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“A WELCOME FROM THE EDITOR”

It is the end of another year, and a good time to review activities that have taken place in the course of the past twelve months.

It has been a very busy period in the continent of Africa. There have been positive, exhilarating events, and there have been negative ones with predictably terrible effects on the psychology of whole peoples, such as the endless carnage in the Congo, and the continuing troubles in Darfur. The travails prevalent in Zimbabwe cannot also be without mental health implications for the people of that troubled land.

But the work must go on, and if anything, all the news – good and bad, only helps to show just how much there is to be done to get a grip on the actual size of the mental health care problem in the different countries of the continent, and to begin to fashion out realistic ways of coping with them.

A two-day meeting of experts, held at the joint instance of the World Health Organisation and the Federal Ministry of Health of Nigeria, helped to show just how far from ideal the situation is in the country. A report on the meeting is carried in this edition. There are also reports on the signing of a memorandum of understanding earlier in the year that has some implication for postgraduate training in Africa. There are reports on two conferences, and the activities of an NGO.

2009 promises to be an exciting year, replete with great possibilities. The high point should be the Regional Meeting of the WPA coming up in Abuja, co-hosted by Association of African Psychiatrists and Allied Professionals, and the Association of Psychiatrists in Nigeria. There is a mention of this in 'Forthcoming Events'.

We wish all our readers the best of the season, and hope they will enjoy reading this edition.

Dr Olufemi Olugbile

10TH ANNUAL MEETING FOR THE INTERNATIONAL SOCIETY OF ADDICTION MEDICINE (ISAM)

The 10th annual meeting of the ISAM took place at The Westin Grand Arabella Quays Hotel, Cape Town, in South Africa between Sunday 16th November 2008 and Thursday 20th November 2008. The theme of the meeting was "Understanding Addictions and Providing Comprehensive Care".

It was a well attended meeting with experts in addiction medicine all over the world converging in the beautiful city of Cape Town. With Prof Solly Rataemane

(SA) as the chief host, the meeting graced the presence of all the ISAM executives with the president Prof Tarek Gawad (EGY) leading the team. Experts from Africa including Prof Szabo (SA), Prof Ndetei (KEN) and a host of others were also present at the event.

The meeting featured several workshops and symposia including those on Methamphetamine, Opioid substitution maintenance therapy, therapeutic communities and special sections on women and Africa amongst other. Rich scientific presentations and interesting discussions characterised the meeting. Highpoints of the meeting included the WHO/ISAM and NIDA/ISAM fellowship awards to young investigators in the world who have distinguished themselves in the field of addiction medicine.

Awardees from the African continent this year included Drs A. Adewuya (NIG), S. Arfan (EGY) and V. Makanjuola (NIG) and G. Mareko (KEN). Participants were later treated to the warm hospitality of Cape Town with the ISAM Gala Dinner at the Good Hope Castle. The next meeting of the ISAM is scheduled for Calgary, Canada in 2009.

Dr Abiodun Adewuya

MENTAL HEALTH IN NIGERIA- THE WAY FORWARD

A two-day meeting on 'Mental Health In Nigeria – the way forward' was held in Abuja, Nigeria from 12-13 November, 2008. It was sponsored by the WHO, in collaboration with the Federal Ministry of Health.

A number of issues pertaining to Mental Health and the administration of Mental Health Care in Nigeria were discussed at the meeting. The topics included the State of Mental Health in the nation, the statistics on personnel and deployment of resources, the size of the problem, the issue of brain drain, and Mental Health Policy and Legislation in Nigeria.

Some of the salient facts that emerged from the interactive meeting were as follows:

- a. between 70-90% of people with significant mental illness in Nigeria do not currently get any kind of care,
- b. the Mental Health Policy of the nation, which was enunciated in 1991, was strong on general principles but lacked specifics, and had no timelines for implementation.
- c. The Mental health legislation in effect is still the 'Lunacy Ordinance' modelled on what obtained in the UK at the turn of the last century. A new Mental Health Law was presented to the Legislature as a Private Members Bill in 2003, but is yet to get to the final stages of adoption.
- d. Creative methods would need to be devised to take Psychiatry to the grassroots, where most of the morbidity exists.
- e. The issue of cost of drugs as a barrier to access to care would need to be addressed.
- f. There was no formal budget for Mental Health Care at the federal government level, and no directorate to handle mental health issues. As a starting point to giving mental health a greater visibility, it was decided that a push be made for at least one desk officer to handle Mental Health matters exclusively.

The conclusions of the meeting exposed to a disturbing extent just how much work needs to be done to bring Mental Health care to an acceptable level of effectiveness in Nigeria.

