OLD AGE PSYCHIATRY IN EUROPE

The statement of purpose

Old Age Psychiatry (OAP) is a psychiatric subspecialty which is concerned with the full range of mental disorders and their consequences arising in people over the age of 65 – including people who developed chronic mental illness at a younger age. Mental illness in old age frequently coexists with physical morbidity and can be complicated by social problems. Various terms are used as synonyms for OAP, including *Psychiatry of Old Age, Psychiatry of Late(r) Life, Psychiatry of (for) the Elderly, Geriatric Psychiatry, Gerontopsychiatry, Geropsychiatry, and Psychogeriatrics*.

This document was prepared in order to identify the current patterns of OAP practice and training in Europe and to make recommendations for service development and training in order to facilitate the raising of standards in this clinical area. It is intended to replace the UEMS report on old age psychiatry from 2001. A questionnaire was circulated to the UEMS delegates to assess the current state of the discipline with a special emphasis on training and organisation of care.

This position paper is prepared by the Union of European Medical Specialists (UEMS) Section of Psychiatry, after consultation with national authorities in member countries, with the European Federation of Psychiatric Trainees and with the Permanent Working Group of Junior Doctors.

OAP in former documents of the UEMS Section of Psychiatry

In 2000, the UEMS Section and Board of Psychiatry approved the *Requirements for the Speciality of Psychiatry* (Chapter 6 of the *Charter on Training of Medical Specialists in the EU*) [20]. It includes the concept of the *Common Trunk*, which refers to the fundamental knowledge and skills required of all candidates. OAP is mentioned as part of the *Common Trunk*. The document contains recommendations regarding training in OAP, including a list of learning objectives for trainees in placements in psychiatry for the elderly.

In 2001, the UEMS Section of Psychiatry approved the report *Old Age Psychiatry* [19]. The report focused on the organisation of OAP services at the national level, the offer of postgraduate and advanced training in the subspecialty and the status and recognition of OAP as a specialized area of psychiatry. The report provided information from 20 European countries and framed a set of recommendations which may be summarized as follows:

- The European Board of Psychiatry should recommend the mandatory inclusion of old age disorders in the training experience, both theoretically and practically.
- Every country should have a number of specialists in OAP who will provide leadership in research, training and clinical service development.
- Every country should have one or more specialist units for the management of the mental health problems in old age with a research as well as a clinical agenda.
- GPs, physicians and other health and social care professionals need training in various aspects of OAP.

Impact of demographic ageing

Europe's population is ageing - nearly 30 percent of people in the European Union in 2050 will be above age 65, up from about 17.5 per cent in 2011 [21]. The biggest growth in the next 35 years will be in those over 85. Europe's old-age dependency ratio — the number of people age 65 and older compared with the number of working-age people (ages 20-64) will go up from 28.7% to 58.7% in 2050. Another demographic change is the growing proportion of those over 65 living alone [14].

Older age is associated with high rates of depression, dementia and delirium. These disorders co-occur with physical disease common to this age group.

Population ageing will strongly – although to widely varying degrees - affect the health care systems in Europe. The service provision of mental health care for the elderly and the social support systems vary greatly across Europe. While in some countries there exists already a well developed system of geropsychiatric care and statutory services, in more Southern and Eastern countries the duty of care currently falls mainly on the family.

Developments and actions in recent years

General consensus statements

The principles of OAP including its definition, treatment methods, service organisation, training and research were laid out in the 1996 consensus statement *Psychiatry of the Elderly* jointly produced by WHO and the Geriatric Psychiatry Section of WPA in collaboration with other stakeholder organisations [22].

An important step was reached in 2008 with the *European Silver Paper* [5]. This paper is an interdisciplinary effort of several associations in the field of geriatrics, gerontology, ageing and OAP. It gave an overview of the current European situation in basic biological research on ageing, in health promotion and preventive action, and in clinical care for older people, and the recommendations for future actions. In this document, OAP was described as largely underdeveloped in most European countries. The paper recommended that OAP should also be developed to address adequately in the future the large share of mental health problems that affect older persons and that every

student of medical, nursing or allied health professions should receive teaching and be trained in old age medicine and psychiatry.

