

## **International training at the interface between body and mind: The impact of the EPA Academia Summer School**

**Quattrone D<sup>1</sup>, Ryland H<sup>2</sup>, Conde E<sup>3</sup>, Sönmez E<sup>4</sup>**

<sup>1</sup>MRC Social, Genetic & Developmental Psychiatry Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK

<sup>2</sup>West London Mental Health Trust, London, UK

<sup>3</sup>Psychiatry and Mental Health Department, Baixo-Vouga Hospital Centre, Aveiro, Portugal

<sup>4</sup>Marmara University, School of Medicine, Department of Psychiatry, İstanbul, Turkey

Corresponding author:

Howard Ryland

[howard.ryland@nhs.net](mailto:howard.ryland@nhs.net)

### **Comorbidities: A challenge for trainees with rewarding outcomes**

The interaction between psyche and soma has a well-established history, but often receives less attention than it deserves. Improved understanding of the neurobiological underpinnings of psychiatric phenomena, combined with continuing advancements in psychotherapeutic practice, has resulted in psychiatric training focusing more on these improvements. Consequently it has become less integrated with other branches of medicine. Yet, it is psychiatrists who are most frequently consulted when a symptom is medically otherwise unexplained, when a crisis occurs on the ward or even when a patient's relative expresses anxiety. In outpatient practice, it is known that every one in two patients with diabetes has a psychiatric condition [1], that one in three patients with cancer has anxiety or other mental health disorders [2] and that depression, anxiety and substance use disorders are significantly associated with a subsequent diagnosis of hypertension [3]. Conversely, medical comorbidities are associated with poor physical and mental health in patients with schizophrenia, bipolar disorder, intellectual disabilities and other serious mental illnesses [4].

These findings suggest that all psychiatrists should have the ability to comprehend the conditions of their patients in a holistic manner and should be able to work in multidisciplinary teams with colleagues from other medical specialties, nursing, social services and physical therapy. A psychiatric trainee, therefore, should be given the opportunity to learn how to work as a member or leader of a team operating at the interface between mind and body.

### **"Town at the crossroads" hosts the future of psychiatry**

The European Psychiatric Association (EPA) Summer School brought together twenty-four eager young scholars from all four corners of Europe, from Sweden to Italy and Portugal to Azerbaijan, in the spirit of mutual enquiry. It was a potent and dynamic mixture of people with different perspectives and professional experiences. Each scholar was asked to introduce his or her neighbour, which revealed some fascinatingly diverse interests, including reducing obstacles to community psychiatry, researching clinical sexology and a love of motorcycling. Scholars were able to discuss and compare the training systems and service delivery in their respective countries, giving them greater insight into the practice of psychiatry across the continent.

The scholars, all from the World Health Organization's Europe region, were competitively selected by a jury based on their curriculum vitae, current employment and intentions concerning future work. These scholars were all under the age of forty, representing the future of psychiatry in the region. There has been much introspection in the profession about what this future may look like [5]. Questions have been asked as to whether psychiatry should strengthen its links with disciplines such as neurology and public health to take into account the interaction between mental and physical illness processes [6].

What is clear is that the young psychiatrists of today will be the ones to shape the discipline as it evolves [7]. Events such as the EPA Summer School are crucial for the establishment of an international network of individuals who are able to transmit their learning to colleagues in their own countries. This will provide momentum for the psychiatrists of the future to work together in order to tackle the major problems facing our patients.

The fifth incarnation of the Academia Summer School, organised by the EPA Committee on Education, took place from 10 to 13 July 2015. This course has been consecutively reported as one of the most successful and rewarding Europe-wide educational experiences in the field of Psychiatry, justifying the consistently high number of applicants every year.

Strasbourg was the chosen city to hold the Summer School. Known as the "town at the crossroads", Strasbourg has always occupied a strategic position in Europe, having been at the epicentre of Franco-German conflict since Louis XIV annexed Alsace in the 17<sup>th</sup> century. In 1944, after changing hands between France and Germany five times, Alsace was returned to France and Strasbourg became a symbol of reconciliation between France and Germany. Once a focus of conflict, it is now a vivacious nexus of cooperation and the seat of important European institutions, including the Council of Europe, the European Court of Human Rights, and the European Parliament.

#### **From primary care to specific settings**

Prof. Norman Sartorius introduced its main theme: comorbidity between mental and physical health. This topic ranks among the most urgent medical challenges and its prevalence has demonstrated an alarming upward trend over the last few years.

The impact of comorbidity on prognosis is not simply additive but synergistic, thus mental and physical conditions interact with each other, drastically worsening the overall course and burden of each individual disease [8]. This may in part account for the increasing gap in the mortality rate between the general population and people suffering from severe mental illnesses. A glaring example is the excess of mortality from ischaemic heart disease in people suffering from psychotic illnesses, due to reduced access to revascularisation services. Consequences for quality of life are as important as the implications for mortality and people with severe mental illness seem to have received limited benefits from general improvements in health care [9].

The issue of comorbidity raises the question of parity in care. There is danger that psychiatrists focus only on psychiatric disorders, neglecting general medical care, and that specialists in other fields avoid psychiatric diagnoses for fear that their patients would be stigmatised as a result. There is no doubt that quality of health care suffers from this lack of cross-disciplinary dialogue. Furthermore, mental health services in countries with fewer resources are even less well equipped to deal with physical diseases, with mental illnesses being frequently very low priorities.

