The Royal College of Psychiatrists goes 'international': the European International Division

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The initiative of the Royal College of Psychiatrists to establish international divisions has created considerable enthusiasm. College members have some common characteristics, mainly their training and success in the Royal College examination. Thus College members share a common approach to the practice of psychiatry as well as some common experiences; it can be argued that they share a common language in psychiatry.

Aims of the European International Division

Members of the Royal College in Europe now have the opportunity to come into contact with the realities of practice across the continent. Europe now comprises 51 countries. The branches of European psychiatry, including the British, share a long tradition in diversity of teaching, research and clinical practice. European psychiatry also has gross differences between countries in the allocation of funding for mental health and, of course, many different psychiatric 'schools'. Practically all major schools of thought in psychiatry were born in Europe. Additionally, Europe in general is characterised by big differences in the provision of psychiatric care. Currently there is a large gap between east and west, with the former offering mostly 'institutional' care and the latter 'community' care.

Furthermore, there are differences in the perceptions of ethical issues and human rights among the various countries. College members, with their common training in psychiatry, are uniquely placed to assess, comment upon and improve psychiatric training in Europe. A 'core curriculum' has been developed by the World Psychiatric Association. In additional, there is a core curriculum developed by the Union of European Medical Specialists (UEMS) of the European Union, but it is unclear whether this curriculum is acceptable and applicable in every European country. One of the first priorities of the College's European Division is to have an overall view of the psychiatric training actually offered in every country. It might be appropriate (and very interesting) for every division to have a similar 'mapping' of the training offered in its countries. There is also a need to draw realistic and pragmatic agreements on the best way of teaching future psychiatrists, bearing in mind the realities and restrictions of every country.

Challenges for the Division

One of the major challenges facing European psychiatry is a degree of hostility between particular European countries. This can breed contempt and rejection of cultures and beliefs, and can mask itself as quasi-scientific dispute. The list of countries would include: Serbia and Croatia, Greece and Turkey, England and Ireland, Albania and Serbia, Russia and Chechnya. Hostility can also be between religions, for example between Moslems and Christian Serbs or between Moslem and Christian Croats.

The hostilities between countries are not the only challenge. Language and cultural barriers can increase prejudice and discrimination as well as rejection of other countries' achievements. There are also large differences in material wealth and medical facilities between countries. In additional, there are big differences in the use and availability of communication technology, such as the internet.

Across Europe, working conditions and the status enjoyed by psychiatrists vary hugely. The status and facilities a Nordic European psychiatrist enjoys bear little resemblance to those that colleagues in the Balkans have. This, of course, is not a problem that psychiatrists can solve but western European colleagues can do much more to highlight the problems of the eastern European psychiatrists and press for solutions.

On a different level, other major challenges are the different priorities between European countries. For example, in the west one of the priorities is to discover new and more effective (and more expensive) drugs with fewer side-effects, while in the east of Europe there

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is a lack of basic psychiatric medication, poor resources for mental health, and treatment is based mainly in hospitals. In the west, psychotherapy and similar therapies are often freely available, which is not always the case in other countries.

Western European psychiatrists are concerned with patients' rights; there is great emphasis on the individual and there is always concern in striking the right balance between the need to protect the patient, society in general and individual liberties. In the east European countries such concerns are only just emerging and they evoke painful memories of the abuse of psychiatry when regimes used psychiatric diagnoses and treatments to silence political opponents.

Community psychiatry and asylum closure have been the most prominent developments in the west in the past 30 years, whereas in the east the available resources are very limited and psychiatric care is offered mainly in poorly staffed, under-resourced large mental institutions. The problems facing those with a mental illness and their carers, professional or not, should be highlighted. Colleagues in eastern Europe need to be supported to improve the standards of care and be congratulated on their achievements. We must also be aware of the fact that, in certain European regions, psychiatrists share the problems of the rest of the local population and are struggling for survival in a hostile environment. It is hoped that the Psychiatric Association of Eastern Europe and the Balkans, established in Athens in March 2005, and the World Psychiatric Association's Institutional Programme for Eastern Europe and the Balkans will collaborate with the European Division of the College in an effort to improve mental healthcare in the area.

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Perspectives of the European Division

The leadership of the College needs to be congratulated for this initiative, which should be the focus of attention of members residing in Britain as well as of members of continental Europe, since their contributions and support are necessary for the success of this venture.

The European Division of the College should do its best to promote communication between psychiatrists from different European countries and actively involve all College members. This can be achieved with the introduction (initially) of meetings between psychiatrists from a defined geographical area (e.g. the Nordic countries, the central European countries or the Balkans). If these meetings are fruitful and yield encouraging results, at a later stage a pan-European Royal College of Psychiatrists' meeting can follow. The purpose of these meetings, apart from the opportunity to meet colleagues with similar training and experiences who live and practise in a different country, should be partly educational for the wider psychiatric community of the host country. The European Division should make full use of its members' common language and strive to produce consensus and position statements, for example on training in psychiatry and on patients' rights. The large differences between psychiatric practices in the east and west should not be an obstacle to the efforts to promote the best proven treatments for all psychiatric patients and in this respect support for psychiatric reforms throughout Europe should be strengthened.

Finally, we are all aware that the European Division of the Royal College is not alone. Many psychiatric associations have established themselves on the European scene. These include the European Zones of the World Psychiatric Association, the UEMS, the Association of European Psychiatrists, the European College of Neuropsychopharmacology, the Psychiatric Association of Eastern Europe and the Balkans as well as the European Division of the World Health Organization, to name but a few. The Royal College European Division aims to cooperate with these bodies and gain from their experience, since they share a common aim, which is to promote mental health and provide the best treatment for patients through evidence-based practice, research, training and education.

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