

with an array of psychosocial stressors. Caring for others lies at the heart of our profession: the focus is on the needs of patients. And rightly so. Nevertheless, this involves the risk that providers' own needs get out of sight.

This course provides a forum for openly discussing work-related stress and coping strategies. Participants will learn to recognise their own "warning signs" of excessive stress, as well as develop strategies to successfully handle stressful situations, based on their own practical experiences. The course further addresses consequences of stress, such as the risk to develop physical health problems or burnout. Instruments to gauge one's own burnout risk and stress coping pattern will be available for a self-assessment.

#### Learning goals:

- Understanding stress mechanisms and our own reactions to stress.
- Noticing one's own stress level.
- Gauging the risk for burnout: Where do I stand?
- Coping with stress: What helps?

#### Methods:

- Interactive teaching
- Exercises
- Group work
- Stress and burnout self assessment
- Guided discussion

#### Target group:

This course is open to all participants, but particularly addresses young psychiatrists. Young psychiatrists entering the field even experience elevated stressors. At the same time, starting out in the job is a good moment to develop self-care strategies — that are essential to maintain professional vitality and effectiveness in the long run.

## C11

Clinical management of suicidal behaviour: From genetic to therapeutic approach

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Suicidal behaviour is a serious health problem contributed by many biological, psychological, and social factors. Besides psychotherapeutic approaches, psychopharmacological treatment is necessary for many suicidal patients. However, to date there is no specific treatment of suicidality.

The course will be structured in three sections. In the first section we will address the biological bases of suicidal behaviour, pointing out recent findings in molecular genetics. We will also discuss the role of the serotonergic and other neurotransmission systems in this behaviour, and the relationship between aggression, impulsivity and suicidality.

In the second section we will review psychological and clinical aspects of suicidal behaviour. Systematic clinical assessment of suicidal risk will be also discussed.

Finally, in the third section, we will go deeply in the pharmacological approaches of acute suicidality after psychosocial stress, as well as, suicidality related to psychiatric disorders, reviewing the controversial role of selective serotonin reuptake inhibitors (SSRI) in the treatment of depression in children and adolescents.

## C12

How to set up an anti-stigma program

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**Learning Objective:** At the close of this course, participants will understand the steps involved in setting up an anti-stigma program, how to anticipate and resolve some of the most common difficulties, as well how to incorporate evaluation tools as a way of monitoring program progress and outcomes.

**Approach:** Using a series of case presentations, course participants will work through the steps required to set up programs designed to reduce stigma and discrimination resulting from stigma. Course materials will be drawn from the World Psychiatric Association's Global Program to Fight Stigma and Discrimination Because of Schizophrenia. The format of the course will be highly interactive with a heavy emphasis on audience participation designed to identify, then resolve the many practical aspects of program start-up, implementation, and operation. Faculty from the course will be drawn from the WPA Global Anti-Stigma Program and will help participants work through 2-3 real-life scenarios.

#### References:

Sartorius N, Schulze H. (2005) *Reducing the Stigma of Mental Illness*. Cambridge: Cambridge University Press.

Stuart HL. (ed.) (2005) *World Psychiatric Association Training Manual. How to Set Up an Anti-Stigma Program*.

World Psychiatric Association, Geneva: *World Psychiatric Association Global Programme to Fight Stigma and Discrimination Because of Schizophrenia*.

## C13

Principles of psychiatric interview: How to examine and assess personal experiences

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The aims of this Course can be summed up as follows: (1) improve the epistemological awareness of mental health professionals concerning the crucial situation of the interview, (2) provide methodological guidelines for clinicians while performing the interview, (3) provide criteria for clinicians and researchers to test the results of their interviews.

I will first shortly revise the basic tenets of the mainstream tradition, i.e. the "technical" approach to psychiatric interview, and then pass to scrutinize the large repertoire of problematic issues concerning the situation of the psychiatric interview in general, and the procedures of structured interviews in particular. The second part of the Course will be devoted to the problems arising in assessing first-personal experiences (with a special focus on psychotic experiences). Very little effort has been made until now to bring to the foreground the problem which arise in examining the psychiatric patients' subjectivity. The following are crucial questions: "Can subjectivity be made accessible for direct theoretical examination? Does each examination necessarily imply an objectivation and consequently a falsification? Which degree of falsification is acceptable?". The last part of the Course will address the issue of alternative (with respect to standard techniques) approaches to the psychiatric interview as a way to illuminate the quality of subjective experiences and behaviours, their meanings, and the pattern in which they are situated as parts of a significant whole. I will sketch