S-24-05

Cultural competency training in mental health

A. Qureshi, F. Collazos. *Hopital Val d'Hebron, Barcelona, Spain*

Objective: Cultural competence refers to the capacity, be it clinically or institutionally, to respond effectively to the treatment needs of culturally diverse patients. Cultural competence involves the ability or skills to effectively apply a rather complex knowledge base. The complexity of this knowledge base, combined with the sensitivity of contemporary intercultural relations requires that the clinician attend to attitudes, beliefs, and values associated with race and culture. Cultural competency training, thus, extends considerably beyond the impartation of a knowledge base—which, in the intercultural context is itself rather complex—to the development of the skills necessary to apply the abstraction of cultural knowledge to the therapeutic context. The knowledge and skills components of cultural competency, however, cannot be effectively put into action without cultural sensitivity, which means that cultural competency training requires exploration of, and, if necessary, changes to, cultural and racial attitudes and beliefs. The basis of the knowledge domain in cultural competence, contrary to common perception, does not require detailed knowledge of the cultures of the patients one treats, rather, it demands a profound awareness of the different ways in which culture, minority group membership, and the immigration process can affect psychosocial development, symptom presentation, and treatment response. Further, it is essential that cultural competency training provide a foundation in cultural and medical anthropology as a means of contextualizing entry into academic terrain which has not been sufficiently prepared for by medical or psychological training.

Monday, April 4, 2005

S-29. Symposium: AEP presidential symposium on ethical issues: ethics in psychiatry

Chairperson(s): Henning Sass (Aachen, Germany), Norman Sartorius (Genf, Switzerland)
10.30 - 11.15, Gasteig - Philharmonie

S-29-01

Conflicts of interest in the conduct of medication trials

M. Maj. *University of Naples of SUN Dept. of Psychiatry, Naples, Italy*

A conflict of interests occurs when a professional (e.g., a physician) is unduly influenced by a secondary interest (e.g., financial gain, political commitment, or the desire to favour a relative or friend) in his decisions concerning the primary interest to which he is committed (e.g., the health of the patients, the progress of science or the education of students). Since the early 1980s, one specific type of conflicts of interests has been extensively covered in the medical literature, i.e., the financial conflict of interests (conflict between the primary interest represented by the health of the patients or the progress of science and the secondary interest represented by financial gain). This type of conflict of interests has been largely discussed and documented also in the field of psychiatry. The many, sometimes subtle ways by which a psychiatrist can be influenced in his prescribing habits by his relationships with drug companies, or a researcher can be influenced by these relationships in his scientific activity, have been described, with the support of some empirical evidence. Several possible remedies to this problem have been proposed, including disclosure of potential conflicts and the adoption of a code of conduct by both physicians and drug companies. On the other hand, it has been pointed out that the current discussion on this issue is "affectively charged", that the pharmaceutical industry is virtually the only source of development of new therapeutic agents, and that as far as these agents are effective there is an obvious convergence of interests between psychiatrists, companies, patients and patients' families. Other types of conflicts of interests are beginning now to be discussed. There is an emerging evidence concerning how the allegiance to a treatment modality (in particular, a psychotherapy or a psychosocial intervention) may influence the results of empirical studies concerning that treatment, thus colliding with the primary interest of validity of research. There is also a small body of literature concerning political commitment as a source of conflict of interests. The issue of conflicts of interests in psychiatry is probably more complex and multifaceted than commonly believed.

S-29-02

The psychiatric profession and its human rights aspects: Should they vary from culture to culture?

M. Kastrup. *Rigshospitalet Psychiatry Clinic, Copenhagen, Denmark*

In recent years, we have in the Western countries witnessed an upsurge in the attention paid to the ethical and human rights aspects of the psychiatric profession. Several reasons may be given hereto, including the pluralism seen in modern Western societies, and the increasing respect for the autonomy of the patient. Alongside, the rules and declarations guiding the psychiatric profession are in focus. Some are common to all medical professionals, others reflect the specific role of the psychiatric profession, but all claim their universality independent of the cultural context. The existence of ethical guidelines, etc. is however not sufficient. We are living in a world of rapid change, thrilled in what may be the most rapid global transformation anyone has ever seen. Value systems change and ultimately the individual psychiatrist has to decide whether or not to adhere to ethical guidelines and may look for an answer to: Do they give meaning in the given cultural setting? Are they compatible with the cultural value of the doctor and that of the patient and his immediate families? The paper will comprise an overview of the human rights issues pertinent to the profession and their implementation in different cultural settings.

