



EDITORIAL

International Divisions and International Associateships

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Although the College has always had an international perspective, the establishment of the Board of International Affairs has given a new impetus to this area of its activities. Although the Board was set up to address the needs of members residing overseas, it has enjoyed the wholehearted support of those living and working in the UK and Ireland; this has been manifested by the way in which the College and its various committees have acknowledged the need to look outwards more than they have done in the past – to scan new horizons and form new partnerships so that the College can play an active role in international psychiatry for the benefit of all those suffering from mental ill health. The College has also taken decisive action by developing International Divisions and International Associateships. These have been approved by the Privy Council of the UK and were formally established at the College's annual meeting in July 2004.

The main objectives of the International Divisions are to facilitate communication between the different countries in a region and to promote discussion of psychiatry. They will focus on:

- enhancing collaboration and cooperation in the training of psychiatrists
- facilitating professional development
- increasing the professional standing of all staff in the field of psychiatry and mental health.

It is the firm hope and belief of the College that the International Divisions will build on the successes of earlier overseas groups and bring the members of the College together across national boundaries in powerful local coalitions that will better support mental health and benefit individuals as well as institutions.

The Divisions will be more than the sum of their parts. Their creation offers a unique opportunity to provide a coherent, professional and responsive regional approach to training and educational activities in psychiatry

and mental health. It is hoped that this multinational activity will engage the interests and enthusiasm of all psychiatrists and psychiatric associations in countries in each region and that this, in turn, will both foster research and evaluation and facilitate the dissemination of the results. In time the International Divisions will be a powerful influence on national policies for improving standards of care and destigmatising mental illness. In the long term they will not only provide tangible support and benefit to individual psychiatrists and their institutions, but also steadily raise the standing and status of psychiatry as a discipline. These are ambitious but realisable aims which can be achieved only through partnership and participation, and in a spirit of inclusiveness.

By the end of 2004 the six International Divisions will be up and running, with membership open to all existing Members and Fellows of the College working or residing in each region and to the new Associate Members (see below). Although no person may belong to more than one International Division, participation in conferences and meetings and collaboration with colleagues in other Divisions are very much encouraged.

At the heart of the new Divisions will be their executive committees, whose officers will be elected by the members. Ballot papers for the election of chair, secretary and treasurer will be going out to all members shortly and I would like to take this opportunity to urge you to use your vote so that the executive committee of your Division has a clear mandate to take initiatives on your behalf. The elected officers of each International Division (i.e. chair, secretary and treasurer) may co-opt other members onto the executive committee as appropriate. A list of the members (elected and co-opted) of each executive committee will be submitted to Council after each election or as and when co-opted members are replaced. The executive committee will be responsible for organising and running scientific, educational and social activities in the International Division, as appropriate to academic, training and service needs. Each Division will

Contents

<i>Editorial</i>	
Hamid Ghodse	1
<i>Thematic papers – Reforming psychiatric services</i>	
INTRODUCED BY	
David Skuse	2
Shekhar Saxena and Pratap Sharan	3
Vaughan J. Carr, Amanda L. Neil and Terry J. Lewin	5
Wanda Langiewicz and Elzbieta Slupczynska-Kossobudzka	6
<i>Country profiles</i>	
Udgaro Juan L. Tolentino, Jr – Philippines	8
David Price – Bermuda	11
Nady el-Guebaly – Canada	12
<i>Special paper</i>	
David Ndetei, Salman Karim and Malik Mubbashar	15
Catherine Jenkins	18
<i>Associations and collaborations</i>	
Peter Hill and Aribert Rothenberger	20
<i>News, notes, forthcoming events</i>	22

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provide an annual report to the Director of the Board of International Affairs, who will present them to Council at the first meeting in the following year.

It is expected that the International Divisions will work cooperatively with national associations and societies, World Psychiatric Association regional zonal representatives and the World Health Organization, as well as university departments, in pursuance of mental health and the practice of psychiatry. I am confident that the members of the International Divisions will rise to this challenge and will work together to ensure that the Divisions set an example for other Colleges and other organisations with similar mandates. The development of genuine partnerships between equals to the benefit of all partners will be important for both the College's international role and the Divisions' regional responsibilities.

The College's other initiative – the establishment of International Associateships – is also very much welcomed. In most countries there are many experienced, competent and highly qualified psychiatrists who are not Members or Fellows of the Royal College of Psychiatrists.

The category of International Associate of the College has therefore been developed to acknowledge the contribution of psychiatrists who reside outside the UK or Ireland and who do not hold the MRCPsych, but who do have a specialist qualification in psychiatry. The award of International Associateship by the Court of Electors will be based entirely on nominations provided by members of the College, and the contribution of the candidates to the activities of the College and to its International Divisions will be taken into account. Members and Fellows of the College and the Divisions are encouraged to identify well-qualified and interested individuals and recommend them for election for International Associateship.

With these exciting developments – of the six International Divisions and International Associateships – the College has taken an important step in the promotion of collaboration and cooperation across national boundaries. Ultimately, however, their success will rely on the commitment of individual members and psychiatrists in the regions to seize the opportunities and to build on them.

THEMATIC PAPERS – INTRODUCTION

Reforming psychiatric services: a global financial perspective

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What is the most efficient and effective way of providing psychiatric care? In most countries, resources are always going to be severely limited and psychiatrists are well aware that the specialty will be a long way down the pecking order.

This issue presents three perspectives on contemporary approaches to financing mental health services. First, we have an overview by Dr Shekhar Saxena and Pratap Sharan, of the World Health Organization (WHO). They point out that a recent WHO-sponsored survey of provision found, in no less than one-third of the 191 countries that provided information, that there was no mental health budget at all. Further, in a third of those countries with such a budget, it represented less than 1% of overall health care expenditure. They make the interesting and important observation that, because many countries provide services only for those who are able to pay, people with serious mental disorders are selectively disadvantaged. Moreover, they are especially likely to be unable to meet these financial obligations because of unemployment and chronic disability. The authors also emphasise that the prevailing philosophy, which recommends a move from hospital to community care, is not a cheap option. Wise recommendations are made in their conclusions.

We then have two contrasting articles on the re-financing of psychiatric services, one from Australia and the other from Poland. Vaughan Carr and colleagues lament the underfunding and poor organisation of community provision for people with psychosis, which result in lengthy and unnecessary hospital stays in Australia. They discuss the importance of using an evidence base to plan alternative provisions. Such a reorganisation of services for patients with psychosis would increase efficiency and could be widely adopted. Finally, Wanda Langiewicz and Elzbieta Slupczynska-Kossobudzka examine the effect of the health care reforms in Poland that were implemented 5 years ago. Poland spent just under 5% of its health care budget on psychiatric services when the reforms were introduced, which would place the country in the middle tier of financing according to the WHO analysis reported by Saxena and Sharan. The Polish authors bemoan the 'also-ran' status of psychiatry in comparison with specialties that attract more immediate and urgent attention from reformers, but there is good news as well as bad. In the past year, there have been additional resources hypothecated for psychiatric services; consequently, the aspirations of the psychiatric profession to provide a rational balance between in-patient care and community services may yet be realised.