



ΕΛΛΗΝΙΚΗ
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HELLENIC PSYCHIATRIC ASSOCIATION

UNITED KINGDOM DIVISION

NEWSLETTER

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Editor: Nikos Christodoulou

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CHAIRMAN'S MESSAGE

George Ikkos
Chair, HPA-UK



Dear Colleagues,

The March UK Division Executive Committee meeting was held in Athens and we enjoyed the privilege of being joined by the President of HPA Professor Giouzeapas, who updated us on the work of HPA in Greece and gave helpful advice on future developments.

I am delighted to confirm that with this issue I am passing the editorship of our UK Division Newsletter to our Secretary Dr Nikos Christodoulou. With your support, the newsletter has had an excellent start and I am sure that Nikos, working closely with the executive committee, will improve its standard significantly.

I am also delighted to confirm that the executive committee is working towards electing a successor as chair of the UK Division, in consultation with membership. A decision will be taken in the forthcoming Annual General Meeting (AGM) which will be held on Saturday 19th October 2013. Mark this date in your diary!

The AGM will take place on the same day as our joint meeting with the Hellenic Medical Society on the theme of “Body and Mind”. The UK Division has decided to invite a distinguished colleague to give the new Annual Asklepios Lecture and this will be the occasion for the first such lecture. Dr Eleni Palazidou, our Academic Secretary, is leading preparations for this on behalf of the UK Division.

In the meantime the UK Division has continued delivering in its programme of activities.

Dr Palazidou has also led in the preparation and delivery of a workshop on “Body and Mind” in the joint Hellenic Psychiatric Association meeting with the World Mental Health Federation in Athens in March 2013 on “Crises and Disasters”. I enjoyed joining Drs Katerina Kasiakogia, Nikos Christodoulou and Eleni Palazidou in contributing talks to this event. As well as organising and chairing the meeting Dr Palazidou gave a masterful overview of the psychobiology of depression, thus demonstrating the fruits of her career-long commitment to research and treatment of this most common condition.

The joint meeting with the Royal Society of Medicine Psychiatry Section on “Emotion and Psychiatry: neuroscience, history and culture” held on 14 May 2014 has been an extraordinary success. Originally planned for 100 participants, it actually attracted an excess of 300. The event benefited enormously from the generosity of Professor Angelos Chaniotis, Professor of Ancient History

Institute for Advanced Studies Princeton who was able to share part of European Research Council grant with us, thus allowing a wide variety of participants from medicine, psychology, other clinical specialties and the humanities to take advantage of the low cost at which we were able to allow participation. I am particularly grateful also to Dr Christos Sideras who led on the organisation of the event on behalf of the UK Division. Drs Eleni Palazidou, Nikos Christodoulou and Petros Lekkos also contributed as discussants in a high quality event which benefited from the input of international stars in psychiatry, psychology and the humanities.

Also, congratulations to Dr Sophia Frangou, who contributed to the “Emotion and Psychiatry” event through a perfectly judged talk on “Brain Imaging in Psychiatric Disorders” and has now been appointed Professor of Psychiatry and Head of Psychosis Research at the Icahn School of Medicine New Jersey USA.

On the less positive side, I am a little disappointed with the relatively low numbers of new members joining the division. I know that many young colleagues have come to the UK to train in psychiatry recently and hope that we will all try a little harder to highlight the home that the Division can provide. Indeed, we are planning in October, on the same day as the AGM and the Joint Meeting with the Hellenic Medical Society to hold a Question and Answer Session on the MRCPsych examination, with contributions from MRCPsych examiners. Please do let them know as undoubtedly they will be interested!

Finally, as news is filtering through of the beginning of an upturn in the Hellenic economy I wish you “Καλό Καλοκαίρι”!

George Ikkos

Chairman, HPA-UK

EDITOR'S REPORT

Nikos Christodoulou
Secretary and Newsletter Editor, HPA-UK



Dear Friends and Colleagues,

The current issue of the Newsletter of the UK Division of the Hellenic Psychiatric Association (HPA-UK) features interesting articles, useful both to psychiatrists in Greece and in the United Kingdom.

