Introduction: Psychodermatology encompasses the interface of dermatology and psychiatry. Recent studies have revealed that dermatologists are not well prepared to address psychocutaneous disorders.

Objective: The main objective was to assess the level of training in, knowledge and attitude about psychocutaneous disorders among dermatologists in Eastern Europe.

Materials and Methods: A survey questionnaire was distributed to dermatologists in the national conference and local regional meetings of dermatologists in Kyiv, Kharkiv (Ukraine) and Vitebsk (Belarus), from the period of February 2018. The questionnaire was also sent to dermatologists in other cities of Ukraine and Belarus. The participants were requested to provide information on demographic variables; level of training and degree of comfort in managing psychodermatologic disorders; referral patterns, knowledge of patient and family resources on psychodermatology; and interest in continuing medical education (CME) on psychocutaneous disorders.

Results: The survey study included 396 dermatologists. Only 16.16 % of dermatologists reported a clear understanding of term psychodermatology, and 5.05 % of the respondents reported being very comfortable in diagnosing and treating psychocutaneous disorders. 47.47 % of the respondents no training and had attended no educational events on psychodermatology. Self-injurious skin lesions, trichotillomania, depression associated with skin disease were the most common conditions wherein patients were referred by dermatologists to psychiatrists. About 85 % of the respondents were unaware of any psychodermatology resources. Overall 61 % of the dermatologists expressed interest in attending any kind of CME activity on psychodermatologic disorders.

Conclusion: Survey results showed that knowledge about the diagnosis, treatment and/or appropriate referral for psychocutaneous disorders is lacking. A large number of
dermatologists had no training or education in psychodermatology. These findings support the need for improvement in training in psychodermatology and the holding of regular CME events. Dermatology–Psychiatry liaison services will prove helpful in the management of these patients in clinical settings.