

of Psychiatrists in Africa. Professor Asuni was Director of the United Nations Social Defence Research Institute in Rome in the 1980s. He had a lifelong interest in the mental health of homeless people, as well as many other interests. He had an invaluable impact on improving mental health in Nigeria. *The Psychiatrist* will feature a full obituary of Professor Asuni.

International Narcotics Control Board

On 19 September 2011 in New York at the United Nations General Assembly High-Level Meeting on the Prevention and Control of Non-communicable Diseases, the President of the International Narcotics Control Board (INCB), Professor Hamid Ghodse, emphasised that millions of people around the world are afflicted by mental illnesses, which are non-communicable diseases and which include substance use disorders. Substance misuse requires prevention and treatment and is a contributing factor to some other non-communicable diseases.

Addressing the Roundtable on strengthening national capacities and policies, Professor Ghodse highlighted the importance of the availability of internationally controlled drugs in the treatment of non-communicable diseases and for the relief of associated pain. He stressed that appropriate medical use of controlled medicines can improve the quality of life of patients, with opioids being essential in the palliative care of cancer patients and psychotropic substances being a key component in the treatment of mental illness. However, there are considerable disparities in the availability of controlled substances. Ninety per cent of global consumption of analgesics is accounted for by a number of high-income countries, and overconsumption in some countries is increasingly of concern. In contrast, 80% of the world's population has no or limited access to these essential medicines.

Professor Ghodse reminded member states of the right of all people to be free from the pain and suffering caused by non-communicable diseases and said that prevention should be the primary means of achieving this. Well-functioning regulatory systems within each country are essential in

ensuring the availability of controlled medicines, including for non-communicable diseases, and in preventing the diversion of drugs to illicit uses. The President of the Board indicated that many countries do not have a functioning drug control regulatory system in place and that the first steps to reverse this include the development of national drug policy and national capacity.

UN political declaration on the prevention and control of non-communicable diseases

The United Nations General Assembly gathered in New York in September 2011 for a summit to shape the international agenda on non-communicable diseases (NCDs). Thanks to the work and lobbying by non-governmental organisations and senior mental health experts, the burden of mental ill-health was acknowledged as being a contributor to the burden of NCDs and the inclusion of mental health in the political declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. This declaration can be found on the United Nations' website (<http://www.un.org/en>).

World Psychiatric Association – new officers

The General Assembly of the World Psychiatric Association took place on 21 September 2011 in Buenos Aires. Elections for new Officers of the WPA took place during the Assembly:

- President Elect, D Bhugra
- Secretary of Education, E Belfort
- Secretary of Publications, M Riba
- Secretary of Sections, M A Javed.

Elections for zonal representatives also took place and details of all the elected officers can be found on the WPA website (<http://www.wpanet.org>).

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Phenothiazines and community care

Sir: I felt I could not let go unchallenged the statement in the May issue of *International Psychiatry* (p. 36) that the movement towards community care in the UK started with the advent of phenothiazines (Banks *et al*, 2011). There is an alternative view (e.g. Odergard, 1964; Warner, 1985) – that the reduction in numbers of in-patients in psychiatric hospitals began after the Second World War and before the introduction of phenothiazines, which had relatively little effect on the

rate of emptying of the old asylums. This has been related to, among other things, the postwar labour shortage and the need to draw on the reservoir of labour available at that time from a number of sources, including the mental hospitals. It was also a view held at the time that the move in the 1980s to community care was about saving money and was made despite warnings that proper care in the community would be more expensive than hospital care. Some would say this was why the Care Programme Approach was introduced, as poor funding led to embarrassing examples of poor outcomes for those with mental illness in the community.

I was a trainee in the 1980s and remember the debate at the time as well as the anecdotes of my consultant trainer about the men from the Labour Exchange visiting the hospital in earlier decades!

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Psychiatric training in Europe: the opinions of early-career psychiatrists

Sir: In the past decades, scientific advances as well as changes in society and in mental health delivery have led to the need to redefine the structure and content of postgraduate training in psychiatry. An important step in this process is the assessment of psychiatric trainees' views on training programmes and on psychiatric care in general (World Psychiatric Association, 2002; Union of European Medical Specialists (UEMS) Board of Psychiatry, 2003). However, studies evaluating residents' opinions on psychiatric training have been carried out only in national contexts and with very different methodological approaches (Herzberg *et al*, 1999; Giacco *et al*, 2010).

The European Psychiatric Association's Early Career Psychiatrists Committee (EPA–ECPC) has recently developed the self-rated Psychiatric Training Questionnaire (PTQ), which covers three areas:

- satisfaction with the training obtained and self-confidence in clinical psychiatry, pharmacotherapy, psychopathology, psychotherapy, emergency psychiatry, consultation–liaison psychiatry, old age psychiatry, substance use disorders, child and adolescent psychiatry, psychiatric rehabilitation and forensic psychiatry
- participation in research activities
- compatibility with European standards, assessing the use of log-books and participation in exchange programmes.

The questionnaire, which is freely available on the EPA–ECPC website (<http://www.europsy.net/what-we-do/early-career-psychiatrists>), is used as an online survey, and aims to assess, in collaboration with the European Federation of Psychiatric Trainees, the opinions of European early-career psychiatrists from different sociocultural and mental health system backgrounds.

The survey, still ongoing, has so far included 132 early-career psychiatrists from 29 European countries. Respondents are predominantly male (59%), with a mean (s.d.) age of 32 (2.5) years; half of them are residents and half of them are psychiatrists within the first 5 years of their professional career. Most respondents (86%) are completely or partially satisfied with the training obtained and feel more confident in clinical psychiatry, pharmacotherapy and

emergency psychiatry; on the other hand, low levels of self-confidence in psychotherapy, forensic psychiatry and child and adolescent psychiatry (CAP) have been reported. Only 39% of respondents received psychotherapeutic supervision during training, and three out of four had to attend external training programmes in psychotherapy at their own expense.

Seventy per cent of respondents are or have been involved in research activities, mainly consisting of data collection and reference updates.

The use of a log-book (recommended by the UEMS) is not yet widespread: it has been adopted by 45% of European early-career psychiatrists. During psychiatric training, 23% of respondents participated in exchange programmes, which were predominantly organised through informal agreements between professors. Those who participated in exchange programmes found them very useful for their professional career.

The preliminary results show that European early-career psychiatrists are, overall, satisfied with their training. However, some aspects of psychiatric training could still be improved. Forensic psychiatry and CAP, which are reported as core elements of psychiatric training curricula (World Psychiatric Association, 2002; Union of European Medical Specialists Board of Psychiatry, 2003), are often neglected. Moreover, strategies to enhance psychotherapeutic training and supervision are needed. Finally, participation in exchange programmes and the use of a log-book are still unsatisfactory and not in line with standards set by the Union of European Medical Specialists Board of Psychiatry (2003).

Early-career psychiatrists from all WHO European countries are warmly invited to participate in this survey. The final results will serve as a basis for improving and harmonising psychiatric training in Europe.

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The uneasy price of a nation's 'stability'

Sir: In Egypt, Hosni Mubarak spearheaded a regime that lasted 30 years. During the recent unrest, ambivalence ruled the country, dichotomising the public into pro- and anti-government parties. A new environment