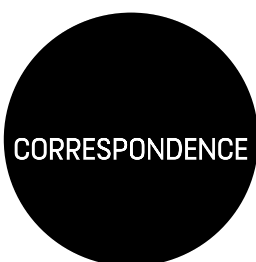
We are working on visiting Syrian refugees who fled to Jordan and Lebanon.

- *Plans to help colleagues in Misrata, Libya*. Mental health workers have been overwhelmed by the number of referrals of patients with mental health problems following the events that took place there.
- *Arranging workshops/lectures in trauma management via electronic means or in person if required.*

The BAPA is also working with colleagues from the other diaspora associations in the UK to form the Great Partnership Council, possibly with some joint working with the College.

Dr Nadim Almoshmosh, President of the BAPA



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The experience of stigma among a sample of psychiatric in-patients in an Egyptian private psychiatric hospital

Sir: We examined the emotional, behavioural and cognitive effects of having a psychiatric diagnosis on in-patients in an Egyptian psychiatric hospital. We also examined whether this effect changes with specific disorders, duration of illness or sociodemographic variables.

A structured interview was prepared to enquire into aspects of stigma; it comprised 37 yes/no questions with a common prefix, 'After knowing that you have a psychiatric problem…'. The study sample comprised 109 consecutively admitted patients (87 men and 22 women) who were willing to participate. Patients with organic disorders, intellectual disabilities or gross thought disorders rendering them unfit to participate were excluded. The two interviewers had an interrater reliability of 0.91 (kappa test).

The mean participant age was 36.1 years and mean illness duration was 5 years. The ICD-10 diagnoses were schizophrenia and related psychoses ($n = 48$), substance use disorders ($n = 28$), mood disorders ($n = 28$), personality disorders ($n = 4$) and neurosis ($n = 1$).

Of the 37 questionnaire items, those attracting affirmative responses from 60% or more of the participants were considered as core items of stigmatisation. They were (with the percentage of the sample endorsing the item):

- Do you need faith or traditional healing (89%)?
- Do you need to help yourself (85%)?
- Do you think others would urge you to consult religious clergy (81%)?
- Do you feel sorry for yourself (78%)?
- Are you unable to have peace of mind (75%)?
- Do you need others' help (73%)?
- Do you feel something is wrong with yourself (72%)?
- Are others surprised about your state (68%)?
- Have others reduced their contact with you (68%)?
- Are you anxious about your future (67%)?

Younger age correlated with more feelings of stigmatisation and unpleasant fantasies about others' reactions. People with no or low education had unpleasant fantasies about others' reactions. Patients with schizophrenia and related disorders were more stigmatised by others' behaviour towards them and had more unpleasant fantasies about others' reactions.

The majority affirmed their need for help from others besides psychiatric intervention and that psychiatric labels were not of significance to them. People with schizophrenia and related disorders and mood disorders perceived stigmatisation regarding others' behavioural change towards them (other people were surprised to know the patient had psychiatric problems, reduced their contact with them, urged them to have faith, urged them to have nothing to do with psychiatrists, or gave them fewer responsibilities).

A mean total stigma score was calculated for all patients. Those with schizophrenia, substance misuse and mood disorders had similar average scores.

The underrepresentation of female patients in psychiatric services could be attributed to the protective effect of culture.

This study highlights the significance of stigma in relation to mental illness and the overarching societal need to tackle this issue in order to improve access to services and outcomes for patients.

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Study of the mental health problems of war-affected youths in northern Uganda

Sir: Survivors of war are at increased risk of mental health problems (Amone-P'Olak *et al*, 2007; Wessels, 2009). Although many studies have been conducted in Africa on war-affected youths, they are fraught with major weaknesses.

First, they have been mainly cross-sectional yet the effects of war are long term, and so generalisation of their findings is limited and causal inferences are difficult to make. Second, they have lacked control groups, and so the specific effects of war experiences are difficult to distinguish. Third, war-affected populations have been treated as a homogeneous group, without regard to differences in age, gender and experiences. Fourth,

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