Need for training experience overseas

DEAR SIRS

Sitting in Harare, Zimbabwe, I found Professor Buchan's article, 'Two Decades of Psychiatry in Zimbabwe' (*Psychiatric Bulletin*, December 1989, **13**, 682–684) particularly relevant.

On finishing my out-patient clinic at Harare Central Hospital last Thursday, reflecting on the problems of the 33 people I had seen that morning, I wondered (a) what was I doing there and (b) how would it be possible to change the torrential flow of people seeking help? (There had been over a hundred people that morning for three of us to see.)

As an answer to (b), from reading the article and indeed from other sources, I realised that the ideas forming in my mind of outlying clinics, community support, proper follow-up etc. were nothing new. They had been tried before, with success, but for various reasons they were not sustained.

The psychiatric population I had encountered in my two months in Zimbabwe was much as Professor Buchan described a decade earlier, more men than women, many acute psychotic episodes, many drug and alcohol related, many with acute violence settling quickly, and a hard core of chronically ill people being readmitted. A revolving door has been opened up, and in fact the process reminds me of those Chaplinesque scenes with the door spinning like a top.

What is not contained in the epidemiological data is the clinical interest of practising psychiatry in a culture where belief in spiritual possession is the norm, where, although in a quite foreign place, a large proportion of people speak English and where an able group of nursing staff help with translation and explanation.

Which leads to question (a), what was I doing there? I cannot go into the complexities of motivation, suffice to say that a mixture of curiosity and concern had brought me, but it struck me that, even if only to justify my own position, I should exhort others to come to this or similar situations.

There is a refreshing clarity of need. The debate about community services is not whether this bit of icing should be pink or blue, it is how shall we get the ingredients for the cake? I feel it would be most instructive for trainees to see a service which is calling out for developments in many different spheres. It would give a greater grasp as to the fundamentals.

The service here in Zimbabwe has been supported by people like myself, on two or three year contracts, but from time to time this supply dries up leaving the more permanent staff an impossible task. If there was a steady stream of people, trainees with some experience, it would undoubtedly help in the development and maintenance of the services in these less wealthy countries. I know this goes against current thinking, the view being that overseas specialists bring their own agenda and undermine the local production of expertise, but I can't help feeling that these problems are global problems and that there is mutual benefit from such personal exchange.

Perhaps the overseas desk should operate a two way flow of trainees and maybe in a few years there will be some training schemes which offer overseas legs. Who knows? Perhaps there will come a time when accreditation carries with it mandatory overseas experience. I assure you that the ambience here in Zimbabwe would ensure that there would be no shortage of approval teams!

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Stinking wards

DEAR SIRS

It is generally agreed that psychogeriatric long-stay wards should be homely and comfortable, for the benefit of the patients and for the peace of mind of their relatives.

This philosophy translates, in many units, into the use of deep-pile carpeting as the floor-covering of choice. Unfortunately, this has the adverse effect that the carpets are soon soaked in the products of double incontinence, in spite of valiant efforts to clean the carpets and to manage the incontinence.

Wards that stink are a very unpleasant environment and they contribute to the unpopularity of Psychogeriatrics. They are also a health hazard, and relatives find it an ordeal to visit, although the regular staff of these wards can become oblivious to the smells around them.

I think it ought to be established that long-stay psychogeriatric wards *must* have lino floor coverings since it is impossible to clean carpets adequately in such surroundings. Until this is done, the Health and Safety Executive should work closely with Health Authorities to see to it that something positive is done about stinking wards.

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