Correspondence

The College – inside and out

Sir: Having just read Matt Muijen's vivid interview in the *Guardian* (25 October 2006) in which he extolled the new-found virtues of the English mental health services from his viewpoint at the World Health Organization's Regional Office for Europe, I was prompted to make a similar inside/outside comment about the College from the perspective of the World Psychiatric Association (WPA). I, too, was immersed in the leadership of British psychiatry for almost 10 years, as Dean and President of the College, before being transported to an elected international post as Secretary General of the WPA.

What do I, and perhaps other voyeurs, see?

Interestingly, Matt Muijen overlooked an additional reason why what he called 'English psychiatry' has prospered in comparison with the discipline in many other European countries, and that is the crucial role of the College over the years as a strengthener of British psychiatrists.

This is perhaps easier to see from the outside than from the inside. The College is, for example, a sole national professional association that can speak directly to government, has retained an accountable, delegated mandate for standard setting and examining, exerts a scientific influence through four journals that resound throughout Europe and across the world, has over 150 paid staff and financial resources unparalleled elsewhere and, above all, has recently rediscovered an international collegiality.

The College is indeed therefore a massive resource for international psychiatry. But how to realise this potential fully on the world stage is a key question for the new College structures. How can it be one of the 'first among equals'? How can collaboration be facilitated? How should it use its resources (human and financial) to strengthen the WPA and its networks in low-income and isolated regions? How could it strengthen the ethical and educational roles of the WPA and support its disaster fund?

It is in the best interests of the College and the world community for these questions to be asked and answered. Going it alone is neither desirable nor practical.

The updated international programme planning for the annual meeting in Edinburgh is a real step forward, as is the greater participation of College members in sustaining the institutional vibrancy of the WPA.

Holding together national and international obligations, I can recall, is never easy. Yet it was right for the College at its annual meeting to celebrate the millennium with the world community in London and to celebrate the sociocultural diversity of mental health expertise.

Seeing the College inside out (and even at times upside down) is therefore a reason for optimism that other professional associations will become, over time, similarly empowered.

It is much to be hoped that this nettle will continue to be grasped by our College officers and that this new internationalism will flourish. This in turn will ensure that the WPA structures, which can at times creak and audibly groan, will increasingly become more fit for purpose. It is also, I believe, in the best long-term interests of the College.

John Cox

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Natural disasters and their aftermath

Sir: I am writing in response to the two papers published about Sri Lanka in the July 2006 issue of *International Psychiatry* (vol. 3, no. 3, pp. 5–11). Danvers *et al* and Samarasinghe have contributed to our understanding of population responses to natural disasters; in the case of Sri Lanka, this was superimposed on a manmade disaster, in the form of 20 years of conflict. Any population exposed to either type of disaster, natural or manmade, may develop post-traumatic stress disorder in significant numbers. I am not surprised by the experience of Danvers *et al* of volunteers wanting to carry out psychosocial activities, including 'counselling', despite not having any psychosocial skills or training. But Sri Lankans have been treating trauma for millennia. My experience of working in Sri Lanka was that, at times, one did not need specific skills to deal with trauma-related problems, especially soon after the traumatic incident. I found that people wanted practical help or somebody to listen to their problems and experiences. I found that clergy had taken on the role of sympathetic/empathetic listeners and were doing an excellent job. Proper skills and training were, of course, needed for more complex problems, but these were not that common. However, the recent development of offers of counselling simply due to promotion of Western-style delivery of mental health services might not be appropriate.