Dr. Henk Parmentier, a general practitioner based in the UK, gave a comprehensive overview of the complex interaction between mental and physical health in primary care. He warned against the dangers of Cartesian dualism in our health care systems, where diseases of the mind are seen as the preserve of specialists in mental illness. Instead, he highlighted the need to address the huge psychiatric morbidity seen in those presenting to primary care in an integrated way [10]. Ninety per cent of all mental health problems are looked after in primary care, although the presentations differ from those familiar to psychiatrists ensconced in secondary care [11]. Meanwhile patients with severe mental illness may have difficulties accessing community based care [12] or suffer poor psychical outcomes as a result of their illness or treatment [13]. This makes an integrated approach essential.

"Golden Rules in Consultation and Liaison Psychiatry", a lecture that has now become a core part of the Summer School's curriculum, was given by Prof. Albert Diefenbacher. This covered the main problems in a hospital unit when a psychiatry consultation is needed for conditions like delirium, dementia or self-harm. He encouraged participants to take a more active role in supporting ward physicians to communicate compassionately with their patients, for example when breaking bad news.

Dr. Carlos de Mendonça Lima, a Portuguese psychiatrist based in Switzerland and Councillor of the EPA Section of Old Age Psychiatry, gave a lecture on "Comorbidity between mental and physical disorders in elderly people". He again re-emphasised that the whole is greater than the sum of its parts. Simply counting the number of chronic conditions is insufficient, because it obscures the co-occurring biological, psychological and social challenges and the interactions between these factors [14]. He discussed the impact of comorbidity on the expression of each individual clinical entity and the way it guides drug prescription. He advocated avoiding or reducing side effects, for example potentially cardiotoxic antidepressants in someone with a cardiovascular illness. He also highlighted the influence of comorbid psychiatric disorders on prognosis, the interface with other therapeutic and rehabilitative pathways, the need for specific organisation of care and the need for targeted training for health professionals working with this population.

To ensure the appropriate use of scarce resources available for caring for the elderly, there is an urgent need to implement significant changes, such as developing a closer partnership with primary care professionals; increasing the educational programmes offered to key players concerned with the mental health care of this particular population; ensuring that old age mental health issues are considered in all international, national and local policies; and developing evidence to support the implementation of better services for the elderly with mental illness.

There was also a session devoted to introducing EPA committee for young psychiatrists, the Early Career Psychiatrists' Committee (ECPC). Dr. Katja Koelkebeck, from the University of Münster, Germany, described the structure of ECPC, rooted in its task forces. Her inspiring presentation illustrated some of the achievements of the ECPC, including international research and collaborations with other scientific societies. She encouraged the Summer School participants to take part in future initiatives of ECPC.

### **Meet "Fred Friendly"**

The Summer School utilised a multimodal educational approach. Scholars were introduced to the innovative "Fred Friendly" model, in which case histories are dramatised by participants and faculty. This allows them to be considered from the perspectives of key players, such as patients, families, general practitioners, psychiatrists and the community. Scholars were also encouraged to discuss case studies in several small groups and share their conclusions with the whole School. This interactive learning approach was highly energising and ensured that momentum was maintained throughout the course.

### **International training as a novel strategy in developing core competencies**

In Europe and across the world, different healthcare models, cultural considerations and systems of education result in significant variances in post-graduate psychiatric training, supporting the need for harmonisation of core competencies. In some countries, the post-graduate psychiatric curriculum includes mandatory training in internal medicine, emergency medicine and neurology, but in others these elements are either not included or incompletely implemented [15]. If specialists from different disciplines are able to work together, then comorbid physical and mental illnesses could be more effectively treated. This may provide an opportunity to communicate the importance of these issues to non-clinicians, including policy makers and the wider community. Currently we are far from this goal, but specialists cannot simply ignore comorbidity and developing strategies to address the issue must be a top priority. A network of clinicians dedicated to this goal, both within countries and internationally, will be essential in this endeavour.

We believe that initiatives that support psychiatric trainees in obtaining these competencies should be instigated, ultimately becoming an integral part of the curriculum in all European countries. The EPA Summer School on Comorbidities represents an excellent example of how to address this issue, although it is important to engage an even wider audience. To achieve this, novel strategies for delivering knowledge should be developed, for instance e-learning, to allow all young psychiatrists to appreciate the basic concepts addressed during the Summer School.

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#### Authors' contribution

All authors contributed equally to this work.

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#### Scholars of the EPA Academia Summer School

Carla Araujo, Portugal  
Niina Puustinen, Finland  
Howard Ryland, United Kingdom  
Kateryna Zavgorodnya, Ukraine  
Jamila Ismayilova, Azerbaijan  
Gumru Ahmadova, Azerbaijan  
Jonas Claeys, Belgium  
Diego Quattrone, Italy

Ema Conde, Portugal  
Katrin Iverson, Estonia  
Stylianios Kypouropoulos, Greece  
Justine Liewig, France  
Andrea Amerio, Italy  
Anastasia Medvid, Ukraine  
Desislava Ignatova, Bulgaria  
Mihai Bran, Romania

Simon Rajh, Slovenia  
Katja Jeras, Slovenia  
Derya Arslan, Turkey  
Hikmet Ekin Sönmez, Turkey  
Vuk Vukovic, Serbia  
Ivana Kekin, Croatia  
Michal Klapeński, Poland  
Iulia Mira Milea Carmaciu, Sweden