



ECP Program

Educational: ECP Training Workshop: ‘Basic’ Psychotherapy Case Discussion: A Requirement in the Training of Young Psychiatrists

ECP001

‘Basic’ psychotherapy: a requirement in the formation of young psychiatrists

G. Stanghellini

‘G. d’Annunzio’ University, Department of Psychological- Humanistic and Territorial Sciences, Chieti, Italy

Psychotherapy is necessary skill for psychiatrists, yet psychotherapeutic competence is not usually provided to trainees in psychiatry. I will describe the basics of the “therapeutic interview”. The therapeutic interview is much more than a technique to achieve diagnosis, is a dialogical, person-centered method to *understand what it is like to suffer from mental disorders and to unfold the patients’ experiences, values and emotions.*

My talk will include helpful recommendations to develop the therapeutic dialogue according to the following key-points: (1) Focusing on the patient’s subjective experience (rather than mere behaviour) as the point of departure of any clinical encounter. (2) Encouraging the patient to unfold his experiences and make explicit his emotions and values as the core of his life-world. (3) Helping the patient to reflect upon his experiences, express them in a narrative format and identify a core-meaning around which his narrative can become meaningful for him. (4) Supporting the patient in taking a position in front of the way he narrates and makes sense of his experiences. (5) The clinician’s making explicit to the patient his own experiences elicited by the patient’s narratives, and his own understanding of the patient’s narrative (assumptions, personal experiences, beliefs) as if it were his own. (6) Through this process, the clinician also makes his own set of theoretical assumptions, personal experiences, values and beliefs, explicit. (7) The clinician promotes a reciprocal exchange of perspectives with his patient. (8) Clinician and patient cooperate in the co-construction of a new meaningful narrative that includes and, if possible, integrates contributions from both the original perspectives. (9) The clinician tolerates diversity and potential conflicts of values and beliefs. (10) Finally, the clinician facilitates coexistence when it is not possible to establish consensus.

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Research: ECP Training Workshop: How to Start and Carry Out a Small Research Study Using Your Own Resources?

ECP002

How to do a small research study using your own resources?

N. Sartorius

Association for the Improvement of Mental Health Programs (AMH), 1209 Geneva, Switzerland

The workshop will focus on starting research even in situations in which there are no resources that an early career psychiatrist could use. The word “resources” cover not only financial means that could be obtained to carry out research but also the lack of knowledge of the ECP about research and research methods, non-availability of mentors or experts who could lead the researcher, uncertainty about topics to address, no specific time to carry out research and ignorance about ways of publishing the results of a study.

The participants will be offered advice about ways of doing research despite of these difficulties provided that they are willing to invest some of their time for this purpose.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Educational: ECP Training Workshop: Transition from Institutionalised to Community-Based Care: How to Design Psychiatric Facilities?

ECP003

Soteria – case study

M. Voss¹, J. Danziger²

¹ Charité University Medicine and St. Hedwig Hospital- Humboldt University, Department of Psychiatry and Psychotherapy, Berlin, Germany; ² Architect BDA, thinkbuild architecture, Berlin, Germany



Fig. 1. Vilhelm Hammershøi, *Dust Motes Dancing in the Sunbeams* (1900).

Creating safe and healing environments for mentally ill patients requires a truly interdisciplinary effort at the nexus of psychiatry and architecture. Architect Jason Danziger and psychiatrist Martin Voss have an ongoing collaboration (PSYCH.RAUM) which focusses on leveraging atmospheric factors to create rich environments to positively contribute to patient outcomes. We will begin our workshop by sharing the story of our first collaboration via photographs and drawings of Soteria Berlin, a small 12-bed inpatient ward for the treatment of first-episode psychosis patients. The treatment success of Soteria is based on the combination of psycho- and milieu-therapeutic aspects which promote and strengthen an overall sense of “sustainable emotional relaxation” for the patients. Balanced and well-thought through architectural detailing plays a large role in this case. The work was acknowledged by several architecture prizes (e.g. 2015 BDA Berlin Prize) and a wide attention in the media (Fig. 1).

