

but optional. Nevertheless, trainees are required to have knowledge of and practical experience in a number of paediatric clinical problems and situations.

The *Log Book* has been the most important document produced by the Board and has already proved important in helping new EU member countries to develop their own specialist training in CAPP. It can be obtained directly from Aribert Rothenberger.

The standards set in the *Log Book* are high and may well exceed those set by the relevant national authority on training. Nevertheless, they are aspirational. Although it may be the case that a country's training standards fall a little short of the *Log Book's* standards, there may be individual centres or schemes in that country that do meet them. Such a scheme can apply for Board approval and if a visit confirms that standards are met, the scheme can state that it has UEMS CAPP approval. This requires a visit by Board members, including a trainee, and an unresolved problem is how such visits should be funded. A few have been carried out and the estimated cost is €1000–1500.

## Continuing professional development

The UEMS generally is currently concerned with continuing professional development (CPD) and CAPP is no exception. It includes CPD at its meetings but the uneven state of development of CPD across Europe has hampered progress towards harmonisation and the setting of standards. The European organisation established by the UEMS to provide accreditation for CPD events is EACCME and from time to time it asks the Board for advice. The principle adopted by the Board is whether the issues addressed in any CPD event have a scientific evidence basis, and approval hinges upon that. A particular problem for CAPP is that CPD includes contributions

from non-medical organisations, for example those concerned with family therapy, and a supranational clearing house for CPD approval needs to be able to accommodate this.

One aspect of CPD that has attracted considerable interest is distance learning. Unexpectedly, this may lead to a closer association with the USA, as there are US commercial programmes for CPD (e.g. in paediatrics) which would like to expand into Europe.

## The nature of child and adolescent psychiatry

The point that setting standards and content for specialist training will also influence the type of specialist has already been made. Discussion at UEMS CAPP meetings frequently centres on what child and adolescent psychiatry actually is. Over the past few years, services have been required to provide a remarkable range of activities. At one extreme is finding a place in which illegal immigrant children can stay, while at the other is the need for a precise delineation from paediatric neurology. In order to try to provide an agreed definition of what child and adolescent psychiatrists should do or be required to do, a short statement has been sent out to all EU countries and affiliates. This centres on the specifically medical contribution to child and adolescent mental health and makes the point that the psychiatry as applied to young people is different in many important ways from that applied to adults. Which is, of course, where we came in.

## Reference

- Lindhardt, A., Gomez-Beneyto, M. & Saliba, J. (2004) The Section and Board of Psychiatry of the Union of European Medical Specialists (UEMS): achievements and perspectives. *International Psychiatry*, no. 5, 19–21.

## NEWS, NOTES, FORTHCOMING INTERNATIONAL EVENTS

# News and notes

For contributions to this column, please contact Brian Martindale FRCPsych, Psychotherapy Department, John Conolly Wing, West London Mental Health NHS Trust, Uxbridge Road, Hanwell UB1 3EU, UK, email [brian.martindale@wlmht.nhs.uk](mailto:brian.martindale@wlmht.nhs.uk)

## Contributions of International Divisions to the College annual meeting, July 2004

### Middle East

The Middle East contributions focused on some important cultural aspects of the doctor–patient and family relationships that pose complex issues concerning the therapeutic alliance and ethics when treating the individual. Professor El-Islam informed us of a range of specific cultural issues related to both gender and generation concerning expectations of the psychiatrist on the part of both patients and families. An area that I found particularly

interesting was Professor El-Islam's description of the culture-specific dilemmas encountered when working with younger persons with disturbances related to the establishment of their own identity and autonomy, and at the same time the psychiatrist needing the active cooperation of the family for continuation of treatment and the family provision of 'social' services.

Dr El-Dosoky from Egypt gave examples of the complexity of the near ubiquity of the family presence in the relationship with the psychiatrist – its importance and usefulness as well as problematic aspects, including confidentiality. I thought that Middle Eastern psychiatrists may have a great deal to teach UK psychiatrists, who often

Hamid Ghodse (p. 1) spells out the major developments of the College in its international functioning. The tremendous potential of the International Divisions is illustrated by the issues brought by overseas members to the programme of this year's College conference in Harrogate. Brian Martindale here gives a brief summary.

