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## NEWS AND NOTES

Contributions to the 'News and notes' column should be sent to [ip@rcpsych.ac.uk](mailto:ip@rcpsych.ac.uk)

### Faculty of the Psychiatry of Old Age: bursary for psychiatrists from developing countries

The Faculty of the Psychiatry of Old Age has established an annual bursary to enable a psychiatrist from a developing country to attend the Faculty Annual Residential Meeting (usually held in March) in order to give an oral or poster presentation, or deliver a workshop. The bursary is intended to cover the cost of economy-class travel, accommodation, free registration and attendance at the conference dinner, up to a maximum of £1500. Informal mentors will be identified for the bursary holder to enhance their introduction to Faculty members and their enjoyment of the meeting. See <http://www.rcpsych.ac.uk/workinpsychiatry/faculties/oldage/aboutthefaculty/prizesandbursaries.aspx#develop>.

The closing date is 31 October.

### The Dublin Declaration

On Friday 24 May, over 193 delegates from 21 European countries met in Dublin to discuss the needs of family carers for people with mental ill health. Addressing the conference, Dr Tonio Borg, European Commissioner for Health and Consumer Affairs, stressed the importance of family involvement in mental healthcare across Europe.

The Irish Minister of State, Kathleen Lynch TD, declared at the conference that good mental health was a partnership between government, professionals, people with experience of mental ill health and family members.

Throughout the day, the audience heard presentations on the importance of family involvement, the need for education, quality information and communication in helping families to cope with mental ill health.

Against this background, the delegates unanimously agreed the Dublin Declaration 2013, which is available from the website of the European Federation of Associations of Families of People with Mental Illness (<http://www.eufami.org>).

*Rita Geerts, Administrator, European Federation of Associations of Families of People with Mental Illness*

### The mental health component of undergraduate medical training in Somaliland

Somaliland is a self-declared independent state, although recognised by the World Health Organization (WHO) and internationally as Northern Somalia. It is a region which has experienced conflict and severe poverty, although it has remained relatively stable in recent years despite the challenges it continues to face. Many healthcare professionals were forced to leave the region or were killed during the civil war, which began in 1991. This has led to a need to strengthen and build upon existing healthcare services.

There are currently no practising psychiatrists in Somaliland and there exists a stark shortage of good mental healthcare. The King's-THET Somaliland Partnership (KTSP) has been providing the mental health component of undergraduate medical training since 2008. Without this, there would be no mental health input for medical professionals.

May 2013 saw the annual training trip to Hargeisa, the capital of Somaliland. Both of the present authors (a CT3 in psychiatry and a consultant psychiatrist) led the training this year, in conjunction with Somaliland colleagues on the ground. The trip started in Nairobi, where a small plane was boarded to Hargeisa. An unexpected surprise entailed passing right over the runway in Hargeisa and landing in the bush as the runway was closed temporarily.

The next 2 weeks were spent carrying out intensive mental health training for medical students in their penultimate year of study. This was based on the WHO Mental Health Gap (mhGAP) Action Programme. The KTSP group has piloted the incorporation of the mhGAP Intervention Guide, an evidence-based guide for mental, neurological and substance misuse disorders, into the medical undergraduate curriculum for the first time worldwide in Northern Somalia. The aim is to ensure non-specialists, as many of the medical students will turn out to be, may deliver good mental healthcare as they become clinicians following graduation. This is important in a region

such as Somaliland where there is a shortage of people able to deliver healthcare.

This year the group comprised 52 medical students from two universities in the region, Amoud, in Borama, and Hargeisa. The students, as always, were keen to learn, filled with enthusiasm and greatly appreciated this training. It was a joy to be able to cover such a diverse range of topics, including child psychiatry. This took account of cultural and religious differences in practice. Resource limitations were also taken into consideration, as the traditional Western approach to training could not be simply translated to a region such as Somaliland without careful thought.

The lecturers had both visited Somaliland before. Close communication exists between colleagues and students throughout the rest of the year, in order to continue training and mentorship. This is done often on the online platform 'Medicine Africa', where tutorials and meetings take place to cement learning and continue professional development. As a result, colleagues on the ground assisted with the teaching, as they do every year. Two mental health representatives, who are intern doctors in Somaliland, are competitively selected to join the teaching. This provides them with further experience in teaching, teamwork and leadership, which complements their doctor training. They also provide the teachers with an added and greatly appreciated component to the training, which is the stance taken on psychiatry from a Somaliland perspective. This is imperative in a country where the practice of psychiatry, beliefs surrounding mental illness and current

availability of resources are so different from those in the UK.

A large portion of the teaching this year was carried out on the mental health ward at the main government hospital in Hargeisa. Students were afforded the opportunity to meet patients with mental health problems, take histories and perform mental state examinations, as part of their overall experience. Many cases this year were of psychosis, some associated with the use of khat, a plant commonly chewed in Somaliland for its stimulant properties. There were also cases of depression, dementia, mania, intellectual disability and catatonia.

The ward experience positively changed many of the students' views of psychiatry that they had held prior to the teaching. A number of them were initially scared to venture onto the ward, though none felt this way afterwards. Stigma and discrimination are very much associated with mental illness in Somaliland, as is the case worldwide. A lack of knowledge and experience, coupled with a complex belief system surrounding mental illness, means that patients are often chained. A young man on the ward had been chained for 8 years at home and as a direct result had developed severe leg contractures, which meant that he could no longer walk.

Unfortunately, the mental health ward had deteriorated somewhat over the preceding year. The conditions for the patients had dramatically improved, though, since the initial trip in 2008, when many patients were still chained on the ward.

Security was high on the agenda this year, in view of recent advice from the UK Foreign and Commonwealth Office, and with a 24-hour curfew for the days surrounding Somaliland Independence Day. Al-Jazeera reported from Hargeisa, with Independence Day taking first place in the headline stories in the world that day, much to the joy of many people in the capital.

The teaching was a success, with a lot of marking, analysis and meetings to discuss longer trips to be made later in the year. As always, the hard work and dedication shown by our Somaliland colleagues was a privilege to be witness to and part of, and we both greatly look forward to returning.

*Dr Lauren Gavaghan, Mental Health Lead, King's-THET Somaliland Partnership, email laureninsomaliland@gmail.com*

*Dr Peter Hughes, Consultant Psychiatrist, St George's Hospital, London, UK, email dppmh@hotmail.com*



Entrance to Hargeisa Group Hospital