Dr Olufemi Olugbile

SAMARITANS IN KENYA- FREE SERVICES FOR PEOPLE WITH SUICIDAL BEHAVIOUR/SYMPTOMS IN KENYA

Background

Kenya, like any other developing country, has and continues to face various social challenges including HIV/AIDS, street children, gender-based violence, the girl-child, issues to do with general poverty, amongst many others. In 2004, a group of friends who had a shared desire to serve the community through charity work, came together to explore ways in which this could best be done.

After looking closely at some of the initiatives already in place to address some of the existing social challenges, they realized that although most of the areas were already being addressed through the Government departments, the NGO sector, religious institutions, faith-based organizations, charities, businesses, as well as individuals, the issue of suicide did not feature yet all present had lost a family member or a friend or knew somebody who had committed suicide. They observed that no one was directly dealing with this issue which runs across the various lines of divide including social standing, age, educational level, gender, religious affiliation, ethnic affiliation etc. The group also realized that in Kenya, there appeared to be limited data on this issue and the affected people did not talk about it due to the stigma and shame associated with it. Moreover attempting suicide is legally a crime, yet suicide touches the core of our very being as human beings and raises many spiritual, social, moral, ethical and psychological questions. This was the beginning of Samaritans Kenya.

History of Samaritans Kenya

Samaritans Kenya was incorporated in Kenya in 2004 as a Company Limited by Guarantee, a non-profit organization with no share capital. It is modeled on the worldwide Samaritans founded by Dr. Chad Varah in London, UK in 1953 to provide a listening service

and emotional support to those people who are in distress, despair or feeling suicidal. Samaritans is now operating in over 40 countries. After formation, Samaritans Kenya actively made contacts with the International Samaritans and Befrienders family including those in the UK and South Africa. However, despite these initial steps, active Samaritans work did not start until 2007 when the Samaritans Kenya office was officially set up and publicity done through the print media. This led to the setting up of both telephone and face-to-face listening services conducted by a few volunteers mainly from the management team of Samaritans Kenya.

Management of the organization

Samaritans Kenya is headed by six founder members who are also members of the board of directors. The organization has recruited over 70 volunteers who have been trained to carry out the Samaritans work. The volunteers serve in different capacities including listening, managing the office, training, outreach, publicity and other related areas. The volunteers represent a rich diversity in terms of gender, profession, age, experience, ethnic and religious background, etc. The binding factor is that all are volunteers who give up their time in order to provide this service to the most vulnerable community members. All the Samaritans services are offered free of charge.

Samaritans Kenya has partnered with the Africa Mental Health Foundation (AMHF) which has donated office space and continues to provide support to the initiative. Some of the members of the AMHF are also among the Samaritans pool of professionals to whom referrals are made.

Current Activities

Samaritans Kenya is involved in offering a listening service, day and night, through telephone calls, face-to-face sessions in the office, text messages on phone (SMS), emails, letters and visitations with the aim of assisting persons who are suicidal, despairing or in distress thus reducing suffering and the incidence of suicide; assisting those who have been traumatized by the recent post-election violence, and have lost loved ones, homes and properties, and occupations; befriending those who feel they have no one else to turn to and understanding them as they go through difficult periods of their lives thus reducing their suffering; providing support and assistance where possible to victims of abuse, trauma, people with terminal illnesses especially those affected by HIV/AIDS; enabling such persons receive adequate professional help where necessary through referrals.

Referrals are made to counselors, psychiatrists and other appropriate professionals depending on the nature of cases encountered; creating awareness on suicide by distribution of publicity materials such as brochures, fliers, bookmarks, by word of mouth and by using the media to help more people know about the existence of the service; working with local communities to share their time, experience and skills by reaching out to the youth, people in schools, colleges, hospitals, internally displaced persons' (IDPs) camps and prisons. These are places where there are people at risk of suicide or self-harm and in need of emotional support; recruiting and training new volunteers to be Samaritans and thereby preparing them to offer the above services effectively.

The trainings for the listening services are continuous as there are always new volunteers coming on board and the old ones always need to continually update their skills and share new information.

Challenges

Samaritans Kenya challenges include: the costly undertaking of running a telephone service, limited access as there is currently one office which is in Nairobi – yet most of the clients seem to prefer face-to-face befriending, costs associated with publicity activities to raise awareness on the service and challenges of volunteerism in a developing country with a high rate of unemployment.

Future Plans

These include installation of toll-free lines, spreading the service to other parts of the country, increasing the number of volunteers and stationing some of them in key institutions such as schools, colleges, universities, hospitals, churches and other religious institutions, community and youth recreational centers, military and police barracks, prisons and police stations so that some of the most vulnerable groups can have access to the listening service. Other plans include carrying out a research project on suicide in Kenya, in collaboration with Africa Mental Health Foundation in order to establish future direction and thereby offer services more effectively.

