

- a bill of rights for patients in mental health facilities
- an obligation on mental health facilities to inform patients of their rights
- the creation of a patients' rights committee in every mental health facility to monitor the human rights of people receiving treatment in those institutions
- an explicit stipulation of the participation of civil society organisations in these patients' rights committees
- a range of sanctions for service providers who violate patients' rights
- monitoring bodies providing an independent review of involuntary admissions
- the establishment of a mental health fund to ensure sustainable financing for mental healthcare, including capacity building for those working in mental health.

Master's degree in mental health policy and services

The International Master on Mental Health Policy and Services is a Universidade Nova de Lisboa initiative, developed through the Faculdade de Ciências Médicas, in collaboration with the Department of Mental Health and Substance Abuse of the World Health Organization. The degree is a 2-year course in two parts: the first one, with 60 credit points under the ECTS (European Credit Transferring System), will award a diploma from the Universidade Nova de Lisboa; the second one, with another 60 ECTS, will award the master's degree, after approval of a scientific dissertation. The qualification will strengthen the capacity of low- and middle-income countries to improve the mental health of their populations. Further information is available at <http://www.fcm.unl.pt/masterint>.

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EFPT conference

Sir: It was a privilege to assist in hosting the European Federation of Psychiatric Trainees (EFPT) conference this July, based in the historic setting of Clare College, Cambridge. The EFPT is an international psychiatry training organisation, composed of delegates from member countries' national training organisations. The UK hosted the conference this year, as the outgoing president of the organisation, Amit Malik, was a British delegate. Over 80 delegates attended, from 31 countries in an ever-broadening Europe.

Before the conference, delegates were invited to attend a local academic day, hosted by the University Department of Psychiatry. This included a tour of the old asylum in Cambridge, and a visit to the Personality Disorder Service and the modern hospital, as well as the new University Department of Psychiatry.

The conference programme began on 8 July, with talks about the EFPT's history and links with other psychiatric organisations. Country reports outlining the processes of training in member countries dominated the afternoon session, providing an overview of psychiatry training across Europe.

The academic session was held on the morning of 9 July. Distinguished speakers, largely from the Royal College of Psychiatrists, were invited to talk about their areas of expertise. Highlights included Professor Robin Murray, who talked about causes of psychosis; Professor Dinesh Bhugra, the College President, who challenged trainees to think about professionalism; and Dr Joan Marsh, who talked about how to get published.

Two further sessions were used for setting up working groups, where delegates from different nations brainstorm and come up with new insights into an area of common interest. These working groups do most of the work of the EFPT. Ideas are born and later bear fruit in the electronic contact between delegates following the meetings. They concentrate on a large range of topical issues, including research, establishing new trainee organisations, psychotherapy, and

child and adolescent psychiatry. Working groups were partly chaired by expert members of the College.

The General Assembly was held on 11 July, with minutes approved from last year's session in Gothenburg, and a taster of what is to come in Croatia in 2010. Board reports were received from the European Board of Psychiatry (UEMS). This was followed by election of the board.

The conference was extremely well organised, thanks largely to the efforts of Amit Malik and Clare Oakley, current chair of the Royal College's Psychiatric Trainees Committee. We were grateful to receive support from the Royal College of Psychiatrists and the University of Cambridge Department of Psychiatry. The chief executive of the local National Health Service trust as well as the deputy mayor attended the garden party. It was enlightening for members to compare training experiences and to work together to improve training standards. There was much to compare and contrast, for example access to psychotherapy, and training in child and adolescent psychiatry. Trainees were overwhelmingly positive and enthusiastic about sharing experiences and forging international links. The future of European psychiatry appears to be in safe hands, judging by the quality and commitment of EFPT delegates.

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The mental health problems of Iraqi refugees

Sir: Despite the mass atrocities and organised violence experienced by millions of Iraqis since 2003, there is limited discussion and research on the impact of war on the mental health of displaced and exiled Iraqis, including those refugees living in neighbouring countries. This is surprising, since the effects of war

and traumatic life events on mental and physical health are well established. For instance, Bhui *et al* (2006) found higher rates of mental disorders among refugees who experienced life-threatening traumatic events than among those who did not experience such events. Similarly, Steel *et al* (2002) found that exposure to events in one or more trauma categories resulted in a twofold increase in risk of mental illness, but exposure to events in three or more trauma categories led to a four- to sixfold increase, compared with those exposed to no traumatic events.