Firstly, in the first part of a diptych, Katerina Kasiakogia provides an in-depth guide of Psychiatry training in the UK. Katerina's insight into the inner workings of psychiatric training in the UK is exceptional, and her piece is guaranteed to save many hours of searching and wondering for interested trainees and specialists.

Secondly, Christos Sideras reports on the hugely successful day conference held in May 2013, which was jointly organised by the Royal Society of Medicine and the HPA-UK, titled 'Emotion and psychiatry: Neuroscience, history and culture'. Christos and George Ikkos were instrumental in delivering what I would personally consider as a benchmark of excellence as far as meetings go. The meeting succeeded in celebrating the interface between Psychiatry, Science, the Arts and the Humanities and left us all with an appetite for more. For a taster of the meeting's presentations, please visit <http://www.rsm.ac.uk/academ/pyd05.php>

HPA-UK also had an impressive presence at the joint conference of the Hellenic Psychiatric Association and the World Federation for Mental Health, titled "Crises and Disasters: Psychosocial Consequences", which was held in Athens in March 2013. This congress attracted the crème de la crème of international psychiatry and was a major success for the Hellenic Psychiatric Association (photos below). Our Division is proud to have contributed to the congress with a fine symposium, organised by Lenia Palazidou.

I

Some photos from Athens...



A full main hall reflects the extensive participation at the Athens congress

The President of the congress, Prof. George Christodoulou and the Vice-President of the Hellenic Psychiatric Association, Prof. Dimitris Ploumbides co-chairing a session in Athens



PSYCHIATRY TRAINING IN THE UK – PART I

Katherine Kasiakogia-Worley
PR officer and lead for trainees, HPA-UK



Introduction

These days many Greek doctors seek to train or work abroad, short term or permanently.

This is a two part article aimed at Greek medical school graduates who are thinking of or already are training in psychiatry in Greece or even have completed their psychiatric training in Greece and are thinking of working in the UK.

Part one offers a general overview of psychiatry training in the UK, and specific advice for Greek doctors wanting to train or practice abroad.

Part two will focus on the particulars of psychiatry training in the UK and offer tips for career success from an insider's perspective.

A psychiatrist's career path

Post graduation- pre core psychiatry training (= Foundation Years)

Almost everything you need to know about medical careers in the UK post the 2007 reorganisation can be found in the following website:

<http://www.mmc.nhs.uk/default.aspx>

In the UK medicine is 5 years. However, UK trained doctors do not get a full licence to practice until after they have completed their Foundation Year 1 year (FY1= the first year working as a doctor). As such UK trained doctors get a full licence to practice after a total of 6 years post entry to medical school. In Greece, medicine is six years and as such a Greek trained doctor can automatically get full GMC registration on Greek med school graduation.

Details of the GMC registration process are outside the scope of this article. Information can be found here:

http://www.gmc-uk.org/doctors/registration_applications/eea_evidence_greece.asp

The foundation program in the UK comprises of two years FY 1 & FY2. During their foundation years doctors rotate between different specialties. Every foundation program makeup is different and thus doctors can experience different specialties before making their final choice. Ideally, a doctor will have worked in psychiatry during their foundation years before applying to core training. It is

however entirely possible to enter core training in psychiatry (and all other specialties) without prior work experience in the specialty.

If they have not been allocated to a program that includes psychiatry, FY trainees may request a 'taster week' in the specialty.

Details of the foundation program can be found here:

<http://www.foundationprogramme.nhs.uk/pages/home/about-the-foundation-programme>

Greek medical school graduates, in view of their full GMC registration, usually apply to FY2 posts, before applying for core psychiatry training. Some have been able to successfully argue that their time working in *αγορικό* or their compulsory army duty was equivalent to the foundation year two (i.e. they have been signed off for the foundation year two competencies) and thus would be eligible to apply straight to core psychiatry training. By-passing the FY training should not be taken lightly. Working as a doctor in the UK is very different to the way things operate in Greece and missing out on core experience and medical and surgical skills training as offered via the FY program can ultimately seriously jeopardize one's ability to function safely as a psychiatry trainee. Therefore interested parties are firmly reminded that professional responsibility is more important than career shortcuts.

