We take great pleasure in inviting you to join us for the 1st iMHLP International Mental Health Development Conference: Developing Leadership for Mental Health.

The conference will be held in Melbourne from 16-18 October this year at Rydges of Carlton, opening with a conference dinner at The University of Melbourne.

Featuring a number of prominent international experts on mental health development, the centerpiece of the conference will be presentations by this year’s Lilly Fellows reporting on the outcomes of their research and service development projects.

Abstracts of the Fellows’ presentations are featured later in this edition of iMHLP News – offering an overview of the broad and significant activities of the Fellows to promote mental health in their own countries.

As part of our commitment to strengthening leadership in mental health policy and service development, the 1st iMHLP International Mental Health Development Conference represents an important step in reporting on the efforts of a growing international network dedicated to research that supports mental health policy and services.

Mental health is now firmly established on the international development agenda following the publication of the 2001 World Health Report, the launch of the WHO mental health Global Action Program (mhGAP), Project ATLAS and many other important initiatives led by WHO and supported by regional partners in government and industry.

The over-riding goal of this international collaboration is to support countries around the world to enhance their capacity to reduce the risk, stigma and burden of mental disorders and to promote mental health among their populations.

The iMHLP is part of this collaborative effort and we believe the 1st iMHLP International Mental Health Development Conference represents an ongoing opportunity for vigorous discussion and debate on issues of critical significance to mental health.

Take the opportunity to hear from some of the world’s finest researchers and policy experts in the field of mental health development. Meet some of Asia’s new generation of mental health leaders. Discuss their work with them and explore opportunities for further international collaborative work in mental health policy and services research.

Also, enjoy the experience of visiting Melbourne, which is a beautiful city at any time, but particularly so in the Spring.

We look forward to seeing you in October.

Associate Professor Harry Minas, Director, Centre for International Mental Health, The University of Melbourne

Professor Byron Good, Chair, Department of Social Medicine, Harvard Medical School

Co-directors, iMHLP

For further information on the program and to register online, visit the iMHLP website at

www.cimh.unimelb.edu.au/imhlp
Pending approval by The University of Melbourne, the Centre for International Mental Health, School of Population Health, will soon offer a new postgraduate degree by coursework and research – the Master of International Mental Health.

The first intake of students is scheduled for March 2003. The degree is based on, and forms part of, the International Mental Health Leadership Program.

The new degree is a response to the need for strengthened capacity in mental health policy, service development and research, particularly in developing countries where policies, infrastructure and mental health services are limited but where there is also growing political will to redress the gap.

The Master of International Mental Health will be a one-year postgraduate degree open to medical and other mental health professionals working in the field. It will be available in mixed delivery mode, with two blocks of intensive teaching (totalling six weeks) held at The University of Melbourne, supported throughout the rest of the year by continuing online learning and project supervision. This offers the opportunity for students to undertake an internationally recognised course of study without prolonged absence from their own home context, and with the requirement that they apply new knowledge and skills to their home environment throughout the course.

The Master of International Mental Health will be especially relevant to mental health professionals (e.g. psychiatrists, psychiatric nurses, psychologists) who are working in developing countries, to international health or development professionals, and to domestic mental health professionals preparing for overseas work. Enabling students to undertake the course of study while still operating in their work environment simultaneously protects the relevance of the course to mental health development contexts and offers opportunities to learn first-hand from other regional mental health professionals – establishing valuable collaborative networks.

The program addresses all elements of leadership in mental health, including policy and service development, research and training, and the ethical treatment of persons with a mental illness. The program consists of four core and two elective subjects and a supervised research project or minor thesis selected by the student and her/his supervisor on the basis of the relevance of the research to their own region.

The four core subjects:

- Global Mental Health Development examines global trends in mental health from social, economic, political and cultural perspectives, focusing on strategies for mental health development in low-income and post-conflict societies.
- Mental Health Policy Development examines current approaches to mental health policy development and issues of legislation and human rights, access and equity, financing, therapeutic drug availability, advocacy and quality improvement strategies.
- Mental Health Services Design is concerned with models and strategies for integrated service design providing effective treatment and care of people with mental disorders, including population needs assessment methods, planning and budgeting, quality improvement and human resources.
- Research: Methods, Ethics and Uses is an introduction to practical research applications in mental health, including ethics, design and implementation, hypothesis-testing, methods of data acquisition and analysis, questionnaire design, writing and evaluating research reports and grant writing.

The two optional subjects:

- Health Services Research considers organisational, managerial, policy and health economics issues in service quality improvement and outcome measures related to discrete service programs and whole health care systems.
- Promoting Mental Health is an introduction to the emerging models of mental health promotion, incorporating prevention, early detection and early intervention, and integrating social, mainstream health and specialist mental health service systems.

