## Correspondence

## World Psychiatric Association and the Royal College of Psychiatrists: regional reflections

Correspondence is welcome on any of the articles or issues raised in *International Psychiatry*. Letters of no more than 500 words should be sent to the Editor, Hamid Ghodse, email hghodse@sgul.ac.uk

I have just completed a journey 'up the Nile'. This voyage began in Cairo, where I examined for the Arab Board, and ended at the source of the Nile in Uganda some days later. I was reminded of the life-giving energy of this great river and of the enriching vibrancy and humanity of its peoples, with their contrasting mental health services. Unfortunately, I could not on this occasion visit Sudan.

The journey to Uganda was primarily a private visit to spend Christmas and New Year in a country I first lived in over 30 years ago. The timing of the visit was fortuitous, coinciding with the annual conference in Kampala of the Psychiatric Clinical Officers, and a visit by my former Keele colleague, Jed Boardman.

Both the World Psychiatric Association (WPA) and our College (one of its larger and most established member societies) are developing increasingly conspicuous and mutually enhancing regional policies. The fledgling College Africa Division could, together with the African Association of Psychiatrists and Allied Professions, provide a renewed focus for a realistic sense of 'African psychiatry'. The first African postgraduate textbook published for some decades, Essentials of Clinical Psychiatry for Sub-Saharan Africa (edited by Frank Njenga, Wilson Acuda, Vikram Patel and Mario Maj and published by the WPA), is a most valuable statement of new developments in postgraduate training and research.

The WPA, through its 18-strong Board of Elected Zonal Representatives, is also establishing a more tangible regional structure. The Asian Federation of Psychiatric Associations, for example, has been established, led by a distinguished Fellow of the College (Professor Parameshvara Deva), and the WPA President (Juan Enrique Mezzich) is committed to enhancing the contribution of member societies from low- and middle-income countries — and so am I. The energy and commitment of the psychiatrists in Uganda were self-evident, and the developments in mental health services now include a credible regional and district strategy.

It is now much to be hoped that the global energy witnessed at the World Congress in Cairo September 2005 will, like a Scottish salmon, move upstream, so that mental health services in the culturally rich but economically poor sub-Saharan Africa will be sustained. Here lies a challenge for our College and for the WPA.

Debates about a 'brain drain' are indeed important but we must listen carefully to those at the sharp end of personal decision-making and to colleagues living in countries where political instability is frequent. All strength to our College President, who has grasped this nettle and who articulated the issues succinctly at the WPA General Assembly. The increased institutional strength of the WPA and the evident will of the College to take seriously its international obligations are striking developments in our increasingly smaller world

I plan to attend a regional meeting in Addis Ababa on 24–25 April 2006 and it is much to be hoped that the Board of International Affairs will also support the important WPA regional meeting planned for Nairobi in March 2007, to be hosted by the Kenyan Psychiatric Association with Frank Njenga and colleagues at the helm.

John Cox Secretary General, World Psychiatric Association Past President, Royal College of Psychiatrists

# Psychiatry as a career: a trainee's perspective

The thematic papers section discussing recruitment into psychiatry in issue 10 of International Psychiatry (October 2005) provided thought-provoking reading. From its inception, psychiatry has struggled to convey its merits to medical graduates and consequently has suffered from low recruitment. I would like to report my experience of psychiatry as an undergraduate medical student in India and as a postgraduate trainee in the UK.

The first factor which influenced me as a graduate student was the stigma and prevalent negative attitude towards anything to do with mental illness. As pointed out by Bruce Tonge in that issue, one of the factors that deters graduates from making psychiatry a career choice is the fear of being held in low social regard by family and colleagues. The proportion of the health budget allocated to mental health was appallingly low in India, which hence affected the quality of care of patients, as well as undergraduate teaching. Access to journals was limited, and this prevented me from exploring the research base in psychiatry. However, when I undertook my clinical rotation in psychiatry I became deeply interested in the complex interactions of mental illness and the whole personality of the patient and the patient's surroundings. The interpersonal skills employed to communicate with patients were empathic and psychiatry seemed to have a more human touch than other specialties.

