



EDITORIAL

Tsunami, disaster and mental health consequences

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The tsunami in the Indian Ocean shocked the whole world – and rightly so. It wreaked havoc and devastation over a huge geographical area on a scale that most of us have never seen before. The numbers killed, injured, displaced and bereaved are too large to imagine or comprehend, yet the pictures are there, in the newspapers, on the television screens, forcing us to try to understand.

The disaster demanded an international response, and indeed one started slowly, gradually gathered momentum and then seemed to develop a life of its own in terms of the scale of generosity. How and why did this happen? This is not the worst natural disaster in terms of the sheer number of casualties but it seems to have touched hearts in a way that other natural disasters have not. This may, in part, be because many of the affected areas are popular tourist destinations; many people have visited them, or know others who have, and they are familiar from holiday catalogues and picture postcards. In addition, many industrialised countries have historical links with the affected countries and substantial minority ethnic populations from them. The diaspora naturally want to help their families, friends and fellow countrymen, and those with friends, neighbours and colleagues from these minority ethnic groups have been concerned on their behalf too. In other words, it feels very personal. Most people following the news must have considered how they would have coped if it had been them. And so they have responded with unprecedented generosity.

The first requirements, the urgent priorities are well understood: clean water, food, shelter, medical aid, followed by the need to repair or rebuild essential infrastructure. All of these things need money and that money has been forthcoming. But we as psychiatrists know that there are and will be mental health consequences that will require not just money to remedy them but specific skills too. The survivors will be suffering the grief of bereavement and loss and probably feelings of guilt from having survived while others, perhaps their

children, have perished. They will be frightened and anxious about their future, and probably overwhelmed by feelings of helplessness. Aid workers, too, exposed to death and devastation on an unprecedented scale, may find it difficult to cope. Previous experience of natural disasters suggests that between a third and a half of all affected persons suffer from mental distress and that post-traumatic stress disorder, anxiety and depressive disorders are the most frequent diagnoses (World Health Organization, 2000).

Unfortunately, apart from well developed tourist resorts, many of the areas deluged by the tsunami are poor. Few of those affected will have had insurance cover, so that the cost of this disaster to insurance companies will be far less than is typically the case with much smaller natural disasters in richer countries. Furthermore, poor countries do not have large numbers of trained professionals. The ratios of psychiatrists to population are far lower than in industrialised countries. Of those they have trained, some will have been killed or injured themselves by the tsunami; others have emigrated, often to wealthier countries that have benefited from their skill and training (see issue 7 of *International Psychiatry*). Now, therefore, faced with a huge need for mental health services, there is likely to be a severe shortage of skilled professionals available to help.

The Royal College of Psychiatrists has both the ability and a responsibility to contribute towards meeting those needs. It should do so thoughtfully and respectfully, recognising local culture, traditions and belief systems and seeking to build on and work with existing community support mechanisms, where these still exist. Informed input from colleagues from the affected countries will be of fundamental importance in ensuring that the response is sensible and sensitive. A working group has been established to steer this response and will seek links with sister organisations in the affected countries, as well as with other national and international bodies working in the same field.

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The earthquake that caused the tsunami on 26 December 2004 was so powerful that it literally shook the world, which moved on its rotational axis. It was truly a global event, not merely an international one. The challenge for us all now is to ensure that the global response, which has been heart-warming in its immediate generosity, continues for as long as help is needed.

The Royal College of Psychiatrists should seek to play a full role in that response, utilising all the knowledge and skills at its disposal and all of its worldwide links.

Reference

World Health Organization (2000) *World Health Report*. Geneva: WHO.

THEMATIC PAPERS – INTRODUCTION

Traditional medicines in psychiatry

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Our theme for this issue concerns the use of traditional medicines in the treatment of psychiatric disorders in three regions of the world: Africa (Alan Haworth), Bangladesh (Michael Radford) and Singapore (Ee Heok Kua and Chay Hoon Tan).

As Alan Haworth points out, the term 'traditional medicine' encompasses a wide range of health practices, ranging from the purely psychological (e.g. the spiritual therapies) to the administration of plant or animal preparations that may have pharmacological components. It is fascinating to learn that in Africa there are now attempts by local traditional healers to meet together and compare notes, although not altogether surprising that a lack of standard nomenclature can cause a few problems when specific botanical references are being made. It is particularly interesting to note that the medicines are unlikely to be effective unless they are administered in the right way, with the setting creating a psychological context in which improvement in the patient's condition is to be expected by all concerned. How true is that for psychiatric practice in the developed world, too?

In Bangladesh, Michael Radford reports that there is interest in discovering whether the outcomes of serious mental illness are rather better than they are in Western

countries, with modern systems of psychiatric care. He asks, 'Is there something poisonous that comes with lots of expensive services? Or is there something missing?' The empirical basis of assertions that outcomes are rather better in 'developing countries' that strongly feature extended families and village life is by no means secure. He draws our attention to the fact that there are abuses of people with mental illness in both systems, and it is not unusual to find seriously mentally ill people with severe deprivation of their liberty. A fascinating account is given of Bangladeshi village life.

Finally, in the relatively developed urban landscape of Singapore, we learn from Ee Heok Kua and Chay Hoon Tan that traditional Chinese medical practices are still widely available and widely used. Up to a third of patients seeking modern psychiatric help for their disorders are also consulting traditional healers. It is fascinating to learn that age-old beliefs, such as the influence of a deity on behaviour, motivate this choice, which is regarded as less stigmatising than is resort to a Western-influenced psychiatric practice. Traditional healers are held in higher regard if they are also experts in a martial art. We have yet to consider this recommendation in training guidelines from the Royal College, but I hope it will receive appropriate attention!

THEMATIC PAPER – TRADITIONAL MEDICINES IN PSYCHIATRY

Traditional psychiatric practices in Africa

Alan Haworth

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Many leaders in Africa bemoan the disappearance of African culture, including the use of traditional medicines, and there have been numerous calls for recognition of their value and for the integration of these treatments into orthodox medicine. This is especially so with regard to

psychiatric disorders. The literature on psychiatric practice in Africa contains very few references to herbal treatments, however, and more is to be learnt about the use of herbs as adjuvants in the solution of psychosocial problems from the anthropological literature. At a conference held in the