Students may undertake the four core subjects, the two optional subjects and a
The recent appointment of two outstanding mental health scholars to its international faculty underlines the commitment of the Centre for International Mental Health in bringing together a network of leading experts dedicated to the development of mental health policy, services and research.

At the end of the program, students will have developed the capacity to:

• Assess current and future needs of the population for mental health services in the context of rapid socio-economic, cultural and epidemiological transitions

• Identify and enhance the economic and social resources that can be harnessed for development by building and leading partnerships and coalitions that drive and sustain such development

• Embark on practical development projects driven by clear evaluation processes and data collection systems to ensure development is evidence-based

• Articulate clear, practical goals for mental health development in their own countries, analysing economic, social, and policy obstacles to such development, and implement effective strategies for the development of critical mental health services and policies

• Conduct research that will inform the development of high quality mental health policy and services

It is expected there will be substantial demand for the course by students, government departments and health institutions in developing countries, and by domestic students interested in international mental health development work.

A limited number of scholarships for the program are already available from Ely Lilly, and from the World Health Organization as part of the mhGAP Global Research Fellowship Project. It is hoped the number of available scholarships can be gradually increased.

The Master of International Mental Health will be a significant contribution to strengthening capacity for mental health development in low income countries.

No other university degree has yet been developed to address the glaring need for training within Asia and extending to the Western Pacific and Africa, where policies, services and infrastructures for mental health are limited, but the political will to redress the gap is growing.

CIMH appoints leading mental health scholars to international faculty

T

Steve Cohen (Harvard Medical School) and Vikram Patel (London School of Hygiene and Tropical Medicine) have each been appointed to the position of Principal Fellow (with the title Associate Professor), Centre for International Mental Health, The University of Melbourne.

Professor Cohen is an Instructor in the Department of Social Medicine, Harvard Medical School, where he has acted as the Coordinator of the World Mental Health Project. Alex Cohen has researched homeless mentally ill persons and published many articles on mental health issues in low-income countries. Recently, he published two important books on mental health services in low-income countries, both reviewed in the August edition of iMHLP News.

Professor Patel has a special interest in public health psychiatry and epidemiology. Well known for conducting research and training programs for mental health in India and his work with the World Health Organization, Vikram Patel is a Senior Lecturer in the London School of Hygiene and Tropical Medicine. His new book, Where there is no Psychiatrist, is reviewed in this edition of iMHLP News.

CIMH director
Harry Minas, with Alex Cohen and Vikram Patel, now Principal Fellows with the CIMH.
On the island of Borneo, establishing and promoting a mental health outreach program has always been a big challenge, especially in remote areas like Sabah.

A tropical paradise with vast and spectacular rainforests, Sabah is home to 2.7 million people living alongside a cornucopia of biological diversity, including unique flora and forest fauna like the endangered, human-like Orang Utan.

An exotic tropical haven it may be, but the island of Borneo is, primordially, a volcanic atoll and its geographical terrain is a traveler’s nightmare. Road access in Sabah is limited to truck roads linking smaller towns and access to remote villages requires virtually days of jungle trekking by foot or off-road terrain vehicles.

Because of this, and in spite of numerous mental health activities initiated by the State Health Department, the benefits barely reach the grass-roots populations living in the remote depths of Sabah.

It was with this in mind that a unique outreach program was organised as part of the 2001 WHO mental health year.

The key element in the program was to ‘piggy-back’ mental health outreach activities on the already well-established public health network system.

The State Health Department has, over the years, been extremely successful in providing public health services to the remotest parts of Sabah. Its resources include extensive use of off-road terrain vehicles and a team of community health personnel who have in-depth experience providing health services to indigenous peoples living in remote and rural areas.

Sadly, however, mental health has been a small part of the public health program.

Aimed at improving this shortcoming, the community outreach program integrated community-based mental health care for the first time. Paving the way for improved mental health services, the outreach program was fully supported by a collaborative partnership between the Hospital Bukit Padang and the State Health Department in Sabah.

A prime example of the program’s success was the mental health promotion tour of Sabah, held in August 2001.

A traveling expedition comprising teams of public health and mental health personnel, the Sabah mental health promotion tour aimed to promote mental health among the grass roots of the community – people who live deep in the interior and remotest parts of Sabah.

Additionally, with corporate funding provided by the Malaysia Petroleum Company, PETRONAS, the silent barrier against mental health funding in the region was finally broken. For the first time ever, a well-known regional company openly supported an important and innovative mental health program.

