

The Secretary of the Pan-American Division, due to present at the APA in San Diego, was unable to attend because the US embassy did not grant him an entry visa. They maintain they issue only a certain number of visas every year for meetings and this year the allocation had been met. Others from 'developing countries' have experienced similar problems. It is hard to see how this could help 'homeland security' – rather the opposite. Please contact Dr Bark with your experiences, views and recommendations for the appropriate response of the Division.

Dr Nigel Bark

Chair of the Pan-American Division (email nbark1@pol.net)

Books wanted for review

It is intended that *International Psychiatry* will feature reviews of books published in low- and middle-income countries. Authors of books broadly on the topic of mental healthcare are invited to contact the Editor, Hamid Ghodse, email hghodse@sgul.ac.uk.

Scotland Malawi Psychiatry Project

The Scotland Malawi Psychiatry Project (SMPP) is a collaboration that supports mental health training in Malawi while providing experience in international/cross-cultural psychiatry for UK trainee and senior psychiatrists. Malawi is a sub-Saharan country with one qualified psychiatrist for a population of 12 million. In early 2007, five volunteers worked with colleagues from the College of Medicine, Malawi, to provide undergraduate teaching to 60 students. SMPP plans to build on this successful experience by sending eight psychiatrists to support an expanded medical student teaching programme in 2008 (and future years). Placements are for 3–6 weeks and are based at Malawi's main government hospital in Zomba. The project is supported by the Royal College of Psychiatrists' Volunteer Scheme. If you are interested in volunteering, or would like to support the project financially, please contact Leonie Boeing (email lwboeing@googlemail.com) or Robert Stewart (email robcstewart@mac.com).

Corrigendum

The 'Report on current themes in child and adolescent psychiatry', in the News and Notes section of the July issue of *International Psychiatry* (p. 76), was contributed by Dr Sheela Biswas, Consultant Psychiatrist, Child and Adolescent Unit, New Street Health Centre, Barnsley.

African Journal of Psychiatry

The *African Journal of Psychiatry* (formerly known as the *South African Psychiatry Review*) launched its first issue in August this year. The journal is affiliated to *International Psychiatry* and it is hoped this will stimulate exchange of news and knowledge and be of benefit to readers globally. Please contact Dr Christopher Szabo, Editor-in-Chief, for further details (email Christopher.Szabo@wits.ac.za).

The BPPA Young Researcher of the Year Award

The British Pakistani Psychiatrists Association (BPPA) recently announced the BPPA Young Researcher of the Year Award. Its aim is to promote interest in psychiatric research among young Pakistani health professionals and to recognise research published in peer-reviewed scientific journals. The award is not restricted to any particular psychiatric subspecialty and work carried out in any field will be considered. There are two awards each year, one for research carried out in Pakistan and the other for research carried out in the UK and Ireland. The winners and runner-up in both categories will be entitled to cash rewards equivalent of £250 and £150 respectively. For further information visit the BPPA website (<http://www.bppauk.org/bppayoungresearcher.htm>).

CORRESPONDENCE

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Journal of Pakistan Psychiatric Society

Sir: The article by Khan (July 2006, p. 21) and letter by Abbasi (January 2007, p. 25) in *International Psychiatry* unfortunately tend to overlook many positive aspects of mental healthcare and services in Pakistan. Some of their views seem to relate more specifically to experience in the private healthcare system or are based on a distant view and very little information about the current situation. Both seem to be genuine attempts to

highlight the inadequacies in the system, but these are well known.

The statement in the letter by Abbasi about the *Journal of Pakistan Psychiatric Society (JPPS)* is an example of this and is factually incorrect. I would like to point out that *JPPS* is in regular publication and it is incorrect to say that the journal has not been produced since 2003. It restarted publication in 2005 and two volumes have been published since then.

The *JPPS* is available free (full text) on <http://www.jppts.com.pk>. It is indexed by WHO, EMRO Index and also in a number of regional and local indexes. The journal has played an important role in the continuing professional development

of psychiatrists in the region, as well as helped to disseminate research findings. In fact, *JPPS* brought out a special issue devoted to the 2005 earthquake, the very subject of Abbasi's letter. Since restarting its publication, it has played an important role in promoting evidence-based medicine. I would request your readers to contribute to the journal.

