

# Themes in *International Psychiatry*

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**In this, the inaugural issue of *International Psychiatry*, we are highlighting the first of many themes that are of interest and concern to psychiatrists around the globe. Terrorism is both directly and indirectly the predominant topic in our media at present. What impact does living with such a threat, an 'ever-present danger', have on our mental health? Even if we are not directly affected by terrorism, psychiatrists cannot ignore the effects such incidents have had on societies in both the developed and the developing world.**

We have commissioned a series of articles which report how different aspects of the terrorist threat have influenced the lives of people around the world. Four articles appear in this issue and a further set will follow in the second issue of *International Psychiatry*.

Herman and Susser discuss the effects of the events of 11 September 2001 on people living in Manhattan and make recommendations about how psychiatric services should respond in such circumstances. They emphasise the need for advance planning.

Njenga and colleagues discuss the traumatic events in Nairobi, Kenya, in 1998, when a huge bomb destroyed the American embassy. Many Africans suffer severe trauma more frequently than citizens in the United States, but their psychiatric services are far less well equipped to deal with the sequelae of such events. It is arguably a responsibility of psychiatrists in the developed world to assist in mental health promotion within developing societies. We learn

about the Mental Health Policy Support Project, which is co-sponsored by the WHO and the UK Department for International Development; the hope is that the Kenyan model will be replicated in other countries.

De Jong, Komproe and Van Ommeren challenge psychiatrists to consider what is an appropriate professional role in response to terrorist-inspired events. In a controversial article, they argue that it is the responsibility (and indeed the nature) of a culture to respond with a network of supportive structures and rituals. This is exactly what happened in Kenya – a recourse to prayer and support from the family. We need to consider, though, whether this is enough. Njenga and colleagues think not. On the other hand, are we, in the Western world, in danger of going too far in the direction of 'pathologising' experience, to the extent that professional support will be sought after exposure to traumas that are a lot less dramatic than 11 September? And if so, does it matter?

Finally, in a thought-provoking reflection on events in Northern Ireland, Lord Alderdice discusses the way in which a society that has lived with 'Troubles' for many years adjusted to chronic threat. Despite the persistent danger, there is no evidence that this translated into heightened vulnerability to mental ill-health.

Our readers will understand that the views of the authors expressed in these articles are not the views of the Royal College; nor are they necessarily the views of the editors of this novel bulletin. Enjoy and reflect. We hope you will appreciate them as much as we did.

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## THEMATIC PAPER – TERRORISM

# The World Trade Center attack: mental health needs and treatment implications

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**O**n 11 September 2001, the United States suffered the worst terrorist attacks in its history. In New York City, approximately 3000 persons were killed at the World Trade Center, while many thousands fled for their lives. Millions of other city residents observed the burning towers

and breathed the acrid smoke that blanketed the city. Compounding the massive physical destruction and loss of life, the psychological impact of these terrifying events on the populace was profound – there were significant increases in mental distress and symptoms of disorder.