after deformation that does not exceed its elastic limits'. Psychological resilience can be defined as a person's capacity for adapting psychologically, emotionally and physically reasonably well and without lasting detriment to self- or personal development in the face of adversity, threat or challenge. It is not about avoiding short-term distress or deleterious responses, but about adapting to and realistic recovery from them.

I think the professions must give thought to their resilience in responding effectively, adaptively and well to the challenges that face us. I believe that psychiatrists and other doctors should afford particular priority to sustaining and developing their relationships with their patients and the public. We should also pay greater attention to maintaining our corporate resilience. I believe that rebuilding professionalism so that it remains an appropriate guide in the modern context and creating synergy between evidence-informed and values-based practice are important contributions.

I am optimistic about the future of psychiatry and mental healthcare, although, in the short and medium term, I am concerned about how we cope with the rising profile and demands of regulation. Regulation is essential but costly and, on its own, is unlikely to reassure the public. Its price must not be the erosion of relationships with patients or of creativity. It is difficult to resist the reasoned calls for relicensing and re-certification but, in my opinion, both must be tempered with encouragements to practitioners to enable them to sustain and develop their relationships with the public and with patients. In this context, the new version of *Good Medical Practice*, the GMC's code of practice that has been effective from 13 November 2006, strikes an appropriate balance (GMC, 2006).

Of course, I write from a UK perspective. However, the evidence from Smith's enquiry (2001) is that expectations of doctors are changing across the world. So, I am keen to hear your opinions and experiences.

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NEWS AND NOTES

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Middle East War

The College President and the Director of International Affairs wrote to all College members in the Middle East Division to pledge support and offer help with the effects of the recent violence on the civilian population. Professors Hollins and Ghodse also wrote to the Presidents of the Lebanese, Israeli and Palestinian Psychiatric Associations and the World Psychiatric Association calling on the governments involved, on the United Nations and on the international community for the immediate cessation of fighting and a lasting resolution to this conflict.

WHO national mental health counterparts

The ninth annual meeting of the World Health Organization (WHO) European national counterparts took place on 30 March to 1 April 2006, hosted by Greece, in Chania. The aim of the meeting was to offer a forum for the WHO to report back on progress achieved after the January 2005 meeting of ministers in Helsinki and for national counterparts to discuss the mental health priorities in their countries and reach an agreement on future activities in partnership with the WHO.

Participants identified common challenges across countries and challenges specific to different stages of development of national mental health systems.

Future work in partnership between countries and the WHO will include cross-country projects and country-specific projects focused on a set of agreed priority areas for future collaboration with the WHO, as follows:

- service development
- workforce
- financing
- knowledge dissemination
- strategy development and legislation.

Information supplied by Dr Matt Muijen, Regional Adviser for Mental Health at the European Regional Office of the WHO

UEMS child and adolescent psychiatry psychotherapy training guidelines

The Section and Board of Child and Adolescent Psychiatry (CAP) of the European Union of Medical Specialists (UEMS) has a working group that has produced psychotherapy guidelines in response to the substantial need for psychological treatments for the psychiatric disorders and disturbances of children and adolescents and the consequent need for specialist training. These guidelines outline different levels of training and competence. They are now available on the UEMS website (http://www.escap-net.org/web/images/stories/document/guidelines_on_psychotherapy_training.pdf) and comments are invited.

In brief, the working group recommended that all psychotherapy training should consist of: familiarity with theoretical models; personal skills and knowledge of techniques; and awareness of the effect of one's own life experiences. The duration of training should be 3–4 years and consist of a minimum of 400 hours in any model and competence must be demonstrated.

- *Familiarity with theoretical models*. Psychoanalytic/psychodynamic psychotherapy requires knowledge of theories of both child and family development and of techniques. Cognitive–behavioural psychotherapy requires knowledge of learning theory, focused on human behavioural, cognitive, emotional and social development and functioning as well as of the brain–behaviour relationship and the dynamics of social networks. Family psychotherapy requires proficient knowledge of family development and functioning in normal and disordered families, and how specific family features affect the development of children.
- *Personal skills and knowledge of techniques*. All modes of therapy require the capacity to develop a therapeutic relationship with the child and significant others. Psychoanalytic/psychodynamic psychotherapy requires the ability to recognise that meaningful communication involves emotional contact and participation (empathy), and the ability to differentiate the limits and objectives in case management, environmental interventions, counselling, support and psychotherapy. An optional recommendation is skilled training in infant or child observation. Cognitive–behavioural psychotherapy requires the therapist to be able to reflect on the aspects just described and to apply various techniques and protocols for specific psychiatric disorders. In family psychotherapy the therapist must be able to attend fully to the verbal and non-verbal contributions of each family member.
- Part of psychotherapy training involves heightening awareness of the fact that the therapist's own emotional reactions and life history experiences are an essential and inevitable part of the psychotherapy process.

The national status and criteria for psychotherapy differ across European countries, and as a consequence the training resources and curricula will vary. The trainers responsible for CAP psychotherapy training must be trained therapists themselves.

J. Tsiantis, Professor of Child Psychiatry, University of Athens, and President of the UEMS Section of Child and Adolescent Psychiatry; J. Piha, Professor of Child Psychiatry, University of Turku; D. Deboutte, Professor of Child Psychiatry, University of Antwerp

UEMS response to the EU green paper

The UEMS/CAP Section and Board, while fully supporting the intentions of the Green Paper from the European Commission, *Promoting the Mental Health of the Population: Towards a Strategy on Mental health for the European Union*, have produced a response that raises concerns that the topic of mental health for children and adolescents is not sufficiently addressed. The view is that these important initiatives should be framed according to a life-cycle approach, with a specific focus on children, adolescents and their social context. The full text of the response can be found at http://www.escap-net.org and correspondence can be conducted with J. Tsiantis, President of the CAP section, via email (itsianti@med.uoa.gr).

Early intervention in psychiatry

Reflecting a new and important trend in psychiatry, Blackwell has announced a new international journal for 2007, *Early Intervention in Psychiatry*. There is a call for papers at http://mc.manuscriptcentral.com/eip. The Editor-in-Chief is Professor Patrick McGorry.

Correspondence

Psychiatric care in south-west Stockholm: the SHO perspective

Sir: Academic overseas visits are usually the undertaking of senior psychiatrists. Recent articles have tended to focus on service provision (Kennedy, 2005) or to have reported on the struggles of mental health services in low- and middle-income countries (Feinstein, 2002).

In May 2005, a group of six senior house officers on the St George's Hospital Scheme in London visited the Karolinska Psychiatric Institute in Huddinge, Stockholm. The inspiration came after a group of Swedish doctors visited our trust at the invitation of Dr Najmeddine Al-Falahe, a Stockholm-trained local consultant. Our self-funded visit was planned to coincide with a bank holiday. Whereas Friday and Monday were academically oriented, we used the weekend to discover Stockholm by day and night.

On arrival, the educational coordinator, Dr Maria Starssjo, our excellent host for our stay, escorted us to the faculty's breakfast meeting. We were allocated residents to shadow on various in-patient units and community facilities. The wards,