In 2010, the agenda for mental health in older people was further extended during the conference *Promotion of Mental health and Well being in Older People - making it happen,* that was organized by the European Commission and the Spanish Ministry of Health and Social Affairs [9]. Important aspects of this paper are the need for community based care for the elderly with mental health problems and the support of informal carers.

Training

Though old age psychiatry developed also in other countries, the discipline has remained until now to a large extent an Anglo-Saxon phenomenon. The first training guidelines were published in the USA in 1979 and 1988 [2, 6, 17, 18]. Formal subspecialty status within psychiatry in connection to the official adoption of training criteria was granted to it in the UK in 1989 [12], the USA in 1993 [1], Canada in 1994 [15], Ireland in 1995 and in Australia and New Zealand in 1999 [7]. In Continental Europe, OAP has been officially recognised the status of a psychiatric subspecialty with its own training curricula by the national authorities only after 2000.

In 2001, the WPA section on OAP conducted a survey among the 116 WPA member societies about the teaching and training in OAP that demonstrated a poor development of the specialty in many countries [3]. The areas of competence and learning objectives for specialist training in OAP were determined in 2002 during a meeting jointly organized by EAGP, WHO and WPA Section of OAP [11]. The statement endorses a minimum duration of specialist training of one year and the recommendation to include formative and summative assessments in the training. In 2002, WPA included OAP into the *Core Training Curriculum for Psychiatry* [24]. OAP was designed to be an element both of the *Didactic Curriculum* and of the *Didactic/Clinical Rotations* and was being proposed as subspecialty training. According to WPA recommendation, all training in psychiatric subspecialties should take place after completion of the graduate training in general psychiatry.

Service provision

The different models and underlying principles for service delivery were characterized in the joint WHO and WPA technical consensus statement on *Organization of care in psychiatry of the elderly* in 1997 [23]. It was followed up by the WHO Regional Office for Europe Health Evidence Network report on effectiveness of old-age mental health services, which identifies community multidisciplinary teams as most strongly evidence-based service delivery component [8].

Treatment

Numerous guidelines and recommendations regarding treatment of mental health problems in old age exist, whose review is beyond the scope of this paper. However, no unified or universally accepted consensus process exists for the development of treatment recommendations in European OAP.

Dementia
In line with the burden to individuals and societies that is associated with dementia, respective policies have been developed both on the European and national level. An important milestone was the *European initiative on Alzheimer's disease and other dementias* adopted by the European Parliament in 2011. This initiative emphasizes the need for early diagnosis and prevention of dementias as well as the need for more epidemiological data, the sharing of best practices of care and the human rights dimension of dementia [4].

Several projects on dementia have been initiated in the last decade by *Alzheimer Europe*, an umbrella organisation of 34 Alzheimer associations from 31 countries across Europe. Currently the *Joint Programming Initiative on Alzheimer's disease and neurodegenerative diseases* and the *European Alzheimer's Initiative* are ongoing. An important project initiated by Alzheimer Europe was the *European Collaboration on Dementia (EuroCoDe)* which was completed in 2008. *EuroCoDe* involved a network of scientific and medical organisations which accomplished – among other objectives - the development of European guidelines on the diagnosis and treatment of dementia and a European inventory of the support systems provided by the states of the European Union to people with dementia and their carers.

Stigma and Ethics
In 2003, the OAP section of WPA and WHO jointly produced (with the collaboration of several experts and NGOs) the technical consensus statement *Reducing stigma and discrimination against older people with mental disorders* [10]. It was intended to be a tool for promoting debate on the stigmatisation of this group of people, outlining the different aspects of this specific stigmatisation, and suggesting policies and actions to combat it.

A consensus on the ethical principles as well as on clinical and research practice was found through the work of the WPA section of OAP [13]. The document covers a variety of aspects such as stigma and discrimination of the elderly, elder abuse, decision-making capacity and end-of-life issues.