These experiences, though stimulating, were not strong enough for me immediately to embark on a career in psychiatry. After completion of my internship I worked in specialties such as medicine, surgery and neurosurgery. However, I seemed to miss something in my work and decided to return to psychiatry. I chose a better-equipped private psychiatric hospital this time and the result was gratifying. The job satisfaction derived was intense and I decided to become a psychiatrist.

I decided to pursue my postgraduate training in the UK as it has highly regarded training programmes. I passed the Professional and Linguistic Assessment Board (PLAB) examination and joined a general psychiatric training scheme. Though the stigma associated with mental illness was still evident, the opportunity to receive well structured training, multidisciplinary working and research made my choice worthwhile. In this respect I would disagree with the views of the Spanish students reported in the paper by Pailhez et al, and sincerely believe that the opportunity to gain expertise in other professional areas enriches our own knowledge and is essential for providing holistic care.

The key to enrolling more medical graduates in psychiatry lies in a proper exposure to its experience of wholeness and integration in healing patients. We have to ensure that the psychiatric placements welcome students enthusiastically and give them a broad view of the human mind, emotions and behaviour, as well as introduce them to the expanding world of evidence-based treatments and empirical research. Psychiatry has one of the biggest potentials for further research, as many of our questions regarding aetiology and psychopathology are still unanswered. This gives a unique opportunity for students interested in clinical research to hone their skills, and this should be emphasised to undergraduate medical students.

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### French psychiatry

Siril read the country profile on French psychiatry in the January 2006 issue with great interest as a graduate from France with postgraduate experience in a French private psychiatric clinic.

When I was an undergraduate student we had very little exposure to clinical psychiatry. It was not a compulsory posting and was never the first choice on students' 'clerkship list'. At specialisation level, most students go into psychiatry because their ranking does not allow them to opt for the more sought-after posts in medicine and surgery.

I did a 3-month posting as medical student in a large centralised psychiatric hospital. Similar hospitals in the UK have closed down since. My supervising consultant was a surgeon who had converted to psychiatry. I enjoyed her pragmatic approach.

However, I gleaned most of my experience working at postgraduate level in a private clinic. The approach was based on experience with a psychoanalytic flavour. Rarely was ICD-10 or DSM-IV quoted. This contrasts with the evidence-based British approach.

Most French psychiatrists work in private practice, and their voluntary patients are usually admitted to private clinics. The latter are in direct competition with the *hopitaux publics*, which have an in-patient population with more severe disorders.

The legacy of French psychiatry is undisputed. But with English being the language of the scientific community, the French are suffering from the paradox that the French language has narrowed the diffusion of current French psychiatry to a Francophone auditorium.

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#### College International Divisions

The executive committees of the College International Divisions are now fully functional with all officers in post as follows:

International division	Chair	Secretary	Financial officer
African	Prof. Tuviah Zabow (South Africa)	Dr Olufemi B. Olugbile (Nigeria)	Dr Frank Njenga (Kenya)
	Elected 24 January 2005	Elected 24 January 2006	Elected 19 October 2005
European	Prof. George Christodoulou (Greece)	Prof. Manuel Gómez-Beneyto (Spain)	Dr Anne Lindhardt (Denmark)
	Elected 24 January 2005	Elected 19 October 2005	Elected 19 October 2005
Middle Eastern	Dr Nasser Loza (Egypt)	Dr Faud Antun (Lebanon)	Dr Walid Sarhan (Jordan)
	Elected 24 January 2005	Elected 24 January 2005	Elected 24 January 2005
Pan-American	Dr Nigel Bark (USA)	Dr Oscar Meehan (Argentina)	Dr Simon Brooks (Canada)
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South Asian	Prof. S. Haroon-Ahmed (Pakistan)	Dr Nalaka Mendis (Sri Lanka)	Dr Mohammad Mullick (Bangladesh)
	Elected 24 January 2005	Elected 24 January 2005	Elected 24 January 2006
Western Pacific	Prof. Scott Henderson (Australia)	Prof. M. Parameshvara Deva (Malaysia)	Prof. Helen Fung Kum Chiu (Hong Kong)
	Elected 24 January 2005	Elected 24 January 2005	Elected 19 October 2005