Other areas of interest to Samaritans Kenya is forming and strengthening networks and links with the police, hospitals and prisons towards which initial steps have already been taken. It is also anticipated that Nairobi will become a centre for Samaritans for other African countries in the region since Kenya is quite accessible compared to some of the other countries thus there are plans to build an extensive library which will be useful to other stakeholders including governments, volunteers, researchers, counselors and medical professionals.

Conclusion

There is great need for Samaritans services in Kenya and this has particularly become even more evident after the post-election violence that took place in Kenya in early 2008. Yet as with any young initiative, funding continues to be a challenge and the service would greatly benefit from donations and support to keep the service going as well as to undertake the planned projects.

Prof David M. Ndeti & Merab Mulindi

The meeting which took place at the West African College of Physician Office Complex in Lagos had in attendance Drs ROA. Makanjuola, JD Adeyemi, HT Ladapo, O Ogun AO Adewuya, BA Ola representing WACP and Dr Oyebode representing Prof Hollins, President of RCPsych, were in attendance. Others invitee who could not attend like Dr Olugbile sent in their apologies.

First presented were the objectives of the colleges after which areas of cooperation including respective fields of mutual interest were highlighted. The mutual interest covers

1. collaboration in all fields of psychiatry through African Division of RCPsych;
2. exchange of relevant information relating to training and teaching;
3. collaboration regarding research projects relevant to psychiatry;
4. joint publications to develop;
5. participation in related programmes;
6. consideration of the development of framework for mutual recognition of systems of assessment and appraisals;
7. to look into how professionals who wish to train in any of both institutions;
8. to set up a joint commission (comprising of reps from both colleges) in order to examine immediate projects;
9. and that specific additions will be included to develop more the established objectives.

Other important deliberations were that no financial liability would arise for any of the colleges under the MOU.

The MOU is to remain valid for 5 years unless terminated by either party before then but this would be subject to 3 months written notice and the settlement of outstanding obligations. Any dispute relating to interpretation or application of the MOU be subject to conciliation unless amicably settled.

Thereafter the MOU was signed.

Dr Abiodun Adewuya

SIGNING OF MEMORANDUM OF UNDERSTANDING ON COLABORATION BETWEEN RCPsych AND WACP ON THE 23RD JUNE 2008 THE INTERNATIONAL CONFERENCE ON PHILOSOPHY AND PSYCHIATRY

The 11th International Conference on Philosophy and Psychiatry took place at the Carlton-Ritz Hotel in Dallas, Texas, USA from 6th – 8th October, 2008. The main theme was 'Psychiatry and Freedom'.

One of the plenary sessions was focussed on 'Culture and Psychiatry'. The key paper was presented by Prof David Ndeti on the topic 'Progress and Purpose In Cross-Cultural Psychiatry'. It detailed a survey of perspectives of patients and their caregivers on the roles played by traditional and faith healers in the provision of mental health care in an informal settlement in Kenya. The mentally ill persons identified by the Faith and Traditional healers met DSM IV criteria for mental disorders. The interventions of the Faith and Traditional Healers were well accepted by influential members of the community, and the consensus of opinion was that the methods and results of the two groups were similar, and they had a role to play in the care of the mentally ill.

Another session focussed on Politics and Mental Health. Dr Olufemi Olugbile presented a paper titled 'Politicians' Behaviour and Mental Health –the arguments concerning compulsory mental state testing for politicians in Nigeria'. It featured a survey of beliefs and attitudes among three principal groups – the public, professional politicians, and mental health professionals on the controversial question of whether politicians should undergo mental state testing as a prerequisite for holding public office. This position had been advocated by many influential members of the public, including the late Professor Adeoye Lambo, former Deputy Director General of the WHO, and was mostly premised on the perceived 'anti-social' behaviour of many political office holders in the environment.

Generally the issues raised at the conference are matters that should be of great interest to mental health care workers in the African environment.

FORTHCOMING EVENTS

Arrangements have gone into high gear for the WPA Regional Meeting hosted by AAPAP which will be taking place in Abuja from 22nd-24th October, 2009.

A Professional Conference Organiser – Nomad Africa – has been appointed for the conference. The company is one with a wide experience of organising professional and cultural events in Africa.

Many seminars and workshops on various topics will take place during the course of the conference, and every participant is guaranteed to find something that will be relevant to their work and their professional development.

The Conference Website is in the final stages of completion, and online registration is to commence from the 31st of January, 2009.

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