

Correspondence is welcome on any of the articles or issues raised in *International Psychiatry*. Letters of no more than 500 words should be sent to the Editor, Hamid Ghodse, email [hghodse@sgul.ac.uk](mailto:hghodse@sgul.ac.uk)

### International Volunteers' Programme

**Sir:** I would like to share my experience of the College's new International Volunteers' Programme. I spent 3 months last year working for the World Health Organization in Aceh, Indonesia, following the Boxing Day tsunami of 2004, where we were working towards setting up a community-based mental health service with the Ministry of Health, Indonesia. As a specialist registrar working in London, I brought my experience of community mental health-care as practised in the UK into a multinational and multidisciplinary team to work with our Indonesian colleagues in developing a system that would meet the aspirations as well as the social, cultural and economic realities of modern Indonesia.

I found it a wonderful and enriching experience, particularly as I am lucky enough to speak Indonesian reasonably fluently. I was involved in the development of a curriculum and training, as well as having input into systems development. A lot of time was spent with fellow healthcare professionals, learning about local issues and challenges, and looking at ways of addressing them. Probably the most useful thing was sharing some of my day-to-day clinical experience in managing patients in the community with fellow clinicians who have had experience only of a more custodial approach to psychiatry. I had the opportunity to lead a team of my Acehnese colleagues to see a community mental health team in action in neighbouring Malaysia.

For me, the programme was extremely helpful in arranging this experience. In particular, I had to arrange unpaid leave from my National Health Service job, and I believe that this would have been difficult without the support of the College. I also had additional support and mentoring via email from Professor Jenkins in the UK, as well as extremely helpful advice and support from the College's Western Pacific International Division, principally from Professor Deva in Malaysia.

I would thoroughly recommend the Programme to any specialist registrar. I would also recommend it to colleagues in the developing world who are looking at ways of adapting experiences and practices from the UK to local services. Specialist registrars usually have at least 5 years' specialist training and

have all passed their MRCPsych examinations. Many are actively involved in research and service development, and yet, because of their unique position of being supernumerary to service requirements in the National Health Service, are more able to spend a longer period abroad.

The International Volunteers' Programme is not only an ideal opportunity for capacity building in developing countries but also a wonderful opportunity for two-way learning and developing practices to bring back to the UK.

Ian Soosay

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### Health inequalities

**Sir:** Your editorial in the April 2006 issue of *International Psychiatry* highlighted the important and complex relationships between mental illness and poor physical health. It is difficult to address these health needs in a climate of constrained resources and increasing specialisation. Health promotion for patients with severe mental illness is particularly challenging. Much attention is given to the management of physical health problems in patients with mental illness; this is generally related to the reversal of the unwanted effects of psychotropic medications and lifestyle modification, and may be highly proactive, involving frequent invitations and follow-up (Osborn *et al*, 2003). Behavioural lifestyle interventions, for example for managing body weight, albeit intuitively appealing, may fail if the pharmacological properties of medications are not sufficiently taken into account (Werneke *et al*, 2003).

Implementation of population-based cancer (e.g. breast and cervical) screening may be even more difficult to achieve. Although most of the studies have been conducted in patients with learning disabilities, evidence is emerging that women with severe mental illness may also be less likely to take up such screening (Bergmann *et al*, 1996; Lasser *et al*, 2003; Werneke *et al*, in press). Psychiatrists and keyworkers may not be sufficiently familiar with the process of these screening programmes to offer an effective but balanced intervention. Patients with mental illness may more

#### War, tragedies, infections and intercultural insensitivity

There have been many disturbing international events in recent months that have had significant mental health consequences. We have heard that there is a list of more than 200 doctors and scientists who have been executed or kidnapped in Iraq. Elsewhere in the Middle East there have been the ferry boat tragedies in the Red Sea and in Bahrain. The bird flu virus is causing panic in many countries. Mental health services are frequently asked to work closely with other services to advise and deliver support systems. However, our training and manpower do not often prepare us enough for these roles. We welcome news, discussion and debate on these issues. — *Brian Martindale*