A press release from the United Nations Information Service in Vienna has announced that Hamid Ghodse has been elected as Chair of the International Narcotics Control Board (INCB). He is Professor of Psychiatry and International Drug Policy at the University of London, the editor of *International Psychiatry* and Chair of the College's Board of International Affairs. Professor Ghodse is originally from Iran and has been a member of the INCB since 1992; he has served three previous terms as President of the Board.

have little training in working with families and therefore rarely have the confidence and skill to practise evidence-based psychiatry with families.

Other issues that were discussed included the importance of understanding cultural attitudes to emotions, the role of the traditional healer and working out the place of religious treatments. Dr Mahmoud on behalf of Dr Atalla outlined the overall current situation regarding psychiatry and mental health in Egypt and the plans to tackle the uneven distribution of expertise through a health service reform programme, of which a central thrust was the expectation that graduates would spend significant periods in primary care before specialising (as is already happening in Iran).

#### Africa

The African Group was introduced by Dr Frank Njenga, who emphasised how much the formal creation of International Divisions would lead to a real feeling of belonging and a more genuine sense of partnership with College members working overseas.

Professor Wilson Acuda shared with us his experience of work in Uganda, Kenya and Zimbabwe over three decades. Uganda had one of the best mental health services in Africa until the politically induced decimation of the country and its structures set services back for 25 years. Before then, it had a rich mixture of local services and a flourishing university involved in internationally linked research in the mental health field. Professor Acuda had to flee Uganda and then spent 12 years in Kenya, where, following the Alma-Ata Declaration promoting primary care (inspired by the World Health Organization), there was a considerable expansion of trained personnel in the mental health field. The British Council funded training opportunities overseas and Kenya became involved in major research projects, especially in the field of alcohol misuse, and it held some major international psychiatric conferences. Once again, changing socio-economic conditions led to a significant reversal. All readers will be familiar with the serious current situation in Zimbabwe, but may not know how well things were developing during the 1990s, when there was extensive promotion of village health workers. With the collaboration of the World Health Organization there were investigations into the role of traditional healers and, for example, links with Bergen (Norway) led to health promotion and research in connection with substance misuse.

Dr Fred Kigozi spoke of the need for a whole-systems approach as he sketched out plans for Uganda to recover its former status of having one of the best-developed mental health services. That this is possible is borne out by evidence that coordinated work in Uganda has resulted in one of the lowest AIDS rates in Africa.

In similar vein, Professor Zabow outlined the effects of apartheid on mental health systems and on mental health, and the important role of the College in vigorously opposing the effect of apartheid on the practice and organisation of psychiatric services. He outlined the continuing possibilities of abuse and neglect and dehumanisation if differential levels of care are provided according to

socio-economic factors. He outlined by way of example the impressive plans through which the Western Cape is reorganising its mental health services so that most are now provided within primary care and how training and support are needed to do this. An impressive feature is that all medical students carry out a 6-month placement in the mental health field. Perhaps as a result, places for psychiatry training are oversubscribed. Perhaps this will assist in the proposed expansion of posts, which will support services in primary care.

#### Asia

The South Asian Group opened the afternoon sessions through its chairman, Dr Rodrigo, on the theme of poverty and social change. Dr Deva of Malaysia described the situation at the time of independence from Britain in 1957 and the impressive changes of the past 50 years, during which 15 medical schools have been established. It will not be long before there are 200 psychiatrists in the country, of 24 million inhabitants. As with many of the presentations, he made it clear that a major effort is being put into decentralising mental health services and making them available within primary care. This requires careful education and a reduction in stigma.

Dr Chaudry from Pakistan gave an illustrated talk on a major project in Lahore, which has raised funds for a wide range of services. We heard of agrarian, music and group therapy and the important role of traditional healers for certain disorders. Health symposia were important in raising the profile of mental health, as was close liaison with journalists.