Dr Saeed Farooq

Editor, *JPPS* (Journal of Pakistan Psychiatric Society),
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Ethno-psychopharmacology and the clinical relationship

Sir: Although the three linked articles on ethno-pharmacology in the July 2007 issue of *International Psychiatry* were necessarily heavily biologically focused, I must take issue with the fact that culture and clinical relationship attracted such brief comment. It is not possible, let alone desirable, to reduce people to the biological functions of their brains. The development of tools for testing individual genotypes opens up interesting possibilities, but represents a dangerous distraction from the challenge of addressing the realities represented by the global burden of disease. According to the World Health Organization, low- and middle-income countries, which will represent 80% of the world's population by 2020, are expected to bear the brunt of the projected increase in the burden of mental illness. The acquisition of approval by Roche of its Amplichip by the USA and European Union, as David Skuse mentions in his introduction to the series of papers, is a distortion of this reality by the pharmaceutical industry. Addressing the needs of most of the 400 million people disabled by neuropsychiatric conditions globally cannot be done without challenging these priorities. Those interested in international psychiatry need to reach a clear consensus about their agenda.

A thorough understanding of the culture of a patient (or patient group a service is supporting) is of course an essential bedrock on which to build sensitive relationships. The dynamic nature of any relationship is central to its positive development. A clinician should gradually know a patient or community better with time, and service users also gain a greater understanding of the opinions and attitudes of clinicians and services as they access care. An attitude of sensitive response to needs and aspirations is an important way for trust to develop, even when the starting points have been far apart. This can be fostered with good service design and continuous constructive evaluation at the formative, process and outcome stages, so that a service remains responsive to its intended users. It is with this attitude at a personal clinical level and as a component in system design that we can move forward in our complex world and not see cultural diversity as an obstacle to delivering care.

In my experience of working as a British psychiatrist in Nigeria, I have often been impressed by my clients' ability simultaneously to hold some of the messages of orthodox psychiatry and more traditional ideas. Local service staff such as field workers are also very skilled at working through these issues. Sometimes emphases for treatment plans seem to

be in conflict, but much more frequently a plan for moving forward that is mutually acceptable is reached through which all parties involved are enriched.

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MRCPsych recognition in India

Sir: We read with interest the article by Kulhara & Avasthi on the teaching and training of psychiatry in India in the April issue of *International Psychiatry* (p. 31). We acknowledge the possible options suggested by the authors to overcome some of the difficulties faced in psychiatric training in India.

Mr Ramadoss, Minister of Health, India, in a recent media report highlighted the acute shortage of psychiatrists in India and stated that over 30000 psychiatrists are required to serve a billion people, while there are only 3300 practising in the country. Currently there are a significant number of doctors of Indian origin who are undergoing basic and higher specialty psychiatric training in the UK.

Owing to changes in immigration policies by the Home Office (i.e. termination of permit-free training for international medical graduates), some trainees are currently experiencing difficulties in progressing and obtaining consultant-grade posts. Some of the doctors who have completed their membership examinations (MRCPsych) and some who have completed their higher specialty training (CCT) are considering a return to establish their psychiatric practice in India. Strong family commitments and a desire to contribute to training and the development of the specialty (as well as economic growth) in India have enhanced their willingness to return home. These highly qualified psychiatrists will be great assets to the country.

Owing to the high standards in training and assessment for the MRCPsych qualification, it has been recognised by the Royal Australian and New Zealand College of Psychiatrists and the Canadian Psychiatric Association. However, the MRCPsych qualification is currently not recognised by the Medical Council of India (MCI). Hence these doctors will be ineligible to work in a teaching hospital or even in the public health services. Given the acute need for qualified psychiatrists in India it is unfortunate that the available resources are not being utilised adequately.

In this context we would like to suggest that there should be collaboration between the Indian Psychiatric Society, the MCI and the Royal College of Psychiatrists to negotiate for the recognition of the MRCPsych qualification by the MCI. If this succeeds, it would be the first step in encouraging psychiatrists trained in the UK to return home.

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