



Original article

EPA guidance on the role and responsibilities of psychiatrists



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ABSTRACT

Psychiatry is that branch of the medical profession, which deals with the origin, diagnosis, prevention, and management of mental disorders or mental illness, emotional and behavioural disturbances. Thus, a psychiatrist is a trained doctor who has received further training in the field of diagnosing and managing mental illnesses, mental disorders and emotional and behavioural disturbances. This EPA Guidance document was developed following consultation and literature searches as well as grey literature and was approved by the EPA Guidance Committee. The role and responsibilities of the psychiatrist include planning and delivering high quality services within the resources available and to advocate for the patients and the services. The European Psychiatric Association seeks to rise to the challenge of articulating these roles and responsibilities. This EPA Guidance is directed towards psychiatrists and the medical profession as a whole, towards other members of the multidisciplinary teams as well as to employers and other stakeholders such as policy makers and patients and their families.

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1. Introduction

Mental illness has been described across different cultures and for millennia although perceived causes of such illnesses have varied. From Ayurvedic and Greek systems where priests offered interventions, the responsibility passed on to physicians. Until the 19th century those dealing with mental illness were known as alienists as patients were known as aliens certainly in the West. The establishment of mental asylums across different societies has been described. Psychiatry as a discipline emerged as a medical

specialty and remains one. Thus, it is crucial to understand the concepts of mental illness and mental disorders as well as notions of mental health in general.

This Guidance paper seeks to map the roles and responsibilities that a psychiatrist carries in their professional capacity and to define the values and competencies which will aid us in delivering the best care for our patients—care that is clinically effective, safe and patient-centred.

2. Recent challenges

The last few decades have brought tremendous rapid changes in cultures as a result of globalisation leading to rapid urbanisation and industrialisation and consequently influencing various sections of society, in its various aspects including health, communication,

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ethics, politics and economics. These changes are related not only to globalisation itself but also to economic and demographic changes and the rapid rise of social media. It is not surprising that psychiatry as a subject and medical speciality and, as a significant component of the healthcare system, has also been significantly affected by these changes. Some of this change is reflected in modern psychiatric nomenclature—from a ‘doctor’ to a ‘professional’, a ‘psychiatrist’ to a ‘mental health specialist’, a ‘patient’ to a ‘client’ to ‘user’ or in some circumstances even a ‘customer’, and a ‘community psychiatric nurse’ to a ‘care coordinator’, a ‘case manager’ or a ‘practitioner’. We do not propose to go into pros and cons of such definitions but want to highlight the change that is still on-going.

It is entirely possible that as further changes occur in societies these will affect the role and responsibilities of psychiatrists although the core responsibility of diagnosis and management of mental illness will remain [10]. There is no doubt that clinical practice varies across cultures. It is evident that cultures are in transition and previously socio-centric cultures are becoming more ego-centric thereby changing the social support systems and help-seeking behaviour. This change is critical in understanding the needs of the patients.

3. Historical development

In a classic volume, Hunter and Macalpine [11] highlight the development of the subject of psychiatry from the year 1535 although other accounts from earlier times in other healthcare systems also exist [1,4].

Historically, certainly in the West, private ‘madhouses’ and ‘public mental asylums’ that looked after people with mental illness were often large austere institutions located beyond the limits of the cities and towns that they served. These reflected true alienation of the patients. Though often set up with good intentions (and at times manifesting good standards of care) they were amongst the first to suffer in economic crises in terms of resources (and therefore standards of practice) and came to suffer terrible reputations leading to further stigmatisation, alienation and discrimination. Although as mentioned earlier, the discipline and practice of present day psychiatry deals with not only mental illness but behavioural and emotional disorders as well which can produce an element of tension across disciplines. Even when psychiatric practice utilises bio-psychosocial approaches in understanding aetiological factors as well as producing management plans psychiatrists still are accused of following the ‘medical model’ too closely [23].

4. Method

Following the confirmation of the topic by the EPA Guidance committee national organisations and their leaders were approached to explore the existence of the documents on the topic and these were studied.

5. Development of the guidance document

European Psychiatric Association has set up a Guidance committee to produce a series of guidance documents to stimulate discussion across various European countries. It is under the aegis of the committee that the present document is produced. The Guidance committee approved the topic and endorsed the contents followed by the EPA Board giving its approval.