Dr Vikram Patel emphasised the need to combat the idea that depression was associated with affluence or Western lifestyles and to make clear that poverty is strongly associated with common mental illnesses such as anxiety and depression. He reported research that helps to clarify who of the impoverished are most vulnerable to depression. Globalisation was shown to be having a major effect on certain traditional forms of employment. International trade has lowered prices for small farmers and workers in the cloth industry, leading to high suicide rates. An important finding was that men who were in further difficulties after borrowing from loan sharks had an increased tendency to domestic violence, leading to depression in their spouses. Official 'micro-loans' to the spouses were altering their status in the eyes of the husband, leading to prevention and sometimes resolution of domestic conflicts.

#### North America

The North American Group (now the pan-American Division) was introduced by Nigel Bark, who underlined the fact that in the richest country in the world – the USA – there were both poverty and also certain populations who were 'underserved'. The Surgeon General's report of 1999 had highlighted the deficiencies in services for the elderly, children and some rural and minority groups and a further report by the President's Freedom Commission stated that mental health systems were a 'shambles'. Nigel Bark highlighted the increasing prison population

and the high incidence of serious mental illness there. He felt that a great deal could be learned from the experience of other countries in the world that were developing mental health services where there are few psychiatrists and other mental health professionals.

Dr Claire Henderson, a UK psychiatrist, spoke of her experience of taking up a Fellowship in Public Psychiatry in New York City. The purpose of the programme was to attract and train psychiatrists to work in the public sector in deprived urban areas. We were given an insight into a well thought through programme, which combined clinical experience in a variety of settings with opportunities to evaluate the optimum management of complex organisational issues, including the delivery of assertive community teams (ACTs) to serve specific populations.

Finally, Dr Peter Birkett focused on nursing homes and elderly people with mental illness in New York and differentiated them from board and care homes and similar institutions in the UK. He communicated a wealth of experience in his outline of the determinants of who used such facilities. Nursing homes are much more expensive and tended to offer a medical model of care. They tended to be used not only for many persons with dementia but also for those with refractory depression and those with mobility problems. Often there has been a recent hospital admission for the patient or the carer and there may well have been a crisis for the carer, especially if the carer is not a spouse. Persons with more paranoid disorders tend to stay away from homes.

### Conclusion

The International Division presentations lasted the whole of the last day of the conference and inevitably the above account has been able to report only a few of the fascinating issues addressed. Important questions were raised about the services available for persons with learning disabilities in developing countries and there was an evident wish to understand better the place of the many kinds of traditional healers.

Those present were impressed by just how much there is to be learned from hearing of difficulties and successes in different parts of the world that transcend the need to take into account particular conditions, cultures and traditions. In addition, the meeting played an important part in fostering a sense of community among psychiatrists from around the world, who often work in relative professional isolation, even when in large cities.

*Brian Martindale*

### International Association for the Scientific Study of Intellectual Disabilities (IASSID)

The 12th Congress was held in Montpellier, France, in June 2004 and was an exciting, week-long celebration of research in learning disability (mental retardation). IASSID was founded by members of the Royal Medico-Psychological Association in 1964. The Congress meets every 4 years and this time attracted 1500 participants

from all parts of the world. About one-sixth of the participants came from the UK and many of the leading researchers presenting their work were psychiatrists. Other disciplines represented included psychology, special education, anthropology, nursing and social science, and a number of user/consumer researchers shared their experiences and findings. Professor Hollins' department sponsored a Zambian teacher to talk about a 'case finding' exercise in a shanty town in Lusaka, which resulted in an integrated community school for AIDS orphans, of whom 25% have a disability.

The next Congress will be in Cape Town in August 2008, and as an IASSID Council member Professor Hollins would be keen to hear from anyone working in Africa who would be interested in joining a network before the Congress and in preparation for it (email [shollins@sghms.ac.uk](mailto:shollins@sghms.ac.uk)).

