

Psychiatrists, like most physicians, are fascinated by their classifications. Like art critics that distinguish surrealists, cubists, hyperrealists, minimalists, etc. psychiatrists try to reveal patterns of symptoms, emotions or behaviors from the patients they see in their day-to-day practice. But psychiatric disorders are not used and determined only by psychiatrists. As pointed by P. Zachar (2015), psychiatric disorders can be considered as biological dysfunction, patterns of symptoms helpful for treatment and prognosis, categories used by health insurances, categories used by judges, words used in the media, concepts used by sociologists (“The weariness of the self”, Alain Eherenberg). We will discuss in the conference what science can say about this confusion and what clinicians should consider for their clinical practice.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

#### EECP004

### How many categories do we need?

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Abstract of presentation by Prof. N. Sartorius.

The presentation will discuss the dependence of the classification of mental disorders on its use. While scientists searching for causes of mental disorders or assessing the effectiveness of a new treatment will need highly homogenous groups of people showing a particular well defined syndrome, practicing clinicians will wish to limit the number of categories in a classification of mental disorders to a level which makes a difference in treatment or management. The World Health Organization has recognized this difference in need and preference and produced in the framework of the 10th Revision of the International Classification of diseases (ICD) a classification of mental disorders in three versions—a version for practicing psychiatrists, a version for use in scientific investigations and a version for use in primary health care. The three versions were translatable (“telescoped”) into each other. The field tests of the three versions of the classification demonstrated that they are easy to use, can be used reliably and fit the syndromes usually encountered in health care services. These findings further supported the Sir Aubrey Lewis’ proposal to accept the division of classifications into a public and several (or many) private versions translatable into each other.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

### EFPT/ECPC-EPA symposium: Raising your voice as a psychiatry trainee association: how and why?

#### EECP005

### Building national associations for psychiatry trainees: The MENTA recipe for success

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European Federation of Psychiatric Trainees (EFPT) is an umbrella organization for national psychiatric trainee associations in Europe, aiming to develop collaboration between psychiatric trainees. EFPT states that organised trainee interest is crucial in promoting high quality psychiatric training, therefore it promotes

that both general adult psychiatry and child and adolescent psychiatry trainees are represented by national trainee association in each European country. The Maintaining and Establishing a National Trainee Association Working Group (MENTA WG), a permanent EFPT working group, has been created to assist trainees in building a local trainee organization. MENTA WG supports organising meetings, helps manage the problems of functioning of an association, sends letters of support to national decision makers, helps prepare the organization’s bylaws and facilitates the process of application for full EFPT membership. The group also helps reactivate the inactive associations and assists them in expansion and developing new initiatives. MENTA WG maintains close collaboration with the European Psychiatric Association Early Career Psychiatrists Committee (EPA ECPC) Task Force on Meetings and Associations and other organizations dedicated to early career psychiatrists, such as the Young Psychiatrists’ Network. In the last few years, due to the work done within MENTA WG, the EFPT family has grown and welcomed new official members, such as: Poland, Spain and Slovakia. Currently, we are planning on supporting trainees in Moldova, Bulgaria and Kosovo to establish new official organizations in these countries. We also expand our activities beyond Europe and offer counselling for psychiatric trainees from such countries as Australia or South Africa.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

#### EECP006

### Experiences from newly created trainee associations in Spain And Macedonia

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Until July 2016, Spain was not member of European Forum of Psychiatric Trainees. Why? Because Spain did never have Association of Psychiatric trainees. In July 2015, 2 Spanish trainees were invited to attend EFPT meeting in Porto. There, they connect with other European trainees and with the help of MENTA group they starting the foundation of Spanish Psychiatric Trainees Society, now known as SERP. In just 1 year, SERP has increased in number of members and have successfully developed numerous initiatives such as the establishment of our founding documents, the constitution of a democratic board through an Elective General Assembly, the design and update of a website and profiles in the social networks and the organization of the 1st Meeting for National Psychiatric Trainees, which was held in Vitoria-Gasteiz on March 2015 and had as topic Research on psychiatric training period. Last July, Spain was accepted for first time in history as full member of EFPT and we are actively participating in several working groups, even chairing the Child and Adolescent Psychiatry one. This year, Spain is also participating in international exchanges, offering two destination for European trainees. We must acknowledge that during the foundation process, the support of the Spanish National

Psychiatric Associations (SEP and SEPB) and EFPT (specially its ENTA group since the first meeting of some of our now board members in the Annual Forum in Porto in 2015), has been crucial.  
*Disclosure of interest* The authors have not supplied their declaration of competing interest.