The Pan Arab Conference of Psychiatry in 2008, held in Damascus, Syria, where most of the Iraqi refugees are, highlighted the plight of Iraqis with mental health needs (Essali, 2008). For example, one presentation of data from the UNICEF clinic in Damascus suggested that almost 11% of the refugee Iraqi children presented to this clinic with symptoms of post-traumatic stress disorder (Jahshan, 2008). Although there was no actual survey of the psychiatric problems of the Iraqi refugees, the meeting of the Arab Federation of Psychiatrists suggested that the main theme of the next Pan Arab Conference should be the mental health needs of Iraqis and Iraqi refugees. This is a reflection of the level of concern over the mental health needs of this group. The mental health and social care professionals working in the regions where there is a large presence of Iraqi refugees have been calling for improved mental health services for both displaced Iraqis and refugees, but there has been little international response to date (Essali, 2008).

There is a clear necessity for a comprehensive study to assess the mental health needs of Iraqi refugees. We need to know the scale of the problem. Data on gender and group vulnerabilities to psychological problems among Iraqis are limited. Much more information is urgently required to establish mental health services for these groups. The international community has a duty to address the mental health needs of traumatised Iraqis in order to reduce the kind of disability and impairment problems associated with war and conflict. There are also many Iraqi doctors and mental health professionals, who must be encouraged and mobilised to deliver culturally sensitive mental health services.

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Bhui, K., Craige, T., Mohamud, S., *et al* (2006) Mental disorders among Somali refugees. *Social Psychiatry and Psychiatric Epidemiology*, 20, 1–9.

Essali, A. (2008) XIth Pan Arab Conference of Psychiatry. Psychological consequences of violence and evidence-based mental health. *Arabpsynet Journal*, 18, 1–7.

Jahshan, S. (2008) Referral system at the UNICEF and Red Crescent clinics. XIth Pan Arab Conference of Psychiatry, 21 August.

Steel, Z., Silove, D., Phan, T., *et al* (2002) Long-term effect of psychological trauma on the mental health of Vietnamese refugees resettled in Australia: a population-based study. *Lancet*, 360, 1056.

Kerala fundraising trek, 2009

Sir: In January 2009 I was one of 14 who went to Kerala on a 5-day trek to raise money for the College Volunteers Programme. We were 11 psychiatrists and three non-psychiatrists (who happened to be carers

of family members with mental health problems). We started from coastal Kerala and climbed close to 9000 feet over the mighty mountains of Munnar into Tamil Nadu, covering almost 130 km. The walk was tough but the scenery was breathtaking. We had the opportunity to visit a village school in the mountains and make a contribution to their education. We also visited the Trivandrum Mental Health Centre, which gave us the opportunity to see what mental health services look like in India. We were impressed by what we saw and witnessed some examples of good practice, such as accommodation facilities for visiting relatives. We were also able to appreciate the challenges they faced in terms of funding and stigma. For many, this was the first time they saw what services in a low-income country looked like. We also were able to meet some patients. Part of the group went on to conduct a workshop in Sri Lanka, which was well received.

We stayed in tents for the entire duration of the trek and were looked after very well by our organisers and guides. The food was excellent. A few of us knew each other before the trek but many first met on the trip. Very soon, however, we got on really well and now feel as if we share a close bond with each other. It worked like the ultimate team-building exercise and we feel committed as a group to volunteer work in mental health and are already talking about the next trek. Some have suggested that it should be in the Shillong region in India, where I have started a volunteer project.

The trek was part of the College President's appeal when Professor Sheila Hollins was leaving office in 2008. She successfully completed the trek herself and handled many of its organisational aspects when in India. The trek raised an impressive sum – over £30 000 – for the Volunteers Programme. This will be used for bursaries for volunteers to visit to low- and middle-income countries. The Programme currently supports placements in Africa, Iraq and other parts of the world but has until now lacked funds. I was amazed by how successful the trek was and think that it is an excellent way not only to raise funds but also to raise the profile of the Programme. It brought together some committed people who can be called upon again in the future.

The trekkers were: Chris Dobson, Sally Pidd, Carol Henshaw, Elspeth Bradley, Adrienne Regan, Brian Martindale, Carola Mathers, Dale Mathers, Adil Akram, Sheila Hollins, Martin Hollins, Karen Stevens, Sally Browning and Allen Kharbteng.

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