This guidance document was developed with reference to the current literature based on documents issued by relevant educational bodies and publications listed on medical databases

(EmBase, Ovid, PubMed, Medline). The members of the group and the members of the Guidance committee helped identify various documents. By the very nature of the subject it was impossible to meet all the criteria delineated in the suggestions on how to develop guidance documents. This version of the document was submitted to the Guidance committee and was accepted and any changes recommended were incorporated in the final version. Contributors to the paper are national experts including a representation of early career psychiatrists who are most likely to be affected by this. Patients were not specifically invited to be part of this group but in many documents cited here, their contributions had been significant.

5.1. Method

Literature search conducted on August 11, 2014 used terms Psychiatry, Psychiatrist, impact, values, added value, need, ability, professional role, responsibilities and leader to search databases between 200–2014, with publication in English. A total of 91 papers were identified. All their abstracts were studied. There were some duplicate papers and many obituaries leaving 8 papers which were of major interest. In addition, grey literature was searched and documents produced by various professional organisations such as the Royal College of Psychiatrists in the UK, UEMS Section of Psychiatry, Royal College of Physicians of Canada among others were obtained.

However, the final version of this paper relies on wide-spread consensus among the authors of the paper who represent trainees, early career psychiatrists, clinicians and academics from different specialities within psychiatry as well as members of the EPA Guidance committee and the Board of the EPA. We checked web sites of several psychiatric organisations especially focusing on English speaking countries to collect relevant information.

We made reference to the well-established CanMEDS Physician Competency Framework adopted in 1996 by the Royal College of Physicians and Surgeons in Canada [8] subsequently revised; the Royal College of Psychiatrists’ occasional paper 74 [21] and the UEMS Charter on Training of medical specialists in the EU: requirements for the specialty of psychiatry [26,27]. The models described in these documents are well known models in the articulation of what it means to be a psychiatrist.

6. Role of the psychiatrist

The CanMEDS [8] model is an interesting and potentially useful way forward as it applies to all doctors and we felt that as psychiatry is a key speciality of medicine this will offer an excellent start. Such an approach puts the medical expert at the core of skills and competencies along with other roles such as communicator, collaborator, manager, advocate, scholar and professional. Psychiatrists are key enablers and facilitators in the team thus communication skills become even more significant. It is inevitable that in different health care systems these roles may well vary.

The Royal College of Psychiatrists [21] proposed that the key aspects of the role are: caring for patients from the perspective of medical intervention; education and training both for the self and the team as well as supervising others; managing complexity, severity and risk associated with mental illness; teaching and training both professionals and public; research and innovation; challenging stigma and showing leadership. Although it is not made explicit a major responsibility is about holding hope for the patient and containing anxiety for the patient as well as the team. Another key responsibility for the psychiatrist is to manage ambiguity related to diagnosis, functioning and team-working.

Over the past years, several challenges have emerged for the medical and psychiatric professions. Some of these are external, such as repeated policy changes in many countries over which the profession may not have any control or input; real or perceived discontent on part of patients and their families; competition from other professions; and public stigma and discrimination. Other internal factors such as decreasing confidence about coherent theoretical knowledge base; conflicts about diagnosis and classification and about therapeutic interventions may also contribute to challenges to clinical practice [11]. Psychiatric trainees also identified similar issues [19]. The role of the psychiatrist has also been described by the UEMS [26–28] in their Charter on Training of Medical Specialists in the European Union (requirements for the specialty of psychiatry). The key roles of the psychiatrists are distilled from these documents and are as follows.

6.1. Caring for patients

Providing appropriate and evidence-based care for patients is at the heart of everything a psychiatrist does. Patients need good doctors who make the care of the patient their first concern and who are competent, up-to-date, honest and trustworthy. Thus, doctors can and must deliver the best care patients need and deserve [8]. Thus like other doctors, the primary duty of care of any psychiatrist is their ability to diagnose and manage and thus provide best and evidence-based care for the patients. With medical knowledge as its base, psychological and social factors contribute to understanding of aetiology as well as management. A major responsibility for psychiatrists is to engage with patients and their families while keeping the individual at the core of the therapeutic interaction and alliance. However, they need to take into account details of proximal factors, which affect the patient, and these include employment, family and peers, and also distal contextual factors such as society and culture. One of the major expectations of the psychiatrists is their ability to tolerate high levels of anxiety in situations of considerable uncertainty while holding the team's anxiety and holding the hope for the patient so that the patient can continue to work through their personal and social emotional distress. Treatment requires commitment to working collaboratively with the mentally ill and their families as well as other mental health professionals. Psychiatrists need to be clear about their responsibilities irrespective of what resources are available. At the same time, psychiatrists have a key responsibility in providing clinical leadership in the development, quality assurance, efficiency and protection of mental health services, which must be available to all citizens according to need.