European associations

Currently, there are three European organisations devoted to OAP: The *European Association of Geriatric Psychiatry (EAGP)*, the *Section of Geriatric Psychiatry of the European Psychiatric Association (EPA)* and the *Société de psychogériatrie de langue française (SPLF)*. The associations collaborate with each other, and with the *WPA Section of Old Age Psychiatry* and the *International Psychogeriatric Association (IPA)*.

EAGP was founded in 1971 as an informal association of professionals from various European Countries who have a special interest in the OAP field. It consists of individual members, who do not officially represent the national authorities. The EAGP is not only the oldest but also the largest European OAP organisation. The EAGP includes also 3 corporative associations and 6 supporting associations of the EAGP. The objectives of the EAGP are research promotion, under- and postgraduate education, further development of

geriatric psychiatry and the cooperation with national and international bodies engaged in the field. For this aim EAGP organises congresses and training courses and encourages the multidisciplinary collaboration as well as scientific projects.

EPA is the largest international association of psychiatrists in Europe, consisting of 20 sections. Its mission is to improve the quality of mental health care throughout Europe by a wide range of educational, research and advisory activities. The *Section of Geriatric Psychiatry of the EPA* aims to promote the discipline of OAP, notably by organizing congress and educational activities and collaborating with other international organizations with similar interests.

SPLF was formed in 1982 and has about 300 members. It functions as a Europe-wide forum for leading French-speaking OAP experts. It is concerned with the study and discussion of psychiatric, psychological and sociological aspects of old age, as well as with care, education and research in this field.

Results of the survey conducted by UEMS

National OAP organisations

National OAP associations or sections or working groups within national psychiatric societies now exist in virtually all European countries (**Table 1**):

Table 1. National OAP Organisations

Country	National association	Section within national psychiatric association	Working group within national psychiatric association
Austria			X
Belgium	?		
Croatia	?		
Cyprus	?		
Czech Rep.		X	
Denmark			X
Estonia	?		
Finland	X		
France	X		
Germany	X		
Greece		X	
Hungary	X		
Ireland	X		
Israel	?		
Italy	X		
Latvia	?		

Country	National association	Section within national psychiatric association	Working group within national psychiatric association
Lithuania	?		
Luxemburg	?		
Malta			
Netherlands		X	
Norway			X
Poland	X		
Portugal	X		
Romania	X		
Slovakia	X		
Slovenia	?		
Spain	X		
Sweden	X		
Switzerland	X		
Turkey	X		
UK	X		

Official Recognition as Subspecialty or Special Competence

So far, OAP has been officially recognised as a psychiatric subspecialty or special competence only in a few European countries (**Table 2**). There are several reasons for meeting with a refusal, mostly the trend to limit the continuous growth of subspecialties or the opposition against a new division (after Child and Adolescent Psychiatry) of the speciality of general psychiatry.

Table 2. Recognition as Subspecialty or Special Competence

Country	Psychiatric subspecialty or Special competence	Implementation date	Duration of training	Comments
Austria				
Belgium	?			
Croatia	?			
Cyprus	?			
Czech Rep.	X	1990	1 year	Additional training
Denmark				
Estonia				
Finland	(X)			Subspecialty training discontinued

Country	Psychiatric subspecialty or Special competence	Implementation date	Duration of training	Comments
				in 2005
France				
Germany	X	2012	1-2 years	
Greece				
Hungary				
Ireland	X	1995	3 years	Additional training
Israel	?			
Italy	?			
Latvia	?			
Lithuania	?			
Luxemburg	?			
Malta				
Netherlands	X	2008	2 years	Training included in general psychiatry
Norway				
Poland				
Portugal				
Romania	X	2001	1	Additional training
Slovakia	X	1980's?	2-3 years?	2005 – new curriculum?
Slovenia				
Spain				
Sweden				
Switzerland	X	2006	2 years	Additional training
Turkey				
UK	X	1980	3 years	Additional training

Status and Level of Development of the Subspecialty

In some European countries (**Table 3**) there are currently efforts aiming to have OAP recognised as a psychiatric subspecialty. In many European countries there are university departments or wards in OAP at medical schools, though chairs in OAP at medical schools exist only to a moderate extent (**Table 3**).

