

in an appropriate need — centered way is emphasized. Other challenges in the provision of psychiatric services will also be dealt with.

The advances, the challenges and the problems in mental health provision in selected European countries in East and West (Serbia, Germany and France) will be presented under the light of recent developments in these Countries (e.g. the new French Mental Health Plan).

Special emphasis will be given to the difficulties in the transition from Mental Hospital Psychiatry to community care and to the ethical aspects of this transition.

W02. Workshop: IMAGINATIVE DEATH EXPERIENCE IN HYPOCHONDRIASIS

W02

Imaginative death experience in hypochondriasis

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Patients with health-anxiety are very often unable to describe concrete consequences of their putative somatic diseases. They block their thoughts due to anxiety attended this thoughts. The health-anxious patients try not to think about illness at all, by attempting to control their thoughts or by distraction. Our method is based on therapeutic dialogue, using Socratic questioning, and inductive methods which force patient to think beyond actual blocks.

In second step, patients are asked to think out all other possibilities of newly discovered future. They are forced to imagine the worse consequences of all dread situations. Dialogue is led through one's serious illness status, with its somatic, psychological and social consequences, and the dying experience to the moment of death, which has to be described with all related emotions and details. Further, we ask patients to fantasize and constellate possible "after death experiences". In the next session the patient brings a written conception of the redoubtable situation previously discussed. Than we work with this text as in imaginative exposure therapy.

This method seems to be quite effective and not too time-consuming. Several patients with health-anxiety underwent this exposure in our therapeutical groups. All of these patients profited from this therapy, as confirmed by follow-up data.

Participants will learn:

- conceptualization of health anxiety with the patient;
- Socratic questioning with the hypochondriacal patient;
- how to apply the exposure to the imaginative death experience.

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PL01. PLENARY LECTURE

PL01

Placebo and nocebo effects: how the doctor's words affect the patient's brain

F. Benedetti. *Department of Neuroscience, University of Turin Medical School, Turin, Italy*

The administration of inert treatments along with verbal suggestions of either clinical improvement (placebo) or worsening (nocebo) are known to powerfully affect the course of some symptoms and diseases. In fact,

placebos and nocebos have been found to affect the brain in different conditions, like pain, motor disorders and depression. It has also been shown that this may occur through both cognitive factors, like expectation, and conditioning mechanisms. In recent years, placebo- and nocebo-induced expectations have been analyzed with sophisticated neurobiological tools that have uncovered specific mechanisms at both the biochemical and cellular level. For example, positive expectations (placebos) have been found to activate endogenous opioids whereas negative expectations activate cholecystokinin. Placebos have also been found to induce a release of dopamine in the striatum and to affect the activity of single neurons in the subthalamic nucleus in Parkinson patients. There is also experimental evidence that different serotonin-related brain regions are involved in the placebo response in depression. Recently, the placebo effect has been studied with a different experimental approach, in which hidden (unexpected) medical treatments were carried out and compared with open (expected) ones. In all cases, the hidden medical treatments were less effective than the open ones. These findings show that the patient's awareness about a therapy is of crucial importance in the therapeutic outcome. Overall, all these studies show that the psychosocial context around the therapy, particularly the doctor's words, may induce changes in the patient's brain that, in turn, may affect the course of a disease.

SOA1. STATE-OF-THE-ART LECTURE

SOA1

Advances in pain research and therapy

H. Flor. *Department of Clinical and Cognitive Neuroscience, University of Heidelberg, Central Institute of Mental Health, Mannheim, Germany*

Recent neuroscientific evidence has revealed that the adult brain is capable of substantial plastic change in areas that were formerly thought to be modifiable only during early experience. These findings have implications for our understanding of chronic pain. Functional reorganization in several brain areas related to the processing of pain was observed in neuropathic and musculoskeletal pain. In chronic low back pain and fibromyalgia patients the amount of reorganizational change increases with chronicity, in phantom limb pain and other neuropathic pain syndromes cortical reorganization is correlated with the amount of pain. These central alterations may be viewed as pain memories that influence the processing of both painful and nonpainful input to the brain. Learning processes that contribute to the development of pain-related memory traces are predominantly implicit and involve processes such as sensitization, operant and classical conditioning or priming. Cortical plasticity related to chronic pain can be modified by behavioral interventions that provide feedback to the brain areas that were altered by pain memories. These behavioral interventions can be enhanced by pharmacological agents that prevent or reverse maladaptive memory formation.

PR01. PRESIDENTIAL FORUM ON EUROPEAN STRATEGY FOR MENTAL HEALTH

PR01.01

WHO European office's views and the European mental health plan
M. Muijen. *Regional Adviser for Mental Health, WHO Europe, Denmark*

At the Ministerial Conference of the European Office of the WHO the Helsinki declaration was endorsed by all member states of the European Region. The Declaration offered a vision of a comprehensive and inclusive scope of mental health activities. Since then many countries have drafted or scrutinised strategies according to the declaration and activities have been developed in areas ranging from anti-stigma and suicide prevention strategies to the improvement of facilities, development of services and community activities.

