts and finalized suicide in young people, especially after Romania adhered to the European Union.

P0310

Boundaries, ethics and chaos theory in psychotherapy

R.S. Pepper. *Department of Behavioral Science, New York Institute of Technology, New York, NY, USA*

Physicists tell us that to understand a phenomenon is to know its borders. To know where one entity ends, and another begins, is an essential component to living in harmony with the environment. At the same time, the maintenance of boundaries produces tension. There seems to be a natural urge to surrender boundaries and to merge with the universe. While initially exhilarating, this experience can also be damaging. Such is the case in psychoanalytic psychotherapy when boundaries are blurred between clinician and patient.

Through vignettes and personal observations of the author the impact of blurred boundaries in the psychoanalytic relationship will be presented. My previous research has shown that when clinicians allow boundaries to blur then there are often significant untoward treatment reactions that are interpreted as transference and resistance when they are not.

When negative treatment reactions are manifested during the course of treatment, the frame is rarely considered as the source of the problem. A psychoanalytic interpretation is often used to explain the phenomenon. This may be a technical error.

Concepts taken from chaos theory such as "sensitive dependence on initial conditions" (which means small changes in input can produce large changes in output) may better explain negative treatment reactions than psychoanalytic theories do. This may be particularly true in cases of iatrogenesis.

P0311

The development of a mobile psychiatric unit in a rural area of Greece: Preliminary results

V.C. Mouka¹, V.K. Peritogiannis¹, M.E. Lekka¹, N.C. Menti¹, V.K. Fotopoulou¹, C.K. Mantas², V.G. Mavreas^{1,2}, T.N. Hyphantis^{1,2}. ¹Mobile Psychiatric Unit of The Prefectures of Ioannina and Thesprotia, Ioannina, Greece ²Department of Psychiatry, Medical School, University of Ioannina, Ioannina, Greece

Background and Aims: A mobile psychiatric unit is an outpatient, community-based psychiatric service, alternative to mental hospital, with proven effectiveness and efficacy. This study presents the development of the Mobile Psychiatric Unit of the prefectures of Ioannina and Thesprotia (M.P.U. I-T), Greece, and the results of its operation during the first six-month period of its establishment.

Methods: The M.P.U. I-T is a specialized multidisciplinary team which provides psychiatric services and promotes mental health in a rural population of about 100.000 people. A close cooperation with all health care providers within the catchment area has been established. Patients were examined by the M.P.U. staff and medical data were collected in order to identify the needs of the patients living in these remote areas.

Results: 344 therapeutic actions have been recorded. 106 (30.8%) were visits at the patients' homes, which indicates their difficulty in accessing the mental health system. During this six-month period the number of the patients was gradually increased, reaching currently a total of 132 patients, whereas 42 patients are permanently followed-up by the M.P.U. In addition, 58 education and promotion activities, 55 meetings with members of primary care services and 27 meetings with members of the local authorities and other corporations have been recorded within the same period.

Conclusions: These preliminary findings provide initial evidence about the increased needs of the rural areas for the development of community-based mental health services. A community-orientated programme based on mobile psychiatric units offers quite satisfactory results in this direction.

P0312

Cost effectiveness analysis of day hospital and inpatient treatment in Poland

P. Piotrowski^{1,2}, A. Kiejna¹. ¹Department of Psychiatry, Wrocław Medical University, Wrocław, Poland ²Psychiatric Hospital, Wrocław, Poland

Aims: Analysis of effectiveness and costs of day hospital in relation to stationary treatment. Study constitutes part of project carried out within 5th EC Framework Program-EDEN.

Material: Out of 1089 patients admitted to Psychiatric Hospital in Wrocław(PHW) 238 patients were randomly assigned to either day hospital($n=115$) or inpatient ward($n=123$). Patients were interviewed at 6 time-points comprising hospitalization, 3 and 12 months after discharge. Psychopathological symptoms and QoL were expressed in BPRS subscales and MANSA. Costs of treatment were assessed from clients' perspective—according to CSRI questionnaire, from