

P01-400 - **COMPLEMENTARY AND NECESSARY ROLE OF DEVELOPMENTAL PSYCHOPATHOLOGY TO THAT OF MEDICAL MODEL BASED DESCRIPTIVE PSYCHOPATHOLOGY**

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Introduction: Management of mentally unwell people and understanding of mental disorder in general has swung from the earlier, Meyer-ian (DSM founder) developmental approaches to the more commonly practised medical/disease model of the mind rooted in the quest for “hard” evidence in macro and micro level changes.

Sadly, it is made out that these two schools are at conflict, or at best exist in dialectic with each other and that one needs to be practised at the expense of the other. This belief is extended to assessment and management of risk to self and harm to others (bio-psycho-social approach mainly receiving a lip service), which is one of the primary outcome measures in psychiatry.

The training in cure-oriented model of medicine is in contrast to the bread and butter of what a psychiatrist deals within a day to day setting: recovery and rehabilitation of chronic remitting and relapsing illnesses. The psychiatrist thus left with an armoury of descriptive based approaches to deal with behaviour patterns that are seemingly irrational and leading to serious outcomes such as suicide and harm to others.

Highly specific interest in the nature/form of illness has ironically led to the sacrifice of sensitivity of the person's story, which brought the patient to us in the first place.

Conclusion: We suggest that in addition to “routine case management” the risk that patients present to self and others becomes comprehensive and an interesting exercise, leading to better outcomes for both patients and their guardians by marrying the two approaches.