

News and notes

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The Board of International Affairs and the College meeting in Edinburgh, June 2005

This was the first annual meeting of the College following the formal creation of the College's six International Divisions and the elections of their chairpersons. Four of the divisions gave symposia to the meeting and next year in Glasgow there will be an opportunity for all six to do so. In addition, the Board of International Affairs (BIA) organised the important session described immediately below in the core programme of the College.

Recruitment and migration of psychiatrists from developing countries

This is an ethical issue and represents a conflict between social responsibility and individual freedom of choice. The active recruitment of psychiatrists has been of concern to the BIA and others for a good while and the January 2005 issue of *International Psychiatry* (number 7) had several articles on the topic. At the session we had three excellent speakers and therefore were able to get a range of views.

Professor Santosh Chaturverdi spoke from the experience of having been an International Fellow from India who *has* returned to his country. Particularly helpful was his account of the steep pyramidal system and bureaucratic structures that restrict access to psychiatric training in India to a very small proportion of those who wish to undertake it. At this level, the UK is not draining India's psychiatric resources; in fact, the UK is training many who would never have the chance to train as psychiatrists in India. At the qualified level, Professor Chaturverdi spoke of the considerable benefits to him and his home institution in Bangalore from his experience of having been a Fellow in the UK. He implied that without such exchanges there is little stimulus to develop and change practice. He also spoke of family benefits, such as his capacity to educate his children well as a result of his period as a Fellow, during which his income was dramatically increased. He did not discuss the problems stemming from those trained psychiatrists who leave developing countries and do not return.

Professor Srinivasa Murthy has worked most of his life in South Asia but is now the Regional Mental Health Officer for the World Health Organization's Eastern Mediterranean Region. He stated that foreign recruitment affects not only service provision but also local training, research and professional support for voluntary

organisations. He raised important questions about the moral responsibility of the College and the stance it could take. He gave statistics that focused especially on Africa, with its huge disease burden and shortage of skilled professionals (25% of the world's health burden and 1.3% of the skilled health force); some countries have less than one-fifth of the number of psychiatrists per head of population than even India. While deploring active recruitment, he also suggested a number of alternative solutions to the dependency on psychiatrists for mental health problems such as alcoholism, dementia, self-harm and the mental health consequences of disasters. These included psychiatric involvement in facilitating responses by the community, by families, by teachers and by primary healthcare personnel, as well as self-care.

Professor Norman Sartorius, former Director of the World Health Organization's Mental Health Division and past President of the World Psychiatric Association (WPA) and of the Association of European Psychiatrists, emphasised the draining of the specialty's intellectual power base in developing countries and the sapping of a community's morale through the loss of health staff, especially when oppressive regimes are in power. He gave an excellent historical context of the current trends and made a number of suggestions as to how situations could be ameliorated.

It was most satisfying to hear that the new Presidents of the College and the WPA were in agreement that they would work collaboratively in their period of office to produce international guidelines and perhaps an ethical code in this important area.

Psychiatry in its international diversity – the College's International Divisions programme

The programme this year particularly aimed to capture the diversity of psychiatric practice in the Divisions and the challenges faced by those who develop services, as well as practitioners. The following is just a snapshot of a very full day of interesting presentations that highlights the common problem of resource limitations and also summarises some developments that begin to meet the challenges.

The Pan-American Division

Nigel Bark, chair of the Pan-American Division, gave an overview of the cultural heritage in the Americas and highlighted differences in the kinds of interventions given to members of different cultures, such as the greater use of traditional neuroleptics by Black Americans and more

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particularly their use in higher doses. He also highlighted the lack of adequate medical interventions for the large number of uninsured persons in the USA, the inequalities for rural populations and the need for more up-to-date studies of mental health issues among immigrants.

Dr Maria-Elena Medina-Mora from the National Institute of Psychiatry, Mexico City, gave the results of an epidemiological survey showing the high incidence of psychiatric disturbances, although a relatively low rate of some of the more severe illnesses. Particularly important was the evidence that only a very small proportion of people with a psychiatric illness access services – only a third making any use of them at all.

Dr Stephen Kisely from Dalhousie University in Nova Scotia gave a most useful report on an epidemiological study from linked databases showing that in spite of the principle of universal access to healthcare, patients in lower socio-economic groups and those with psychiatric illness had a considerably higher mortality from physical disorders and that this included patients with psychiatric disorder treated in primary care and by outpatient services. The findings also indicated a reduced rate of use of investigations for physical problems in psychiatric patients.

In the absence of the third speaker we were fortunate to have Dr Khaled Mufti from Pakistan, who spoke of the serious mental health problems in refugees from Afghanistan, of whom 60% suffer from post-traumatic stress disorder and a large number from depression and substance misuse. The paper was accompanied by a disturbing video that recorded the kind of traumas to which the Afghans were exposed. Lack of access to treatment resources was again highlighted.

The African Division

Dr Femi Olugbile gave the findings from a survey of 250 street children in different parts of Lagos, Nigeria. The survey indicated the need to characterise street children better if attempts at their rehabilitation are to succeed. A particular finding was the large number of 'area boys': young males who have dropped out of education and are involved in petty crime, have a high level of poly-substance misuse and have little contact with their families. Another significant group are vagrant people with a psychosis. He discussed the implications for state policies and for professional services.

Professor Tuviah Zabow from the University of Cape Town is the newly elected Chair of the African Division. He focused on the special needs of people with a learning disability in South Africa and the history of their needs being neglected, or their being passed to other agencies. He outlined the progress being made by multi-agency task forces looking at different aspects of their needs, including those with dual diagnoses, the overcoming of stigma, training and research needs, and the need to keep in focus ethical issues such as sterilisation.

