

it requires some modification to the meta-structure of diagnoses used in the main classification.

The field tests will at first be confined to the diagnostic classification to be used in primary care; discussion about optimal management has been deferred to a later stage, but is likely to use the forms of management recommended by the mhGAP study (WHO, 2008), with possible additional headings.

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THEMATIC PAPERS – INTRODUCTION

Policy on mental health

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Our theme this month concerns nascent psychiatric services in countries that are still developing their mental health provisions, but which face specific and diverse challenges. The most dramatic example of this is Iraq, where there continues to be far more conflict, corruption and instability than is ever reported in the Western media. Over 85% of non-governmental organisations have stopped operating in Iraq in recent years, and the future is uncertain for those that remain. Dr AlObaidi writes about the impact of the recent conflict on the mental health of children living in this traumatised country. There are concerns about the chances of creating a stable country in the future, when the current generation of children become adult, unless something is done to address their needs now. There are no formally trained child and adolescent psychiatrists, and it is not clear how the author's plea for a comprehensive and culturally sensitive child and adolescent mental health service could be answered in the near future without financial and professional assistance from outside Iraq itself.

Dr Araya and colleagues discuss a different challenge, in Chile. The aim was to find a way of providing good-quality mental healthcare within the primary care sector. Chile is one of those countries in South America with a burgeoning economy. Its growth rate, in terms of gross domestic product, was 4.3% in 2010, on a par with Mexico. There is an enthusiasm for innovation, and funding is available to make it happen. Over the past 20 years several studies within Chile have examined the prevalence of psychiatric disorder

in the general population. Interestingly, it seems that the impact of these 'home-grown' investigations, supported by the Ministry of Finance, has been far greater than that of innovations derived from studies in countries with a stronger scientific infrastructure. The authors describe clearly the steps taken to implement and evaluate the intervention, which provides a paradigm for countries aiming to establish novel psychiatric services that do not simply imitate the European/US out-patient model.

Finally, Dr Osei and colleagues discuss the issue of mental health legislation in Ghana, a country that has fewer active psychiatrists now than in 2003. Existing services follow a traditional format, with their foundations set in large psychiatric hospitals. They have a relatively high ratio of admission to attendance. As in most other African countries, Ghana's mental health legislation is outdated and outmoded in both its scope and its application. Fortunately, a new mental health act has been drafted. One of the key aims will be, as in Chile, to move resources into the community and away from centralised in-patient care. We have previously, within *International Psychiatry* (vol. 4, no. 4, October 2007), discussed the important role of traditional healers in Africa and the need for psychiatric services to establish a dialogue with them. It has been estimated that there are no fewer than 45 000 such healers in Ghana, and monitoring of their activities will be subsumed under the new legislation. Unfortunately, for a variety of reasons the authors discuss, bringing the act into force has proved more problematic than they had anticipated.