The outreach team members consisted of paramedics, nurses, a psychiatrist, technician, a health education officer and a number of malaria prevention staff.

A total of six multi-terrain, off-road vehicles
were used in expeditions spanning weeks of
town-to-town stopovers where staff ran medical
services and presentations supporting mental
health promotional activities. Topics explored
the importance of mental health and the
mythologies surrounding mental illness.
Additionally, the team ran exhibitions on mental
health, provided cardiopulmonary resuscitation
demonstrations, malaria screening and a free
dental service.

The overall response to the program was
remarkable.

Besides achieving their objectives in
launching a successful health education
endeavour, the mental health team had a unique
opportunity to learn first-hand about long-held
beliefs, customs and traditional methods of
treating mental illness among some of the most
remote populations of Sabah.

Besides the venture’s success in promoting
better awareness of mental health and illness
among isolated rural people, the venture proved
a viable and valuable collaboration between
mental health and public health care.

Deep in the tropical depths of Borneo, an
innovative experiment in delivering mental
health care in Sabah has shown that this can be
achieved for even the most remote communities
when linked to existing public health programs.

by Dr Ahmad Faris Abdullah

The Sabah mental
health promotion
tour represents a
new symbiosis of
mental health and
public health in
community outreach
programs

Who will be prepared for the escalat- ing burden of mental disorders?

WHO 1st International Training Forum on
Mental Health Policy-Making and Service Development

The forthcoming WHO 1st International
Training Forum on Mental Health Policy-
Making and Service Development explicitly
poses the problem of whether countries will be
prepared for the escalating burden of mental
illness.

The forum, being held in Tunisia on 27-29
November this year, will outline an approach to
implementing national mental health plans.
WHO has developed a guidance package
consisting of a range of modules focusing on:
• How we should plan to better answer the
  needs of our populations
• What to prioritise under conflicting
  pressures and how to allocate scarce funds
• Who, and how many, staff will need training
to meet these needs
• How we can monitor and evaluate service
  improvements
• Which organisations should be involved in
  collaborative initiatives

The Forum will present the WHO
framework for developing mental health
policies and plans and will facilitate the
application of this framework to countries’
unique situations.

Almost one third of
the world’s disability
is attributable to
mental health
problems yet one
third of countries
have no mental
health program to
deal with them
After a year as acting regional mental health adviser to the WHO Western Pacific Regional Office (WPRO), based in Manila, I have the opportunity to reflect on this most interesting period and on mental health in the region. The Western Pacific Region covers 37 countries and territories in Asia and the Pacific, stretching from China and Mongolia in the north, to Australia and New Zealand in the south, and across the Pacific countries to French Polynesia.

When I first arrived in Manila, colleagues were working hard to co-ordinate the extraordinary range of global, regional and national events for World Health Day 2001. I had the opportunity to participate in the energy surrounding the launch of the World Health Report, and to collaborate in global projects like Project ATLAS and the Global Campaign on Epilepsy, and the development of a regional strategy for mental health.

Working with colleagues, consultants and advisers in Manila, in Geneva, and in countries around the region, was a highlight of this period.

Reflections on a year in the Western Pacific

Background
The disease burden from mental disorders and suicide, the impact of psychosocial problems, and opportunities for mental health promotion, were all reviewed in the region. On close analysis, the disease burden represented by mental and neurological disorders in the Western Pacific Region is already high, reaching 14.7 per cent in 2000.

Sadly, an estimated 1100 people are dying from suicide each day.

As elsewhere, few people receive treatment because stigma discourages them from seeking it and because services are scarce and poorly distributed.

Project ATLAS shows most countries in the region spend less than five per cent of their health budget on mental and neurological disorders and many have no mental health policy.

The historical isolation of mental health from general health services continues to influence attitudes. Because budgets are still linked to hospitals, the lack of resources at primary and secondary levels of healthcare...
impedes appropriate development.

Poor access to effective treatments for depression, psychosis and epilepsy, means avoidable disabilities often afflict people from an early age and then persist into later life.

We know that primary prevention, including avoidance of nutritional deficiencies and brain trauma in early life, could reduce the incidence of several disorders. For this reason, further work on prevention of mental disorders is critical.

In the future, countries are urged to develop community-based treatment and care, including essential medicines, psychosocial rehabilitation and employment support. Governments are also urged to consider mental health within their multi-sectoral plans for health promotion.

The work in WPRO

The Region endorsed a strategy for mental health in 2001. The regional strategy provides general principles guiding policy, promotion, prevention and treatment, places mental health in the context of public health, and incorporates mental health promotion, prevention and treatment.

