

New directions in psychiatry – defining the way

Sir: Psychiatry as a discipline will undergo major changes over the next few years. Although such changes can be stimulating and challenging from intellectual, scientific and social viewpoints, the new generations of psychiatrists must be prepared for them.

Paradigms which have represented the foundations of psychiatry in the last century are now in need of major revision. In particular, young psychiatrists feel the need: (1) to rediscover psychopathology in order to improve their diagnostic skills; (2) to adopt a preventive approach to psychiatry, intervening in the early stages of psychiatric disorders; (3) to improve their skills in conducting research and writing scientific papers; (4) to refine their knowledge of the biological and social determinants of mental illness.

All this was debated at the congress 'New Directions in Psychiatry', organised by the Early Career Psychiatrists Committee of the European Psychiatric Association (EPA) at Sorrento (Naples) on 21–23 May 2012 and dedicated to the needs of European early-career psychiatrists. More than 400 young colleagues from almost all European countries attended the congress, at which prominent European scientists gave their views on the future of mental healthcare.

The scientific track was organised as five thematic areas. The first session dealt with the future of psychiatry and mental health, and contributors were three past or future Presidents of the World Psychiatric Association, namely Professors Maj, Sartorius and Bhugra. The second session was dedicated to preventive psychiatry, in particular to early intervention in psychoses, prevention of suicide and management of perinatal depression. Speakers were Professors Birchwood, Wasserman and Bassi, respectively. The third session was dedicated to early-career psychiatrists' needs in the area of psychiatric diagnosis and classification, with contributions from Professor Sass on the role of psychopathology, Professor Galderisi on the role of the neurosciences and Professor Kastrup on the role of culture. The fourth session was dedicated to research in mental health. Professors Goldberg, Boyer and Gorwood provided practical tips and basic knowledge on the whole process of research and publication. The last session was dedicated to expectations for the future in biological and social psychiatry, with two of the most renowned European experts in the fields, namely Professors Kasper and Priebe.

Besides the plenary sessions, workshops, sponsored symposia, courses in continuing medical education (CME) and poster sessions were also organised. The two workshops dealt with the role of biomarkers in diagnosis and treatment, and with the relevance of psychopathology for clinical practice. During the sponsored symposia, new directions in the management and treatment of the three major mental disorders (schizophrenia, bipolar disorder and major depression) were

discussed with several experts and speakers. Also, three CME courses were organised in collaboration with the Committee on Education of the European Psychiatric Association.

Finally, an interactive poster session was organised with 114 accepted posters. The three best posters received an award from the organising committee.

The congress was highly appreciated by both young and senior participants, and represented the basis for a fruitful discussion on how to improve psychiatric practice and training for the new generations in psychiatry.

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A challenge of the 21st century: brain migration in psychiatry

Sir: There is an ongoing debate on the migration of healthcare professionals from lower-income to higher-income countries. These movements involve the loss and gain of health resources and the modification of the capacity of the health systems to deliver healthcare, and thus the achievement of the Millennium Development Goals (Global Health Workforce Alliance, 2008).

The concern over migration, as a challenge of the 21st century, has moved to the forefront of agendas and raises many questions. Changes such as globalisation, increased mobility, population ageing, the financial crisis and social networking are forcing us to test old views and adapt to new realities: honour or endurance, identity or governance, quantity or quality, innovation or stability, rights or duties, facts or judgements. These interrogations reflect differences of perception created by the great velocity and intensity of change, along with an unprecedented degree of interconnectivity and a lowering of international barriers (Spencer, 2011).

Defining migration is controversial, since it involves both space and time, which currently are continuously in evolution. Although the terminology has been criticised for its ambiguity, it is worth looking for actual and future migration in the new global context, even though it is a difficult task, by recognising the *push* factors that pressure people to leave the *donor* country, and the *pull* factors that make the *recipient* country seem attractive (Gureje *et al.*, 2009), while confirming *patterns* and *duration* of migration. Connecting such data with the *burden* of illness and relating them to perceived stigma and experiences of discrimination might act as an input to influence healthcare policy stakeholders to support the planning processes according to current needs and the present use of treatment and services (Prince *et al.*, 2007).

Is it a brain gain or a brain drain? In addition to the health dimension, brain migration has a cultural, economic, educational, financial and