only marginal levels of training in skills. The appreciation of the importance of attitudes is mediated only by lectures and it is often insufficient. It lacks the elements of personal involvement in problems and solution seeking on the part of students. The improvement is especially needed in the area of liaison – consultation psychiatry, that can provide the experience of psychiatry as a medical discipline closely linked with problems of other branches of medicine.

Among the main problems associated with this rather entrenched structure and content of the programme are a lack of opportunity for activity of students, lack of involvement in problem-solving situations and also of an independent. in depth inquiry into a particular problem.

Among means to overcome these shortcomings are seminars in small groups conducted so as to afford maximum discussion and activity by students, discussion of essays, eventually elective courses in narrow specialized topics. The prejudice that the instruction of students in an ever growing body of knowledge is necessary and sufficient condition to meet the requirements of a good medical practice should be gradually replaced by the more problem oriented and integrative approach to the programme. The good point to start with would be rethinking the evaluation of students, putting stress on their practical skills and ability to solve problems and the use of knowledge in a less scholastic manner.

W03.02

UNDERGRADUATE STUDIES IN PSYCHIATRY IN THE PROBLEM-BASED LEARNING MEDICAL CURRICULUM AT UNIVERSITY OF TAMPERE

R. Kaltiala-Heino*, A. Pasternack. *Social Psychiatry, University of Tampere, Tampere School of Public Health: Internal Medicine, Medical Faculty, University of Tampere, Medical School, Finland*

Since 1994, the University of Tampere applies the problem-based learning method in basic medical education (PBL). In PBL, the emphasis is on the students' active gathering and processing of information and their ability to analyse problems and retrieve information. The curriculum is based on blocks with integration of various fields of medicine. Patient contacts are established from first weeks of basic medical education, and in addition to assessments as to knowledge, skills and ability to communicate are assessed. Mental health topics are accordingly integrated with the other fields of medicine. Of the blocks in the first 4 years, mental health topics are learned in "Man as individual and member of community", "Prevention", Diagnosis and therapy", "Fatigue" and "Emergency situations", planned as a joint activity of teachers from various fields of medicine. During clinical courses, mental health and psychiatry are studied in General Practice, Psychiatry, Child Psychiatry, Psycho-geriatrics and Rehabilitation. A series of seminars during clinical terms integrates topics of psychiatry with for example neurology, dermatology, ophtalmology, anesthesiology, oncology and basic biomedical and social sciences. This helps to overcome the often seen tendency of separating unfruitfully between the mental and the physical in working for the health of ???

W03.03

EDUCATION IN LIAISON PSYCHIATRY

M. Musalek*, B. Hobl, U. Mossbacher, A. Zoghlami. *Department of Psychiatry, University of Vienna, Austria*

In the last two decades an increasing interest in practical as well as scientific aspects of Liaison Psychiatry became observable. In many European countries liaison models have been developed. In most of the Western European hospitals you will fred Liaison units. Furthermore various autonomous medical subspecialities were created in this field as for example psychosomatic internal medicine, psycho-oncology, psychodermatology, etc.. Despite all these developments, there are no current standards or at least guidelines for liaison training within general educational programs in European psychiatry. Such training programs should be established according to the particular goals and needs in daily liaison practice. Following the North american guidelines the objectives of such programs should be the development of clinical knowledge about psychiatric care of the medical ill or physically disabled (including alternative models of crisis intervention, short time psychotherapy, consultee-oriented consultation, etc.) and the development of clinical expertise in the care and management of the various types of patients seen in the general medical practice. Furthermore a broad didactic knowledge in the field of Liaison Psychiatry is required through extensive exposure to the core literature in this field (e.g. psychosomatic medecine, behavioral medicine, bio-pscho-social approaches). Other main points should be an advanced understanding of the medically ill patients with emphasize on nonpsychiatric medication and the interactive effects of psychotropic medications and the development of knowledge and skills in psychotherapy and crisis intervention methods. Such training programs should also include an education in research methodology in Liaison Psychiatry and last not least the development of organizational and administrative skills needed to finance the stuff and manage liaison services, and to build up a stable cooperation between the different medical disciplines involved in liaison work. These objectives can be reached by participation in special liaison training programs which may include rounds, supervision, didactics and seminars.

W03.04

EDUCATION & TRAINING IN PSYCHIATRY IN EUROPE: UNDERGRADUATE TEACHING AND TRAINING IN TURKEY

V. Sar. *Istanbul University Istanbul Medical Faculty, Department of Psychiatry, Turkey*

The number of universities in Turkey have strongly increased in the last decade. Currnetly, there are more than 70 universities and many of them have medical schools. So, almost all cities in Anatolia have their own higher education facilities. The total number of new medical graduates is appr. 5000 every year. Although there is a standart curriculum for undergraduate training there are some differences in the content of lectures and clinical training between these medical schools depending their opportunities. The oldest medical schools with a large training staff are in Istanbul, Ankara and Izmir. However, the quality of education is in many new established medical schools as good as that of these older ones, despite their currently limited number of academic staff. One reason of this positive development is the smaller number of students and more education friendly and newly established facilities in these new schools. Medical students attend lectures in psychiatry first in their fifth year of medical education. Besides a total of 40 hours lectures, they have appr. 10 hours clinical training. 3 days of of this 20 day psychiatry rotation is used for child psychiatry. At the end of this training which they attend as groups of 20–30 students, they have to pass an exam. In the sixth year of medical School one month internship is obligatory for all students. Currently, this is the worst part of undergraduate training in psychiatry in Turkey, as the rather high number of medical students do an efficient internship program impossible. The curriculum of psychiatry in the fifth year includes propedeutics such as semiology,

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psychiatric examination, biopsychosocial development and clinical issues such as schizophrenia, mood disorders, dissociative disorders, anxiety disorders, psychopharmacology, psychotraumatology, and consultation-liason psychiatry. A specialty training is entered depending on the performance in the competitive central exam after the completion of medical school. As this exam includes few questions on psychiatry currently, the motivation of medical students on learning psychiatry remains rather limited. This central exam is also valid for the selection of candidates for postgraduate training in psychiatry. There are debates on the accuracy of this selection process which can not be considered as an ultimate method concerning this specialty which requires certain abilities different than that of the other areas in medicine.