The level of development of the specialty of OAP is considered as being sufficient only by a limited number of UEMS delegates (**Table 3**). The main

reasons for considering the current state as being unsatisfactory were the absence of strong lobbies and disinterest on the part of the state, the low prestige of the discipline, the lack of resources and of awareness regarding psychiatric disorders in elderly, stigma and seclusion of people with dementia and their carers.

Table 3. Status and Level of Development of the Subspecialty

Country	OAP officially recognised as a subspecialty	Efforts to recognise OAP as subspecialty	Chairs in OAP	University departments or wards in OAP	Development of OAP considered sufficient
Austria	N	N	N	N	Y
Belgium	?				
Croatia	?				
Cyprus	?				
Czech Rep.	Y	--	Y	Y	N
Denmark	N	N	N	Y	N
Estonia	N	N	N	N	N
Finland	N	Y	N	Y	N
France	N	N	N	Y	N
Germany	N	N	N	Y	Y
Greece	N	N	N	N	N
Hungary	N	N	N	Y	N
Ireland	Y	--	Y	Y	N
Israel	?				
Italy	?				
Latvia	?				
Lithuania	?				
Luxemburg	?				
Malta	N	N	N	Y	N
Netherlands	N	Y	Y	Y	Y
Norway	N	Y	Y	Y	N
Poland	N	N	N	Y	Y
Portugal	N	Y	N	N	N
Romania	Y	--	N	N	N
Slovakia	Y	--	N	Y	N
Slovenia	N	N	N	Y	N
Spain	N	Y	N	N	N
Sweden	N	Y	Y	Y	N
Switzerland	Y	--	Y	Y	Y
Turkey	N	Y	Y	Y	N
UK	Y	--	Y	Y	N

Education in OAP

Formal undergraduate teaching in OAP is established in about the half of the responding countries (**Table 4**). So far, the recommendation on OAP included in the UEMS Charter of Training – i.e. compulsory training in OAP as part of the common trunk - has been implemented in the majority of the national training programmes (**Table 4**). Accredited training centres for postgraduate education in OAP exist notably in those countries where OAP is recognised as a psychiatric subspecialty (**Table 4**). Specific training programmes in OAP at CME level as well as specific training opportunities – sometimes very limited - for non-medical health care professionals involved in OAP (such as psychiatric nurses, community health workers, therapists, social workers) are offered in about two thirds of the surveyed countries (**Table 4**).

Table 4. Education in OAP

Country	Undergraduate Teaching in OAP	Implementation of Recommendations Chapter 6	Accredited Centres for Postgraduate Training in OAP	Training Programmes in OAP at CME Level	Training Opportunities in OAP for non-medical Health Care Professionals	Other teaching courses or training programmes in OAP
Austria	Y	Y	N	Y	Y	Y
Belgium	?					
Croatia	?					
Cyprus	?					
Czech Rep.	Y	Y	Y	Y	Y	N
Denmark	Y	Y	N	N	Y	Y
Estonia	Y	Y	Y	Y	Y	Y
Finland	Y	Y	Y	Y	Y	Y
France	N	N	N	Y	Y	Y
Germany	Y	Y	Y	Y	Y	N
Greece	N	Y	N	N	N	Y
Hungary	N	Y	N	Y	N	Y
Ireland	N	N	Y	Y	Y	Y
Israel	?					
Italy	?					
Latvia	?					
Lithuania	?					
Luxemburg	?					
Malta	Y	N	N	N	N	Y
Netherlands	Y	Y	Y	Y	Y	Y
Norway	Y	Y	Y	N	Y	Y
Poland	N	Y	Y	Y	Y	Y
Portugal	N	N	N	N	N	Y
Romania	N	N	Y	Y	Y	Y
Slovakia	N	Y	Y	N	N	N
Slovenia	Y	N	N	Y	Y	Y
Spain	N	N	N	Y	N	Y
Sweden	Y	Y	N	N	Y	Y
Switzerland	Y	Y	Y	Y	Y	Y

Turkey	N	Y	N	Y	Y	N
UK	N	N	Y	Y	Y	Y

Service Delivery in OAP

The majority of the responding countries have both specific in- and outpatient services (**Table 5**). The same holds true for Consultation-Liaison psychiatry services for the elderly and multidisciplinary specialist services for dementia care such as memory clinics (**Table 5**). However, only 5 countries consider the specific health services for the elderly as covering their needs in an adequate way (**Table 5**).

