

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

N. Sartorius. *Geneva, Switzerland*

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

J.N. Beezhold. *Hellesdon Hospital, Norwich, UK*

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

S.I. Gerber¹, I.T. Calliess². ¹ *University Medical Center Freiburg, Department of Psychiatry and Psychotherapy, Freiburg, Germany*
² *Medical School of Hannover, Department of Psychiatry and Psychotherapy, Hannover, Germany*

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

E. Trypka. *Department of Psychiatry, Wroclaw Medical University, Wroclaw, Poland*

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.

" It could be improve the connections between young psychiatrist from different country to can learn more about the diversity and richness of the current training of psychiatrist throughout Europe.

Free Communications

FC01.01

Impact of audit and feedback on antipsychotic prescribing in schizophrenia

A.J. Wheeler¹, V. Humberstone², E. Robinson³, J. Sheridan⁴, P. Joyce⁵. ¹CRRC, Waitemata DHB, Auckland, New Zealand ²Adult Mental Health Services, Counties Manukau DHB, Auckland, New Zealand ³Section of Epidemiology and Biostatistics, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand ⁴School of Pharmacy, Faculty of Medical and Health Sciences, University of Auckland, Auckland, New Zealand ⁵Department of Psychological Medicine, University of Otago, Christchurch, New Zealand

Objective: Examine impact of audit and feedback on antipsychotic prescribing in schizophrenia over 4.5-years.

Methods: Clinical files in three outpatient psychiatric services in Auckland, New Zealand were reviewed at two time-points (March-2000;October-2004). After the first audit, feedback was provided to all three services. Baseline prescribing variations between services were found for antipsychotic combinations and atypical prescribing, in particular clozapine. In two services audit and feedback continued with two interim reviews (October-2001;March-2003). Specific feedback and interventions targeting clozapine use were introduced in both services. No further audit or feedback occurred in the third service until the final audit. Data were collected (patient characteristics, diagnosis, antipsychotic treatment) and analysed at each audit.

Results: Three prescribing variables (antipsychotic monotherapy, atypical and clozapine use) were consistent with practice recommendations at the final audit (85.7%, 82.7% and 34.5% respectively) and had changed in the desired direction for all three services over 4.5-years. At baseline there were differences between the three services. One service had baseline prescribing variables closest to recommendations, was actively involved in audit, and improved further. The second service, also actively involved in audit had baseline prescribing variables further from recommendations but improved the most. The service not involved in continuing audit and feedback made smaller changes, and atypical and clozapine use at endpoint were significantly lower despite at baseline being comparable to the service which improved the most.

Conclusions: We found high intensity audit and feedback was an effective intervention in closing the gap between recommended and clinical practice for antipsychotic prescribing.

FC01.02

Exploring the neural substrate of the vulnerability to first episode psychosis using fMRI

M.M. Picchioni¹, P. Matthiasson¹, M. Broome², S. Weinstein³, V. Giampietro⁴, M. Brammer⁴, S. Williams⁵, P. McGuire¹. ¹Section of Neuroimaging, Kings College London, Institute of Psychiatry, London, UK ²Health Services Research Institute, Warwick University, Coventry, UK ³Department of Psychiatry, University of British Columbia, Vancouver, BC, Canada ⁴Brain Image Analysis Unit, Kings College London, Institute of Psychiatry,

London, UK ⁵Neuroimaging Research Group, Kings College London, Institute of Psychiatry, London, UK

Background and Aims: Object working memory performance is abnormal in the early stages of schizophrenia. Such tasks recruit frontal and temporal cortices, possible sites of progressive change over the early illness course. We wanted to clarify if functional changes can be detected in the early stages of schizophrenia, to identify their anatomical location and their relationship to the stage of illness using a functional object working memory task in which the length of memory delay was manipulated.

Methods: 40 subjects contributed: 10 first episode psychosis (FEP) patients, 16 with an at risk mental state (ARMS) and 14 healthy controls. We collected functional MRI data while the subjects performed a version of the delayed matching to sample (DMTS) task from the Cambridge Automated Neuropsychological Test Battery (CANTAB).

Results: Behaviourally there was a trend to a group by delay interaction, the two patient groups making more errors at longer memory delays. At successful recognition a main effect of group was detected in the medial temporal lobe bilaterally, while a main effect of delay was detected in the left medial temporal lobe. At each length of memory delay the patient groups showed consistently greater activation of medial temporal regions when performing the task accurately.

Conclusions: Both ARMS & FEP groups showed greater activation than controls in the medial temporal cortex across all lengths of memory delay. These differences were not related to poorer task performance, but suggest an inefficiency mechanism that may correlate with the vulnerability to psychosis rather than psychosis per se.

FC01.03

Improving quality of life for persons with schizophrenia: A multidisciplinary approach

D.J. Corring^{1,2}. ¹Psychosis Program, Regional Mental Health Care London/St. Thomas, St. Joseph's Health Care London, London, ON, Canada ²Department of Psychiatry, Schulich School of Medicine & Dentistry, University of Western Ontario, London, ON, Canada

Background and Aims: The concept of quality of life has been a topic of increasing interest in the mental health field for more than two decades. Several instruments have been developed to measure quality of life for individuals living with mental illness; however, the majority of these instruments fail to measure quality of life from the client's perspective. This presentation will present results of a qualitative study that explored what individuals diagnosed with schizophrenia and other severe and persistent mental illnesses perceived as important to improving their quality of life.

Methods: In-depth interviews and focus groups were used to collect data from more than 50 individuals.

Results: Analysis of the data resulted in the identification of two overarching themes, four domains, several sub components and enablers and barriers to achieving their desired goals. Themes associated with fear of symptoms and stigma were prevalent throughout the data with domains focusing on the challenges of managing the symptoms of the illness, the importance of relationships with a wide range of persons, the acquisition of meaningful occupation and the rebuilding of self esteem.

Conclusions: A discussion of the implications for practice will include the roles that the various professionals can play in assisting individuals in achieving their desired quality of life, as well as the relationship of quality of life with the concepts of recovery, client centered practice and psychiatric rehabilitation.