#### EECP007

### 25 years of impact – how EFPT shapes the future of psychiatry

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*Introduction* Established in 1993, the European Federation of Psychiatric Trainees (EFPT) has aimed to represent psychiatric trainees' views in different platforms and to advocate for better training. Representation of more than twenty thousand psychiatry and child and adolescent psychiatry (CAP) trainees has been realized through the cooperation of currently 34 national trainee associations (NTAs).

*Objectives* To discuss the function of NTAs with regard to empowerment of psychiatry trainees and to share the relevant experience of EFPT.

*Methods* The formation process of NTAs and the outcomes of NTA network of EFPT will be explored.

*Results* The history of EFPT demonstrates that NTAs played an important role, first of all, in the formation of following NTAs. Today, most of them either independent or have a semi-independent position within the national psychiatry associations. The NTA network within EFPT has enabled the conduction of international research studies, which has contributed to the development of an insight on how specific aspects of psychiatry are perceived by trainees. The input of EFPT in several guidance documents and the dissemination of them through NTAs helped raising awareness about the rights and competencies, for both individual trainees and the organizations they formed. NTAs, with the good examples, support and encourage from the other NTAs, have become more involved in discussions about curriculum changes, even to a degree where trainees facilitated the launch of different rotations.

*Conclusions* The experience EFPT proves that the organized efforts of NTAs can have a positive impact on psychiatry training in general, as well as the professional development of individual psychiatry trainees.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

#### EECP008

### TYOT: Tripadvisor for psychiatry trainees?

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*Background* Although guidelines to ensure the quality of post-graduate psychiatric training in Europe are provided both by the statements of the European Federation of Psychiatric Trainees (EFPT) and the UEMS Psychiatry Section's European Training Requirements, actual training conditions in different European countries have been documented to vary widely. Furthermore, most trainees are unaware of the existence of such guidelines.

*Objective* The test your own training (TYOT) project set out to create an easy-to-use online tool that allows trainees to assess how their own training compares in relation to the European standards, thereby empowering trainees all over Europe.

*Methods* An EFPT Focus Group consisting of psychiatric trainees or early career psychiatrists from eleven European countries created a core survey of key aspects of psychiatry training, such as the duration of the training program, the availability of clinical and educational supervision, access to international professional literature, the use of a national logbook, based on the UEMS European Training Requirements and the EFPT statements. Additional subsets of questions were designed for specific domains such as theoretical training in psychiatry, psychotherapy training and the role of supervisors and training institutions. Next, the questions were transferred to a suitable online hosting platform, which allows to automatically provide feedback in an algorithmic fashion about how the trainee's experience compares to the European standards.  
*Results* The TYOT platform will be launched in January 2017 and the first results will be presented at the European Congress of Psychiatry 2017. For more information about the TYOT tool please visit <http://efpt.eu/training/tyot/>.

*Disclosure of interest* The author has not supplied his declaration of competing interest.

### EECP symposium: Adolescent psychiatry in the 21st century – new settings for old challenges

#### EECP009

### Borderline personality disorders in adolescents: Treatment issues and epistemic challenges

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Some clinicians are still hesitant to use the diagnosis of borderline personality disorder (BPD) in adolescence whereas numerous studies have shown evidence to support its validity within this population. Yet, many epistemic issues remain. Indeed, the concept of BPD in adolescence has inherited the issues from the adult one, to which is added the complexity of this developmental period. Borderline disorder is a confusing and polymorphic clinical object with two different origins: one psychiatric with a nosographic approach and the other psychoanalytical with a structural one. On the one hand, BPD in adolescence is considered as a psychiatric diagnosis based on the same criteria used in adult psychiatry, with many studies describing core symptoms at this period such as repetitive non-suicidal self-injury and suicidal behavior. On the other hand, BPD is also considered as one of many options, a behavioral one, to express an internal "borderline" structure. In line with this statement, the role of social and family factors is to be taken into account. Moreover, within a developmental approach, some authors considered difficult to diagnose a personality disorder before 18 years old, while others considered adolescence as a "borderline" period in itself. In this oral communication, we will try to approach these epistemic challenges raised by this phenomenon in the field of adolescent psychiatry and, in order to do so, we will use data from several qualitative studies.

*Disclosure of interest* The author has not supplied his declaration of competing interest.