Table 5. Service Delivery

Country	Specific Out-patient services / day hospitals	Specific in-patient services	Specific Consultation-Liaison Services	Multidisciplinary specialist services for dementia care	Specific health services considered as adequately covering the needs
Austria	Y	Y	N	Y	N
Belgium	?				
Croatia	?				
Cyprus	?				
Czech Rep.	Y	Y	Y	Y	N
Denmark	Y	Y	Y	Y	Y/N
Estonia	Y	Y	Y	Y	N
Finland	Y/N	Y	Y	Y	N
France	Y	Y	Y	Y	N
Germany	Y	Y	Y	Y	Y
Greece	Y	Y	N	Y	N
Hungary	N	N	Y	Y	N
Ireland	Y	Y	Y	Y	N
Israel	?				
Italy	?				
Latvia	?				
Lithuania	?				
Luxemburg	?				
Malta	N	Y	N	Y	N
Netherlands	Y	Y	Y	Y	Y
Norway	Y	Y	Y	Y	Y
Poland	Y	Y	Y	Y	N
Portugal	Y	Y	Y	Y	N
Romania	Y	Y	Y	Y	N
Slovakia	Y	Y	Y	Y	N
Slovenia	N	Y	Y	Y	N
Spain	Y/N	N	N	N	Y
Sweden	Y	Y	Y	Y	N

Switzerland	Y	Y	Y	Y	Y
Turkey	N	Y	N	Y	N
UK	Y	Y	Y	Y	N

Role of psychiatrists in dementia care

In the field of dementia care there exists an certain overlapping of several medical (OAP, geriatrics, neurology) and non-medical disciplines (neuropsychology, occupational therapy, nursing, etc.). Psychiatrists are involved in the assessment and treatment of patients with dementia in virtual all European countries (**Table 6**). In all but two countries their role in assessing and managing of patients with dementia is considered as being important (**Table 6**). Ideally there exists a multidisciplinary and concerted approach, the core-competence of old age psychiatrists being the treatment of non-cognitive dementia symptoms (behavioural and psychological symptoms of dementia, BPSD). However, the collaboration between OAP and Somatic Medicine in treating people with dementia is often considered, for different reasons, as being unsatisfactory (**Table 6**).

Table 6. Role of psychiatrists in dementia care

Country	Psychiatrists' Involvement in Dementia Assessment and	Importance of Psychiatrists' Role in Dementia Assessment and	Satisfactory Collaboration between OAP and Somatic Medicine in Dementia
Austria	Y	Y	Y
Belgium	?		
Croatia	?		
Cyprus	?		
Czech Rep.	Y	Y	Y
Denmark	Y	Y	Y/N
Estonia	Y	Y	Y
Finland	Y	N	Y/N
France	Y	Y	N
Germany	Y	Y	Y
Greece	Y	Y	N
Hungary	Y	Y	N
Ireland	Y	Y	Y
Israel	?		
Italy	?		
Latvia	?		
Lithuania	?		
Luxemburg	?		
Malta	Y	Y	N
Netherlands	Y	Y	Y
Norway	Y	Y	Y

Country	Psychiatrists' Involvement in Dementia Assessment and	Importance of Psychiatrists' Role in Dementia Assessment and	Satisfactory Collaboration between OAP and Somatic Medicine in Dementia
Poland	Y	Y	N
Portugal	Y	Y	Y
Romania	Y	Y	N
Slovakia	Y	Y	Y
Slovenia	Y	Y	Y
Spain	N	Y	N
Sweden	Y	Y	Y
Switzerland	Y	Y	Y
Turkey	Y	N	N
UK	Y	Y	N

Conclusions and Future Considerations

Although mental illness in the elderly today is no longer the darkest area of psychiatry as characterized by Kraepelin about one century ago, the current state of OAP with regard to several topics - the level of organisation of services within the health system, the specific training offered through all levels of education, the status of the discipline within the medical community, the establishment of academic departments - varies greatly across Europe. Whereas there are some national systems with a high level of development of the discipline with respect to all included dimensions, in many European countries OAP seems to lack a strong position, specific care for older people being delivered by general practitioners and at the most by specialists in geriatrics. Basically, one can find a correlation between the official recognition of OAP as a psychiatric subspecialty, its presence in the training curricula and the provision of specific OAP services. But even in the countries with a high level of academic and services provision development in this area, there still remains a need for further development in OAP to drive the development of the speciality and to ensure an adequate training [16].