Post foundation (=core psychiatry training)

Core training applications in the UK are currently *exclusively* coordinated by the Royal College of psychiatrists ('training' posts advertised anywhere else but on the RCPsych website do not have a National Training Number (NTN) attached). The Royal College website offers extensive information and support, details of the application process and timetables. It is unthinkable that someone would consider applying for core training without first having familiarised themselves with the content available on the RCPsych website. The following link provides information on psychiatry training structure in the UK.

<http://www.rcpsych.ac.uk/PDF/Make%20a%20difference.%20Improve%20lives.%20A%20career%20in%20psychiatry.pdf>

Applying to core psychiatry training

The details of the application process can be found here:

<http://www.rcpsych.ac.uk/traininpsychiatry/nationalrecruitment.aspx>

Prospective applicants are very strongly advised to pay close attention to deadlines for application submission in order to avoid crushing disappointment.

Notes:

One needs to score over the 'shortlisting threshold' to be called for an interview. The process is clear and transparent. The details can be found here:

<http://www.rcpsych.ac.uk/pdf/Shortlisting%20framework-Feb2013-CT1.pdf>

The shortlisting framework offers invaluable guidance on where to focus your CV building efforts prior to application. It is a common Greek misconception that the more 'publications' one has under their belt, the more likely they are to be successful. Alas, this is not the case. The maximum points awarded for 'first-to third author of more than one peer-reviewed publication' is 5. As such, candidates with an extensive publication record will not score any higher than candidates who have published only twice.

Once a candidate is called for an interview the slate is wiped clean and all candidates have an equal chance to impress the interviewing panel (i.e. the shortlisting score is not carried forward and in ordinary situations will not influence final candidate selection). Interviews are usually arranged on a 3:1 (applicants: jobs) ratio (i.e. if actually called for an interview your chances of landing a job are roughly 1:3).

Applying to higher psychiatry training

The particulars of higher training applications are largely the same as per core training. A Greek trained doctor, without MRCPsych (i.e. college membership) would be ineligible to apply for higher training.

Common mistakes

As a general rule being experienced is valued and appreciated, however for the purpose of allowing all doctors to compete on an equal footing experience caps apply to specialty training in the UK (this is not specific to psychiatry; it applies to all medical specialties).

What this means in practice is, that someone who has worked in psychiatry in Greece for over 18 months may find themselves disadvantaged during the application/interview process. It used to be an absolute requirement that doctors applying to CT1 psychiatry had less than 18 months experience in the field (whether they worked in the UK or abroad) but I note that in the 2013 person specification this appears to have been downgraded simply to 'desirable'. Greek doctors hoping to train in psychiatry in the UK would be strongly advised to apply sooner rather than later.

<http://www.mmc.nhs.uk/pdf/CT1%20Psych-person%20spec-August%202013-approved.pdf>

A dirty heuristic

<i>Experience</i>	<i>Application to:</i>
Greek medical school without any further experience	FY1/ FY2
Greek medical school + αγροτικό/ compulsory military duty	FY2 or CT1 (but make sure you are competent!)
Greek psychiatry training experience x years	CT1 or CT2+ (not ST4+ because you would be ineligible without the MRCPsych)
Greek training + τίτλος ειδικότητας	staff grade (Consultant?)
Child psychiatry career aspirations	After completion of 'core training' + MRCpsych apply to ST4 Child

Beware of the small print

In theory an experienced Greek psychiatry trainee (and by this I mean someone who has been a psychiatry trainee, and not someone who has completed their internal medicine or neurology Greek training requirements) could apply to CT 2 or 3. See below, especially the footnotes:

<http://www.mmc.nhs.uk/pdf/CT2%20Psych-person%20spec-August%202013-approved.pdf> and
<http://www.mmc.nhs.uk/pdf/CT3%20Psych-person%20spec-August%202013-approved.pdf>

Although this appears to be an attractive option, and could certainly be used as a loophole to top up Greek training for the purpose of speeding up the process for the award of a Greek τίτλο ειδικότητας, this career path would not lead to the award of a CCT in the UK as Greek training is not prospectively approved by the RCPsych.