S-29-03

Ethical implications of sponsoring

H. Helmchen. *Free University Berlin Psychiatric Clinic, Berlin, Germany*

In research and medical education as well an upward tendency of sponsoring can be observed. Such co-operation between industry (or even governments) and psychiatrists is needed be-cause psychiatrists have access to and experience with patients and the industry has the finan-cial means for research which are needed both to its enormous costs and the cutting of public financing. However, this increasing interweaving between industry and psychiatrists on the individual and particularly the institutional

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level may impair the independence of psychia-trists' decisions towards the individual patient as well as that of his judgement both in clinical practice and in research. Ethical implications from this threat will be exemplified by i) educa-tional grants, ii) research in developing countries, iii) publication bias, iv) cost-effectiveness analyses, v) placebo-control. Finally it will be recommended: you may dance with the porcu-pine, but you should read all contracts in advance and reflect their ethical implications with regard to published ethical guidelines.

S-29-04

Forensic psychiatry: Two masters, one ethics

J. Arboleda-Florez. *Queen's University Dept. of Psychiatry, Kingston, Ontario, Canada*

The growth and impact of Forensic Psychiatry as an alternative to the general mental health system over the last fifty years has been quite well documented. Such growth even theatens funding for the general mental health system as more and more budgetary allocations have to be made to cover the large number of mental patients being processed by the courts or ending up in the correctional system. Mental Health Courts and a number of management initiatives have developed while larger number of forensic psychiatrists are required. Little has been written, however, about the ethical demands and moral exprapolations that forensic clinicians have to address in their day to day activities as they crisscross systems with antithetical demands and contrary aims and objectives. Serving two masters creates conflicts of double agency for the psychiatrist and cognitive confusion among patients. This presentation will review these ethical problems and will present guidelines for reconciliation.

Monday, April 4, 2005

S-31. Symposium: Future of education in ethics in psychiatry: Evidence based medicine (EBM) or values based medicine (VBM)?

Chairperson(s): Paul Cosyns (Edegem, Belgium), Driss Moussaoui (Casblanca, Morocco)
14.15 - 15.45, Gasteig - Lecture Hall Library

S-31-01

P. Cosyns. *University Hospital Ziekenhuis, Edegem, Belgium*

S-31-02

B. Fulford. *University of Warwick, Coventry, United Kingdom*

S-31-03

Teaching ethics in psychiatry to post-graduates

D. Moussaoui. *Centre Psych. Ibn Rushd, Casblanca, Morocco*

Ethics should be taught longitudinally across all stages and disciplines in psychiatry. The experience of the Casablanca center will be presented, highlighting a number of characteristics: - The teaching cannot begin without starting implementing a number of practical measures to improve human rights of the patients - Theoretical teaching is based upon a number of classic philosophical texts on ethics, as well as on the Madrid Declaration and its appended guidelines, - The teaching should be highly interactive, based on actual cases, preferably known to everyone in the institution - The evaluation of the teaching is multiple, and might be based upon a research study conducted by the student under the supervision of the teaher(s) - The real aim of such teaching is to improve the daily practice of the entire team.

S-31-04

J. Arboleda-Florez. *Queen's University Dept. of Psychiatry, Kingston, Ontario, Canada*

Tuesday, April 5, 2005

S-56. Symposium: Added value? European multi-centre service studies

Chairperson(s): Stefan Priebe (London, United Kingdom), Thomas Kallert (Dresden, Germany)
14.15 - 15.45, Holiday Inn - Room 2

S-56-01

The impact of outcome management in community health care - the MECCA study

S. Priebe, J. Bullenkamp, W. Rossler, L. Hansson, D. Wiersma, F. Torres Gonzalez. *Queen Mary, Univ. of London Newham Centre for Mental Healt, London, United Kingdom*

Objective: For various reasons, there have been wide spread calls for routinely assessing individual outcome in community mental health care. This study tested whether repeated outcome management with a focus on patients' subjective views would improve outcome through more accurate treatment decisions or a more favourable therapeutic relationship or both.

Methods: The effectiveness and cost-effectiveness of a new intervention were compared with standard care in a cluster randomised controlled trial (i.e. randomisation of key workers to experimental or control condition) in community mental health services in six European countries (Germany, Netherlands, Spain, Sweden, Switzerland, United Kingdom). In the new intervention patients were asked by their key workers about subjective outcome every two months. The results were immediately displayed on a PC and intended to inform the therapeutic dialogue.

Results: At baseline a total sample of 500 patients with psychotic disorders in community mental health care were recruited to the study. The drop out rates were relatively low. Setting features and baseline charactersitics of patients varied between centres. Preliminary results about effectiveness will be presented.

Conclusion: The new intervention has been shown to be feasible in different health care systems despite various practical problems. Preliminary conclusions for the effectiveness of the intervention will be discussed.

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