A key skill of psychiatrists like all doctors is the ability and the need to be empathic and engage patients in both short and long term. For patients who are receiving treatments at the hands of primary care physicians and/or other mental health professionals the psychiatrist must act as an advocate and set standards for high quality care. Psychiatrists are uniquely trained and skilled in the application of the full bio-psycho-social model, thus setting them apart from other professions that may utilise less holistic and more limited approach.

6.2. Managing complexity and severity

Psychiatric disorders are often complex and many illnesses can be severe so a key role of the psychiatrist is managing such complexity and all that accompanies such complexity. Medical expertise embedded in the psychiatrists' training and practice is the key to diagnosis and management especially in complex cases involving co-morbidity. For example severe mental illness with co-morbid addictions or psychiatric disorders with underlying personality disorders or combination of physical and mental

illness all require complex interventions and psychiatrists are best placed to deliver these. This ability to understand and manage complexity of illnesses as well as complex health care systems is an important responsibility that the psychiatrists carry with them.

With information overload and changing patient expectations the ability to sift complex data and evidence and then applying this appropriately to the individual needs of the patient is a critical skill. Making sense of the research evidence and its translation and application to clinical efficacy of medication or combined therapies is important part of a clinician's role. Medication in psychiatric conditions is one of many strategies available to clinicians. Not surprisingly, it is the responsibility of the psychiatrist to not only evaluate the patient but also stop inappropriate treatments whether they are medications or psychotherapies. This core expertise is the corner stone of managing complexity in psychiatry. Patients should not be prescribed psychotropic medication unnecessarily but neither should they be denied such medication out of ignorance or prejudice. Holding the hope for the patient and managing patients' and their families' anxieties is part of the clinical responsibility. Various other forms of interventions are complementary parts of treatment arsenal at the disposal of psychiatrists.

6.3. Assessing and managing risk

Assessing and managing risk are important responsibilities of the psychiatrists and often this is what the society and stakeholders expect. However, the degree of such task and what happens once risk has been identified is part of the clinical responsibility. This will differ across countries and societies and social expectations will determine what the psychiatrists should be able to deliver. Local legal and statutory context and framework will enable the psychiatrist to determine and provide appropriate response to such risk. Managing risk in the context of stigma and discrimination is a special skill that improves therapeutic alliance and is a skill for which psychiatrists are well trained.

Fellow human feeling, common sense and the knowledge of the relevant law and proper risk assessment require using the least restrictive but appropriate approach in all cases. Wherever possible, treatment must be carried out in explicit agreement with and collaboration with the patient. Patient choice is important but may not always be possible due to a number of factors. The patient's illness and mental state may cloud their judgment and put the patient or others around them at risk. At the behest of the society, the psychiatrist would need to shoulder the burden of responsibility for effecting compulsory detention and treatment under mental health law, which will vary across nations.

6.4. Teaching and training

Psychiatrists like all doctors have a life-long commitment to reflective learning for themselves but also educating and teaching patients, families and other health professionals. As mentioned above, a key responsibility is critical appraisal of the research evidence, mentoring and ethical research and training. Psychiatrist should be able to act as role models, educators and mentors and carry on the education of younger generations. As societies change it is vital that the psychiatrists are aware of these changes and how these may affect the patient expectations and therapeutic encounters.

6.5. Research and innovation

Not everyone is interested in or able to carry out research but clinicians must be aware of newer research and findings and interpret their significance to provide best treatment for their

patients. Psychiatrists need to keep up-to-date with of the changing understanding of the causes, maintaining factors and most appropriate treatments for mental disorders.

It is important to evaluate and provide the right balance of efficacious and efficient mental health services. Community mental health services must be able to support family and carers in shouldering the burden and where possible effecting improvement. However, these must be supplemented by appropriate hospital services where indicated.

Psychiatric services in general hospitals are essential as poor physical health affects mental health. Often mental health problems are the main reason for actually being admitted to a general hospital ward. Increasing longevity may lead to further comorbidity with more patients in general hospitals whose mental health problems affect their physical health and vice versa.

