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**Background and Aims:** Objective is to compare the consequences of guided discontinuation strategy and maintenance treatment in remitted first episode psychosis in terms of relapse, symptomatic and social remission and recovery.

**Methods:** The study was conducted in seven mental health care organizations, covering a catchment area of 3.1 million inhabitants. A sample of 131 remitted first episode patients, aged 18 to 45 years, with a diagnosis of schizophrenia or related psychotic disorder was included. After six months of positive symptom remission they were randomly and openly assigned to discontinuation strategy or maintenance treatment. Maintenance treatment was carried out according to APA-guidelines, preferably using low dose atypical antipsychotics. Discontinuation strategy was carried out by gradual symptom-guided tapering of dosage and discontinuation if feasible. Follow-up was eighteen months.

**Results:** Twice as many relapses occurred in discontinuation strategy (43% vs. 21%,  $P = 0.007$ ). Of patients who received the strategy 20% were successfully discontinued. Recurrent symptoms caused another 30% to restart antipsychotic treatment, while in the remaining patients discontinuation was not feasible at all. Although no advantages of discontinuation strategy regarding functional outcome at follow-up, remission and recovery status over the last nine months were better.

**Conclusions:** A limited number of patients can be successfully discontinued. Although high relapse rates do not allow discontinuation strategy to be universal practice, it has nevertheless a favourable influence on remission and recovery during follow-up. Further research is needed to find predictors of successful discontinuation.

## S48. Symposium: CHANCES OF YOUNG PSYCHIATRISTS AND TRAINEES IN EUROPE

### S48.01

Job opportunities for young psychiatrists in Europe

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Europe is passing through a period where interchange of information and mobility of people across the continent is easier everyday. In the meanwhile, the increasing number of doctors and psychiatrists causes difficulties for young psychiatrists to find satisfying jobs in some parts of the continent, while in other parts the shortage of psychiatrists still remains, resulting in a work overload. Different needs and lifestyles result in a wider range of options and opportunities for young psychiatrists. However, as the young psychiatrist moves away from classical medical and academic roles, he/she faces difficulties in finding guidance and role models in this new and dynamic work environment. Using data from different surveys, this presentation will focus on the change in the work environment and focus on advantages and disadvantages different options for young psychiatrists in Europe.

### S48.02

Workplace bullying and burn-out syndromes among young psychiatrists in Italy

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The risk of workplace negative emotions and burn-out is high among people working in helping professions. Recent evidence tends to show that burn-out and workplace violence are especially crucial for mental health professionals, since these issues can significantly decrease job satisfaction and affect several mental health outcomes [1,2]. Although psychiatrists are generally considered at higher risk for such problems, little is known about the specific impact of these variables on early career psychiatrists. The aim of this study was to evaluate burn-out and workplace violence risk among 50 young Italian psychiatrists, who were asked to fill-in two standardized questionnaires. Preliminary results show high levels of burn-out among young psychiatrists, with high scores for personal accomplishment (mean $\pm$ SD=39.9 $\pm$ 4.8), exhaustion (26.9 $\pm$ 7.8), and depersonalization (10.9 $\pm$ 5.3) factors. Furthermore, young Italian psychiatrists also perceive high levels of bullying (more than 35% of them reported to have been mobbed by patients and/or their relatives). As reported by previous studies [3], several workplace factors, such as burden of work, lack of support by manager or colleagues, work outside usual working hours, are likely to play a crucial role in the genesis of this phenomenon. Specific strategies, such as problem-solving, communication skills and team-work monitoring, should be constantly provided to young psychiatrists in order to improve their psychological well-being and satisfaction with work activities.

#### References

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### S48.03

Maximising job satisfaction for young psychiatrists and trainees: Innovative approaches as a way out of the crisis?

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**Background and Aims:** Psychiatry in Europe is undergoing a period of rapid and significant change. This includes changes in training, changes in the role of psychiatrists, and changes in the delivery and structure of mental health services. These changes have major implications for the future job satisfaction of trainees and young psychiatrists. This presentation aims to examine common themes across Europe and discuss possible approaches to meeting these challenges.

**Methods:** This paper uses data collected from trainees and young psychiatrists in 23 European countries via the European Federation of Psychiatric Trainees and the Association of European Psychiatrists networks of young psychiatrists and trainees to determine common issues and approaches towards resolving these.

**Results:** Major changes currently affecting young psychiatrists and trainees include:

- changes in training content and duration
- increasing roles of other professions impacting on psychotherapy and prescribing
- reconfiguration of mental health services

**Conclusions:** These changes lead to both challenges and opportunities for young psychiatrists and trainees. Sharing experience across Europe will contribute to improving morale and enhancing job satisfaction. Some specific ideas will be discussed interactively with the audience.

