

a concurrent, phenomenologically-oriented epistemological framework for the psychiatric interview, and provide evaluative criteria.

The dispute about the family of instruments psychiatrists use or should use for assessment largely coincides with the debate about the scientific status of psychiatry. Is psychiatry in fact to be a science of the mind, or a science of something else, such as the brain or behaviour? Is it to be "science by analogy" or "physical science proper"? I will argue that the kind of science we dearly need is called phenomenology and its contribution is to complement mainstream psychopathology characterized by objectivism, emphasis on symptoms of behaviour and expression, focused on implicit biological causation and socially decontextualized symptoms. Especially the issue of contextualism is becoming particularly relevant, i.e. the role of context (cultural and historical) in knowledge, understanding, meaning and finally in assessment and classification. The phenomenological perspective, and specially the second person mode, advocates that the context of the clinical encounter should be one of co-presence (and not of dominance) whose aim is understanding (and not labelling), that is negotiating intersubjective constructs, and looking for meaningfulness through the bridging of two different horizons of meanings. This approach is relevant not only to develop the patients' self-perception, but also to rescue fringe abnormal phenomena that are usually not covered by standard assessment procedures.

## C14

How to set up and evaluate a community mental health service for people with severe mentally illness

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### Educational Objectives:

The final Educational objective of this Course is to provide the methodological and practical skills to enable the participants to plan and evaluate community mental health services. In particular, the Course will: 1) provide a background knowledge on conceptual and methodological issues regarding community mental health services satisfaction; 2) summaries the main relevant research findings 3) present a summary of relevant research instruments, 4) give a paradigm to understand the relationship between service development and mental health service research.

### Course methods and material:

The course will be delivered through lectures with a strong interactive element during each session. The course material will relate to the following background texts

- Knudsen H. & Thornicroft G. (1996) *Mental Health Service Evaluation*. Cambridge University Press, Cambridge. (*translated into Italian*).
- Goldberg D. & Thornicroft G. (1998) *Mental Health in Our Future Cities*. Laurence and Erlbaum, London.
- Slade M. & Thornicroft G. et al (1999) *Camberwell Assessment of Need (CAN)*. (*Translated into Italian*)
- Tansella M. & Thornicroft G 9 (1999) *Common Mental Disorders in Primary Care*. Essay in Honour of Professor Sir David Goldberg. Routledge, London. (*Translated into Portuguese*)
- Thornicroft G. & Tansella M. (1999) *The Mental Health Matrix. A Manual to Improve Services*. Cambridge University Press, Cambridge. (*Translated into Italian, Rumanian, Russian and Spanish*)

- Reynolds A. & Thornicroft G. (1999) *Managing Mental Health Services*. Open University Press, Milton Keynes. (*Translated into Italian*) (Highly Commended in BMA Medical Book Competition, 2000).
- Thornicroft G. & Szmukler G. (2001) *Textbook of Community Psychiatry*. Oxford University Press, Oxford. (Highly Commended in BMA Medical Book Competition, 2002)
- Thornicroft G. & Tansella M. & Thornicroft G (2001) *Mental Health Outcome Measures (2nd Edition)*. Gaskell, Royal College of Psychiatrists, London.
- Thornicroft G (2001) *Measuring Mental Health Needs (2<sup>nd</sup> edition)*. Gaskell, Royal College of Psychiatrist, London.
- Thornicroft G, Tansella M: *The components of a modern mental health service: a pragmatic balance of community and hospital care*. *British Journal of Psychiatry* 2004.
- Thornicroft G, Becker T, Knapp M, Knudsen HC, Schene AH, Tansella M *et al.*: *International Outcome Measures in Mental Health. Quality of Life, Needs, Service Satisfaction, Costs and Impact on Carers*. London: Gaskell, Royal College of Psychiatrists; 2006.
- Knapp MJ, McDaid D, Mossialos E, Thornicroft G: *Mental Health Policy and Practice Across Europe*. Buckingham: Open University Press; 2006.
- Thornicroft G: *Shunned: Discrimination against People with Mental Illness*. Oxford: Oxford University Press; 2006.
- Tansella M, Thornicroft G, Barbui C, Cipriani A, Saraceno B: *Seven criteria for improving effectiveness trials in psychiatry*. *Psychol Med* 2006, 36: 711-720

### Target audience:

The Course is directed to psychiatrists, psychologists, social workers, psychiatric nurses, educators, and rehabilitation workers with a research interest.

### Course level:

No specific knowledge is requested beside the basic professional skills.

### Sponsor:

No other sponsor, except the individual teachers' universities

### Course director's relationship to sponsor:

None

## C15

The management of eating disorders

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This course will include a mixture of seminar based presentation of theory and evidence with time for discussion. There will also some practical based learning and video demonstrations. The course will also include demonstrations of some fundamental skills such as how to engage with a case of eating disorders introducing the skills of motivational interviewing and motivational enhancement. The course will cover the theoretical and practical application of how models of behaviour change influence practice. Furthermore this course will help develop some of the core skills in managing people who are not ready to change. The basic principles of motivational interviewing will be discussed, demonstrated and enacted. Also there will be an introduction as to how to assess case and develop a case conceptualisation. There will also be an introduction to work with carers.