The IES-R is not a specific diagnostic measure for post-traumatic stress disorder (PTSD). This is because it is extremely difficult to assess criterion A for the DSM-IV diagnosis: that the person experienced or witnessed a traumatic event that involved actual or threatened death or serious injury, and the person's response involved intense fear or helplessness. What was extremely significant about the sample population used for this study is that all the medical students were either directly from the earthquake zone or were certainly indirectly affected by the earthquake. The inclusion of the hyperarousal element within the IES-R does better synchronise with the DSM-IV PTSD criterion and therefore better encapsulates the psychological impact of traumatic events. However, there is always the need to explore further the cultural idiosyncrasies of psychological trauma. More empirical and clinical work is needed in this area. What makes the results of the present research so significant is that the UIES-R was evaluated with a distinct trauma population. However, a justifiable limitation of the research was not being able to clarify more specifically the research participants' experiences of criterion A. Being able to have done so would have greatly enhanced the contextual findings and enabled a more idiosyncratic, subjective interpretation of the Pakistan earthquake of 2005. This may to some degree affect the degrees of variance of the measures, which in turn may relate to the independence of the subscales. However, the number of research participants involved potentially limits this.

In conclusion, the Urdu version of the IES-R can be used for clinical populations in Pakistan with evidence of good reliability and satisfactory validity. In research in Pakistan the UIES-R will be an extremely useful tool. Its validation will enable researchers to compare Pakistani psychological trauma research data with existing data in the international academic literature. Bhui *et al* (2000) have suggested that even within a broad ethnic group, expressions of distress may vary between different subgroups and may change as a result of acculturation. Much more research is therefore needed on the use of the UIES-R within the various Pakistani subcultures.

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NEWS AND NOTES

Contributions to the 'News and notes' column should be sent to ip@rcpsych.ac.uk

UK Division of the Hellenic Psychiatric Association

The Hellenic Psychiatric Association (http://www.psych.gr) has established a UK Division. The officers are:

- Chair, G. Ikkos
- Honorary Secretary, D. Paschos
- Academic Secretary, E. Palazidou
- Trainee Lead, N. Christodoulou.

Membership of the UK Division is open to all specialists and trainees in psychiatry registered in the UK and interested in Hellenic psychiatry, irrespective of ethnic origin.

The UK Division has held meetings on mental health services in the UK and Greece: 'Perspective on Service Development' and 'Development, Innovation, and Governance'. The programme of forthcoming academic activities includes 'Focus on Bipolar Disorder' (confirmed speakers to include Professor Craddock, Cardiff University) and 'Psychiatry and Emotion: Neuroscience, History and Culture' (jointly with the Royal Society of Medicine, confirmed speakers to include Professor Chaniotis, Institute of Advanced Studies, Princeton University, and co-organiser, and Professor Randolph Nesse, University of Michigan). It has been proposed to hold study tours in Greece and Cyprus and other centres of Hellenic medicine.

For more information email gikkos@hotmail.com or drpaschos@hotmail.com

BIPA 'train the trainer' programme

The British Indian Psychiatric Association (BIPA), a diaspora network of psychiatrists of Indian origin is currently involved in an International Health Link Project, led by the chair of BIPA, Dr Subodh Dave.

India has only 0.4 psychiatrists per 100 000 population, compared with 14 per 100 000 in the UK. While there are no short-term solutions to increasing capacity in psychiatry, improving medical students' ability to recognise and manage psychiatric illnesses offers a sustainable solution in the long term. Recognising the local focus on didactic teaching and a minimal summative assessment, the joint UK–India faculty felt a critical need for a psychiatric curriculum focused on skills, outcomes and attitudes.

The Association's five-strong faculty designed and delivered a 4-day 'train the trainer' programme to a core faculty, Mumbai (India) in January 2012 and is due to follow this up with post-course online mentoring and support. The

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new teaching techniques will be compared with the older methods through a randomised controlled study.

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2011 BPPA/BAPA conference, 'State of the Art Psychopharmacology'

The 10th annual British Pakistani Psychiatric Association (BPPA) conference was held with the British Arab Psychiatric Association (BAPA) on 19 and 20 November 2011 in Solihull, UK. Key-note addresses were provided by a variety of academic and clinical experts, including: Dr Fiona Gaughran, Dr Gordon Bates, Professor Chitra Mohan, Professor Malcolm Larder, Dr Peter Haddad and Dr Claire Royston. Topics covered included psychopharmacology across the breadth of psychiatric specialties. Conference attendees also benefited from an address by Professor Sue Bailey, the President of the Royal College of Psychiatrists, on her vision for the future. The key message from the conference was the need to use medications based upon the risk/benefit ratio, taking into account the ever-evolving evidence base.

The 11th BPPA conference, in 2012, has provisionally been set for 17–18 November 2012. For further information on the BPPA, please visit http://www.bppauk.org or email bppa@btinternet.com

Global Health Alerts: Why mental health matters to global health

Friday 9 March 2012, from 6.30 p.m., at the Royal Society of Medicine (RSM), 1 Wimpole Street, London W1G 0AE

The Global Health Alerts is a series of free evening events organised by and held at the RSM. This series of talks aims to allow RSM members and non-members to engage in global health and learn about its past, current and future challenges. Well-respected speakers or organisations are invited to address controversial issues.

Professor Vikram Patel will address arguably the most neglected and stigmatised of all the causes of human suffering around the globe. The lecture will demonstrate not only why addressing health conditions affecting the brain is central to global health and development, but also that things are now beginning to change for the better and there are clear directions in which we need to be going.

Vikram Patel is Professor of International Mental Health and Wellcome Trust Senior Research Fellow in Clinical Science at the London School of Hygiene and Tropical Medicine, where he is joint director of the School's Centre for Global Mental Health.

Following a chaired discussion, delegates will be invited to a networking reception.

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Religious and spiritual dimensions of healthcare

Sir: John Cox challenges readers of *International Psychiatry*, the academic community, policy planners at the World Health Organization and national governments 'to fill in these glaring conceptual and practical gaps in research, education and clinical work – and to reconsider the religious and spiritual dimensions of healthcare' (Cox, 2011). This may seem daunting, but it is worth noting that much groundwork has already been done, for example in the work and publications of the Royal College of Psychiatrists' Spirituality and Psychiatry Special Interest Group (SIG). There are examples in Cook *et al* (2009), and in numerous other publications to be found on the College's SIG web pages (http://www.rcpsych.ac.uk/college/specialinterestgroups/spirituality.aspx).

I would also humbly draw your attention to a recent account of a comprehensive 'psycho-spiritual' paradigm, *The Psychology of Spirituality* (Culliford, 2011). Based in part on the work of James Fowler (1981), this book seeks to shed light on human existence and development at personal, interpersonal, sociocultural and spiritual levels. The paradigm described could readily be adapted for both research and teaching (Culliford, 2009).

Its relevance to medicine and psychiatry is that a key element of the new, holistic paradigm concerns the potential for people to grow through adversity and it reasserts the value of healing (making people whole), as distinct from simply removing or suppressing symptoms.

As well as informing clinical work, the paradigm also points meaningfully towards the benefits of sharing people's suffering and attempting (whether successfully or not) to restore them to health. It offers something of an explanation, then, of the vocational aspects of becoming a healthcare professional, and suggests ways of developing skills to enhance professional competence.

These may be thought of as 'spiritual' skills (including, for example, developing emotional resilience, having the courage to witness and endure distress while sustaining an attitude of hope), and they are by no means bounded by the work setting, some of them being of equal value in the family environment and in everyday life.

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