

**S32 Psychiatry's contribution to the practice of medicine**

Liaison Psychiatry at the University Hospital of Bucharest  
*Florin Tudose, M.D., Ph.D. (Romania)*

Liaison psychiatry is a novel development in Romanian medicine and psychiatry. The Liaison Psychiatric Department at the University Hospital of Bucharest was established in August, 1995. It is organized to provide consultations, treatments, training, and research.

During its first year of operations it provided 2,135 consultations, representing 10% of the hospital's admissions. The medical interventions ranged from suicide attempts to comorbid psychiatric and medical conditions and iatrogenic complications.

The author presents the impact of the new liaison psychiatry department on the rest of the hospital, and the benefits to both patients and doctors, and the cost-effectiveness of medical interventions.

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Consultation Liaison Psychiatry at the Gemelli Clinic  
*Prof. Sergio De Risio (Italy)*

The Department of Psychiatry of the Gemelli University Hospital recently has established a consultation liaison psychiatric service. The newly developed service focuses primarily on three areas: consultation and collaboration with the other clinical departments in the hospital, development of diagnostic and therapeutic protocols, and developing age and condition specific interventions.

The author presents innovative initiatives on adolescents and geriatrics, eating disorders and transplant service consultations. Methodology, design, and intervention outcomes are presented.

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What Psychiatrists Can Contribute to Medical Associations.  
*Dr. med. Ursula Steiner-Konig (Switzerland)*

In Switzerland, a specialist in psychiatry and psychotherapy is trained to focus primarily on the individual, and only secondarily on the social context. Having just completed my term as President of the Swiss Society for Psychiatry, and having become involved with the Swiss Medical Association, I have learned much about looking at problems in a broader, systemic context. I realize how difficult it is for many of our colleagues to do just that.

As a physician, the psychiatrist can contribute not only to an individual perspective on health care but also a systemic and ethics-centered orientation to the doctor-patient relationship.

Medicine and the medical profession cannot be limited to the physical only, but they must integrate the physical with the psychological and the social in the contemporary practice of both psychiatry and medicine.

**S33 European mental health primary network**

USING EPIDEMIOLOGY TO INFORM MENTAL HEALTH POLICY

*Rachel Jenkins. On secondment from UK Government to WHO Mental Health Office, UK.*

This talk will explore the burdens of mental health problems from a variety of national perspectives and will describe how epidemiology may be used to inform the creation of mental health policy to tackle those burdens for individuals, families, professional carers and governments. Some general principles for effective mental health policy will be drawn, paying attention to the division of labour between primary care and specialist care, to the interface between health and social care and the criminal justice system and to the importance of tackling stigma and working with workplaces, the business community and schools. Implications for education and training and continuing developments will be explored.