Despite several consensus papers and recommendations that have been published in the last one and a half decade, the current state of the discipline across Europe displays a pronounced patchy pattern, with still wide differences between the various European countries. It has been acknowledged, that the number of OAP wards increased in the last decade, and three quarters of the responding countries dispose of outpatient services. Psychiatrists are in fact increasingly involved in the care for dementia patients, but the collaboration with colleagues from other medical specialties is not satisfactory. However, the differences between the countries suggest the existence of a gap between the needs of the elderly and the available care in many countries.

There are two main reasons for this heterogeneity: the availability of resources, especially in terms of mental health professionals, and the societal attitude towards old age in general and towards mental health issues in the elderly in particular. Older people with mental disorders carry in fact a double stigma burden: stigma against old age and stigma against mental disorder [10]. Stigma, discrimination and negative attitudes towards older people with mental disorders contributes to, at least in part, to poor quality treatment and care access, marginalisation within the care systems, low status of professionals or services providing care, staff recruitment problems, inadequate funding at national and local levels, inequity in reimbursement for treatment [10] – data which have been confirmed by this survey.

Recommendations on OAP

- OAP is a significant part of the psychiatric remit, which should be promoted appropriately in all European countries.
- In all European countries there should be a national OAP association - or a section within the national psychiatric association, at least – which should foster contacts and exchanges with other professional associations, university departments, Alzheimer's Associations and other organisations.
- Because of demographic aging, all doctors need to have an appropriate undergraduate training in the assessment and management of mental disorders in old age.
- The recommendations of the UEMS (Chapter 6) with respect to mandatory inclusion of old age disorders in the postgraduate training experience, both theoretically and practically, should be implemented at the national level.
- Training schemes and opportunities for general practitioners, psychiatrists and other health and social care professionals should include a component on mental health care of older people.
- The recognition of old age psychiatry as an official subspecialty of psychiatry, with its own training programmes and certification should be promoted.
- The development of appropriate specialist services in OAP, which can meet the needs of older people with mental disorder and their carers, should be put in place. These multidisciplinary services should include a range of professionals such as psychiatrists, geriatricians, nurses, psychologists, occupational therapists, physiotherapists, social workers and secretarial staff who should coordinate their work.
- The impact of psychiatrists and other mental health care professionals in dementia care should be promoted. The work should address the medical as well as the psycho-social needs of the people with dementia and their carers.
- Stigma, discrimination and negative professional attitudes towards older people with mental disorders and their carers, and towards OAP professionals and services should be counteracted appropriately.

- Education and information about mental health care and psychiatric morbidity of older people should be offered to the general public and to caregiver groups.
- The co-operation of the local, national and European organisations which are engaged in promoting mental health care of the elderly should be encouraged. Standards of care, guidelines for training and CME/CPD should be jointly defined.

