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24th European Congress of Psychiatry

## Early career psychiatrists programme

### Conversations – the political and social mission of psychiatry

#### EECP 01

#### The political and social mission of psychiatry

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Psychiatry is based on values and scientific evidence. The presentation will argue that both bases come with a social and political mission.

The values require a commitment to help those in need of support, which cannot be fully achieved without social and political action. The scientific evidence points to the central role of societal factors, such as inequality and poverty, for the development of mental disorders. Influencing these factors requires political decisions.

It will be concluded that taking up the social and political mission is a moral imperative for both psychiatrists as a professional group and individual psychiatrists, and may make the profession more relevant in society, more attractive to medical students, and more effective in helping patients with mental distress.

The discussion will address the challenges and practical options for such a mission.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.807>

### EFPT/ECPC-EPA Symposium – Identity or competency: how to train the modern day psychiatrist

#### EECP 02

#### The tension between identity and competency: Comparing behavioural and constructionist approaches to professional formation

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Contemporary approaches to medical education emphasize the importance of doctors in training demonstrating the acquisition of competencies. This approach to educating doctors has been criticized on a number of grounds, not least because a solely behavioural focus risks trivializing medical professionalism. An alternative approach is to look at the formation of professional identity as a legitimate goal of training.

In this presentation, I will describe the behavioural and constructionist approaches to medical education and their implications for psychiatry training. I will make a plea for psychiatry training to renegotiate the balance between the two approaches.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.808>

#### EECP 03

#### Should all psychiatrists be skilled to practice psychotherapy?

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Psychiatrists have a unique place in the spectrum of mental health services, as being able to integrate psychotherapy and pharmacotherapy in clinical practice. It is through psychotherapy training that a trainee gains optimal communicative skills and competence in establishing therapeutic alliance with a patient. It helps developing empathic understanding, which is very important for a good collaboration and enable understanding, diagnostic and treatment. It improves trainees' own insight. All are these fundamental aspects of a biopsychosocial approach of psychiatry.

In many countries psychiatry trainees have a positive attitude towards psychotherapy during their training. Moreover, patients often prefer and adhere to combined psychotherapy and medication than split-care treatments. Research in psychotherapy provides ample evidence that these treatments are effective. The UEMS considers psychotherapy education as mandatory. EFPT advocates that all trainees must gain competence in at least one recognized form of psychotherapy and have a basic knowledge for other forms. Altogether, there is a consensus among all actors of mental health services that psychotherapy training is essential and should be improved. Yet, it is still far from being a priority in psychiatric training and is subdued by biological training and

research, which is easier, faster and prevailing in training institutions. Also, psychotherapy training is found less affordable by trainees.

With collaboration from other organizations, EFPT aims to improve standards of psychiatry training, including psychotherapy. We present some initiatives led by UEMS, EPA, WPA and ECNP. Today's technology allows trainees to reach various psychotherapeutic training availabilities, including online tools (Webinar, MOOCs, online guidebooks) and international courses. It is advisable that training institutions devote more time on psychotherapy training and supervision, associations provide costly training availabilities or scholarships, encourage more scientific research on psychotherapeutics and take into account the progress of research in psychology and neuroscience [1–5].

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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- [4] Statements of the European Federation of Trainees (EFPT); 2015. p. 6.
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<http://dx.doi.org/10.1016/j.eurpsy.2016.01.809>

#### EECP 04

### Is addiction medicine part of psychiatry?

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Addiction medicine/psychiatry, a medical subspecialty founded on October 1991 by the American Board of Psychiatry and Neurology, was granted as subspecialty within psychiatry. It mainly deals with medical assessment, diagnosis and treatment of subjects who suffer from an addiction (i.e. drug and/or alcohol addiction; gambling; sexual addiction; game addiction; and so on). Addiction psychiatry also deals with subjects in dual diagnosis, i.e. individuals with addiction issues along with co-occurring psychiatric disorders. However, despite its well established “dignity” to be part of psychiatry, most mental health's professionals believe that it is not a primarily psychiatric field due to the frequent co-occurrence of internistic/medical issues. In addition, the situation of psychiatric training specifically addressed to addiction is widely diversified across the European countries. Therefore, most psychiatrists do not possess specific qualifications and formation on this increasing field of psychiatry. The present lecture aims at providing an insight into the issues related to the diatribe between psychiatry and medicine on addiction medicine/psychiatry, specifically focusing on differences across European countries.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2016.01.810>

#### EECP 05

### Should all psychiatrists be skilled to practice psychotherapy?

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<http://dx.doi.org/10.1016/j.eurpsy.2016.01.811>