## S48.04

Possibilities of young psychiatrists for private practice in Europe

M. Zittis, E. Tzavellas, A. Zachariades, T. Piachas. *Hellenic Association of Young Psychiatrists, Athens, Greece*

Who is really a young psychiatrist? The title is connected to a young, ambitious specialist who has to confront many difficulties and resolve many situations in order to be able to survive both financially and professionally. During the specialization process he is taught how things stand, from the theoretical point of view. The common fact, between various countries of Europe, is that practice differs a lot from theory.

It seems that the most common fields in which a young psychiatrist can be employed, are private general hospitals, private psychiatric clinics, private consultation rooms, or in various outpatient settings specializing in drug addictions, alcohol dependence, geriatric patients e.t.c

And how about psychotherapy? Is a young psychiatrist adequately trained in order to practice it?

Our effort in this presentation is, by taking in consideration the above mentioned issues, to explore the perspectives of private practice for young psychiatrists in Europe.

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## S49. Symposium: MIGRATION AND MENTAL HEALTH: WHAT'S NEW?

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### S49.01

Intercultural mediation in psychiatry

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Quality psychiatric services demand that clinician and patient communicate effectively. Many migrant patients do not have sufficient command of the languages of the host culture necessary to communicate well, and rarely are there enough professionals who speak the language of the patient in question present in the treatment center. In addition, intercultural communication requires much more than simple literal translation; it involves the complex process of making sense out of the non-verbal communication, emotional expression, and metaphors. Difficulties in intercultural communication can seriously detract from the quality of the therapeutic relationship, key to effective diagnosis and treatment. The intercultural mediator represents a new profession whose primary responsibility is to facilitate the development of the therapeutic relationship by bridging the communication and cultural gap between the autochthonous psychiatrist and culturally different patient. The presence of a third party can be unnerving to the clinician who is not accustomed to giving up control over the session as occurs with the cultural mediator who is the only one who understands first hand what is said by each party. Intercultural mediation in psychiatry is highly demanding, and requires

considerable flexibility as well as a sound understanding of the psychiatric interview and the therapeutic alliance. Effective use of an intercultural mediator is difficult, and requires the application of a number key processes, which, in combination with a well-trained intercultural mediator can result in highly effective intercultural psychiatric diagnosis and treatment.

### S49.02

Recent clinical advances in cultural psychiatry

R. Bennegadi. *Minkowska Center, Paris, France*

Migration and exile remain a burden for psychotherapists (psychiatrists or psychologists) in many European countries. One can say that there are different answers according to different health systems. In the last twenty years, research in clinical settings focuses on ethnopsychiatry as the best answer for mental problems which could occur during processes of acculturation and coping. As far as the French system can propose, we think that the clinical medical anthropological approach focusing on illness, disease and sickness is the most convenient setting for an accurate and loyal answer for mental health suffering across cultures. The Kleinman's theory really fits to solve the ethical dilemma of "what do have to do with culture and linguistic problem in psychotherapy".

On the other side will be discussed the Canadian approach as an example of multicultural services and how they are organised in term of public health.

Minkowska center in Paris, France has already a 40 years experience on transcultural psychiatry and social psychiatry and will contribute to the discussion on explanatory models in the mental health services in France and propose comparisons with other European countries.

Are the recent clinical advances in cultural psychiatry able to imagine what could be a European coordination and coherence on mental health services for migrants and refugees or is it impossible to overcome this gap ?

### S49.03

Religion and migration : curse or opportunity?

D. Moussaoui. *Ibn Rushd University Psychiatric Centre, Casablanca, Morocco*

All religions have been disseminated through migration, following paths of trade or military conquests. On the other hand, migration is becoming a major sociological and anthropological trend in the world nowadays. The more globalization, which means more exchange of ideas, goods and human beings, the more fragile minds feel the need of a strong cultural and religious identity. Some of these fragile personalities use a paranoid system of thought, living their religion exclusively in a confrontational and an aggressive way.

Many Maghrebians migrate into Europe with difficulty finding a balanced identity. Some of them are tempted by the "clash of civilizations" theory, and implement it with an illegal behaviour, and sometimes in a terrorist way.

A major flaw in the integration of Maghrebians and Muslims in Europe is the non-intervention of the governments in religious affairs. It is highly desirable to monitor the education of religious leaders in all religions, opening it up with humanities and comparative study of religions. Migration represents a historic opportunity for Humanity to implement a real dialogue between cultures and religions worldwide.