Websites of national and European Old Age Psychiatric Associations

- European Association of Geriatric Psychiatry (EAGP): http://www.eagp.com/
- European Psychiatric Association, Section on Geriatric Psychiatry: http://www.europsy.net/what-we-do/sections/geriatric-psychiatry/
- AT: Österreichische Gesellschaft für Psychiatrie und Psychotherapie, Sektion Psychiatrie des älteren Menschen und Gedächtnisambulanzen http://www.oegpp.at/html/01_GESELLSCHAFT/e_ansp.htm
- BE: Belgium
- BG: Bulgaria
- CH: Schweizerische Gesellschaft für Alterspsychiatrie und –psychotherapie / Société Suisse de Psychiatrie et Psychothérapie de la Personne Agée (SGAP-SPPA): http://www.sgap-sppa.ch/
- CY: Cyprus
- CZ: Czech Republic: Section as a part of Czech Psychiatric Society http://www.ceskapsychiatrie.cz/index.php?option=com_content&view=category&layout=blog&id=55&Itemid=22
- DE: Deutsche Gesellschaft für Gerontopsychiatrie und –psychotherapie (DGGPP): http://www.dggpp.de/
- DK: Interest Group within the Danish Psychiatric Association http://www.dpsnet.dk/
- ES: Sociedad Española de Psicogeriatría (SEPG): http://www.sepg.es/
- EE: Estonia
- FI: Finland
- FR: Société de Psychogériatrie de Langue Française (SPLF, no website)
- GR: Hellenic Psychiatric Association (HPG), Scientific Section of Psychogeriatrics: http://www.psych.gr/index.php?option=com_content&view=article&id=51&Itemid=58&lang=en/
- HU: Hungary
- IE: Irish College of Psychiatrists, Section for the Psychiatry of Old Age, http://www.irishpsychiatry.ie/Utilities/AboutUs/College_Structure/council_and_members/Councilmembers2011.aspx
- IL: Israeli Association of Old Age Psychiatry (IAOAP) no website identified.
- IT: Associazione Italiana de Psicogeriatria (AIP): http://www.psicogeriatria.it
- LU: Luxemburg
- MT: Malta
- NL: Afdeling Ouderenpsychiatrie, Nederlandse Vereniging voor Psychiatrie
- NO: Norsk Psykiatrisk Forening, Utvalg for alderspsykiatri
- NO: http://www.aldringoghelse.no/
- PL: Sekcja Psychogeriatrii i Choroby Alzheimera http://psychiatria.org.pl/sekcja_psychogeriatrii_i_choroby_alzheimera
- PL: Polskie Towarzystwo Psychogeriatryczne (PAGP): http://www.ptpg.org.pl/
- PT: Associação Portuguesa de Gerontopsiquiatria (APG): http://apgerontopsiquiatria.com/pt/
- RO: Societatea Romana de Psihogeriatrie
- SE: Svensk Förening för Kognitiva sjukdomar (SFK): http://www.fks.nu/
- SI: Slowenia
- SK: Gerontopsychiatrická sekcia SPsS SLS: http://www.psychiatry.sk/?psychiatricka_spolocnost_sls=gerontopsychiatricka_sekcia&slovak_psychiatric_association=25/
- TR: Geropsychiatric Society of Turkey and Section of Geropsychiatry of the Psychiatric Association of Turkey
- UK: Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists: http://www.rcpsych.ac.uk/specialties/faculties/oldage.aspx

