

outcome indicators to the new GP contract and the opportunity for GPs to undertake commissioning of mental health services.

Recently changes to the new GP contract have increased the focus on reliable diagnosis, monitoring and management of chronic mental health problems in primary care. In addition, the new roles, designed to help in the support and management of individuals with mental health problems offer an alternative to traditional ways of managing mental health problems in primary care. These innovative changes have impacted on traditional ways of working and helped promote a more collaborative integrated approach to care of patients with SEMI.

Despite this emphasis on improving organisational relationships and partnership working through the introduction of these new policy initiatives, evidence suggests that the implementation of policy and development of mental health services, has to date been varied. The experience of those working within, and delivering mental health services suggests a rhetoric reality gap between policy formulation, implementation and service organisation and delivery. This has particular implications for people with mental health problems, many of whom have little choice or voice within society and need integrated services.

S27.04

First results of integrated care in Germany

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Psychiatric diseases already have a great impact with regard to personal and social impairment and socioeconomic costs. The burden of psychiatric diseases on societies is even expected to grow in the years to come. The WHO for example predicts that Major Depression will be the disease with the most disability-adjusted-life-years (DALY's) by the year 2030 in the industrially developed countries.

New approaches and concepts for the treatment of psychiatric illnesses are therefore needed in research and in care.

A critical point will be the establishment of timely, goal-orientated and scientifically founded therapeutic interventions (e.g. according to national or international treatment guidelines) in psychiatric diseases. Such an improvement of the structures of psychiatric care is to be expected by the new models of integrative care.

The "Integrated care of depression" has been established in the Aachen region in 2006 as a model for a best-practice cooperation of inpatient and outpatient care. The aims of this network are the early detection of depression, the optimization of the treatment, the prophylaxis of relapses and especially the improvement of the transitions between the medical practitioners, other therapists and the hospitals involved.

An improvement of the care of psychiatric diseases will be one major step in the quest to prepare the society for the burden of psychiatric diseases to come in the near future.

Symposium: Common mental disorders in sub-Saharan Africa what lessons for the developed world?

S52.01

What can we learn from the history of psychiatry in Africa?

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Alien psychiatrists, most of them from Europe, provided what was known about the mental health and illness of Africans until a few decades ago. Even after departure from the shores of Africa, their views remained dominant among indigenous psychiatrists. Many of those views were based on limited empirical evidence. Some other views, based on well-conducted research, may have been affected by the perennial problem of valid ascertainment of mental and social phenomena. Recent studies, many of them conducted by local scientists, are beginning to offer different perspectives about the nature and profile of mental illness among Africans but are themselves not immune to paradoxes. An examination of both old and new perspectives provides an opportunity to reflect on the challenges of research in psychiatry and how far we still are from achieving consensus.

S52.02

Common mental disorders in sub-Saharan Africa - What lessons for the developed world

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This symposium will bring together leading mental health specialists from Europe and Africa. It will aim at describing patterns of common mental disorders on both continents and will also seek explanations for any observed differences. The objective of the symposium will be to bring out lessons that can be learnt from the two continents with the expectation that these lessons will not only bring about a better understanding of the mental disorders, but that opportunities for joint research projects between Europe and Africa will be explored, using existing research data from the two continents. The symposium will explore the fields of the psychosis and seek to bring out the current state of the debate on the prognosis of, for example, Schizophrenia in Africa versus Europe as the Africans present the latest findings from their continent. Conversion syndromes, Anorexia Nervosa, drug and substance abuse are all conditions that show patterns that are different in the two continents and pose new and challenging opportunities for collaborative research. Though present on both continents, PTSD and the challenge of HIV/AIDS is greater on the African continent partly due to social, economic and political factors that seem to fuel both. European psychiatrists might value opportunities to hear the state of these conditions in Africa and the way Africa is responding to the challenge.

S52.03

Psychosocial responses to HIV/AIDS pandemic in sub-Saharan Africa

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Epidemiological findings and projections indicate that over two-thirds of all the people now living with HIV/AIDS globally live in Africa, South of the Sahara desert and over 80% of the World's AIDS deaths have been reported in the region and yet Africa has only 22% of the world's population with very limited resources.

The paper outlines the current HIV/AIDS epidemiological status in Sub-Saharan Africa, the common psychiatric presentations as well as the magnitude of the psychosocial effects including that of orphanhood. The Health care systems and the available resources are reviewed as they influence psychiatric responses in the region.