W03.05

TOWARD BETTER PUBLIC MENTAL HEALTH BY MEANS OF PROBLEM ORIENTED AND COMMUNITY BASED MENTAL HEALTH EDUCATION

M.W. deVries. *Maastricht University - IPSER, Department of Psychiatry and Neuropsychology, Section of Social Psychiatry and Psychiatric Epidemiology, The Netherlands*

The current global mental health need has been highlighted in a number of institutes of medicine, World Bank and academic reports. These have made it clear that the mental health burden of the poor worldwide who are inheriting the health problems of the rich, is great and increasing. The scope and complexity of mental health problems warrant that mental health should be a core part of the medical curriculum, particularly since prevalence rates of psychiatric disorders are high across a range of medical settings, particularly in primary care. Psychiatric skills are an essential ingredient of the doctor-patient relationship and the management of illness course. A key reason for including a public mental health, community approach to psychiatric education is that mental health problems are not randomly or evenly distributed in a population, illness is localised in risk groups that often reside in specific neighbourhoods or social settings, and at the individual level the experience of psychopathology fluctuates with time, place and culture. Given this ubiquitousness of mental health problems in society and medicine as well as the evolving scene of the psychiatric knowledge, mental health education may best be achieved by the addition to the medical curriculum of self-study skills and primary health care experience in the community. This can help the young practitioner in medical school place illness in real life contexts, providing insight into both causes, prevention and management of illness. It is the proposition of this paper that self and small group study skills and community based approaches should be added to hospital based curricula that tend to stress only diagnoses and treatment. A public mental health educational, self-study focus on mental health based on the community and "Problem Based Learning" curriculum of the Network of Community-Oriented Educational Institutions for Health Sciences (Secretariat: Maastricht University, the Netherlands) is presented in this paper as part of the response to meeting the global mental health need.

W03.06

PSYCHIATRIC EDUCATION AND THE CHANGING UNDERGRADUATE CURRICULUM IN THE UK

M. Greenberg

No abstract was available at the time of printing.

FC05. Affective disorders

Chairs: S.J. Claes (B), E. Ceskova (CZ)

FC05.01

THE ASSOCIATION BETWEEN ONE-YEAR OUTCOME OF MAJOR DEPRESSION AND CARE UTILISATION IN THE GENERAL POPULATION. FINDINGS FROM THE NETHERLANDS MENTAL HEALTH SURVEY AND INCIDENCE STUDY (NEMESIS)

J. Spijker[1] *, R.V. Bijl[2], R. de Graaf[2], W.A. Nolen[3]. [1]*De Gelderse Roos, Mental Health Care, Arnhem;* [2]*Netherlands Institute of Mental Health and Addiction, Utrecht;* [3]*University Medical Centre and H.C. Rümke Groep, Utrecht, the Netherlands*

Background: Data on outcome of depressive disorder are difficult to interpret because of the different patients profiles found in different levels of care. General population studies have the advantage of their non-selection of patients.

Design: NEMESIS is a prospective survey on 7147 respondents from the Dutch adult general population (aged 18 to 64). Diagnoses of psychiatric disorders according to DSM-III-R are based on the Composite International Diagnostic Interview (CIDI), Version 1.1 (computerized version). Care utilisation, sociodemographic and clinical factors were evaluated and social functioning was assessed with the Short-Form-36 Health Survey (SF-36).

Results: At baseline 305 persons had a major depression (MD) in the preceding six months. At follow-up after one year 72 (23.6%) had been lost to attrition. Of the 233 who remained, 166 (71.2%) had recovered from the MD and 67 (28.8%) had not. 159 (68.2%) got in contact with professional medical care for their mental problems. Increasing level of care was significantly associated with severity of depression, comorbidity with anxiety disorders and dystymia and longer duration of previous episodes and with impaired role functioning. Antidepressant use was associated with severity of depression, comorbidity with anxiety disorders and dysthymia and unemployment and impaired social role functioning. Best outcome (83.8% recovered) was found in those persons who didn't receive professional care and worse outcome (41.9% recovered) in those persons who received specialised mental health care with antidepressants. All respondents improved in role functioning except those who received primary care without antidepressants

Conclusions: Depressed patients on different levels of care with different types of care can be distinguished on clinical characteristics and role dysfunctioning. The outcome varies and is especially poor in specialized mental health care with antidepressants. In discussing outcome of MD it is advisable to consider subcategories of patients and to use changes in role functioning next to depression status as a measure of outcome.

FC05.02

PSYCHOPATHOLOGY AND TREATMENT PROGNOSIS IN BDV-INFECTED PATIENTS

C.W. Spannhuth[1] *, D.E. Dietrich[1], L. Bode[2], T. Lau[1], T.J. Huber[1], H. Ludwig[3], H.M. Emrich[1]. [1]*Dept. of Clinical Psychiatry and Psychotherapy, Medizinische Hochschule Hannover;* [2]*Robert Koch-Institut, Berlin;* [3]*Dept. of Virology, Faculty of Veterinary Medicine, Freie Universität Berlin, Germany*

Borna disease vires (BDV) is known as pathogenic in certain animal species. Recently, human strains of BDV were isolated from

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