In our workshop we will address the following questions:

How can one address issues of perception when designing spaces for psychiatric wards?

How does a patient with a shifted perception - due to disorders of varying types - experience clinical and therapeutic spaces?

Can projects with well balanced choices of color, light distribution, “honest” materials, and calming and intuitive forms increase the chances of healing our patients?

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Clinical/Therapeutic: ECP Symposium: Mental Illness and Social Isolation: Why Does it Happen and How Can We Change it?

ECP005

Views of Mental Health Professionals on Volunteering in Different European Countries

M. Pinto da Costa

Hospital de Magalhães Lemos, Psychiatry Department of Porto, Porto, Portugal

Volunteering can be used to address social isolation in patients with severe mental illness. However, little is known about the views of mental health professionals, volunteers and patients across different countries. Therefore, this study aimed to explore the views of these stakeholders on the relationships between patients with severe mental illness and volunteers.

This study consisted of an international cross-cultural, cross-languages qualitative study with mental health professionals in 3 European countries.

Eighteen focus groups were conducted with 91 mental health professionals in three European cities (Porto, Brussels and London) in the official language spoken there (Portuguese, French and English). A number of themes have been identified in the thematic analysis: What is the role of the volunteer?; What is the character of the relationship?; How to organize a volunteering scheme?; The impact of volunteering schemes; The potential of technology; and The challenges for volunteering schemes in each country.

The findings from this study show that mental health professionals support the existence of volunteering programmes, and consider that they can provide benefits to their patients. Still, the variability of preferences suggests that volunteering should be offered in different formats and with enough flexibility to incorporate individual preferences.

It is hoped that this talk will generate a lively discussion, gathering further understanding about the views of mental health professionals across Europe on using volunteering programmes as a resource for their patients.

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Research: ECP Symposium: Digital Mental Health: Hot Topics

ECP006

Digital innovation in mental health

J. Zohar

Chaim Sheba Medical Center, Psychiatry, Ramat Gan, Israel

The widespread use of smartphone open new possibilities for objective, continuous, passive and inexpensive behavior monitoring. This kind of monitoring can be developed to assess deviations in human behavior that related to psychiatric disorders such as depression.

MDD (Major Depressive Disorder) is closely associated with decrease activity, social withdrawal, sleep disturbances and diurnal variation. All of those are expressed and detectable with smartphone functions (number of calls, data usage etc.). Hence the usage of smartphone can be a proxy for activity, behavior and social interaction.

A smartphone app which collects and analyzes behavior has the potential to detect early signs of depression. Intervention at those early stages are key elements for secondary prevention in MDD.

An app (“iFeel”) which harness smartphone usage and collects passively different behavioral measures was developed. This study seeks to find correlations between changes in the behavior (as measured by the mobile system usage pattern), and mood fluctuations among MDD patients.

iFeel passively harvest individualized mobile usage patterns from patient’s smartphone. In parallel, iFeel app and supporting website enables also to collect clinical data about patient’ mood.

In this study, 100 patients who have suffered from MDD downloaded iFeel app and were monitored for a year. Correlation between some behavioral smartphone usage patterns, and level of depression, as measured by patient VAS score and by the patient caregiver’s education, were found.

The strengths and weaknesses of digital monitoring will be presented and discussed in this session.

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Clinical/Therapeutic: ECP Debate: The Rise in Adolescent Suicide: Can It Be Fixed?

ECP007

Pro perspective

J. Sibeoni

Argenteuil Hospital Centre, Service Universitaire de Psychiatrie de l'Adolescent, Argenteuil, France

