understood that those without HSMPs would be considered for specialty training posts via the work permit route only if there were no eligible EEA nationals applying for them. As mentioned above, this especially had implications for those early on in their training and not yet eligible for a HSMP visa application.

Mental health of IMGs

There is little published evidence regarding the mental health of UK junior doctors in general and more specifically IMGs. Doctors are known to be at increased risk of stress, mental illness, substance misuse and suicide, compared with other professionals and the general population (Ghodse *et al*, 2000; Tyssen & Vaglum, 2002). In addition, immigration is thought to be a risk factor for mental illness and suicide (Bhugra & Jones, 2001). The significant financial debts incurred by many IMGs, combined with poor job prospects, loss of control and the possibility of discrimination may be further stressors in an already vulnerable group.

Preliminary results of an online survey regarding the mental health of MTAS applicants conducted by the authors suggest the adverse impact of the recent changes in postgraduate medical selection and training on all UK junior doctors (Lydall *et al*, 2007). The final results of the survey, which had 191 IMGs among its 1002 respondents, will be published as soon as the analysis is completed.

Conclusions

Immigrant doctors have traditionally provided invaluable services to the NHS since its inception. The manner in which changes have been implemented in the past year can be characterised as inept, at best. Thousands of immigrant doctors who came to the UK to work in a fair and equitable system have been betrayed by the abrupt change in immigration regulations after they made the effort and investment to come to work in the NHS. The disregard for this group of medical professionals has been made worse by a lack of consideration for IMGs during the constant evolution of the rules during the implementation of and in response to the MTAS debacle.

The commoditisation of overseas doctors by the UK system will have long-term consequences for recruitment, especially in shortage specialties like psychiatry. There are also bound to be serious implications for the mental health not only of those IMGs who have been affected but also of all other IMGs working in the UK, as well as their UK-trained colleagues. If the NHS continues to treat its highly valued and committed front-line staff with such disregard, it is only a matter of time before all that are left are insensitive centralised policy-makers and no one to deliver either their policies or, more importantly, high-quality healthcare.

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Traditional healers

David Skuse

Behavioural and Brain Sciences Unit, Institute of Child Health, London WC1 1EH, UK, email d.skuse@ich.ucl.ac.uk

Traditional healers are an important source of psychiatric support in many parts of the world, including Africa. They offer a parallel system of belief to conventional medicine regarding the origins, and hence the appropriate treatment of, mental health problems. In this issue we present a thematic review from three regions of Africa where traditional healers are still important – and probably far more numerous than psychiatrists trained in Western medicine. First, we discuss South Africa, in a report from Professor Tuviah Zabow. Some years ago it was estimated that there were nearly ten times as many traditional healers practising in that country as there were doctors trained in modern medicine (Kale, 1995). The prevailing justification for their interventions, according to traditional beliefs, is that disease is a supernatural phenomenon. Its manifestations are governed by a hierarchy of vital powers. At the apex of this hierarchy is a deity of greatest power, followed by lesser spiritual entities, ancestral spirits, living persons, animals, plants and then objects (Kale, 1995). These entities interact and, should they become disharmonious, illness could be caused. Harmony can, however, be restored through judicious intervention, provided by a suitably trained person who treats the patient holistically, within the context of their family and their community.

In his article, Professor Zabow emphasises that indigenous healers may be regarded as falling into three broad categories: diviners (the majority of whom are female and selected by their ancestors to this calling); herbalists; and faith or spiritual healers (usually within the Christian tradition). South Africa is trying to regulate the activities of

these groups, and to set training standards. Although in the past there had been attempts to ban traditional healing completely, nowadays there is increasingly a collaborative relationship between conventional psychiatric services and those provided by traditional healers.

A very similar situation seems to exist in Nigeria, according to the article from Drs Olugbile, Zachariah and Isichei. The authors arranged a discussion with a group of traditional mental health practitioners. They attempted to derive from that interaction a structure that summarised traditional beliefs regarding the origins and treatment of mental illness. In this report, the authors describe that structure as it pertains to the origins of mental illness. They show that there are clusters of aetiological influences, as perceived by the traditional practitioners, which follow a simple typology of observed behaviour, and link to particular modes of treatment to be employed. The duration of treatment is protracted, up to 6 months, and many such healers claimed they could bring about a complete cure. The authors emphasise the need for a dialogue between health planners, doctors and these traditional practitioners.

Finally, Professor Ndetei discusses the role of such healthcare practices within the context of East Africa. As in South Africa, the prevalence of traditional medicine is very high indeed. He estimates that at least 80% of the healthcare needs of rural inhabitants in East Africa are initially met in this way. The proportion of treatment that is concerned with mental health problems is estimated to be substantial. Traditional approaches may include herbal remedies as well as some form of what Professor Ndetei calls 'psychotherapy'. The latter, he emphasises, is of considerable sophistication and is taught orally from generation to generation, in the absence of any textbooks. Psychotherapeutic work is done at the individual level, as well as with couples, families and with groups. One of the main objectives of such therapy is to reduce stress. The author emphasises that we in the West have a lot to learn from the way these traditional healers manage their patients and challenges us with the question: 'Are we willing to learn from them?'

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Traditional healers and mental health in South Africa

Tuviah Zabow

Emeritus Professor, Department of Psychiatry, University of Cape Town, South Africa, email zabow@networld.co.za

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Psychiatric patients access both indigenous healers and services rendered by psychiatric facilities in South Africa. The various groups of healers which are available are clearly not all acceptable to the whole population and variable experiences are reported with different categories of healer and the different treatments provided. An increasing collaboration between psychiatric services and indigenous healers is becoming evident, as in other health services. Reports indicate that many African psychiatric patients seek treatment from indigenous healers while attending psychiatric clinics, in both rural and urban regions. This has led to much discussion and differing viewpoints as to the possible benefits and disadvantages of collaboration and simultaneous use of different treatment modalities. Included in this is the question of the medical competence of traditional healers and the possible neglect of serious conditions.

Use of indigenous healers by psychiatric patients

Even in metropolitan urban areas of South Africa, indigenous healers are still widely used, especially for mental health problems. This is in part related to common beliefs that such problems are caused by bewitchment and that only indigenous healers can treat this, resulting in simultaneous consultations. Despite this, these culturally specific groups are not under-represented among the users of psychiatric services (Ensink *et al*, 1995) and, indeed, many patients still travel from distant areas to get psychiatric treatment in the city-based facilities.

Indigenous healing systems

It is evident that culture-specific concepts of mental illness and related beliefs will affect the delivery of psychiatric services. An understanding of the systems of indigenous healing by healthcare providers is therefore essential in each region of the country, as these may differ regionally. There are specific names and descriptions used for different categories of disorder. The use of these terms does not exclude conventional mental health services being consulted. The healing modality can include psychosocial and other approaches. The medical competence of the traditional healer is frequently addressed and a regulatory framework has recently been introduced that recognises certain groups of 'treatments' in South Africa.