6.6. Advocate/Facilitator/Enabler

A key role of the psychiatrist is to advocate for their patients and their carers. It can also involve patients advocating for their psychiatrists and psychiatry as a profession. Applying ethical principles and dealing with discrimination, prejudice and stigma are important skills that psychiatrists must have. Stigma and discrimination against mental illness, mentally ill individuals and even mental health professionals are a big challenge to overcome. Psychiatrists should advocate for their patients, their families, mental health services and the profession as a whole. They must facilitate the patient journey through what can be a bewildering and complex and health care systems. The challenge for psychiatry like the rest of medicine is that with increased specialisation there is a problem that it may be more difficult to have a single, clear and authoritative voice speaking for the whole profession.

6.7. Clinical leadership

Clinical leadership is increasingly essential in developing, managing and delivering clinical services. Psychiatrists must be able to provide leadership in planning and delivering services, which are accessible and appropriate for their patients. Leadership skills include not only clinical decision making but also managing teams and their dynamics and taking on ambassadorial roles while being aware of potential changes in policies and resource issues. There is no doubt that multidisciplinary team work can help the patient and brings in multiple aspects of care which help recovery through a range of approaches in settings such as hospital, outpatients and community mental health locations.

6.8. Public mental health

In the 21st century with increasing evidence in aetiological underpinnings of psychiatric disorders, it is helpful to get involved in mental health promotion and prevention of mental illness. Mental health is defined as the absence of disease, as a state of the organism which allows the full performance of all its functions or as a state of balance within oneself and between oneself and one's physical and social environment [3,22,24]. Mental well-being and mental illness can be seen as opposite ends of the spectrum or in a continuum. In Maslow's hierarchy, mental and physical health are related to how basic needs such as food, shelter, social functioning etc are satisfied but meta-needs such as beauty, goodness, justice and wholeness as essential for personal growth and fulfillment [17].

Mental health enables individuals to form and maintain effective and affectionate relationships and attachments to lead

a fulfilled life. Mental health demotion (as used by HEA but meaning deterioration) or increasing mental vulnerabilities can result from both the internal personal factors such as low self-esteem, sense of entrapment, helplessness and sadness and also external social and economic factors such as poor housing, poverty, and unemployment, discrimination or abuse, cultural conflict, stigma etc [9]. Some of these are social issues but psychiatrists have a moral responsibility to advocate for their patients. Psychiatrists as leaders need not only to engage with the public but also educate them.

7. Psychiatrist's mission

As is clear from the description above, the doctor's mission is no longer considered to be simply providing good clinical care to the patient in front of them. Other roles such as management and leadership are now considered increasingly important aspects of medical professionalism. Depending upon health care systems, health policies are now strongly influenced by often conflicting free market principles such as value for money, competition, privatization, political agendas of choice and universal healthcare coverage thus presenting medicine with new economic and political pressures. To competently and successfully care for mentally ill patients, a professional needs to fulfill roles and bear their responsibilities not only towards patients care, but also to inpatient units, other team members, their institutions and the wider academic and scientific community. The importance of psychiatrists participating or influencing administration structures and decisions must not be undervalued. In order to fulfill these roles, certain key competencies are needed which can also be obtained by training and apprenticeship.

8. Psychiatric competencies

As noted above, the core competencies in being a good psychiatrist include diagnosis, investigation and management of the patient. In addition, communication skills are extremely important. As part of the clinical competencies full awareness of the role psychotherapies of different kinds play in the therapeutic armamentarium is a must. This experience gives the clinician an opportunity to become aware of their own counter-transference and transference as well as their own prejudices so that they are able to deal with them and learn from them.

9. Attaining competencies

As most young psychiatrists acquire the competencies requisite of a mental health professional through undergraduate (medical school) and postgraduate (residency programmes) training, these formative stages are crucial for the development of competent mental health care professionals. Educational curriculum at this level is absolutely vital and this is where cross-national organisations can take the lead. Traditionally, the core of postgraduate psychiatric training has consisted of a combination of clinical rotations in a variety of psychiatric specialties and services. This has included experience of treating patients in a wide range of settings including inpatients, outpatients, community and emergencies. However, there remains a huge variation in training between countries and sometimes even within countries. Standards may be set by local, national and international professional bodies in many European countries but the reality is that often resources influence levels and standards of training and the environment within which such training takes place. Postgraduate psychiatry training schemes in the majority of European countries are developed and evaluated by national education policy makers. During recent decades, there has been an emphasis on harmonisation

in medical training across Europe driven by the 1993 European Union Council Directive 93/16/EEC [26].

