

**S35.2**

Recommendations on quality assurance

K.-O. Svärd. *Sweden*

The UEMS Section and Board of Psychiatry see their role as a quality assurance organisation, setting standards by stimulating the process of development in member countries. It is up to the National Psychiatric Associations to use the standards and recommendations.

The UEMS Draft Charter on QA is a visionary document which the member countries have declared their willingness to strive to attain. After identifying realistic and concrete levels of QA possible to achieve in the member countries within a certain time frame the Section approved the Recommendations on QA in 1998. The Recommendations and a survey of the implementation process will be presented.

The Recommendations of QA of Standards in Specialist Psychiatric Care approved by the Section 2001 will be presented as well as the on-going work on QA of the Training of a Psychiatrist.

**S35.3**

Training in psychiatry in Europe from a perspective of the UEMS

A. Lindhardt. *Denmark*

With the expanding Europe the need to harmonise training in the different European countries is increasing. The UEMS Section and Board of Psychiatry has worked on issues of training for more than ten years and most European countries are for the moment adjusting their training programmes according to the standards set up by the UEMS.

The presentation will give a broad perspective of diversities, obstacles and standards in Europe, with special emphasis on psychotherapy, presenting the results of a recent questionnaire.

**S35.4**

CME

M. Gomez-Beneyto. *Spain*

The concept of Continuous Professional Development in Psychiatry, its aims, means and evaluation in the European context will be presented. Some delicate issues will be highlighted for discussion such as the need to establish means to assure equality in accessibility to CME, the risk of letting the content of CME result from a "free market" approach and the difficulties of integrating CME in the wider context of Mental Health. Finally the role of the Section and Board of Psychiatry of the UEMS in CME in relation to National and European societies will be described.

**S36. WHO symposium – The Balkans, reconciliation for mental health**

*Chairs:* W. Rutz (WHO, Europe), H. Wahlberg (WHO, Macedonia)

**S36.1**

From emergency activities to integrated pre-emergency, emergency and post-emergency programmes

W. Rutz. *WHO Europe, Copenhagen, Denmark*

No abstract was available at the time of printing.

**S36.2**

Reconciliation requires generations – the German example

M. von Cranach\*. *Bezirkskrankenhaus, Kaufbeuren, Germany*

The process of reconciliation within the German society as well as with all the victims of Nazi-terror took decades to evolve and is still going on. The process will be described and some basic principles of reconciliation discussed.

**S36.3**

The impact of terror on human mind

G. Tocilj-Simonkovic. *Croatia*

No abstract was available at the time of printing.

**S36.4**

The mental health programme and the challenges in Bosnia-Herzegovina

B. Lagerkvist<sup>1</sup>\*, L. Jacobsson<sup>2</sup>, M. Djeric<sup>3</sup>, N. Mehic-Basara<sup>4</sup>, N. Savjak<sup>5</sup>. <sup>1</sup>WHO and SweBiH; <sup>2</sup>Umea University; <sup>3</sup>Sokolac, Republika Srpska; <sup>4</sup>Alcohol Institute, Sarajevo; <sup>5</sup>Psychology, Banja Luka University, Bosnia and Herzegovina

The mental health reform in Bosnia-Herzegovina started after the war. The World Bank constructed around 40 Community Mental Health Centres (CMHC). These should be staffed with one psychiatrist, one psychologist, one social worker and four nurses and give service to a catchment area of about 50 000 inhabitants. The NGOs SweBiH and HealthNet International trained most of the personnel, in total several hundred people of all professional categories. The part of the mental health reform encompassing the CMHCs was evaluated in March 2000. We found 26 CMCHs to be operative and a need for more clear legislation and financing issues including collaboration with other services in the community. In addition we found the general public and community participation, in terms of self-help groups and consumer groups, to deserve more attention than they had received so far. The training given was related to the change of attitudes concerning community psychiatry.

Having the same ethical code of medicine was important for both entities when organising joint training seminars.