National Training Number (NTN)

A NTN award/core training appointment (depending on Annual Review of Competence Progression (ARCP) outcomes) comes with a 3 year employment contract. The details of psychiatry training in the UK will be discussed in part two of this article, and thus I will not elaborate here.

A core training appointment is not an absolute requirement for entry into higher specialty training. It is possible (although a lot more difficult and stressful) to achieve core competencies/achieve membership by working on a series on Fixed Term Specialty Training Appointments (FTSTA). FTSTA (1,2,3) offer recognised training at the appropriate level, but on a one year contract, thus necessitating yearly re-application.

A NTN is an absolute requirement for the award of a CCT or CESR CP in the UK.

Cautions

Career progression based partly on FTSTA training (FTSTAs are not available over ST4 level) will result in a full CCT, indistinguishable from one following the traditional NTN path.

Locum Appointment for Training (LAT) are essentially synonymous in function to FTSTAs.

Locum Appointment for Service (LAS), Trust Grade and Staff Grade posts and Greek specialty training are *not recognised for training in the UK*, but count as experience for the purpose of supporting job applications to a level above CT1. Doctors may apply to different training levels based on LAS, Trust Grade and Staff Grade posts, Greek specialty training; however, at the end they will not be awarded a CCT but a CESR CP. In the UK a doctor's career prospects are exactly the same (both can aim for a UK consultant post) whether they hold a CCT or CESR CP qualification. This is not the case in Europe/Greece. Thus, a Greek doctor who has entered UK psychiatry training at a level above CT1 by counting some of their Greek training experience will not be awarded a CCT and will not be a recognised specialist in Greece.

Notes on training

There seems to be a common misconception (no doubt based on doctor's experience of the Greek training arrangement) that one should seek the 'best hospital' to get 'good training'.

Training in England, Scotland and Wales is structured around 'deaneries' and 'rotations'. I make a distinction between the 3 different countries only because the Mental Health Act is different. That said, the differences are inconsequential as there is free and unimpeded doctor movement between the different areas and getting accustomed to varied local practice is not a significant obstacle.

- Different deaneries offer different opportunities.
- Different rotations offer different opportunities and are comprised of different hospitals.
- Different placements within the same hospital offer different opportunities.
- Different locations offer different lifestyle opportunities.

All placements are regularly appraised to ensure that they are suitable for training. Most people can assume that as they go through training they will experience a mixture of 'good' and 'bad' placements.

As such, it becomes clear that the choice of which psychiatry deanery to apply to would more wisely be influenced by competition ratios and location choice rather than whimsy.

Child psychiatry

In Greece specialisation is offered in two psychiatric subspecialties, General Adult Psychiatry and Child Psychiatry. Doctors have to make a choice regarding subspecialty at the very beginning of

their careers .Training is organised separately, with significant disadvantage (waiting time increase) if one changes their mind later on.

In the UK specialisation is offered in General Adult Psychiatry, Old Age Psychiatry, Child Psychiatry, Psychiatry of Learning disability, Forensic Psychiatry and Psychotherapy. Doctors do not have to chose until after they complete their core training and obtain their membership. During their core training they will have briefly (6m -1 year) worked in most, if not all of the subspecialties. Details of the UK training arrangements will be explored in part II of this article.

A Greek doctor who hopes to train in Child Psychiatry in the UK would have to apply to core training first and then to Child Psychiatry at ST4 level once they obtain their membership, irrespective of their Greek experience so far. As Child Psychiatry is a very competitive subspecialty they would have to build a strong CV before applying, and reconsider their options if unsuccessful.

The Clinical Academic Path

In the UK you have an option to train in academic psychiatry in parallel with clinical training. The Clinical Academic path broadly follows the same principles as clinical training (you still need to progress through core and higher clinical training by acquiring competencies, pass the MRCPsych exams etc), but progression to higher levels of training in addition requires competencies in academic fields. Entry in clinical academic posts is generally considered more difficult and requires some academic background (publications, presentations, masters, doctorate etc), but the process and application procedures are essentially the same as with pure clinical training.

At CT 1-3 level, clinical academic trainees are called Academic Clinical Fellows (ACF) and spend roughly a third of their time in academic activities. The latter is typically composed of research, teaching and studying towards a higher degree (MSc, MPhil, PhD etc).

