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REFORMS FOR MENTAL HEALTH CARE SYSTEMS AND THE IMPACT FOR TRAINING IN PSYCHIATRY

S. Priebe

Unit for Social and Community Psychiatry, Barts and the London School of Medicine and Dentistry, Queen Mary University of London, London, UK

Since the 1950s, political reforms have changed mental health care in most European countries. The political drivers, onset, pace, underpinning legislation and exact outcomes of reforms varied greatly among European countries, but there are also some common elements. Former large asylums have been closed or downsized, and different forms of services in the community have been established, particularly for patients with severe mental illnesses. Working in the community - in one form or another - is part of the job of many psychiatrists, and this aspect comes with specific challenges. These include working in a multidisciplinary team, establishing and maintaining positive relationships with patients in variable settings, combining different approaches in the treatment of often complex disorders, coordinating care across services, and taking responsibility for the quality of care in often difficult circumstances. This requires competence and skills that may be different from those of traditional psychiatrists working in hospitals. Psychiatrists should have appropriate skills in therapeutic communication, the management of small groups and the integration of different approaches of treatment and support. All these skills require appropriate training which most current curricula arguably do not provide. The stronger focus on the skills specifically required to work in the community is likely to change the traditional role of psychiatrists, but might increase the attractiveness and fascination of being a psychiatrist in the 21<sup>st</sup> century.