

riod, describing the respect they got, but also the bereavement.

Much can be said about the difficult political situation. After the conference a short war broke out between Israel and the Gaza strip resulting in citizen casualties on both sides. The ceasefire after a week brings promises for a future solution of the



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4th International Symposium "Mental Health in Developing Countries – Global Mental Health", 10th November 2012 in Munich

WOLFGANG KRAHL

According to the WHO (www.who.int/mental_health/mhgap/en/index.html) neuropsychiatric disorders or substance use disorders are common in all regions of the world. While 14% of the global burden of disease is attributed to these disorders, most of the people affected are living in low-income countries and do not have any access to the treatment they need, many are stigmatized with prejudice and social exclusion. This leads to serious psychological, physical, social, and economic damage. At least 20%–30% of patients in developing countries who visit primary care facilities suffer from one or more neuropsychiatric disorders. Particularly noteworthy are chronic illnesses such as: depression, substance dependence, schizophrenia, epilepsy and dementia. Attempts to introduce mental health on the agenda for global public health are progressing only slowly. Mental health services should not be a privilege available chiefly to rich countries; mental health is of enormous importance in low income countries both for the individual and for their societies.

To create awareness about mental health issues in low income countries *i.nez—International Network for Cooperation in Mental Health* organized together

with the *Global Mental Health Group* at Department of Psychiatry, Ludwig Maximilian University of Munich and the *Center of International Health—LMU* the 4th International Symposium "Mental Health in Developing Countries—Global Mental Health." The symposium was held on the 10th November 2012 in the Department of Psychiatry of the Ludwig Maximilian University of Munich.

The Symposium's first speaker MARKOS TESFAYE (Department of Psychiatry, Jimma University, Jimma/Ethiopia) stressed in his talk *Education for improving human resources in mental health—An Ethiopian example* how important it is for his country to train mental health workers. He mentioned that the lack of trained mental health professionals has been found to be the most important limiting factor in developing mental health services in developing countries and that Ethiopia is not an exception. After a psychiatry residency program started at Addis Ababa University in 2003, the number of practicing psychiatrists in the country increased from 11 to a total of 44 in 2012. Nonetheless, most psychiatrists remained in the capital city whereas 85% of Ethiopia's population of approx. 90 million lives in the

countryside. In the context of limited number of doctors applying to pursue psychiatry Jimma University started a graduate training program for non-physicians in collaboration with national and international institutions among them the Center of International Health and the Department of Psychiatry of the Ludwig-Maximilian-University Munich in 2010. The idea is that these graduates with a Master of Science in Clinical and Community Mental Health should be enabled to run acute in- and outpatient care at regional and primary hospitals; also that they should provide supervision and support for Primary Health Care workers and that they get involved in mental health service planning and management at the regional health bureaus.

NORBERT MÜLLER (Department of Psychiatry, Ludwig Maximilian University of Munich) talked about *The Master of Science in Clinical and Community Mental Health in Jimma, Ethiopia—The German perspective*. He stated that since 2010, the Global Mental Health Group at the Department of Psychiatry, University Munich has been supporting the Master program in Ethiopia in order to improve psychiatric treatment and care. Academic staff from Munich was sent to teach the first batch of students. The first five master students graduated in 2012 and another 20 students—two of them from Somalia—are presently attending the master program. Further support from the Ludwig Maximilian University, will be provided by annual summer schools which will deepen psychiatric skills and knowledge; in addition problem- and patient-oriented exchange will take place. Further projects of the Global Mental Health Group include cooperative research projects and the implementation of a rehabilitation farm for psychiatric patients.

MATHEW VARGHESE (National Institute of Mental Health and Neuro Sciences (NIMHANS, Bangalore, India) gave an overview about *Dementia—Perspectives from Developing Countries (India)*. He demonstrated that because of demographic changes around the world, developing countries like India, China, and Latin America would have the largest elderly population in the world. The Dementia India Report 2010, estimated that there were 3.7 million persons with dementia in India in 2010 and that this number would double in the next 20 years. The main caregivers are family members and they need support and training to deal with this problem due to sparse public health services. M. Varghese had an interesting explanation about the reason why the prevalence

of dementia in most of the developing world is less than the developed world. The lack of assessment instruments to evaluate cognition and the shorter survival may be reasons for the underestimation. Also the culture views cognitive decline as a normal part of ageing and the deterioration in executive functions needed in diagnostic criteria like the DSM IV is not evident in the developing world.

