

The EPA, Brexit and beyond.

We acknowledge the recent vote by the British people to leave the European Union, and the feelings and emotions that this debate and decision has evoked amongst our members and those in the wider mental health workforce, as well as people with or affected by mental disorders, both in the United Kingdom and in other countries.

The European Psychiatric Association (EPA) is a proudly European organisation with National Psychiatric Association Members and Individual Members from the 53 countries comprising the World Health Organisation European Region, as well as International Members from countries around the world.

The EPA has grown since its origin 33 years ago with a few individual members, into the main European psychiatric association that today represents around 80 000 European psychiatrists, with offices in Strasbourg and Brussels.

One of the main aims of the EPA as defined in our Statutes is “providing a unified organisation representing the different national psychiatric associations in European Psychiatry; along with individual psychiatrists”.

The EPA actions this with work to improve quality across Europe in the fields of mental health education, research, clinical practice, prevention, ethics, policies and guidelines, and by engaging and collaborating with European and other organisations. The *European Psychiatry* journal itself is a manifestation of this work, being both a quality scientific journal and the official EPA journal.

The European Union (EU) has, for example, helped harmonise standards of psychiatric education, harmonised standards for medication licensing, and made possible the free movement of EU citizens, including those comprising around 20% of mental health staff in the UK as well as many researchers. The EPA notes in particular:

- the positive benefits that have resulted for psychiatry from EU research funding, including the way in which this has stimulated and facilitated large international multi-centre cross-national collaborative studies
- the benefits of the Erasmus and other educational funding from the EU in enabling interchange of ideas, knowledge and experiences across Europe
- the benefit for psychiatric and other specialty education of the Union of European Medical Specialists and its work in setting standards for high quality postgraduate specialty training in Europe
- the improvements in the quality of care and of human rights for mentally ill people that have been driven by a number of EU initiatives and also by the European Court
- that mutual recognition of medical and medical specialist qualifications has benefitted the career progress of individual doctors as well as the outcomes of their endeavours
- the way in which EU freedom of movement has enhanced scientific and clinical progress by enabling easier clinical, research and teaching interchange

- the unhelpful effect on this EU collaboration that is already being manifested even before Article 50 is invoked or Brexit itself is implemented.

In recent years, closer collaboration has been established by the EPA with WHO, European Institutions and key organisations active in the field of mental health, such as the European Brain Council (EBC), GAMIAN-Europe (Global Alliance of Mental Illness Advocacy Networks) and EUFAMI (European Federation of Associations of Families of People with Mental Illness). Core policy activities included the EPA involvement in the European Commission funded EU Joint Action on Mental Health and Well-being, and the preparation of position papers and project proposals addressing urgent issues such as the health care provision to refugees and migrants in Europe.

Europe is a unique region with a great diversity of sociocultural, political and institutional systems. This leads to challenges in understanding each other and in coming to common grounds and developing joint conceptual frameworks - and joining forces - with regards to common future directions. Exchange of various perspectives and practices is vital for mutual acceptance within and across disciplines and professions of the mental health workforce and other stakeholders, aiming at common goals such as EPA's mission of Improving the Quality of Mental Health Care throughout Europe.

The EPA embodies the idea that there is significant added value gained for all parties through working together across Europe for patients, carers, clinicians, researchers, educators and all the others touched by mental health problems and their effects.

In particular, the annual EPA European Congress of Psychiatry brings together thousands of expert clinicians, researchers and key stakeholder in the field of mental health from all over Europe. Since 2015, the Congress also hosts an annual EPA Forum, a new format for exchange and awareness among participants, speakers, and political leaders. In line with the 2016 EPA Congress' motto "Towards a Common Language in European Psychiatry", the Forum allowed for discussing matters of European importance in the field of Mental Health and Mental Health Care from the viewpoint of a variety of different interest groups and key players.

The EPA has also led the way with European initiatives such as the annual EPA Summer School, EPA Itinerant Continuing Medical Education courses, and the EPA Early Career Psychiatrists exchange program aimed at bringing together young psychiatrists, sharing the goal of harmonizing training and care in mental health, while exchanging different knowledge and experiences.

The EPA understands that the overwhelming majority of the British scientific community, including psychiatrists, voted to remain in the EU.

The EPA will therefore continue into the post-Brexit vote future to enthusiastically welcome, represent and support *all* of its members, including those working and living in Britain, because we believe that a united voice, and close working collaboration of European psychiatrists, is an essential part of delivering higher quality mental health care for all who need it in Europe.

BEEZHOLD J¹, GAEBEL W², GALDERISI S³, GORWOOD P^{4,*}, MARTÍN CARRASCO M⁵ & WASSERMAN D⁶ on behalf of EPA Board members.

¹ Norfolk and Suffolk NHS Foundation Trust, Norwich, UK; University of East Anglia, Norwich, UK.

² Department of Psychiatry and Psychotherapy, Medical Faculty, Heinrich-Heine-University, Düsseldorf, Germany.

³ Department of Psychiatry, University of Naples SUN, Naples, Italy.

⁴ CMME (Hopital Sainte-Anne), Université Paris Descartes, INSERM U894. Centre of Psychiatry and Neurosciences, Paris 75014, France (p.gorwood@ch-sainte-anne.fr).

⁵ Instituto de Investigaciones Psiquiátricas, Fundación María Josefa Recio, Bilbao, España; Clínica Psiquiátrica Padre Menni, CIBERSAM, Pamplona, España.

⁶ National Centre for Suicide Research and Prevention of Mental Ill-Health and Methods Development and Training in Suicide Prevention, Karolinska Institutet, 171 77 Stockholm, Sweden.

* for correspondence

EPA Board members:

Andlauer O (UK), Bailey S (UK), Beezhold J (UK), Dom G (Belgium), Fiorillo A (Italy), Gaebel W (Germany), Galderisi S (Italy), García-Portilla P (Spain), Gorwood P (France), Hanon C (France), Heinz A (Germany), Kastrup M (Denmark), Küey L (Turkey), Kurimay T (Hungary), Martín Carrasco M (Spain), Musalek M (Austria), Rössler W (Switzerland), Samochowiec J (Poland), van der Gaag R (Netherlands), Wasserman D (Sweden).