The World Health Report - launched in Australia, China, Korea and Japan - further raised awareness of the need for mental health reform across the region.

In response, countries were supported in a number of key areas, including legislation, education and training, developing needs-driven programs and national mental health policies. Several examples of these efforts are especially noteworthy.

- An Asian country is integrating mental health into a national health plan with the support of a mental health planner
- A consultation convened in Manila will assist countries in benefiting from linkages with the Global Campaign on Epilepsy
- A pilot project is treating epilepsy in primary care
- A Pacific country is defining a whole-of-government-and-community approach to mental health promotion

The future

The regional strategy marks a commitment to promote mental health alongside physical health.

Many countries are recognising the importance of mental health and actively seeking to work across a number of priority areas, including:

- raising community awareness
- developing family and consumer support groups
- developing relevant legislation
- defining an approach to community mental health appropriate to countries in the region
- developing guidelines for mental health work in disaster situations
- developing guidelines for mental health care in general health services
- encouraging demand reduction and harm minimisation in substance abuse

I have now returned to my work and family in Melbourne, and look forward to continuing contact with colleagues in the region.

Readers can contact Professor Herrman via email on herrmahe@svhm.org.au, or write to her at St Vincent’s Mental Health Service, The University of Melbourne Department of Psychiatry, PO Box 2900, Fitzroy, Victoria 3065 Australia.

The Regional Strategy for Mental Health is available online at: http://www.wpro.who.int/pdf/RS_mental%20health.pdf
The word ‘empowerment’ holds more than hollow promises in the lexicon of Dr Vikram Patel, a senior member of the iMHLP Faculty whose recent book, Where there is no psychiatrist, is an exhaustive step-by-step manual for mental health leadership among the psychiatric laity.

A mental health care manual for the general health worker and primary care physician, this comprehensive work empowers healthcare workers in under-resourced and developing communities to build much-needed mental health care into all aspects of existing services.

Published by Gaskell, the book answers the challenge issued by the World Health Organization to place mental health squarely in the context of public health by outlining a workable set of guidelines that demystify key concepts in psychiatric practice.

In his preface, Dr Patel writes: “Mental health is no longer a subject for the specialists; in fact, it is a basic aspect of care for any health worker in any community. It is essential that health workers are well informed about mental illnesses. It is with this goal in mind that this manual has been written.”

Divided into four main sections, the book provides a comprehensive manual for professionals and non-professionals alike.

The first section provides a detailed overview on an international landscape of mental health and mental illness, including the major types and causes of mental illness, their interactions with culture, assessment and diagnostic issues, psychopharmacological treatments, counselling and other referral options.

“I spent years of working in developing countries,” says Dr Patel, “I realised one of the biggest obstacles to achieving mental health care for all was in simplifying the language of psychiatry.”

Dr Patel tackles this issue in the second section of the manual, entitled Clinical Problems, where he outlines practical, clinically oriented descriptions of major mental illnesses. These are written in a language accessible enough to empower basic health workers to effectively manage more than 30 presenting symptoms covering behavioural disorders, psychosomatic complaints, habits and addictions, reactive disorders associated with grief, violence or trauma, and disorders among children and adolescents.

This approach avoids technical jargon altogether. For example, there are sections devoted to the likely treatment options appropriate to a person who presents as ‘being tired all the time’, or for mothers who ‘become disturbed after childbirth’, for people who are ‘aggressive or violent’, and so on. For readers, this simple approach offers a key to unlocking a wealth of clinical knowledge, simultaneously streamlining the diagnostic process, flagging potentially serious issues, and guiding the health worker to appropriate options for management.

Dr Patel openly acknowledges that psychiatry as a medical specialty is something of an alien import in most developing societies, and this is precisely why the manual was written in such an accessible format. This problem-oriented approach starts from common or important clinical presentations that have a mental health component and then identifies how to deal with them.

Another approach taken in the manual is describing the relevant mental health issues as they arise in specific health care contexts.

“Often,” says Dr Patel, “health workers may find themselves working in a special setting, say in a reproductive health clinic. What are the mental health issues relevant to this setting?”

Themes of treating mental illnesses in other
healthcare settings and local communities are addressed in the third section of the manual, Integrating Mental Health. This section helps workers promote mental health in settings like primary care, children’s health, adolescent, reproductive and women’s health, the elderly, prisoners, the homeless, street kids and refugees, as well as the formidable challenges presented in the context of war and disaster.

Often overlooked, the mental health of workers themselves is given equal attention, as is support for other kinds of carers in the community. This section also introduces key strategies for promotion and advocacy, ranging from prevention and early intervention, to promoting the rights of the mentally ill, fighting stigma, and reaching key groups through other channels like schools, the media and support groups.