The European Union of Medical Specialties (Union Européenne des Médecins Spécialistes [UEMS]) and its Section of Psychiatry were established to facilitate this process. In 2003, the UEMS made a number of recommendations for the effective implementation of training programmes in psychiatry which included advice on the structure of training programmes, competency-based training standards, standards for training institutions, trainers and supervisors, and quality assurance mechanisms [28]. However, despite these directives, recent publications still demonstrate significant differences in content and quality of training curricula across Europe [27,16,20]. The definition of the role of psychiatrists carries with itself the need for corresponding alignment of the education and relevant specialised training systems.

Psychiatry remains the most intellectually stimulating, challenging and gratifying medical speciality. At the present time, the speciality stands on the cusp of major discoveries which will lead to exciting learning about both mental illness and mental well-being. Development and delivery of newer therapies and the use of social media and investigations will also contribute to continuing improvement in mental health care delivery.

Mental health is also about how individuals think and feel about themselves and their life, and its effect on their coping with adversity [18]. Mental health is a state of equipoise and balance; where the individuals are at peace with themselves, able to function effectively socially, and look after their own basic needs as well as higher function needs [3]. Positive functioning means managing change, managing relationships and managing emotions in a constructive manner. From an Indian perspective a model of mental health has been created [25] which introduces the concept of *manas* with three clinical criteria—awareness of the self, ability to relate well with others and all of one's actions are useful (or at least not harmful) to the self. On the other hand, mental illness is used to describe a variety of behaviour patterns, which affect the smooth functioning of life. It is arguably a catch-all for a largely medical model for pathology arising from biological vulnerabilities, social maladjustments and psychological disturbances thus creating a bio-psychosocial model of aetiology and management [12,13]. Often mental illness and mental disorders are confused with each other though sometimes disorders refer to mental illness related to offending especially when individuals get into trouble with the law. These mental disturbances depend upon definitions of abnormality on the basis of statistical, physiological, psychoanalytic, behavioural or humanistic paradigms [7]. Thus, what is abnormal and how this is defined is at the root of tensions between the professionals and society.

10. Dealing with stigma, discrimination and prejudice

A major challenge for psychiatry in the West has been mind-body dualism, which has led to a split between not only physical and mental health but also in provision of such care. Thus, the capacity of mental health interventions to improve mental state and even physical health is often underestimated by the general public and other professionals even though recent evidence shows that anti-psychotic medication has comparative efficacy with those medications in general medicine [16]. Mental health services themselves are often stigmatised and neglected in terms of resources and support. Such stigma has led to the usage of terms such as mental health issues or mental health problems (at least in the UK). The danger is that such terms may hide the seriousness of psychiatric conditions and resulting burden. It is therefore, important to have an idea of the concepts of mental health and mental illness in different cultures, societies and countries in order

to make the role and responsibilities of the psychiatrists clearer. Psychiatrists themselves demonstrate stigmatising attitudes towards patients with mental illness [14,15,5].

Although research is progressing rapidly even now there are few specific biological markers in psychiatry that help diagnose psychiatric illnesses. The burden on the society as a result of neuropsychiatric conditions (a term used to include psychiatric conditions) is massive but stigmatising attitudes towards mental illness, mentally ill people and psychiatrists make it relatively difficult to obtain funding and treatments in many settings. Psychiatrists themselves may experience stigma from other mental health professionals and medical colleagues contributing to a sense of rejection and isolation. Improvement in attitudes or reported behaviour but not knowledge indicates that there may be different strands to stigma [7]. For some of the stigma, psychiatry itself needs to take responsibility for ill conceived and sometimes harmful clinical practices used in the past (just as in medicine and surgery) (also see the EPA Guidance on the Image of Psychiatry and psychiatrists). It is also important to acknowledge the huge strides that have been made by modern psychiatry towards delivering humane, evidence-based and cost-effective treatments. Recognition of the damaging effects of social exclusion, stigma and institutionalisation on people with mental illness and learning disabilities has led to policies of deinstitutionalisation and development of community care across Europe in recent years. Deinstitutionalisation has been implemented with variable enthusiasm, commitment and success across Europe thereby sometimes resulting in new exclusion and stigma.