I spent 1 year volunteering in northern Sri Lanka, from March 2005 to March 2006. I found it a wonderful and enriching experience, particularly as I am lucky enough to speak and understand Tamil reasonably fluently and understand basic Sinhalese. My work involved organising training in mental health problems following trauma, for example identification, referral pathways and basic counselling skills. The training sessions were given to staff working in relief and reconstruction (development work). Danvers *et al* worked in Jaffna, which incidentally had a history of good mental health services, with a team of experienced workers. However, in other north-eastern districts, such as Mullaitivu, Batticaloa and Trincomalee, this did not seem to be the case. Therefore, many affected people did not get the help that they might have benefited from. In my experience, raising awareness of mental health issues following trauma and providing information about what help is available and where,

seemed the best way forward. Interestingly, getting people to attend the awareness-raising sessions was extremely difficult, because people are more interested in getting help for housing, livelihood, hospitals and schools for their children than in mental health issues. My observation was that the idea of integrating a psychosocial component into development work did not seem to be very effective. One of the main reasons might be that most of the staff working in development were men, who, despite the training, might not have felt comfortable talking about mental health issues. Also, some of the staff had themselves suffered trauma and therefore might not have wanted to talk about it.

The other issue that I think was important was the understanding that a majority of the people in the north and the east were war-displaced, and some might have been suffering from the traumatic effects of the 20 years of conflict. It might have been useful to have some data on the mental health problems following the tsunami of the people who were already suffering from the psychological aftermath of the war. Again, we do not seem to have any data comparing the coping strategies of tsunami-affected people of the north, the east and the south (Galle).

There was concern that the services provided by the non-governmental organisations (NGOs) and the international NGOs might have let local services off the hook by sorting out problems for them, a view shared by Rose (2006).

To conclude, Western-style mental health services would do well by assisting disaster-affected communities through collaboration.

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Rose, N. (2006) Diary from Sri Lanka's east coast: departure. *Psychiatric Bulletin*, **30**, 387–388.

Meeting with Hong Kong trainees

Sir: I thought your readers might be interested to know of my recent experience in Hong Kong. Castle Peak Hospital was celebrating its 45th anniversary by holding an international conference entitled 'Hospital to community – psychiatry in the new era', in November 2006. I was delighted when my paper, 'An integrated acute psychiatric service – extending the ward into the community', was accepted.

Castle Peak was the first psychiatric hospital in Hong Kong. It has a large sprawling campus and impressive buildings that house 1445 beds. It is set in the mountains, far from the city, on the border with mainland China. 'This,' the chief executive of the hospital pointed out, 'was an indication of the stigma attached to mental health'. I had the opportunity to hear and interact with psychiatrists from east and south-east Asia. I learned that psychiatrists were in short supply in Hong Kong and that trainees typically had about 30 patients in their half-day clinics and the reliance was on in-patient and out-patient services. They have 0.8 beds/100 000 population, compared with under 0.6 in the UK. More services were being developed in the community and Castle Peak itself has been able to reduce its bed strength, from over 2000 in the past.

Hong Kong psychiatrists have had long-term formal as well as informal links with the College. A good number have trained in the UK and even more have passed the MRCPsych and are Members of the College. Trainees from Hong Kong and neighbouring countries comprise one of the highest numbers of overseas candidates taking the MRCPsych examination. It was this connection with the UK that made me feel quite at home. I knew Hong Kong trainees whom I had trained with or met during the MRCPsych Part II. I got in touch with the Hong Kong Trainees Committee.

As a member of the Psychiatric Trainees' Committee (PTC) of the Royal College of Psychiatrists and a trainee representative on the Board of International Affairs, I used this opportunity to meet with trainee representatives of the Hong Kong College of Psychiatrists. I wanted to explore possibilities for representation of Hong Kong trainees to the PTC and the Western Pacific International Division. The PTC supported this.

Until 2004, Hong Kong trainees did not need to sit the Professional and Linguistic Assessments Board (PLAB) Test. Now, with the Modernising Medical Careers programme and visa rule changes, the MRCPsych is appearing less relevant. The form of the MRCPsych examination is likely to change and the Hong Kong trainees committee felt that our meeting was timely as they had many concerns regarding these changes. They were grateful that their interests were acknowledged and that there was a possibility for representation in the PTC and the Western Pacific International Division. The Board of International Affairs has decided to recommend Hong Kong trainee representation to the Division and this would enable them to sit on the PTC.

This was a unique experience for me and reminded me that training changes in the UK have far-reaching consequences in other parts of the world. It would be useful to hear of similar experiences.

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