The final section, Localizing This Manual For Your Area, is a quick reference guide on medicines, with a glossary of terms and information on local resources. All the essential drugs used in mental health care are listed according to their main clinical applications, and the guide includes fields for local brand names and costs, as well as a guide to mental health care that helps readers collate key information on local organisations for support, advocacy and referral.

The manual also features checklists for diagnosis and treatment, and a series of clinical flow-charts are included in the appendices for quick reference. These clinical ‘problem solvers’ cover all the main disorders and are purposely presented in full-page format so health workers can photocopy them and generate their own promotional or educational leaflets. Alternatively, the bibliography allows readers to source the original texts and leaflets from appropriate authors and publishers.

An innovative referencing system guides readers through key issues in multi-layered detail. Words included in the glossary are highlighted, with extensive cross-referencing to key topics built into the manual so readers can explore other, related issues. In the glossary itself, spaces are provided for the user to write equivalent terms in the local language, with extra space left at the end for mental health idioms and terms which may not have an equivalent English concept.

This is important, says Dr Patel, because, even though depression and anxiety may be the most common and universal mental illnesses in the world, few patients openly complain of these problems because many non-European languages lack the appropriate words.

“In the end,” says Dr Patel, “preparing this manual has taught me much about communicating complex issues in an everyday language. “I only hope it can reach out to more users around the world and provide another platform for psychiatry to promote the laudable goal of mental health for all.”

To order copies of Where there is no psychiatrist, contact the publishers, Gaskell, on +44 (0) 20 7235 2351 (extension 146) or email your request to booksales@rcpsych.ac.uk. As part of an ongoing process of improvement and revision, Dr Patel urges readers to contact him with their views and suggestions by writing to him directly via email at vikram.patel@lshmt.ac.uk or vikpat@goatelecom.com, or by post at Sangath Centre, 841/1 Alto Porvorim, Goa 403521, India.

£8 (cost)
October 2002 (release date)
Postal address: Booksales
Royal College of Psychiatrists
17 Belgrave Square
London SW1X 8PG

“I hope this manual can be of particular service to general health workers and physicians in the developing world. The majority of developing countries have relatively few mental health professionals, but many have large numbers of general health workers and practitioners who present the front-line of mental health care. It is usually in these settings that mental health issues first present. It is my hope that they find this manual easy to follow and use in their day-to-day clinical work.”

Dr Vikram Patel, Goa, India, April 2001
WHO launches the mhGAP Global Research Fellowship Project

The World Health Organization (WHO) this month launched the Global Research Fellowship Project, a major strategy for building mental health research capacity through research training.

As part of the five-year mhGAP initiative aimed at reducing the stigma and burden of mental illness, the Global Research Fellowship Project has been established to promote much-needed training in mental health research.

Current established partners in this project include the Centre for Addiction and Mental Health (Toronto) and the Centre for International Mental Health (Melbourne). Preliminary agreements are also under discussion with the Royal College of Psychiatrists, UK, and the University of Umea, Sweden.

The lack of mental health specialists and general health workers with the knowledge and skills to carry out basic research affects the ability of countries to assess and respond to local needs.

Because country-specific information generated from research is essential to developing mental health policy for different communities, Project Fellows selected through WHO regional and country offices will be offered training packages responding to their countries’ specific needs.

Training will be drawn from a global pool of expertise by partnering with WHO collaborating centres, experts in other centres of excellence and participating countries.

As the program unfolds, it is expected research can be used to propose new and innovative solutions, to refine cost-effective interventions and monitor their implementation, to measure the local impact of policy changes, uncover obstacles to reform, and to assess the value of mental health promotion at individual and community levels.

The project will build a body of knowledge on culturally relevant mental health and substance use information, enhancing member countries’ capacities to respond to changing needs in priority areas.

The next steps for the project will be building new linkages and partnerships with research centres of excellence, marshalling financial and institutional resources and supporting further cooperation with member states.