While geriatric psychiatric problems are relatively new on the agenda for mental health in developing countries, child and adolescent psychiatric problems have been recognized already beginning some years earlier. REINER FRANK (Prof. emer. Department of Child Psychiatry, Ludwig Maximilian University of Munich) spoke about the curriculum development for postgraduate education: *The process of implementing child psychiatry in Jimma, Ethiopia*. Postgraduate training relies on clinical experience of patients at childhood age seen mainly in the outpatient department. To handle child patients some easily available material is necessary such as paper and pencil, paints, building blocks or puzzles. The purpose is to get in contact by means of playing, to offer an occupation and to get an idea in which way children are able to use the material. R. Frank stressed that for most problems encountered in children local resources are needed—family, school and community. He also highlighted the importance of advocacy which is effective only when the target audience is asked to do something. Mobilizing people means asking them to become part of the solution. Child psychiatry is still in its infancy in Ethiopia and needs time to develop. Follow up is necessary to monitor the growth of capacities in child psychiatry within the department and for the Masters of Science in Clinical and Community Mental Health going back to their region of origin to practice in a primary hospital. R. Frank had prepared some video clips about his work with children in Ethiopia which were very well received by the audience.

Another account about the problems encountered by children in Ethiopia was given by SANDRA DEHNING and ANDREA JOBST (Department of Psychiatry, Ludwig-Maximilian University Munich). *Trauma in Street Children in Jimma, Ethiopia* was their topic and they presented the preliminary results of a study. It is well known that Street children experience disproportionately high rates of trauma and posttraumatic stress disorder (PTSD). Their study examined traumatic events and symptoms of PTSD among homeless youth in Jimma, Ethiopia. Street

children (N = 89), mean age 13.7, were recruited from an organization providing services to homeless youth (Facilitators for Change). The results indicate that 84% of respondents had experienced a traumatic event and 32% met criteria for PTSD. They discussed the implications for culture-sensitive screening and intervening with traumatized homeless youth across service settings.

GEORG RIEDER (Department of Neurology, Traunstein District Hospital) who has been working in different African countries as a physician had been asked by the Symposium organizers to prepare a talk on *Allowances: incentive or hindrance?* He discussed the issue in a very balanced way. It is his experience that participants of training workshops, of field research and of development projects expect, NGO/donor agencies to offer per diem allowances for attendance or cooperation. The basic question is, whether allowances should be paid in development work, specifically in volunteer based community projects? He discussed the advantages of Per Diem Allowances: Basically they should cover work related expenses only. Beyond that, they encourage training, increase staff motivation, offer an additional source of income, and they cover opportunity costs of volunteers. He also looked at the disadvantages of Per Diems: They might create conflict among staff/ community volunteers; work plans might be based on per diem maximization; they are costly for donor agencies, and they foster manipulation of work practices; finally people might expect payment for every activity. Training allowances may have a specifically negative impact: They are paid as compensation for time spent in a training workshop or seminar, which transforms "capacity building" into "income generation". He concluded that donors as well as volunteers have to ask themselves whose agenda they are serving. If it is the agenda of a NGO or an institution, then people are justified in asking for payment. If it is a project that communities are implementing themselves, they should participate without payment, as the results of projects, trainings, or research should be remuneration enough.

PETER KAISER (Zentrum für Psychiatrie, Winnenden) gave a presentation on *Considering local human resources - mental health in the developing as well as so called developed world.*

He talked about his experiences in Burma as well as in Germany. Mental Health Services should be community based. Prevention and treatment do need specialists, trained in diagnostic and therapeutic

skills. In developing countries, brain-drain (internal as well as the migration to other countries) poses a problem that is difficult to counteract. One possibility—promoted by the WHO—may be the "task shifting:" The delegation of responsibilities of physicians to medical assistants with a minor medical education (physician assistants, community health workers etc.) is a common response to the shortage of medical professionals, especially in rural and poor urban areas. P. Kaiser used his own experience in Burma to illustrate the hardship of implementing and promoting mental health services. He also discussed the shortage of psychiatrists in the region where he is responsible for psychiatric services, and he asked the question if task "task shifting" might be needed as well in Germany.