Normally (although there are exceptions), ACFs will only progress to ST 4-6 level and become Clinical Lecturers once they prove all clinical and academic competencies for CT 1-3 level, pass the MRCPsych exam and complete their PhD (or other higher degree). One can apply to become a Clinical Lecturer even if they have not completed ACF, provided that they fulfil these competencies.

Clinical Lecturers have a dual role: In their academic capacity they are entry level academics (=λέκτορας) and University staff (=μέλος ΔΕΠ), and in their clinical capacity are ST 4-6 (Specialist Registrars). They work 50% for the University (lecturing medical students, doing research etc) and 50% in clinical settings (just like any other ST 4-6). At the end of their 3 years they get a CCT, just like any other trainee and may apply for a regular consultant post or an academic post (Senior Lecturer/ Reader/ Associate Professor etc). More on Clinical Lectureships at <http://www.nihrtcc.nhs.uk/intetacatrain/cl>.

Greek training and ESY structure comparison

There is no direct equivalence between Greek and UK medical grades.

Training

Greece

In Greece training is measured in 'years'. Thus, a doctor may train in psychiatry for one year in one hospital and 3 years in another. *4 years of psychiatry training* is what they need to attempt the final specialty exam (plus *time* training in internal medicine and neurology). There are no exams to take until after training time is served, and no absolute requirements for anything other than medical knowledge in order to take the final exam.

Specialisation is offered in two psychiatric subspecialties General Adult Psychiatry and Child Psychiatry.

UK

In the UK training is structured around *competencies* and *levels* (core CT1-3 and higher ST4-6). For example, by the end of their CT1/FTSTA 1 year trainees are expected to have achieved certain competencies (as per the training curriculum :<http://www.rcpsych.ac.uk/training/curriculum2010.aspx>). If so, they get to progress to the next level. Progress to the next level is seamless if the trainee has a NTN/is appointed to a core training rotation, but for those on FTSTA 1 they would have to apply specifically to FTSTA 2 level as these would be the only posts they would be eligible for (they can't repeat FTSTA 1 and they are not ready for FTSTA 3).

UK trainees have to pass their membership exam (MRCPsych) by the end of CT3/FTSTA3 (core training). The MRCPsych exam is effectively the UK equivalent of the Greek εξετάσεις ειδικότητας. MRCPsych exam success is based on clinical knowledge, skills and attitudes.

In the UK specialisation is offered in General Adult Psychiatry, Old Age Psychiatry, Child Psychiatry, Psychiatry of Learning disability, Forensic Psychiatry and Psychotherapy. The final award of a CCT is based both on clinical competencies, but also evidence of research, leadership skills, audit, management and teaching experience (i.e. ARCP success for every year of training).

Post-training

A UK consultant is expected to function clinically and operationally at the level of a Greek "Διευθυντής Κλινικής".

In Greece, επιμελητές A & B appear to be 'UK consultant equivalents' (they have a CCT equivalent = τίτλο ειδικότητας). However, in the UK, ST4-6/associate specialists/(staff grades) can describe their responsibilities as equivalent to those of a Greek επιμελητή (even though they are not on the specialist register). The disparity arises from the level of clinical independence expected from a UK consultant and their enhanced role (teaching, management, clinical governance, leadership etc) in comparison to a Greek επιμελητή.

Other UK doctors grades

In the UK opportunities are available for doctors to work within the NHS in non-training/non consultant posts. These posts offer a temporary interlude until the doctor chooses to re-join training, or they may be a permanent career choice. Non-training posts such as staff grade/trust

grade and the now defunct associate specialist grade can be permanent or fixed term posts. Often doctors working in such posts are very experienced, some even have their membership exams or a CCT. Non-training posts offer doctors the opportunity to gain extra experience, or the chance to work in a more clinical role, without the burden of the management and other duties that come with a consultant appointment.

