

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.

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#### 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.

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### 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.

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#### 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