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25th European Congress of Psychiatry

Plenary

Plenary session: Psychiatry 2017: Acknowledging complexity while avoiding defeatism

PL01

Psychiatry 2017: Acknowledging complexity while avoiding defeatism

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In the past few years, it has become a sort of cliché to state that psychiatry is in a crisis. In particular, it has been repeatedly argued that: (a) psychiatric diagnoses are invalid; (b) psychiatric research has not progressed significantly (in particular, it has not been able to identify “the cause” of schizophrenia, depression or bipolar disorder); (c) psychiatric treatments are of limited value, and their widespread use has not been able to reduce the incidence of mental disorders. This perception of crisis has been at least in part generated by an identification of mainstream psychiatry with the neo-kraepelinian paradigm, so that the crisis of confidence in that paradigm has expanded into a crisis of confidence in the psychiatric discipline. According to Kuhn, the crisis of confidence in a paradigm is accompanied by a period of “extraordinary science”, marked by a proliferation of competing methodologies, the proposition of a variety of divergent solutions for the problem defining the crisis, and the recourse to philosophy and to debate over fundamentals of the discipline. The crisis of confidence in the neo-kraepelinian paradigm has generated such a period, in which we are all now immersed. In this presentation, I will summarize the main components of the neo-kraepelinian paradigm; I will illustrate why that paradigm has failed, or at least has lost people’s confidence; and will summarize the main elements which are emerging in the current period of “extraordinary science”.

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Plenary session: Public mental health and clinical psychiatry: Are they two separate worlds?

PL02

Public mental health and clinical psychiatry: Are they really two separate worlds?

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Public mental health and clinical psychiatry: Are they two separate worlds?

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Public mental health focuses on health indicators and interventions on population level with an emphasis – although not exclusively – on prevention. In contrast, clinical psychiatry involves treatment of individuals in the setting of a health service and deals with people who usually already have a mental disorder. The theoretical background, the underpinning evidence and the practical approach of public mental health and clinical psychiatry differ from each other and concepts of one of the two cannot easily be transferred to the other.

Nevertheless, the presentation will argue that there are also links between the two. These links may be based on overall applicable values, a common understanding of mental disorders, and social models of overcoming mental distress. These links can have implications for how clinical psychiatrists are engaged in political and societal activities, get involved with local communities, and work in daily practice with their patients.

The public mental health perspective, used in a wide sense of the term, has played a substantial role in the historical development of psychiatry, including its major reforms, and might also open up how clinical psychiatry might be attractive as a career option and relevant as a profession in the future.

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