Career options in the UK for Greek specialists

A Greek “τίτλος ειδικότητας” holder is eligible to enter the specialist register in the UK. More information is available on the GMC website:

http://www.gmc-uk.org/doctors/register/information_on_the_specialist_register.asp

In theory, a Greek “τίτλος ειδικότητας” holder (without any UK experience) can pursue a UK consultant post. In practice, they would be unlikely to be successful as their Greek training does not include all the management, clinical governance etc elements that play a crucial part in the short listing and interview process and are integral parts of the UK consultant working life.

It is not unusual that Greek “τίτλος ειδικότητας” holders (not only in psychiatry but all specialties) will spend some time working in trust/staff grade posts before reconsidering their options for consultant employment.

Interested parties can browse the following website for job opportunities: <http://www.jobs.nhs.uk/>

In part II of this article (to be published in the next newsletter):

What to expect once you get into training

REPORT ON THE HPA-UK AND ROYAL SOCIETY OF
MEDICINE'S JOINT CONFERENCE: "EMOTION AND
PSYCHIATRY: NEUROSCIENCE, HISTORY AND CULTURE"



Christos Sideras

Event co-organiser on behalf of HPA-UK

The Hellenic Psychiatric Association recently had a joint conference with the Psychiatry Section of the Royal Society of Medicine, at their London site, with a substantial contribution from a European Research Council grant on emotions. The conference was the brainchild of Professor Angelos Chaniotis, based at Oxford University and the Institute of Advanced Study at Princeton and Professor George Ikkos, the RSM Psychiatry Section President and Chairman of the UK Division of the Hellenic Psychiatric Association. It was truly multidisciplinary and had the title of 'Emotion and psychiatry: Neuroscience, history and culture'. It was well received and the 300-seat auditorium was filled to capacity.

I was personally quite excited about this conference, not least because it really took forward ideas that I think are vital in our practice as psychiatrists. The mind arose in the context of living and though the function of the body can in some ways be separated from its context, the mind is far more sticky in this regard. There are a host of disciplines that are directly relevant to psychiatry, spanning the humanities as well as the sciences. I had hoped that this kind of interdisciplinary conference would offer us insights towards our joint desire to understand and improve our living. Also I felt the focus on emotions, with their immediacy and such direct relevance to the meaning of our every day lives was a welcome step.

Looking at how we attempt to interpret emotion and mental disorder, Professor Randolph Nesse, from the University of Michigan, touched upon the evolutionary roots of emotions and the history of their study as well as talking to us about the budding field of evolutionary medicine. He was followed by Dr George Kazantzidis of Oxford University, who gave us some insights as to how people from antiquity understood mental illness, showing us surprising similarities with our current descriptions, at least for anxious depression, and explained how psychological formulations only become evident in the 1st-2nd century AD. Dr Daniel McQueen, Consultant Psychiatrist from the UK, concluded the session by discussing how different ways of depression may be postulated, e.g. loss and failure related, going on to talk about implications of these for treatment, as well as the choice of therapist and the placebo effect.

The next session looked at how we approach emotion and mental disorder. Professor Angelos Chaniotis started the session touching on definitional issues, noting that a study of emotions is a study of their perception, particularly through the lens of written words. This is made difficult through changing meanings of language; as cultural frameworks shift, so does the perception of

what is normative -- it is likely that emotional content may change with this. The visibility of emotions, as availability in public discourse, was discussed in this context and their characteristic of collectivity was also discussed. Dr Andreas Bahr, from the Free University of Berlin, brought to us examples of a different conceptualization of emotions and in particular fear and anxiety as causes of physical responses in others, as well as being placed in a particular cultural and spiritual framework e.g. Christian martyrdom. Dr Aikaterini Fotopoulou, of University College London, spoke to us about neuropsychanalysis, the dynamic brain and the embodied nature of emotion, touching upon some of her work on pain, the effect of social influences and oxytocin. Finally, Dr Sofia Frangou, of Icahn School of Medicine at Mount Sinai, spoke to us about her work on neural correlates as seen with brain imaging for emotional processing in psychiatric disorders.

