



Psychiatric Disorders Recognition and Care Coordination Training Course

27 September – 1 October 2027
Vienna



AGILE LEADERS
Training Center

Psychiatric Disorders Recognition and Care Coordination Training Course

Ref: 1531_213085 **Date:** 27 September – 1 October 2027 **Location:** Vienna **Fees:** 5700 Euro

Overview

Psychiatric disorders recognition and care coordination is a one-week foundation course for healthcare managers, clinical support staff, care coordinators, social care teams, and service administrators, who leave with a Psychiatric Recognition and Referral Toolkit. The course connects ICD-11 disorder groupings with observable signs, functional impact, respectful communication, risk recognition, referral thresholds, recovery-oriented support, stigma reduction, and professional boundaries. Agile Leaders Training Center presents psychiatric disorders recognition as non-diagnostic support and coordination practice.

Who Should Attend

- Functions responsible for coordinating access to health and social-care services
- Teams responsible for patient support, navigation, and follow-up
- Personnel responsible for service administration and frontline communication
- Managers responsible for staff response and referral procedures
- Community functions responsible for recovery and social support

The course assumes participants interact with people using health or support services and leaves out diagnosis authority, psychotherapy, medication decisions, crisis-intervention qualification, and specialist mental health leadership.

Departments and Industries

The course supports departments and organizations that recognize mental health needs and coordinate access to appropriate support.

- Hospitals, primary care, and community health services
- Social care, rehabilitation, and supported-living services
- Education, workplace wellbeing, and employee assistance functions
- Nonprofit, humanitarian, and community support organizations
- Patient experience, access, and care-navigation teams

Learning Objectives

By the end of this course, participants will be able to:



- Analyze signs, distress, functional impact, and contextual factors
- Compare major ICD-11 psychiatric disorder groupings
- Apply respectful, trauma-informed, and recovery-oriented communication
- Identify risk indicators and use referral escalation thresholds
- Build care-coordination and follow-up records
- Evaluate boundaries, stigma risks, and support responses

Course Agenda

Day 1: Recognition Scope and Function

- ICD-11 Mental Disorder Grouping Map
- Signs, Distress, and Functional Impact Observation Grid
- Normal Variation and Concern Boundary Checklist
- Context, Culture, and Communication Profile
- Non-Diagnostic Role and Professional Boundary Charter

Day 2: Mood, Anxiety, and Trauma Presentations

- Anxiety Presentation and Function Review Card
- Depressive Presentation and Support Needs Matrix
- Bipolar Mood Change Observation Timeline
- Trauma-Related Sign and Trigger Awareness Map
- Eating-Related Concern and Referral Indicator Checklist

Day 3: Psychosis, Behavior, and Development

- Psychosis Presentation and Communication Guide
- Disorganized Behavior and Agitation Observation Record
- Neurodevelopmental Difference and Support Profile
- Disruptive Behavior Context and Function Analysis
- Substance-Related Presentation and Referral Boundary Map

Day 4: Risk, Referral, and Recovery Support

- Immediate Safety Concern Recognition Checklist
- Referral Threshold and Escalation Decision Tree
- Trauma-Informed Safety, Trust, and Choice Guide
- Recovery-Oriented Goal and Strengths Conversation Tool
- Care Coordination, Consent, and Follow-Up Record



Day 5: Recognition and Referral Practice

- Suggested Exercise: Signs and Functional Impact Review
- Suggested Exercise: Respectful Support Conversation
- Suggested Exercise: Risk and Referral Threshold Decision
- Suggested Exercise: Boundary and Coordination Record Review
- Capstone Exercise: Psychiatric Recognition and Referral Toolkit

Practical Exercises

The course uses suggested activities based on fictional healthcare, social-care, education, workplace, and community situations.

- Suggested activity: distinguish observations, functional impact, context, normal variation, and concerns without assigning a diagnosis.
- Suggested activity: use respectful and trauma-informed communication across mood, anxiety, trauma, psychosis, and developmental presentations.
- Suggested activity: identify safety indicators, select referral thresholds, document consent, and coordinate follow-up.
- Suggested activity: review stigma, professional boundaries, recovery goals, strengths, and support options in one case pathway.

FAQs

Who suits psychiatric disorders recognition training, and what does it assume?

Healthcare managers, support staff, care coordinators, social-care teams, administrators, and community workers suit the training; it assumes contact with service users and excludes diagnosis authority, psychotherapy, medication decisions, crisis qualification, and specialist leadership.

How does psychiatric disorders recognition differ from diagnostic mental health training?

Psychiatric disorders recognition focuses on observable signs, functional impact, respectful communication, risk indicators, referral, coordination, recovery support, and boundaries, while diagnostic training prepares authorized clinicians to apply diagnostic requirements and make clinical determinations.

What should non-specialists observe when recognizing psychiatric disorders?

Non-specialists should observe changes in cognition, emotional regulation, behavior, daily functioning, relationships, work or study, self-care, communication, distress, safety, context, duration, and support needs while avoiding diagnostic conclusions.



When should psychiatric signs lead to referral or escalation?

Referral or escalation is appropriate when signs cause significant distress or functional impairment, support needs exceed the role, risk indicators appear, safety is uncertain, or agreed procedures specify urgent review by qualified services.

Conclusion

Participants leave with a Psychiatric Recognition and Referral Toolkit containing observation, grouping, communication, risk, referral, recovery, boundary, coordination, and follow-up tools. The toolkit separates useful recognition from diagnosis. It helps non-specialists respond respectfully, record concerns, select appropriate pathways, and support continuity without exceeding professional scope.