References

1. American Board of Psychiatry and Neurology (1992) Information for Applicants for Added Qualifications. The American Board of Psychiatry and Neurology: Deerfield, IL.
2. Blumenthal MD, Davie JW, Morycz RK (1979) Developing a curriculum in psychogeriatrics. Am J Psychiatry 136: 1157–1161.
3. Camus V, Katona C, de Mendonça Lima CA, Abdel-Hakam AM, Graham N, Baldwin R, Tataru N, Chiu E; World Psychiatric Association section on old age psychiatry (2003) Teaching and training in old age psychiatry: a general survey of the World Psychiatric Association member societies. Int J Geriatr Psychiatry 18: 694–699.
4. Commission of the European Communities (2009) Communication from the commission to the European parliament and the council on a European initiative on Alzheimer's disease and other dementias (available on http://ec.europa.eu/health/ph_information/dissemination/documents/com2009_380_en.pdf).
5. Cruz-Jentoft AJ, Franco A, Sommer P, Baeyens JP, Jankowska E, Maggi A, Ponikowski P, Ryś A, Szczerbińska K, Milewicz A (2009) European silver paper on the future of health promotion and preventive actions, basic research, and clinical aspects of age-related disease. Eur J Ageing 6:51–57.
6. Draper B (2003) Training in old age psychiatry. Int J Geriatr Psychiatry 18: 683–685.
7. Draper B, Snowdon J (1999) Psychiatry of old age: from section to faculty. Aust N Z J Psychiatry 33: 785–788.
8. Draper B, Low L (2004) What is the effectiveness of old-age mental health services? Copenhagen, WHO Regional Office for Europe.
9. European Communities (2010) Conclusions from the conference "Mental health and Well-being in Older People - making it happen" 28th- 29th June 2010, Madrid.
10. Graham N, Lindesay J, Katona C, Bertolote JM, Camus V, Copeland JRM, de Mendonça Lima CA, Gaillard M, Gély Nargeot MC, Gray J, Jacobsson L, Kingma M, Kühne N, O'Loughlin A, Rutz W, Saraceno B, Taintor Z, Wancata J (2003) Reducing stigma and discrimination against older people with mental disorders: a technical consensus statement. Int. J. Geriat. Psychiatry, 18: 670–678.
11. Gustafson L, Burns A, Katona C, Bertolote JM, Camus V, Copeland JRM, Dufey AF, Graham N, Ihl R, Kanowski S, Kühne N, de Mendonça Lima CA, Mateos Alvarez R, Rutz W, Tataru N and Tudose C (2003) Skill-based objectives for specialist training in old age psychiatry. Int J Geriatr Psychiatry 18: 686–693.
12. Joint Committee in Higher Psychiatric Training (JCHPT) (1989) Position statement: higher training in old age psychiatry. Psychiatr Bull 13: 652.
13. Katona C, Chiu E, Adelman S, Baloyannis S, Camus V, Firmino H, Gove D, Graham N, Ghebrehiwet T, Icelli I, Ihl R, Kalasic A, Leszek L, Kim S, de M. Lima C, Peisah C, Tataru N, Warner J (2009) World psychiatric association section of old age psychiatry consensus statement on ethics and capacity in older people with mental disorders. Int J Geriatr Psychiatry 24: 1319-1324.
14. Kinsella K, Phillips DR (2005) Global Aging: The Challenge of Success, Population Bulletin 60, no. 1.
15. Le Clair JK, Sadavoy J (1998) Geriatric psychiatry subspecialisation in Canada: past, present and future. Can J Psychiatry 43: 681–687.
16. Lindesay J, Katona C, Prettyman R, Warner J (2002) A survey of academic provision for old age psychiatry in the UK and Ireland. Psychiatric Bulletin 26: 92-95.
17. Marin RS, Foster JR, Ford CV, et al. (1988) A curriculum for education in geriatric psychiatry. Am J Psychiatry 145: 836–843.
18. Thorpe L, Le Clair K, Donnelly M, MacBeath L (1993) Geriatric psychiatry: training guidelines and their application. Can J Psychiatry 38: 90–95.
19. UEMS Section for Psychiatry (2001) Report of the UEMS Section for Psychiatry: Old Age Psychiatry. http://www.uemspsychiatry.org/section/sectionReports.htm.
20. UEMS Section for Psychiatry/European Board of Psychiatry (2003) Charter on Training of Medical Specialists in the EU (Chapter 6): Requirements for the Specialty of Psychiatry. www.uemspsychiatry.org/board/reports/Chapter6-11.10.03.pdf.
21. VID-IIASA (2011) European Demographic Data Sheet 2012. Vienna and Washington, DC: Vienna Institute of Demography (VID), International Institute for Applied Systems Analysis (IIASA), Population Reference Bureau (PRB). http://www.oeaw.ac.at/vid/datasheet/download/European_Demographic_Data_Sheet_2012.pdf.
22. World Health Organization and World Psychiatric Association (1996) Psychiatry of the Elderly: a consensus statement. Geneva, WHO.
23. World Health Organization and World Psychiatric Association (1997) Organization of care in psychiatry in the elderly: a technical consensus statement. Geneva, WHO.
24. World Psychiatric Association (2002) WPA Institutional Program on the Core Training Curriculum for Psychiatry. Yokohama, WPA.

Membership of the working group (2013)

Dr Dan Georgescu (Switzerland; Chair), Prof. Thea Heeren (The Netherlands, Utrecht), Dr Florian Riese (EFPT, Zurich).