For further information on the Global Research Fellowship Project, readers are encouraged to contact Mwansa Nkowane at WHO’s Department of Mental Health and Substance Dependence on telephone (41) 22 791 4314 or, via email, on nkowanemwansa@who.int
Developing three community-based mental health care clinics in Hanoi
Dr Do Thuy Lan and Dr Tran thi Hong Thu, Maihuong Daycare Psychiatric Hospital, Vietnam
Based on rates of mental illness and a population of two million, Hanoi needs three hospitals with a capacity of up to 500 beds each. In-hospital treatment is costly, takes around three months and isolates patients from families. As an alternative, this project introduces community rehabilitation as a cost-effective model for mental health services in Hanoi. The Department of Public Health nominated Dongda, BaDinh and Haiabtrung districts for three mental health clinics, scheduled to open in mid-2002. Prior to opening, a promotional program ran workshops for parents and partners of patients, district public healthcare centre staff, as well as sub-district People’s Committees, members of The Red Cross, the Women’s Association, Veteran’s Association and the Retired Civil Servants’ Association. Combined, these workshops reached almost 200 people supporting a community-based mental healthcare system in Hanoi. The success of the program will be compared across each district by monitoring and analysing service usage, including regular follow-up assessments of whether re-integration into the community is enhanced by participation in mental health daycare. The program promotes a new system of mental healthcare, enhances community awareness and builds a cost-effective platform for mental health development in Vietnam.

The characteristics of filicide-suicide in Taiwan: 1992-2001
Dr Chia Ming Chang, Feng Chia University, Taiwan
Media reports in Taiwan suggest a rising incidence in filicide-suicide (FS), a tragic act where parents kill their children and later suicide. Sampling cases reported in six major Taiwanese newspapers, this project describes characteristics of FS from 1992 until 2001. Of 78 cases, 35 were paternal FS, 33 were maternal FS, and 10 were family FS. The incidence increased rapidly, with more than half (44 cases) occurring in 1999-2001. The perpetrators were evenly split between 45 men (aged on average 35.6±6.5 years) and 43 women (aged 37.1±10.7 years). A total of 123 child victims included 65 boys, 36 girls and 22 children of unknown gender, aged on average 7.7±7.2 years old. Family conflict was identified leading up to 53.8% of cases. Male perpetrators used less violent means of suicide than male perpetrators. The most frequent method of filicide was poisoning, but the use of burning charcoal increased since 2000. Female perpetrators were more likely to have a past history of psychiatric illness than male perpetrators. Given its rising incidence, identifying the psychopathology of FS in the Chinese culture is critical to the development of preventive strategies. The potential role of the media is also discussed.

Proposed management protocol for patients with schizophrenia and co-morbid medical illnesses
Dr Ma Luz Casimiro-Querubin, University of The Philippines College of Medicine
Research shows 29 per cent of mentally ill patients have undiagnosed somatic illnesses despite repeated contact with mental health workers. Compared with the general population, patients with schizophrenia suffer higher morbidity and mortality from cardiovascular and endocrinologic diseases. The responsibility of screening for co-morbid illnesses belongs to the attending psychiatrist, but available treatment guidelines focus on the general population and fail to address the needs of patients with a mental illness. This study, conducted with the University of the Philippines and Philippines General Hospital, presents new protocols that clinicians can use to screen for medical risk factors. By using treatment protocols based on algorithms, clinicians can identify patients at higher risk, manage them accordingly and refer them whenever necessary. As part of the study, field trials will test issues of validity, user-friendliness and cost-effectiveness, further refining the algorithms to better suit clinical practice. Once implemented, the protocols will encourage more holistic care, more rational choice of antipsychotic treatment, early detection and referral. Risk factors can also be monitored throughout the course of treatment and will greatly improve the general health status of patients with schizophrenia.

Research and development of mental health service on internally displaced persons in Indonesia
Dr Suryo Dharmono, University of Indonesia, and Dr Albert Maramis, Airlangga University, Indonesia
An estimated 1.3 million Internally Displaced Persons (IDPs) are living in Indonesia, many affected by recent conflicts in Aceh, West and Central Kalimantan, Central Sulawesi, North Maluku and East Timor. WHO’s Rapid Assessment of Mental Health Needs (RAMH) in the region calls for mental health services addressing their needs, particularly among displaced families. Responding to these findings, a mental health service will greatly improve the general health status of patients with schizophrenia. The potential role of the media is also discussed.

The potential role of the media is also discussed.
Conference abstracts, iMHLP Fellows

Developing Leadership for Mental Health, Melbourne 16-18 October 2002

Plan, the project will introduce screening tools for child development monitoring and establish a comprehensive referral system in liaison with district mental health officers. Training will be provided to health cadres and personnel across the Posyandu, PHCs and hospitals. A pilot project to test this new service is being set up in Jakarta in cooperation with the Department of Community Medicine, Faculty of Medicine, University of Indonesia. Progress, and obstacles to implementation, will be discussed, as well as their implications for future development.

