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provide an annual report to the Director of the Board of International Affairs, who will present them to Council at the first meeting in the following year.

It is expected that the International Divisions will work cooperatively with national associations and societies, World Psychiatric Association regional zonal representatives and the World Health Organization, as well as university departments, in pursuance of mental health and the practice of psychiatry. I am confident that the members of the International Divisions will rise to this challenge and will work together to ensure that the Divisions set an example for other Colleges and other organisations with similar mandates. The development of genuine partnerships between equals to the benefit of all partners will be important for both the College's international role and the Divisions' regional responsibilities.

The College's other initiative – the establishment of International Associateships – is also very much welcomed. In most countries there are many experienced, competent and highly qualified psychiatrists who are not Members or Fellows of the Royal College of Psychiatrists.

The category of International Associate of the College has therefore been developed to acknowledge the contribution of psychiatrists who reside outside the UK or Ireland and who do not hold the MRCPsych, but who do have a specialist qualification in psychiatry. The award of International Associateship by the Court of Electors will be based entirely on nominations provided by members of the College, and the contribution of the candidates to the activities of the College and to its International Divisions will be taken into account. Members and Fellows of the College and the Divisions are encouraged to identify well-qualified and interested individuals and recommend them for election for International Associateship.

With these exciting developments – of the six International Divisions and International Associateships – the College has taken an important step in the promotion of collaboration and cooperation across national boundaries. Ultimately, however, their success will rely on the commitment of individual members and psychiatrists in the regions to seize the opportunities and to build on them.

### THEMATIC PAPERS – INTRODUCTION

## Reforming psychiatric services: a global financial perspective

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**W**hat is the most efficient and effective way of providing psychiatric care? In most countries, resources are always going to be severely limited and psychiatrists are well aware that the specialty will be a long way down the pecking order.

This issue presents three perspectives on contemporary approaches to financing mental health services. First, we have an overview by Dr Shekhar Saxena and Pratap Sharan, of the World Health Organization (WHO). They point out that a recent WHO-sponsored survey of provision found, in no less than one-third of the 191 countries that provided information, that there was no mental health budget at all. Further, in a third of those countries with such a budget, it represented less than 1% of overall health care expenditure. They make the interesting and important observation that, because many countries provide services only for those who are able to pay, people with serious mental disorders are selectively disadvantaged. Moreover, they are especially likely to be unable to meet these financial obligations because of unemployment and chronic disability. The authors also emphasise that the prevailing philosophy, which recommends a move from hospital to community care, is not a cheap option. Wise recommendations are made in their conclusions.

We then have two contrasting articles on the re-financing of psychiatric services, one from Australia and the other from Poland. Vaughan Carr and colleagues lament the underfunding and poor organisation of community provision for people with psychosis, which result in lengthy and unnecessary hospital stays in Australia. They discuss the importance of using an evidence base to plan alternative provisions. Such a reorganisation of services for patients with psychosis would increase efficiency and could be widely adopted. Finally, Wanda Langiewicz and Elzbieta Slupczynska-Kossobudzka examine the effect of the health care reforms in Poland that were implemented 5 years ago. Poland spent just under 5% of its health care budget on psychiatric services when the reforms were introduced, which would place the country in the middle tier of financing according to the WHO analysis reported by Saxena and Sharan. The Polish authors bemoan the 'also-ran' status of psychiatry in comparison with specialties that attract more immediate and urgent attention from reformers, but there is good news as well as bad. In the past year, there have been additional resources hypothecated for psychiatric services; consequently, the aspirations of the psychiatric profession to provide a rational balance between in-patient care and community services may yet be realised.