*Professor Hollins, IASSID Council member*

### Overseas Presidents at College meeting

The Royal College was pleased to welcome the following Presidents of other psychiatric organisations to the annual meeting in Harrogate in July:

- American Psychiatric Association – Prof. M. Riba
- Brazilian Psychiatric Association – Prof. M. A. A. Brasil
- Canadian Psychiatric Association – Dr A. Thakur
- Egyptian Psychiatric Association – Dr S. A. Zim
- Ghana Psychiatric Association – Dr S. Allotey
- Hellenic Psychiatric Association – Prof. G. N. Christodoulou
- Iraqi Psychiatric Association – Dr N. S. Ali
- Kenya Psychiatric Association – Dr F. G. Njenga
- Norwegian Psychiatric Association – Prof. B. Stubhaug
- Royal College of Psychiatrists of Australia and New Zealand – Prof. P. Boyce
- Uganda Psychiatric Association – Dr F. Kigozi.

### Higher education link in child psychiatry between UK and India

The main aim of the Child and Adolescent Overseas Working Party of the Royal College of Psychiatrists has been to support the development of services in low-income countries by enhancing their training capacity. Thus, with the help of the British Council, a 3-year project started in 2003 between the Greenwood Institute of Child Health, Leicester, and the Institute of Medical Sciences, Varanasi. Each year three or four professionals from India visit the UK for nearly a month to study child and adolescent mental health services and teaching programmes. Similarly, a team of trainers from the UK visits India to run seminars for a variety of professionals.

The British Council emphasises the alleviation of poverty and gender issues. The link serves this purpose as the university hospital in Varanasi caters largely to poor and lower-middle-class populations. It should help the poor and underprivileged section of society by improving the mental health of the children and alleviating the suffering of the affected families and improving their quality

IASSID website:  
[www.iassid.org](http://www.iassid.org)

WPA Congress website:  
www.wpa-cairo2005.com

The date for all submissions is now 31 October 2004.

The opera *Aida* will be performed at the Pyramids on 14 September 2005.

of life. It also aims to ensure that the project will particularly benefit females. For further details of the project, please contact [Kedarnd@doctors.org.uk](mailto:Kedarnd@doctors.org.uk).

## Iraq

Professor Martin Deahl, a Fellow of the Royal College of Psychiatrists, has recently been appointed Commander of the British Medical Group in Iraq. He and his team left Britain for Iraq in July taking a convoy of medical supplies, equipment and so on. At least seven Royal Colleges agreed to donate books and journals to colleagues and medical schools in Iraq. The Royal College of Psychiatrists has donated the entire run of *Psychiatric Bulletin* as well as five copies of the book *Where There Is No Psychiatrist*.

## WPA Congress, 10–15 September 2005

The theme of the WPA Congress is '5000 years of Science and Care: Building the Future of Psychiatry'. The Congress will discuss the state of the art in the advances in neurosciences as regards all the complexities of today's psychiatry. The four plenary lectures will be presented by the President, the President elect, the Egyptian Nobel laureate in physics Professor Ahmed Zewail and the winner of the Jean Delay Prize, 2005. We shall have keynote lectures, symposia with contributions from all the WPA's 55 scientific sections, panels, workshops, seminars and more, and from both developed and developing countries. For the first time in a world congress, master clinical case conferences will be discussed with worldwide pioneers in clinical psychiatry, where the opportunity for the active participation of the audience will be available. Emphasis on partnership in the care of mental patients and innovative mental health programmes in developed and developing countries will be the focus of attention. We need in this congress to translate scientific advances to better quality care of patients.

*Professor Ahmed Okasha,  
President, World Psychiatric Association*

## Forthcoming events

10–13 November 2004

### Treatments in Psychiatry: An Update

International Congress of the WPA.

Florence, Italy.

Contact: Prof. Mario Maj, Institute of Psychiatry, University of Naples, Largo Madonna Delle Grazie, I-80138, Italy.

Fax: +39 081 566 6523

Email: [majmario@tin.it](mailto:majmario@tin.it)

17–20 November 2004

### Latin American Psychiatric Association (APAL)

Punta del Este, Uruguay.