In conclusion, the successes realized, challenges so far encountered and lessons learnt in some Sub-Saharan African countries are pointed out with some suggestions as a way forward to improve the HIV/AIDS psychiatric interventions in Sub-Saharan Africa.

S52.04

Mental health programmes in Africa: Challenges and opportunities

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The countries of Africa are significantly different from one another. A first possible division is by their use of English, French, Spanish or Portuguese as their predominant second language. The imposition of one of the European languages as the lingua franca for the countries that “belonged” to the same colonial power was always accompanied by the imposition of other contents of the colonizers’ culture, the traces of which can still be seen in many ways today. In addition to these group differences there are many other, individual differences, stemming from the local culture, previous history of the country and other sources. The differences are not only present among countries: within them there are subgroups of the population that differ sharply, in many ways from other citizens living within the same frontiers.

The heterogeneity of the continent makes it difficult to propose the development of mental health programmes for Africa. The rapidly developing large countries will have to build programmes that are different from those that should be developed in the small and often extremely poor countries. Features such as the level and speed of urbanization, the geography, economy and the predominant religion are probably more powerful determinants of programmes in Africa than the fact that the country is on the African continent. International collaboration is therefore particularly important for mental health programmes of the African countries.

YP Workshop: How to build a national trainee association

YP06.01

The collegiate’s trainees’ committee as gold standard for a young psychiatrists and trainees association

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The Collegiate Trainees Committee (CTC) of the Royal College of Psychiatrists was founded in 1976 following an initiative of the then President, Professor Andrew Sims. It represents trainees from both the United Kingdom and also Ireland. Members are elected to a two year term of office by trainees in each of thirteen constituencies, with elections held in half of these in any given year. This session describes in detail the history, development, structure, role and functions of the CTC with special emphasis on the successes and the challenges encountered over the years. The factors crucial to the viability and strength of the CTC will be critically analysed and discussed, and comparisons will be drawn with national trainee associations elsewhere in Europe.

YP06.02

Setting up a young psychiatrists and trainee organization while facing new challenges in a changing political context

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Objective: Modern health care systems today are marked by rapid changes in various fields such as ethics, politics and economics, therefore leaders in psychiatry have to focus these topics as additional challenges. To face these aspects and to cover the growing international character of professional self-awareness, special organizations for trainees and young psychiatrists are a useful instrument to give young professionals a voice in the evolution of training, research and clinical practice standards. By those means, young psychiatrists and trainees, consequently, can take influence on their own future, destiny and carrier progress.

Background: Several international organizations were established to focus the needs and rights of psychiatric trainees all over the world: the European Federation of Psychiatric Trainees (EFPT), based on the UEMS (Union of European Medical Specialists) that was founded in 1958 and followed by the constitution of the European Board of Psychiatry in 1992, as well as the World Association of Young Psychiatric and Trainees (WAYPT) and the Young Psychiatrists’ Council of the World Association of Psychiatry (WPA YPC). To act as powerful and independent associations, they have to rely on committed and courageous young psychiatrists and trainees who communicate national and regional standards and characteristics as well as critical aspects and thereupon provide the opportunity to learn from each other. In this way young psychiatrists and trainee associations represent an outstanding and strong advocacy of colleagues at early career stages.

Method and Conclusion: To set up a national trainee organization, whether as a committee within the national psychiatric association or as independent national psychiatric trainee organization, several needs have to be covered right by the start: the establishment of a national network of trainees who then get in touch with national leaders in the field of psychiatry is mandatory. The founding process will be continued by presenting and promoting the organization on national conferences, to constitute and define structure and leadership as well as to organize future funding and to implement profitable cooperations with national and international young trainee and research institutions.

YP06.03

Poland in European union - New reality and new possibility

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We changed our postgraduate training system from 1999, but from 2001 in addition to previous statements there existed only one degree of specialization. The whole system became comparable to Western Europe. It was included - psychotherapy, day hospital, forensic psychiatry and other additional forms of treatment.

" We need to create the net of hospital with the best specialist and all forms of psychiatric care.

" It is still problem to coordinate all practices with the free places in accredited hospital.

" The supervision in psychotherapy should be provided by qualified therapist and should be performed at the training institution during the working hours and be founded by the institution.

" It should increase the salary.