disorders. Early symptoms which are indicating both kinds of disorders are demonstrated. Correct classification of persistent disorder is much easier than for conduct problems and for anxiety disorders. Risk factors at different ages for both groups are shown with special regard to the role of acute and chronic risk for both types of problems.

S01. The identity and future of psychiatry

Chairs: W. Gaebel (D), J. Lopez-Ibor (E)

S01.01
THE FOCUS AND ORGANIZATION OF FUTURE EDUCATION

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One of the most important factors which will determine the future of psychiatry, both in its identity and its practice is education of psychiatry. This applies to undergraduate medical students, as well as post-graduates, allied professionals, as well as the community at large.

The World Psychiatric Association, in collaboration with the World Federation for Medical Education, developed a core curriculum for undergraduates in psychiatry, which could be acceptable to all countries. A survey was conducted to evaluate the current situation: 500 departments of psychiatry received a questionnaire and 124 replied. About 68% of these departments belonged to industrialized countries. About half of the respondents had a national curriculum in psychiatry, and half of the departments were dissatisfied with their teaching (with no statistical relationship between the two).

A document was produced by the working group highlighting the necessity of giving more importance to health promotion and prevention, and taking into account the specific needs of countries. The educational objectives should target not only knowledge and skills, but also attitudes. The methods of teaching and learning should be based on new acquisitions in the field, stress in particular self-learning, and problem-solving strategies. Liaison psychiatry represents one of the best channels to teach undergraduates. Methods of assessment are also very important for the improvement of teaching and learning psychiatry, not only of students, but also of teachers, methods of teaching and methods of evaluation. Implementation of this program is under way in a number of countries.

The WPA started a working group to build a core curriculum for post-graduates.

Concerning the community, WPA is implementing another program to fight stigma against schizophrenia and patients with schizophrenia.

S01.02
PSYCHIATRY: SUBSPECIALISATION AND RELATIONSHIP WITH OTHER DISCIPLINES

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Psychiatry is both a practical medical discipline and a medical science. The inner split of psychiatry can be regarded as 1) a consequence of the historical dichotomy of "biological" versus "psychological" psychotherapeutic approach, 2) as a response to changing psychosocial conditions and demands (increased prevalence of drug abuse, gambling, social fobia), and 3) as a result of increased subspecialisation of neuroscience and medicine in general (imaging methods, molecular genetics, etc.). Psychiatry should set limits to medical explanations of phenomena like criminality, violence, cult addiction, and various healing practices. Psychiatry as a medical discipline relies on the authority of medicine. If this source of authority is obscured in psychiatry, the discipline will be blamed to serve as a social tool for controlling undesirable phenomena. Psychiatry may help to understand the instances in which undesirable social phenomena are associated with biological or psychological patterns recognised as a source of psychopathology and lead to disability and/or dysfunction. Social psychiatry is concerned with social influences on human mental health. It can provide partial social explanations for psychiatric phenomena; it cannot provide psychiatric explanations for social phenomena. It is necessary to clarify the co-responsibility of psychiatry as only one "expert-discipline" among many, which share the role of helping society to control socially aberrant behaviour and explain it. Psychiatry is not a psychological counselling service for the unhappy, unfortunate, weary and dissatisfied, if their plight is not a disease but a human condition. In spite of these limits, psychiatry now can help to reintegrate medicine as a discipline regarding human beings in their complexity.

S01.03
TASKS AND REQUIREMENTS FOR FUTURE CLINICIANS

F. Müller-Spahn

No abstract was available at the time of printing.

S01.04
EVIDENCE BASED PSYCHIATRY AND QUALITY MANAGEMENT

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Quality of health care concerns diagnosis, treatment, aftercare, and prevention including health care policy and organizational requirements. Nowadays, because of more rigorous cost-benefit control in western health care systems, the medical profession experiences increasing pressure to legitimize their performance by providing efficacious, effective and efficient care.

Quality Assurance (QA) and Quality Improvement (QI) are to guarantee optimal care in accordance with state-of-the-art knowledge – under consideration of available resources. QA and QI should be embedded in a system of Total Quality Management (TQM), addressing medical quality, patient and staff satisfaction, and economic quality as well. For proper operation it is necessary to define and operationalize quality standards, and to implement methods for continuous quality control, deficit feedback, problem solving, quality improvement and evaluation (Gaebel 1997). Evidence based psychiatry refers to state of the art knowledge derived from empirical research, translated into practice guidelines and then transferred into practice.

Targets of TQM should be chosen according to instrumental categories such as structure, process, and outcome. Deficits in the treatment process may be detected by comparison with available treatment guidelines. By means of an adequate infrastructure (e.g. quality circles, quality commission) improvement strategies (e.g. education) can then be planned, implemented, and evaluated.

(1) Gaebel W (1997) Quality assurance in psychiatry: concept and methods. Eur Psychiatry 12 (suppl 2): 79s–87s

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