

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.

**Allen Kharbteng**

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