Dr Fred Owiti from Nairobi, Kenya, reported on a 6-year survey of mental health disturbance in 1200 persons who were arrested for violent crimes and referred for a mental health opinion. A large number

were unemployed, a third were vagrant and violent crime exceeded property crime. There have been important changes in the Kenyan Mental Health Law that have improved cooperation between the courts and the mental health services.

The Middle Eastern Division

Dr Fuad Antum from the Lebanon gave a clear account of the diverse religious and cultural influences in the Lebanon and their interaction with mental health issues. Of particular interest was the relation between different cultures and stigma, and the extent of belief systems in supernatural powers and the varying attitudes to death.

Professor Said Azim of Giza in Egypt gave a similarly informative talk about the different and changing attitudes to sexuality, love and passion in various Middle Eastern cultures. He covered variations in attitudes to monogamy and polygamy, virginity, circumcision, masturbation and homosexuality, and the differences between religious beliefs and traditions in some of these areas. He highlighted the need for much better education of doctors so that they could better attend to relevant aspects that came to their attention.

Dr Sherif Atallah, from Cairo in Egypt, gave a most interesting talk about issues related to private psychiatric practice in Egypt. He highlighted the lack of information and discussion about the many issues. Nearly all psychiatrists in Egypt spend some time in private practice; the need to earn a better income is a primary motivator. His survey indicated the high level of stress involved, the risk of burn-out, the isolation of professionals and the pressures from families for 'cure', which may lead to more aggressive therapies being used. He raised a number of important issues, such as when to refer to a colleague, complex dependency issues and the different role of the family to that in Western cultures and the relative lack of experience and use of psychological therapies.

The South Asian Division

Professor Haroon Ahmed from Pakistan is the chair of the Division and he gave a very open account of the difficulties encountered in contemporary psychiatric practice. Mental illness is widely believed to result from possession states or is looked upon simply as 'madness'. In the former there remains a tendency to believe that the possession is the result of the activities of another person and to seek spiritual treatments, which can be expensive and delay medical intervention. A worrying feature of South Asian psychiatry is the low rate of referrals from family and other doctors, and related to this the very low rates of diagnosis of the many presentations of depression relating to social stressors. Interventions are nearly always confined to pharmaceutical ones. Overall, continuing medical education is not at all prominent, and there are concerns about the domination and influence of the pharmaceutical industry. There is ready access to neuroleptics without the need for prescription. There are very few facilities catering for the mental health needs of children. He is hopeful that

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the development of a South Asia Division Committee will provide some leadership and guidelines for future progress and improve communication and education.

Dr Mohammed Mullick from Bangladesh gave a very helpful overview of demographic features. He made us aware of the extent of the unmet need of adults and children for mental health services and informed us of some local differences from the West, such as the earlier onset of dementing illnesses and the better prognosis of schizophrenia (resulting from the acceptance of families), the high rate of depression presenting in somatic forms and the frequent religious content of obsessive-compulsive disorder. He gave clear ideas as to how the few psychiatrists (1 per 2 million population and only 1 child psychiatrist) needed to function, especially in relation to primary care, and he also had hopes that the Division would lend considerable support and assistance to psychiatrists in the region.

Professor Nalaka Mendis of Colombo, Sri Lanka, focused on overcoming the lack of psychiatric training at medical school and in general practice by a new programme, initiated in 1995, through which medical students are sensitised to a wide range of relevant subjects and evaluated through continuous assessment in their competence to manage patients in whom psychosocial aspects are important components of their disease. The intention is that these areas will feature in at least 3 years of the undergraduate course. The effect of this training is a far better attitude on the part of graduates of all disciplines to the psychological aspects of patients' problems.

Leaders of national and European psychiatric organisations

In April 2005 the leaders of national and European psychiatric organisations had their sixth meeting, in Munich, before the conference of the Association of European Psychiatrists (AEP). These European leadership meetings address key issues of the profession and are shaping a European identity for psychiatry.

This year's meeting was on leadership and organisational functions of psychiatric societies. Dr Anders Milton, head of National Psychiatric Services

Coordination in Sweden, addressed the meeting. He focused especially on the need for psychiatrists to lead in coordinating the systems of care between the different mental health professional groups, ensuring that responsibilities are clearly defined and coordinated so as to maximise care and minimise dangers.

The workgroups that discussed the day's themes agreed that most psychiatrists needed more training to help professional societies develop their organisational capacities and competence and for psychiatrists to take leadership roles. The workgroups highlighted a number of areas where organisational competency was needed.

The meeting took place 3 months after the Helsinki Europe-wide Ministerial Conference on Mental Health, and Dr Matt Muijen summarised the outcomes. (Details are available at the website <http://www.euro.who.int/mentalhealth2005>.) The resolutions provide a number of opportunities for psychiatric organisations and their leaders to take important initiatives that related to the theme of the day.

The meeting resolved the following:

- The Helsinki Declaration should be translated into all national languages.
- All national psychiatric organisations and governments are recommended to adopt the document formally.
- Constructive comment should be made by all psychiatric organisations on the local adaptation and local implementation of plans. Decisions should be made in consultation with national mental health boards.
- The Europe-wide psychiatric organisations – the European Union of Medical Specialists (UEMS), AEP, the WPA and the European Task Force should adopt the Helsinki Principles and act in partnership with the World Health Organization to deliver the aims of the implementation plan.
- Psychiatric organisations should encourage local and national media to cover their governments' acceptance of the Helsinki agreement.
- Symposia focusing on the declaration should be conducted in European conferences in the next 2 years, focusing especially on an exploration of common values and progress with the Declaration.