TARA CHACKO (Zeitgeist—Centre for Personal & Organizational Development, Bangalore, India) gave an account on the *Psycho social impact of globalization on Employees in India*. Since the Indian economy began its journey towards Globalization in the early 1990s enormous changes in the social and cultural environment took place. While globalization has resulted in providing new employment opportunities it has also brought changes in the working environment and the way work is carried out. These changes create new opportunities and challenges for employees which have both positive and negative effects on their psycho social wellbeing. Among the negative aspects on mental health Chacko reported increased depression and anxiety, feeling of not having accomplished much in life, low self-confidence and self-esteem, anger outbursts, suicide attempts, increased interpersonal conflicts. She then showed how these problems can be tackled through psycho social intervention programs at multiple levels with awareness programs, crisis intervention, counselling services and training.

KLAUS HOFFMANN (Zentrum für Psychiatrie Reichenau) talked about *Psychotherapy in the developing world—What can be done and who should do what?* He demonstrated that psychotherapy or what is called psychotherapy in the Western world is a powerful and effective help for many people worldwide: For about one fifth to one fourth of all therapy consultations, it is the appropriate answer. Psychotherapy therefore should be implemented in primary care and become open for dialogue with traditional and faith healing groups and systems. In Hoffmann's opinion psychoanalysis, mainly group analysis, can be well adapted to specific economic

and cultural settings and taught to nurses and general practitioners. The same applies to behavioural techniques, especially in trauma therapy. Experienced psychotherapists have important tasks in supervising primary health care workers and local networks including traditional and faith healers, priests, and local officials.

In his talk about *Forensic Psychiatry in developing countries* HERBERT STEINBOCK (Department of Forensic Psychiatry, Isar-Amper-Klinikum München-Ost) explained the definition, the history and the social function of forensic psychiatry in highly industrialized countries. He cited the mental health act and the measures of improvement and security as two examples of forensic psychiatry in civil and in penal law respectively. He stated that the rights of persons with disabilities are part of the human rights. Even mentally ill offenders are disabled persons in need of special protection in courtroom and detention. Their rights are part of the rights of disabled persons, and thus of human rights. Therefore, the promotion and protection of the rights of persons with disabilities—offenders or not—is not a question of goodwill or luxury but of human rights. Steinböck came to the conclusion that regarding ethics and forensic psychiatry mental health workers have to promote 3 issues: ethical awareness of the patients' human rights in professional education as well as in everyday practice, political claims for mental health legislation and political claim for sufficient resources not only because of technical reasons but because it is a question of human rights.

In the last lecture of the Symposium WOLFGANG KRAHL (Department of Forensic Psychiatry, Isar-Amper-Klinikum München-Ost) reported about his experiences in *A country without psychiatrists—Somaliland*. Somaliland is a Sunni Muslim society that is based on clans. There is a large nomadic popula-

tion and high numbers of internally displaced people, many of them traumatized. Somaliland declared independence from Somalia in 1991. Somaliland has only two small public inpatient psychiatric units. Since there are no psychiatrists in Somaliland, the psychiatric patients are treated by nurses and general practitioners. The conditions in the psychiatric ward of Hargeisa Group Hospital were formerly described as poor but improved over the last years. Most of the psychotropic drugs listed in the Essential List of Drugs WHO are available in the hospital. To improve psychiatric services in Somaliland, the Dean of the medical faculty, of the Hargeisa-University, Dr. Derie had requested a workshop on "Basic Mental Health." Most of the 20 participants of the workshop had many years of clinical experience and were eager to contribute actively in the workshop. At the end of the three day workshop the participants (doctors, nurses and social workers) were asked to make suggestions on: "How to improve mental health services in Somaliland." The results included everything that is important in a low-income country to deliver good psychiatric services.

The Symposium had about 130 participants many of them from Africa, Asia; South America and Eastern European countries it was also attended by postgraduates of the Center of International Health—LMU PhD-Program. The organizers received an enthusiastic feedback and were asked to organize another symposium. The 5th International Symposium „Global Mental Health—Mental Health in Developing Countries“ will take place on the 9th November 2013. The venue of the symposium will be again the Auditorium in the Department of Psychiatry of the Ludwig Maximilian University of Munich. (Details about the program of the symposium and the registration will be announced on the website of AGEM.)



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