

College African International Division

The Lagos State Mental Health Policy, enunciated in 2011, has set itself the task of addressing the problems for developing services for the 'wandering mentally ill'. The plan is to build a stakeholder community from the public and private sectors to work together on achieving reintegration for people with long-term mental healthcare needs.

In recent years, there has been a focus on mental health in low- and middle-income countries. This has come from various quarters, including the World Health Organization, with the publication of its *mhGAP Intervention Guide* (available at http://whqlibdoc.who.int/publications/2010/9789241548069_eng.pdf; see also the paper by Sherese Ali *et al* in this issue, p. 43) and from major research funding organisations in the USA, Canada and the UK. Using taxpayers' money from these countries, many intervention strategies can now be tested and implemented in the unique context of low- and middle-income countries. At last, there is hope that researchers in Africa will be able to access funds for health research through a highly competitive process, as is the case for researchers in high-income countries.

College Middle Eastern International Division

On 16–17 December 2011, the Psychiatry Department at Hamad Medical Corporation, Qatar, held a symposium jointly with the Middle Eastern Division. The theme was 'Psychiatry in the New Era'. A number of international speakers were invited, including from the UK, Australia, Canada and the USA, in addition to regional and local speakers.

Sheikh Dr Mohammad Bin Hamad Al-Thani, Director of Public Health at the Supreme Council of Health, gave an opening speech, followed by Dr Sabah Sadik, Chairman of the College Division. About 300 psychiatrists, psychologists and social workers attended the symposium from the public and private sectors, as well as guests from the Gulf Cooperation Council region, primarily Bahrain, United Arab Emirates and Kuwait. The Chairman of the Psychiatry division of the Arab Board of Health Specialties was also in attendance.

The plenary sessions ranged from focusing on the recovery model in mental health to early intervention in psychosis, with presentations on child and adolescent mental health as well as neuropsychiatry. A workshop on neuro-feedback applications gained significant interest and was well attended.

British Indian Psychiatric Association (BIPA): Trainee Research Award and Medical Student Award

Applications are invited from British psychiatric trainees for the BIPA Trainee Research Award. This award is given for outstanding research or audit which has been carried out in the preceding five calendar years. The award will be £300 for the winner and there will be two runner-up

prizes worth £100 each. Shortlisted trainees will be required to present their research at BIPA's annual conference (16–17 June 2012, Derby, UK; see Forthcoming international events).

Applications are also invited from British medical students for the BIPA Medical Student Award. This award is given for outstanding research, audit, literature review or essay on a psychiatric topic which has been carried out in the preceding three calendar years.

For details and terms and conditions see www.bipa.org.uk or contact BIPA via email (office@bipa.org.uk).

The closing date for applications is 15 May 2012.

British Pakistani Psychiatrists Association

The British Pakistani Psychiatrists Association (BPPA) entered 2012 on the back of a very successful conference in November 2011. The first executive committee meeting took place in January to set out the plans for the coming year. The priorities identified are:

- the holding of a successful 'Mushairah' – an Urdu, Punjabi and English poetry symposium on 9 June 2012
- to build on our track record of strong annual conferences – the next annual BPPA conference dates have been set for 3–4 November 2012
- to provide support and guidance to Pakistani colleagues through academic activity
- to ensure all the BPPA UK regions are active
- to strengthen relations with the Royal College of Psychiatrists
- to support UK trainees by considering a mentorship scheme (in this regard the BPPA is particularly interested in making contact with UK trainees of Pakistani origin).

Further information is available on the BPPA website, www.bppauk.org, or via email ([btpa@btinternet.com](mailto:btinternet.com)).

Dr Musa Sami and Dr Waqqas Ahmad Khokhar

British Arab Psychiatrists Association

The uprisings and revolutions in some parts of the Arab world come with a price which innocent people end up paying, often through trauma. We are working to establish a core group of interested Arab psychiatrists in the UK to try to help those who are affected. This may be done either directly or indirectly.

Activities undertaken by the British Arab Psychiatrists Association (BAPA) have encompassed:

- *Visiting the Syrian refugee camps in Turkey.* There is high morbidity of post-traumatic stress disorder (PTSD), depression, anxiety and nightmares, which we have done some brief work on. This has included keeping some records for colleagues who might be able to undertake follow-up work.

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 Almshosh, President of the BAPA

CORRESPONDENCE

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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,