Contact: Dr Angel Valmaggia.

Email: [apal2004@montevideo.com.uy](mailto:apal2004@montevideo.com.uy)

Website: [www.apal2004.org](http://www.apal2004.org)

2–5 December 2004

### WPA Regional Meeting on Eastern Europe and the Balkans

Craiova, Romania.

Contact: Dr Tudor Udristoiu.

Email: [psy@umfcv.ro](mailto:psy@umfcv.ro)

13–17 December 2004

### Mal-etre, bien etre: Quelles ressources pour agir?

WPA Suicidology Section.

Poitiers, France.

Contact: Dr Jean Jacques Chavagnat

Email: [prs.suicide@ch-poitiers.fr](mailto:prs.suicide@ch-poitiers.fr)

12–15 January 2005

### Facing the Challenges, Building Solutions

WHO Ministerial Conference on Mental Health. An invitational conference of all 52 member states in the WHO European Region and of selected organisations.

Contact: Mental Health Programme, Regional Office for Europe, Scherfigsvej 8, DK 2100, Copenhagen, Denmark.

Fax: +45 3917 1865

Email: [jke@euro.who.int](mailto:jke@euro.who.int)

Website: [www.euro.who.int/document/MNH/MHleaflete.pdf](http://www.euro.who.int/document/MNH/MHleaflete.pdf)

12–15 March 2005

### Advances in Psychiatry and Meeting of the WPA Scientific Sections

WPA Regional Meeting.

Athens, Greece.

Contact: Prof. George Christodoulou, Athens University, Department of Psychiatry, Eginition Hospital, 74, Vasilissis, Sophias, 11528 Athens, Greece.

Fax: +302 10 724 2032

Email: [gnchrist@compulink.gr](mailto:gnchrist@compulink.gr)

16–18 March 2005

### Costa Rica Psychiatric Association National Psychiatric Congress and Central American Psychiatric Congress

WPA Sponsored Conference.

Contact: Dr Rigoberto Castro Rojas.

Email: [rcastro@racsa.co.cr](mailto:rcastro@racsa.co.cr)

Website: [www.asocopsicr.com](http://www.asocopsicr.com)

16–19 March 2005

### 14th World Congress of the World Association for Dynamic Psychiatry

Trauma–Attachment–Personality.

Cracow, Poland.

Contact: Dr Maria Ammon.

Email: [dapberlin@aol.com](mailto:dapberlin@aol.com)

Website: [www.dapberlin.de](http://www.dapberlin.de)

18–20 March 2005

### Financing Mental and Addictive Disorders

Venice, Italy.

Organized by WPA Section on Mental Health Economics.

Contact: Dr Massimo Moscarelli.

Email: [Moscarelli@icmpe.org](mailto:Moscarelli@icmpe.org)

Website: [www.icmpe.org](http://www.icmpe.org)

19 April 2005

### International Congress of Personality Disorders, Association of Argentinean Psychiatrists (APSA)

WPA Section on Personality Disorders and APAL Personality Section.

Mar del Plata, Argentina.

Contact: Dr Nestor Koldobsky.

Email: [koldobsky@speedy.com.ar](mailto:koldobsky@speedy.com.ar)

Website: [www.iaepd.com.ar](http://www.iaepd.com.ar)

20–23 April 2005

### Regional Meeting of the Collegium Internationale Neuro-Psychopharmacologicum

CINP WPA Co-sponsored conference.

Cape Town, South Africa.

Contact: Dr Robin Emsley

Email: [rae@sun.ac.za](mailto:rae@sun.ac.za)

Website: [www.cinp.org](http://www.cinp.org)

10–15 September 2005

### XIII World Congress of Psychiatry

World Psychiatric Association

Cairo, Egypt.

Contact: Prof. Ahmed Okasha

Email: [secretariat@wpa-cairo2005.com](mailto:secretariat@wpa-cairo2005.com)

Website: [www.wpa-cairo2005.com](http://www.wpa-cairo2005.com)