The last session on how we represent emotion and mental disorder begun with a talk by Professor Michael Trimble, of University College London, who spoke about the relation of the emotions, the brain and the soul, touching on some of his work on epilepsy precipitating spiritual states, as well as lateralization of such functions in the brain. Dr Ioannis Mylonopoulos, from Columbia University, showed us some exceptional images from Greek pottery and later depictions of visual arts approaching modernity, explaining to us the different narratives of madness in their then social context. Professor Glenn Most, of Scuola Normale Superiore di Pisa, finished the session by discussing with us madness as depicted in tragedy, with the example of Orestes, and going beyond that to discuss how the suffering or 'pathos' that is constitutive of the tragic narrative merely reaches its culmination in madness, giving us the phrase 'madness of tragedy' as apt given this context.

The sessions were chaired by Dr Anthony Fry, from the Royal Society of Medicine Psychiatry Section, Dr Rhodri Hayward, Queen Mary University London and Professor Femi Oyeboode, of the University of Birmingham. Discussions were led by members of the Hellenic Psychiatric Association Dr Petros Lekkos and Dr Eleni Palazidou, Consultant Psychiatrists, as well as Dr Nikos Christodoulou, Clinical Lecturer from the University of Nottingham. Questions such as the universality of emotions and the effect of culture were touched upon amongst many others, with what seemed to be a consensus amongst participants that they found such multidisciplinary meetings useful and asking for a repeat.

I personally found it to be an excellent conference, possibly in part due to all the good feedback, but also because I saw that this was a means not just to further thinking individually but to build bridges of cooperation between similarly interested people cross-disciplinary. I was personally surprised by some of the information, for example how truly similar to our own descriptions of anxious depression the ones of the Ancient Greeks are, reminding me that despite cross-cultural and cross-temporal differences we all share an apparently substantial coreness of humanity. I would very much like to see a repeat conference on this subject and think contributions from other Arts, as well as Humanities, and in particular Anthropology and Sociology, would offer a welcome broadening of our perspective, with the hope that we can become true healers of the soul -- as Professor Trimble could suggest!

BOOK REVIEW

Nick Bouras

*Professor Emeritus of Psychiatry, King's
College Hospital, Institute of Psychiatry*



Bad Souls: Madness and Responsibilities in Modern Greece



By Elizabeth Anne Davis. Duke University Press 2012.

£17.99 (pb) 360pp

ISBN 9780822351061

Greek psychiatric services have undergone major changes over the last 30 years that became known as “Psychiatric Reform” (Ψυχιατρική Μεταρρύθμιση). These reforms were initially implemented by Haralambos Ierodiakonou a professor of psychiatry at the newly established University of Thrace based in the town of Alexandroupolis in the borders with Turkey and Bulgaria. It was Takis Sakelaropoulos a French trained psychoanalyst who succeeded Ierodiakonou in Alexandroupolis who gave the momentum for the development of community based mental health services, which were adopted by the Greek government and were financially supported by successive European Union grants. The psychiatric reforms in Greece continue to our days all over the country through the successive phases of the operational programme “Psychargos”.

This book is based on an ethnographic research by the author in the region of Thrace from 1999 to 2004, when the psychiatric reforms were well underway. The book is rich on material from “case studies” and narratives of patients mostly with severe mental illness schizophrenia, psychosis and personality disorders. Conversations with patients occasionally with members of their families are recorded as well as with staff offering interesting descriptions of ideas and believes with strong cultural elements. Thrace has a widely diverse population with sizeable ethnic groups of Turkish, Pomaki, Gypsy and Romas. Furthermore many of the Greek population in Thrace are today

descents of the Asia Minor refugees, while in the 1990s hundreds of ancestral Greek who migrated to Russia in 1923 moved to Greece with the collapse of the Soviet Union.

The observations and comments described from the contacts with patients and staff and their interactions have a strong psychoanalytical flavour while you would have expected to see more psychosocial oriented interventions and practices adopted from modern community based mental health services. The author extends her study and tries to blend it with ideas from Foucault, Goffman, Wedded and others. Furthermore she makes several arbitrary comments throughout the book about psychiatric practice such as diagnosis and symptoms e.g. "... delusions and hallucinations have historically constituted the core symptoms of psychosis and they continue to demarcate its narrowest parameters..." A similar approach is presented to the last part of the book referring to the medico legal system for the involuntary admission of psychiatric patients in Greece where moral and ethical issues are discussed.

END