

From the Editor's desk

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THE ALARM OF THE UNEXPECTED

One of our senior colleagues in the Royal College of Psychiatrists was recollecting the time when as a very young girl she was somewhat apprehensively travelling by train from Hampshire to London. As the train chugged its way past Basingstoke, Winchfield and Farnborough, she was reassured and dropped off to sleep. She woke as the train was drawing in to another station. 'Wo-king', she read on the platform as the train juddered to a halt. She was filled with immediate dread. The train had been hijacked, diverted or in some magical way been transported to China, and she would never see London again. She has never quite recovered and still feels discomfort whenever the word Woking is mentioned. This alarm of the unexpected – or the Woking effect – is demonstrated in some of the challenging papers in this issue. It can serve as a valuable wake-up call. So, after reading the editorial by Burke *et al* (pp. 371–372) dust off those old ideas that dementia is totally irreversible, that herbal remedies (especially Wo-king ones) have no place in the treatment of severe mental disorders such as schizophrenia (Rathbone *et al*, pp. 379–384), or that personality problems in adolescence are commonplace, and also unreliably assessed, so have no long-term significance (Skodol *et al*, pp. 415–420). Few things in psychiatry can be more alarming to the uninitiated than the prospect of ECT, yet the paper by Munk-Olsen *et al* (pp. 435–439) suggests that, once the immediate effects of treatment are over, its recipients live longer than those with disorders not treated with ECT. In my early psychiatric life, one of

the most alarming experiences was the invasion of an international symposium in Paris in 1974 by a group of scientologists. Fortunately, Martin Roth, the subject of our illuminating appreciation (Kerr & Kay, pp. 375–378), was in the chair and was completely ready for the unexpected. In his magisterial way, he thanked everybody, including the contributors not on the programme, for their contributions, and drew the meeting to a quiet close.

A NEW AFRICAN PSYCHIATRIC JOURNAL

The first regional conference of the World Psychiatric Association to be held in central Africa took place at the end of March in Nairobi. In addition to a full programme describing the challenges and opportunities in the region it also witnessed the birth of a new psychiatric journal for Africa. This journal, yet to be formally named, will cover the whole of Africa and will also be the official journal of the African Association of Psychiatrists and Allied Professionals, as well as a sister journal to our own *International Psychiatry*. Why should this matter, and why should a continent containing fewer than 1000 psychiatrists need its own journal? The reasons are many. We need to reduce the obstinately persisting 10/90 divide in mental health research (Saxena *et al*, 2006) and boost the efforts of those wishing to establish an evidence base for interventions that can no longer continue to be extrapolated from the well-resourced to the poor. There is something slightly obscene in the sometimes patronising way in which rich countries attempt to advise on how to provide services in poor

ones and yet at the same time encourage covertly the emigration of psychiatrists to reinforce their own well resourced services. The more we can improve the capacity and self-confidence of the poorer countries the better will be their output in terms of service provision and research (Tyler, 2005). We already have had some outstanding papers published from Ethiopia, Nigeria and Uganda in recent times (Gureje *et al*, 2005, 2006; North *et al*, 2005; Bass *et al*, 2006; Mogga *et al*, 2006), but these are not wholly indigenous as apart from the papers by Gureje and his colleagues they have all involved authors from the UK or USA. Such collaboration is not to be decried, but if young African researchers do not have their own journal to which they can submit their papers, both good and not so good, they will continue to look for help from outside, and this, although welcome, runs the danger of an agenda externally set for Western-oriented research. So we hope the new journal will also reduce the emigration of manuscripts, as much as that of psychiatrists, from Africa and both we at the *Journal* and many others in the Royal College wish the new journal well.

Bass, J., Neugebauer, R., Clougherty, K. F., et al (2006) Group interpersonal psychotherapy for depression in rural Uganda: 6-month outcomes: randomised controlled trial. *British Journal of Psychiatry*, **188**, 567–573.

Gureje, O., Lasebikan, V. O., Ephraim-Oluwanuga, O., et al (2005) Community study of knowledge of and attitude to mental illness in Nigeria. *British Journal of Psychiatry*, **186**, 436–441.

Gureje, O., Lasebikan, V. O., Kola, L., et al (2006) Lifetime and 12-month prevalence of mental disorders in the Nigerian Survey of Mental Health and Well-Being. *British Journal of Psychiatry*, **188**, 465–471.

Mogga, S., Prince, M., Alem, A., et al (2006) Outcome of major depression in Ethiopia: population-based study. *British Journal of Psychiatry*, **189**, 241–246.

North, C. S., Pfefferbaum, B., Narayanan, P., et al (2005) Comparison of post-disaster psychiatric disorders after terrorist bombings in Nairobi and Oklahoma City. *British Journal of Psychiatry*, **186**, 487–493.

Saxena, S., Paraje, G., Sharan, P., et al (2006) The 10/90 divide in mental health research: trends over a 10-year period. *British Journal of Psychiatry*, **188**, 81–82.

Tyler, P. (2005) Combating editorial racism in psychiatric publications. *British Journal of Psychiatry*, **186**, 1–3.