**Effectiveness of psycho-education in a psychiatric hospital in Sabah**
Dr Ahmad Faris Abdullah, Hospital Bukit Padang Sabah, Malaysia
Evaluating the effectiveness of structured versus unstructured psycho-education, Bukit Padang Hospital embarked on a one-year study of patients recovering from an acute episode of schizophrenia. The structured psycho-education used here is a modified version based on that of Dr Peter Weiden (1999). Schizophrenic patients admitted to the acute wards were screened and clustered into two groups - an intervention group receiving five modules of structured psycho-education and a control group receiving standard non-structured psycho-education. This study evaluates readmission rates, compliance and patient knowledge, with PANSS and SCID (Psychosis) administered before and six months after psycho-education. Of 83 patients recruited so far, the majority are male (61.9%), more than half (53.7%) are aged 20-35 years, most (66.7%) are single and unemployed, and 14.3% are illiterate. An overview of the preliminary data will be provided to health cadres and personnel across the Posyandu, PHCs and hospitals. A pilot project to test this new service is being set up in Jakarta in cooperation with the Department of Community Medicine, Faculty of Medicine, University of Indonesia. Progress, and obstacles to implementation, will be discussed, as well as their implications for future development.

**Psychiatric morbidity of seizures**
Dr Sonia C Rodriguez, University of East Ramon Magsayssy Memorial Medical Centre, The Philippines
Many patients referred for management of seizures may actually have psychogenic seizures or non-epileptic seizures (NES). This study aims to determine the underlying psychiatric co-morbidity among patients admitted for treatment at the Epilepsy Monitoring Unit (EMU) of St Luke's Medical Center. Following neurologic and psychiatric evaluations, DSM IV and PRIME MD questionnaires are used to measure psychiatric morbidity. Since mid-2001, 36 patients admitted with a diagnosis of epilepsy have undergone electroencephalographic (EEG) monitoring. Two of these (6%) have a history of physical abuse. Abnormal EEG findings were seen in fourteen patients (39%). Based on the PRIME-MD, psychiatric co-morbidity in non-epileptic patients includes Major Depressive Disorder (30%), Substance Abuse Disorder (5%), Generalized Anxiety Disorder (15%), Panic Disorder (10%), Anxiety Disorder not otherwise specified (5%), and Dissociative Disorder (5%). One patient had a frank psychotic illness. Only fourteen patients (39%) were given anti-convulsant medications upon discharge. The others were given various other medications, including antipsychotics (5%), antidepressants (30%) and anxiolytics (30%). No patients have been readmitted in the follow-up period thus far.

**A newly integrated curriculum and its effects on medical students’ attitudes towards psychiatry and mental illness**
Dr Pichet Udomratan
Responding to a decline in the number of graduates in psychiatry, the Faculty of Medicine at the Prince of Songkla University developed a curriculum where students learn psychiatry within the context of other medical subjects. This study compares students completing the standard curriculum with those completing the new curriculum. Attitudinal questionnaires - Attitude Towards Psychiatry (ATP-30) and Attitude Towards Mental Illness (AMI) - are administered on the first and last days of a two-week psychiatric rotation, with a structured interview on the last day. So far, 55 sixth-year students undertaking the standard curriculum have been assessed on four ATP subscales assessing attitudes towards psychiatric illness and patients, psychiatrists and psychiatry, psychiatric teaching, and psychiatric treatment and hospitals. Of interest will be students’ responses to the item, ‘I would like to be a psychiatrist,’ before and after rotation. Results can be used to improve teaching, encouraging more positive attitudes among medical graduates who become non-psychiatric physicians, as well as encouraging more students to choose psychiatry as their specialty. This is of critical importance to mental health services in Thailand, where the number of psychiatrists is rather low.

**The prevalence of depression and anxiety disorders in women during pregnancy and after delivery in Shanghai**
Dr Shi Shen Xun, Fu Dan University, China
Despite adequate prenatal care, expectant mothers receive little mental health education and postpartum depression seems to be a growing problem in Shanghai. Because published studies...
Conference abstracts, iMHLP Fellows

Developing Leadership for Mental Health, Melbourne 16-18 October 2002

Exploring mental health issues and their links to physical health in adolescent diabetes in Malaysia
Dr Susan Tan, National University of Malaysia

This project explores links between mental and physical health, empowerment and quality of life among diabetic adolescents in Malaysia. In the past, a number of diabetic adolescents have been referred to Child Psychiatry at the National University Hospital, Hospital Universiti Kebangsaan, for falsified blood sugar readings and poor compliance to dietary and insulin regimes. On occasion, this has resulted in unnecessary and sometimes life-threatening admissions for complications such as diabetic ketoacidosis. It is unknown whether mental illness, such as depression for example, is a result of frequent invasive management or the consequences of living with a chronic illness. Despite the clear need for greater screening of comorbid mental illnesses among diabetic adolescents, validated screening instruments in the Malay language are lacking. As part of this project, the Children’s Depression Inventory and Adolescent Coping Scale is being translated into the Malay language. Once validated, the instruments will pave the way for earlier detection and treatment, aiming to improve compliance with diabetic treatment regimes. They will also encourage further research supporting services that promote healthier lifestyles among diabetic and other adolescents throughout Malaysia.