Mentally ill and people with learning or intellectual disability are tragically often found increasingly on the streets or in prisons, with all that this entails. In many countries, prisons now often act as de facto large institutions and without proper treatment. A study from six European countries found that forensic beds had increased in all six countries and the number of general psychiatric beds had gone down in 5 countries and in only two did this reduction outweigh the number of forensic beds thereby indicating an increase in containment [22]. Such realities are a constant reminder that the practice of psychiatry requires clear moral and ethical frameworks based on human rights parity.

Psychiatrists must have total commitment to the individual patient and his/her personal welfare. The patient is at the heart of the therapeutic interactions but s/he is surrounded by kinship, family and society at large. Thus, it is critical that there is a clear steer and contract with the society, which because of its implicit nature deserves to be reviewed and negotiated regularly. As medicine itself is social and biological factors are affected by social inequalities, cultural factors, diet etc and ethnic factors affect drug absorption and metabolism one cannot isolate social from the biological. An understanding of social and cultural factors allows us to determine what idioms of distress are used and whether these fit into psychiatric diagnoses and classification. Eisenberg [6] argues that the children inherit not only their genes but also inherit parents themselves and their societies as well. He notes that the human brain is influenced by both biological and social factors and that nature and nurture stand in reciprocity. Eisenberg's point [6] that psychiatry is both biological and social often gets forgotten as both sides of the argument may take on very reductionist views.

11. The way forward

The challenges for psychiatry in the 21st century include a need to encourage the promotion of mental health and prevention of mental illness as part of its core practice. Similarly, research and teaching need to become actively engaged in introducing these notions into the public health efforts.

It is important to emphasise that the core underlying role of the psychiatrist will be the same no matter where they practise but their responsibilities will change in relation to many factors including social settings and financial resources. With changes in society, patient expectations, awareness of social media and an increasing equality between the psychiatrist and the patient not only the role of the psychiatrist changes but also that of the regulators such as the General Medical Council as well as that of the society. Clear guidelines are needed on the use of Internet and social media in therapeutic encounters. Different aspects of a psychiatrist's roles will vary according to the health care systems in which they work and how well resourced these systems are. Thus in countries where there is a shortage of psychologists and social workers, psychiatrists may end up taking more of these responsibilities or vice versa. However, core competencies will remain the same and all training programmes must strive to train in these competencies. A recent report from the UK on the future of mental health services recommends that integration between primary and secondary care as well as between medical and psychiatric care provide the optimal context [2]. This may already exist in many countries in Europe as many primary care physicians may well be dealing with mental health problems in the same way many psychiatrists will be looking after physical illnesses. It is imperative that the core aspects of the roles and responsibilities across countries are similar so that competency-based training can be delivered. Within Europe there is a need to agree on basic principles as highlighted by the UEMS and outlined in this document so that appropriate training can follow. It is important that depending upon local conditions for clinical practice and training suitable adjustments are made. However, the core competencies and roles should ensure that patients get the best possible psychiatric input they need and deserve.

12. Recommendations

The following recommendations are based on the Royal College of Psychiatrists and the UEMS section of psychiatry recommendations supplemented by evidence from grey literature and the consensus of the group of authors as well as the EPA Guidance Committee and the EPA Board:

12.1. Roles and responsibilities

Roles and responsibilities are as follows:

- psychiatrists must be professionals with a distinct body of knowledge, skills and attitudes dedicated to better health care;
- psychiatrists must be capable of diagnosing and managing psychiatric disorders in a multiplicity of settings, working with teams and being advocates for their patients and families;
- psychiatrists should take the lead in service planning, development and delivery and as part of this responsibility they should work with stakeholders including policy makers to ensure that proper resources are made available;
- psychiatrists should be technically competent in their field and be up-to-date in their knowledge and be able to follow research developments;
- psychiatrists must have good listening skills, empathy and high levels of probity and integrity;
- psychiatrists must be good communicators not only with the patients, their families and stakeholders and also be able to lead on public education and have good advocacy skills;
- psychiatrists should have high levels of managerial skills in managing resources and teams;
- psychiatrists must engage in reflective practice and actively pursue life-long learning.

12.2. Training

Training consists of:

- full training opportunities in a wide range of psychiatric specialities should be made available;
- psychiatry training must include opportunities for developing psychopharmacological, psychotherapy and social intervention skills;
- training must be in multidisciplinary settings;
- regular assessment and evaluation of skills must be carried out as part of the training.

Disclosure of interest

The authors declare that they have no conflicts of interest concerning this article.

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