

non-mental health professionals with minimal training and therefore limited knowledge, skills, and competence in providing adequate care. The Ministry of Health of Guyana has identified a need to solve this problem.

The collaborative efforts of the Dalhousie University Department of Psychiatry, the University of Guyana, and the Ministry of Health of Guyana have culminated in a program to increase the supply of mental health practitioners in the country. The initiation of 2 new post graduate programs to train specialists in mental health nursing and general medical officers with specialization in psychiatry will begin in 2011. Outcomes will include a dramatic increase in human resources to identify and manage mental illness, a shift of responsibility from generalists to specialists, and competent professionals providing standards of care comparable to the developed world. Guyanese sustainability of the training program will be a central focus throughout.

The development of the program involved multiple steps including the evaluation of local needs, the exploration of international standards in post graduate psychiatric training, lobbying efforts to obtain funding for training, creation of appropriate educational objectives and outcomes, thoughtful creation of sustainable program delivery methods including an emphasis on interprofessional education for improved collaborative practice outcomes, integration of local experience including local cases into the curriculum, incorporation of research requirements for built in quality assurance, and a consistent focus on a prudent exit strategy to ensure continuation of the program by trained Guyanese educators.

**Keywords:** capacity, education, developing world.

[PP005]

### Attitudes towards people with mental disorders and towards the field of psychiatry: Impact of mental health residency on a sample of Portuguese medical students

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**Background and objectives:** Stigma is assumed to be a threat to the wellbeing and life satisfaction of people with mental disorders, inhibiting recovery, rehabilitation, and re-integration into society, with significant public health implications (Corrigan, 2004; Link & Phelan, 2007). Studies on public stigma have demonstrated the presence of negative attitudes towards mental disorders among the general population, medical students, and practitioners (Schulze, 2007; Lauber, Anthony, Jdacic-Gross, & Rossler, 2004), which has a clear impact in the quality of life of people with mental illness (Sartorius, 2008). The present study aimed to examine medical students' attitudes towards people with mental illness as well as towards psychiatry before and after mental health residency.

**Methods:** A convenience sample of 41 fourth-year medical students responded to the Mental Illness: Clinician's Attitudes Scale (MICA) (medical student version) (Kassam, Gloizer, Leese, Henderson & Thornicroft, 2010), before mental health residency. Participants' ages ranged from 21 to 26 ( $M=21.63$ ;  $s.d.=0.92$ ), 43.9% were male and 61% personally knew someone with a mental disorder. 24 out of the 41 participants were reassessed after mental health residency (50% male).

**Results and conclusions:** Results showed global positive attitudes towards mental disorders and psychiatry. No differences in stigma and attitudes were found in MICA's global score considering gender and previous contact with psychiatric patients both personally and during clinical work. Mental health residency seems to have a positive impact on attitudes towards mental disorders and psychiatry. Results will be discussed regarding the role of education and contact with mental health patients in eliminating the stigma and discrimination associated with mental illness.

**Keywords:** mental illness stigma, medical students, attitudes.

[PP006]

### Training interns to be non-specialist mental health professionals: a perspective from India

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**Objectives:** Two weeks of training in Psychiatry during the rotatory internship has recently become mandatory in India. There is a need to make the best use of this time as undergraduate training in psychiatry is grossly insufficient. Hence the objective was to develop a training module for interns to impart knowledge and skills needed for management of mental health problems in non-specialist settings.

**Methods:** Focus group discussions were held among the faculty of the department of Psychiatry, Government Medical College, Thrissur (in the southern state of Kerala, India) to chart out the objectives and framework of training. Feedback and inputs from successive batches of interns and doctors in primary care settings were collected.

**Results:** A 10 session module was developed which covered topics ranging from common symptoms and drugs to psychiatric emergencies. There was an attempt to give priority to conditions commonly encountered in primary care such as somatoform disorders. Individual sessions on stigma and improving communication skills were also included. Video clips, role plays, case vignettes, multiple choice questions and seminars were used to make training more interesting.

**Conclusions:** The small number of specialists in psychiatry in India cannot provide services for a population which exceeds a billion. This flexible module helps in making good use of the two week training during internship. Widespread use of such modules will strengthen undergraduate psychiatry training. This will help doctors in primary care to fulfil their role as non-specialist mental health professionals and help in bridging the huge demand-service gap in India.

**Keywords:** training interns, psychiatry.

[PP007]

### Suicide behaviour due to family-sexual disharmonies

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**Objectives:** Family-sexual disharmonies are the frequent reasons of suicidal behaviour.