The development of computerised version of the Korean Composite International Diagnostic Interview (K-CIDI) for the Personal Digital Assistant
Dr Kim Jang-Kyu, Seoul National University, Korea

Accurate case identification is integral to psychiatric epidemiology. Since the Present State Examination (PSE) of the 1970s, schedules like the Composite International Diagnostic Interview (CIDI) were introduced and later computerised by Australian researchers for ease of use and accuracy. This automates the skip pattern and item citing, increases accuracy of the interview, and is more efficient and cost-effective in terms of training and equipment. Although translated and validated in the Korean language (K-CIDI), a portable computerised version does not yet exist. In this study, a version operable using a personal digital assistant (PDA) will be validated for the Korean CIDI. Ten patients with depressive and/or alcohol use disorders will be assessed by a pen-and-pencil version and then reassessed by another interviewer using the PDA version one week later. In another group of ten patients, the administration sequence will be reversed. In each sequence, the patient groups are compared with groups of ten normal controls, making, in all, 40 subjects. Inter-instrument reliability will be determined for diagnosis, validating the PDA against the standard pen-and-pencil version. The portability and lower cost of a PDA version of the K-CIDI should facilitate more efficient epidemiological studies, database and screening options for community mental health centers in Korea.

Female patients admitted to the mental asylum and a teaching hospital: comparing the profiles and symptoms to evaluate the services
Dr M Nasar Sayeed Khan, Postgraduate Medical Institute, Pakistan

In Pakistan, schizophrenia is stigmatised. Although the government provides access to new medications, patient outcomes remain poor due to institutionalisation and rudimentary treatment options. This project compares two groups of 20 age-matched female patients treated in asylum versus teaching hospital settings, co-located in urban Lahore. Both groups are diagnosed according to ICD-10 diagnostic criteria. The aim of the study is to compare patient attitudes and clinical measures of the severity of psychotic symptoms and patterns of comorbidity. Assessments will include patient characteristics, length of hospital stays, the Dysfunctional Attitude Scale (DAS), a translated and validated Urdu version of the Symptoms Checklist, and the Positive and Negative Symptoms Scale (PANSS; Fizbein, 1988). Results are expected to favour treatment in a hospital setting, providing evidence for a move away from asylums and institutionalisation, and paving the way for policies and services that encourage re-integration in the community care setting.
In June, the Mental Health in Developing Countries Symposium brought together a number of leading specialists in mental health and strengthened the process of dialogue between Australian international health development practitioners and the Australian Agency for International Development (AusAID).

Designed for professionals with an interest in mental health policy and service development, the Symposium reviewed key mental health issues for developing countries in the Asia-Pacific region and explored strategies for incorporating mental health into general health and development programs.

Among the keynote speakers were two iMHLP Fellows, Dr Suryo Dharmono and Dr Albert Maramis, both from Indonesia.

The paper presented by Drs Dharmono and Maramis outlined the plight of some 1.3 million people displaced by conflicts in Indonesia, and their growing need for critical mental health services.

The presentation, based in part on WHO’s Rapid Assessment of Mental Health Needs (RAMH), identified an escalating need for services supporting families in crisis affected by conflicts in Aceh, West and Central Kalimantan, Central Sulawesi, and North Maluku.

In Indonesia, some 70 per cent of displaced people are women and children affected by increasing social conflicts and incidents of violence.

Having been displaced by conflict, women and children face serious inadequacies across the whole range of housing, sanitation, general and mental health services, food and water, education, social and development facilities.

In some regions child labour is an emerging problem with mental health consequences including trauma, school refusal and drug abuse.

A number of solutions were discussed, such as the integration of mental health services with existing community-based care, the establishment of a trauma healing centre, monitoring systems for referral networks, the development of training programs for general health personnel, and government advocacy programs.

The work of Drs Dharmono and Maramis has attracted the support of international, government and independent health authorities, including the Directorate of Community Mental Health, the UNHCR and Unicef.

However, much more substantial funding is required to continue to develop this important work, and to support the newly Center for Disaster and Violence Studies.

The Mental Health in Developing Countries Symposium was a collaborative initiative of the Centre for International Mental Health, the Australian International Health Institute, the Macfarlane Burnet Institute for Medical Research and Public Health, and the University of Melbourne Key Centre for Women’s Health.
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