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THEMATIC
PAPERS

Training and education in mental health

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The education of our colleagues around the world in the treatment and management of mental ill health is critically important, and the Royal College of Psychiatrists has a leadership role in promoting and supporting such training in many countries. Here we present contributions from three regions, South America, sub-Saharan Africa and the Western Pacific, in which UK involvement has played an important part in developing and

sustaining modern approaches to psychiatric care. First, David Jimenez and colleagues discuss SUD World Project, which is a charity devoted to building links between Latin America and Europe for that purpose. At the present time, the focus is on Peru and Ecuador, but there are plans to expand activities throughout the continent. As in so many other countries, not all of them classified as low or middle income, government support for mental

health rarely extends beyond paying lip service to its importance. SUD World Project is keen to develop a reciprocal exchange programme with trainees in the UK and Ireland.

Mark Roberts and his fellow contributors discuss the shocking fact that until recently only 2% of people with a mental illness in Ghana, one of the best-governed countries in the region, received assessment or treatment by health services. The Kintampo Project is a partnership between a UK National Health Service trust and the College of Health and Wellbeing in the Kintampo region, in central Ghana. Established in 2007, the project has concentrated on increasing the number of community mental health workers, and has almost doubled

this since 2011. Their training is supported by a UK team which aims to set up an infrastructure that will enable the development of local services to be self-sustaining within the next 3 years.

Finally, the contribution from Parameshvara Deva informs us about recent events in Fiji, where, despite periods of political instability, there remains a legacy of British administration in terms of its health services. It is gratifying to hear that a modest financial contribution from the Royal College of Psychiatrists has helped to establish a centre for psychiatric day-care services there. Yet it is disturbing to learn that so many local staff still hold views about people who are mentally ill that would not have seemed out of place a century ago.



Mental health training and education in South America: SUD World Project

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There is a clear interest in many countries in improving education, training and academic opportunities in mental health. The goal of SUD World Project is to create links between South America and Europe that will actively enhance education and training in mental health.

SUD World Project is an international charity that is based in the UK and run by a team of volunteers who include doctors, psychologists and public health experts. The word *sud* – ‘south’ in Spanish – refers to the South American continent. SUD World Project’s focus is to build links between Latin America and Europe with the aim of collaboratively improving training and education for mental health professionals. The charity was set up in spring 2013.

South America has been changing rapidly since the continent moved from military dictatorships to democratic systems. There is economic growth and an expanding middle class. Interest in human rights and, as a result, in the treatment of psychiatric patients is high. The initial focus of our work has been on Peru and Ecuador, as SUD World Project had already established contacts in psychiatric centres there. We are working on a number of initiatives and, once our efforts have proved successful, we hope to replicate our model within other South American countries. We describe two of our projects here, one in Peru, the

other in Ecuador, after first providing some background to SUD World Project.

Psychiatry in South America

Despite the high burden of psychiatric illness in South America, the majority of countries in the region devote less than 2% of their health budget to mental health. This has resulted in services that are extremely limited, with an estimated 3.3 psychiatric beds per 10000 inhabitants. Mental healthcare is usually restricted to urban areas, remaining inaccessible to much of the population in need (Alarcón, 2002). In addition, psychiatric services are mainly hospital based; there are few community resources. On the other hand, mental health law has been developing quickly, as countries have evolved from military dictatorships into modern democracies. Most of this progress took place in direct response to the Caracas Declaration, issued at the Regional Conference for the Restructuring of Psychiatric Care in Latin America, held in Caracas, Venezuela, in November 1990 (Levav *et al*, 1994).

Psychiatric trainees in lower-income countries often have lower levels of psychotherapy supervision, poor access to training tools such as visual aids and limited access to medical journals (World Health Organization, 2011a). In addition, they are subject to a heavy workload and those outside large urban centres have few academic opportunities. This has led to a situation in which there is