

illness (SMI) in a medium-size mental health service area in The Netherlands.

Methods: Our adaptation does not include individual research assessments of clients in order to minimize their burden and maximize their participation in the services. It consists of three inter-related phases. Phase One includes: a) identification of 30 of the most difficult patients to treat for this trial, among long-term care clients (N: 820) of Renier van Arkel Psychiatric Services in s-Hertogenbosch; b) Collection of one-year Case Register data on participant's service use and clinical and demographic variables prior to this trial. Phase Two includes: a) Provision of in-vivo training to a team to work with the ACT methodology; b) Assessing over a year the provision of ACT, including follow-up service use and data collection from charts on substance use, quality of life and case-management. In Phase Three, we adapt ACT for use in our area and produce an intervention manual based on our experience in this trial, collected data, and on our overall clinical and research experience with hard-to-engage populations.

Results: We successfully identified our target group, initiated the team in-vivo training and the ACT service provision. The rest of the study is still being implemented.

Conclusion: Initial assessments suggest that adapting an evidence-based intervention based on collection of clinical implementation data and non-intrusive collection of available service use and clinical variables data might be a useful method.

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Therapeutic factors in group psychotherapy: Different perspectives of patients and psychiatrists

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Aim: In this study, we aimed to find the differences between patients' and psychiatrists' perspectives with regard to therapeutic factors in group psychotherapy, by using Yalom's 60-item curative factor questionnaire.

Method: A sample of 60 psychiatric patients (19 male, 41 female), who had admitted to a university psychiatric inpatient clinic and who had attended a "here-and-now" focused interpersonally-oriented group psychotherapy were chosen for this study. Their mean age was 38.4 ± 11.0 , and their psychiatric diagnoses were as follows: unipolar depression (46.7%), schizophrenia (16.7%), bipolar affective disorder (10.0%), anxiety disorders (10.0%), substance dependence (10.0%) and other (5.0%). 31.7% of them were diagnosed with a comorbid personality disorder. Before they were discharged from the hospital, they were asked to fill the Yalom's 60-item curative factor questionnaire, which was also filled for each patient by a psychiatrist, who had attended or supervised the group psychotherapy of these patients.

Results: The top three curative factors were; existential factors, instillation of hope and self-understanding for patients, and installation of hope, existential factor and cohesiveness for psychiatrist. There were statistically significant differences among patients with different properties and between patients and psychiatrist for many items with regard to perceived "most helpful" therapeutic factors.

Conclusion: Patients gender, age, educational level and comorbid Axis II diagnosis influence the perceived therapeutic factors, while Axis I diagnosis and number of attended meetings do not. Patients and doctors seem to have different ideas about the importance of

different therapeutic factors during patients healing processes in group psychotherapy.

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Salvation with art in personological interpretation

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Salvation with art in contemporary conditions in practical activity of a physician begins from attempts to help to patient remove sufferings, bodily or mental. Here all the means are appropriate which result in recovery (medicines, exercises, restorative therapy, psychotherapy and possibly, art). The latter needs for theoretic and practical recognition as a healing agent. Creative activity is able to breathe new life into the person in need for mental help and stimulate him with such methods that were regarded previously as a privilege only of artists. Art represents by itself "an attempt to create another, more human world" (A. Moiré). During artistic sublimation instinctive impetus is replaced by visual one or by any other artistic-image-bearing idea. Creative activity as a form of sublimation allows expressing and by this response in art toward sexual, aggressive and other impetuses and emotional states of psyche. Healing abilities of art were recognized long before emerging the psychotherapy, they are associated immediately with catharsis. Therapy with creative self-expression is healing rather than treating: it strives at development by the person of his/her own relations with his/her Self and the world and in some meaning it is near to esthetotherapy using esthetic impact.

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User involvement in commissioning mental health services for multi ethnic population in UK

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Aim: This study aims to evaluate the expectation of and need for psychological counselling among primary care attendee in a practice where the majority of patients are of Asian origin.

Method: All consecutive adult patients attending 10 surgeries per week (assess 20 patients per surgery) asked to participate in the study. Patients were asked to complete 2 questionnaires:

1. Demographic data
2. Acculturation

In one month period 127 patients completed two questionnaires.

Results: About 60% of Asian patient preferred to talk to either general practitioner or friend or relative whereas half of the European patient preferred to talk to GP and only 2 would talk to a friend or relative. 15% of Asian preferred to see male professional, but 60% of European preferred the same. Similar number reported that if they were suffering from anxiety or depression they would prefer taking tablets from their general practitioner. 25% of Asian preferred to see a counsellor or therapist of their own background whereas 40% of European patient preferred the same.

Discussion: There is very little information, if any, on ethnic minority views about the type of services they would like to receive. This study has demonstrated that there is unmet needs with regards to gender and preference for professional from similar ethnic background. There is a need to merge patient need and preference in an efficacious manner also for the services to change and develop in a planned and efficacious consumer lead rather than provider lead.