Suicide death accounts for 8.5% of all deaths among adolescents and young adults around the world. It is one of the leading causes of death in late childhood and adolescence worldwide. Adolescent suicide is a major public health issue to address as suicide ranks higher as a cause of death during youth compared with other age groups. Moreover, suicide attempts, i.e. non-fatal suicidal behavior, are estimated to be about 10–20 times more frequent than actual suicide, while prevalence rates for suicidal ideation range between 19.8% and 24.% among youth. Adolescent suicide death is preventable but involves to consider a wide range of factors from many levels: Individual (adolescent mental disorders), group and interpersonal (peer rejection, imitation phenomenon) family and societal (stigma, media impact, youth sub-culture. . .). Therefore, the question is not anymore whether or not the rise of adolescent suicide can be fixed but what can we do, as mental health care professionals, in order to achieve this necessary goal? Qualitative studies appear to be particularly relevant in that matter focusing as they do on the views of stakeholders – suicidal adolescents, parents, professionals– of how they experience and understand the suicide behavior. Results of several qualitative studies will structure this presentation and bring original insights and perspectives on the prevention and treatment of adolescents with suicide behaviors.

Disclosure of interest.– The authors have not supplied a conflict of interest statement.

Educational: ECP Training Workshop: How to Publish at the Early Career Stage?

ECP008

Perspectives from European psychiatry

S. Frangou

Icahn School of Medicine at Mount Sinai, Psychiatry, New York, USA

Scientific progress and personal academic promotion depend on success in publishing in peer-reviewed scientific journals. Successful publication depends not only on the scientific value of an article but also on the clarity, structure and erudition of the submitted manuscript. In this education activity, participants will be given guidance on effective writing including (a) how to structure a manuscript in a logical and coherent manner; (b) highlight the importance, timeliness and relevance of the problem addressed; (c) constructing literature review to support the theme developed in the paper; (d) avoid over-interpretation of results; (e) select reviewers to propose, and (f) accept reviewer feedback constructively.

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Educational: ECP Training Workshop: How to Publish at the Early Career Stage?

ECP009

Perspectives from the European archives of psychiatry and clinical neuroscience

P. Falkai, A. Schmitt

University of Munich, Psychiatry and Psychotherapy, Munich, Germany

European Archives of Psychiatry and Clinical Neuroscience has a current Impact Factor of 3.617, and one of its main focusses lies on clinical studies in mental disorders. In this respect, the journal tries to grasp interesting perspectives in improving the diagnosis and treatment of patients with mental illness.

New targets such as glutamatergic compounds or current guidelines are good examples for well-perceived invited reviews.

To get a paper published in EAPCN the process is as follows:

- Provide a well-designed medium sized study with an interesting clinically relevant subject or a basic study (neuroimaging, neurogenetics, neurobiology)
- New research questions allowing significant progress in the field of diagnosis and treatment of mental disorders should be prominent
- Well-structured and understandably written
- Study-related charts, figures and tables should be included
- GCP guidelines should be followed.

In summary, EAPCN is interested in receiving well-designed clinical studies, systematic reviews or meta-analyses on relevant issues regarding diagnosis and treatment of mental illness.

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Clinical/Therapeutic: ECP Clinical Case Discussion: Alcohol Use Disorders

ECP-010

Eastern European perspectives

N. Waszkiewicz

Medical University of Białystok, Department of Psychiatry, Białystok, Poland

Of the Eastern European countries, former Soviet Union economies have the highest rates of alcohol consumption and male mortality in the world. The World Health Organization data show that of the 15 countries with the largest life-expectancy gap between men and women, ten are former Soviet Union and Eastern European economies. Excessive alcohol consumption has a high correlation with this extremely high rates of male mortality. It is also known that among the countries with a population of more than half million people, 11 out of 15 with the highest level of consumption of spirits are Eastern European and former Soviet Union countries, of which Belarus and Russia are ranked first and second respectively. Epidemiological studies estimate that the prevalence of binge drinking among drinkers in the past 12 months is the highest in Africa, Russian Federation, Eastern Mediterranean and South-East Asia regions, and has a 3–4-fold higher prevalence in comparison

to the alcohol dependence syndrome. Among the individuals who frequently practice binge drinking, there is a 13-fold or 19-fold increase in the risk of being classified as an alcohol-abusing or alcohol-dependent person, respectively. Therefore, the optimal anti-alcohol therapeutic strategies should target not only alcohol

dependent persons but also the binge drinking population to facilitate discontinuation of alcohol consumption and block its possible progression to the alcohol dependence.

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