There have been numerous successes, but we have also become aware of challenges which need addressing in a variety of ways. These include the absence of evidence in some crucial areas, the cost of service development, health systems not suited to the demands of mental health care, workforce challenges and the stigma and discrimination experienced by users, carers, services and staff.

PR01.02

The views of European psychiatrists represented in the AEP

C. Hoschl. *Prague Psychiatric Centre and 3rd Medical Faculty, Charles University of Prague, Prague, Czech Republic*

AEP is an organization based on individual membership of those working in the field of mental health care and research in Europe. The role of AEP is changing hand in hand with the harmonization process in European policy including the mental health. The activity of the association as well as the participation of its individual members representing different parts of Europe is to some extent parallel and complementary to the official programs on mental health (WHO a EC projects, STAKES, IMPHA etc.). In addition, there is a significant overlap with such programs, which will be briefly summarized in the forum.

PR01.03

The views of family organizations in Europe taking into account the recent developments in WHO Europe and the European community

I. Nilsson. *President, EUFAMI, Molkom, Sweden*

Inger Nilsson will speak about how EUFAMI has been involved with the various policy makers and legislators at a European Level over the past number of years and how the Federation has helped to influence policy making. She will also speak how EUFAMI has worked to promote the role of family and carers in order to recognise them as having a central and crucial role in the care and rehabilitation of those who suffer from mental illness.

Specifically Inger will speak about how EUFAMI played a significant role at the WHO European Ministerial Conference on Mental Health in Helsinki in January 2005 and the subsequent Declaration that was produced from the conference.

With regards to the EU Commission Green Paper, Inger will also tell how EUFAMI again has played a pivotal role in the consultative process to date and will continue to fully participate in the next stages of this process.

Finally, Inger will demonstrate how EUFAMI continues to influence mental health policy at both European level and also at national level (through its member associations) by publishing position papers on many related subjects, such as family needs, medication, treatment and care, rehabilitation and care.

PR01.04

The EU strategy - Green/white paper

J. Scheftlein. *European Commission, DG Health and Consumer Protection, Luxembourg*

The mental health of the EU's population is a value by itself, and a key determinant for health and quality of life. It is an important factor for the realisation of the EU's strategic objectives: prosperity, solidarity and social cohesion, security.

The situation in the EU is marked by significant differences with regard to the mental health status, mental health policies and systems in Member States. At the same time, a commonality across the EU is the increase of diagnosed mental disorders, which severe and growing implications for health, economic and social systems. It can be expected that this trend will continue.

Mental health is a priority of public health policy at Community-level and it is also addressed by other Community policies. Action at EU-level needs to respect subsidiarity and the diversity of situations in Member States. Strengthened exchange and cooperation between Member States can help to tackle the existing inequalities, and action through Community policies can complement measures in Member States.

Experiences through the EU Public Health Programme (2003-2008) showed that responding to the challenges of mental ill health is more effective, if it involves the range of policies and actors who have an influence on the mental health of the population, such as the health, educational and workplaces' areas. The important role of mental health promotion, prevention, early recognition and combating stigma, further to treatment, care and rehabilitation, is now well established.

In October 2005, the European Commission published a consultative Green paper on Mental Health. In this document it proposed the development of a strategy on mental health at EU-level, in line with the competencies established in the European Treaties. The document proposed the following priorities: mental health promotion; prevention of mental disorders and suicidal behaviour; raising the quality of life of people experiencing mental disorders through social inclusion and the protection of their rights and dignity; providing mental health information and research. The document argued that action on mental health at EU-level could promote the exchange and coordination between Member States and between the relevant sectors.

The Green paper initiative attracted much interest and support among EU-institutions, in Member States, in the health and social sectors as well as among patient and family organisations and the civil society. A White Paper to be presented in spring 2007 will draw the conclusions from the consultation.

PR01.05

The views of the European Brain Council and the various disciplines represented in it

J. Mendlewicz. *President ECNP and Secretary EBC, Belgium*

The European Brain Council (EBC) brings together European based stakeholders in the field of "Brain Research". It is an exceptional organisation as it brings together science, society and industry at the European level.

EBC's scientific member associations are European Association of Neurosurgical Societies (EANS), European Federation of Neurological Societies (EFNS), European College of Neuropsychopharmacology (ECNP), Association of European Psychiatrists (AEP), Federation of European Neuroscience Societies (FENS). The patient associations are European Federation of Neurological Associations (EFNA) for the neurological disease groups and GAMIAN-Europe for the