

# BULLETIN

MARCH 2008

TSUYOSHI AKIYAMA, EDITOR

ALLAN TASMAN, PRESIDENT

## PRESIDENT'S REPORT



This week in my home town, the first signs of spring are beginning to appear. The cherry blossom season will soon be here, and with it the hopes of the season for new life, new experience, new understanding. This season is an important one for PRCP as we are moving to advance our association in new ways. Our board has endorsed the move of our organizational offices to Kanto Hospital in Tokyo, the home base of our newsletter editor Tsuyoshi Akiyama. We look forward to a new era of productivity for the PRCP with the support of our colleagues in Japan. We also thank again Prof Bruce Singh and his colleagues, who have hosted our offices in Melbourne at his institution for many productive years of growth. As you know, with

Bruce's new responsibilities, his institution is no longer able to serve as our host, but the organizational advances from the Melbourne era provide a firm base for our future growth. Chee Ng is working closely with our colleague in Tokyo to ensure a smooth transition. This spring also marks a time of progress as we move to develop a new journal in collaboration with Wiley-Blackwell publishers. As one of the largest journal publishers in the world, they are able to provide substantial support as we move ahead with our journal. We also commend our colleagues in the Asian Federation, who are also moving ahead with their journal. Our part of the world has needed an international journal for many years, and it is gratifying that PRCP has played a role in fostering the development of

publications which will fill the gap. Finally, as we think of the season of *sakura*, our thoughts turn also to our fall meeting in Tokyo. The fall season in Japan offers many pleasures, and this year one of those will be our PRCP meeting at Toshi Center Oct 30-Nov 2. Our organizing committee has done an outstanding job with both the program and the arrangements, so please start planning now to attend. You will be stimulated both by the excellence of the scientific presentations, and the pleasures of a beautiful season in Tokyo. I look forward to seeing all our colleagues there.

**Prof Allan Tasman  
President PRCP**

## SECRETARY-GENERAL'S REPORT



Welcome to the first edition of another round of the PRCP Bulletin publication for the year 2008. The PRCP have been busy preparing for the 2008 PRCP Scientific Meeting in Tokyo chaired by Prof Noda. Recently I had the opportunity to visit the congress venue in Tokyo with Prof Akiyama and was impressed with the scientific and social program sites. Like many PRCP fellows, I indeed look forward to the highlight scientific event of the year in our region. With Prof Bruce Singh stepping down as the Head of the Department of

Psychiatry, University of Melbourne, to take up a new position as Deputy Dean of Medicine at the same University, the Board of the PRCP has needed to consider relocating the PRCP secretariat. Prof Tasman and the PRCP Board acknowledged Prof Singh and the Department of Psychiatry, University of Melbourne for the substantial contribution in supporting the secretariat over the last 7 years since 2001. The Board and Executive Committee agreed to look into relocating the secretariat and will seek expressions of interest. The Board has considered the requirements needed to set up the secretariat and active exploration of a suitable site to host the PRCP secretariat is underway.

The PRCP has recently decided to co-sponsor the Teachers of Psychiatry (TOP) Conference from 23-24 February 2009, hosted by the Department of Psychological Medicine, National University of Singapore and chaired by PRCP Vice-President Prof Ee Heok Kua. For further information, please refer to the PRCP website (<http://www.prcp.org/events.html>). The secretariat is following up the unpaid membership dues in all countries although several distinguished members may be eligible for emeritus status. We thank those members who have recently paid.

**Associate Professor Chee Ng  
Secretary General**

# EDITOR'S REPORT



First I would like to express my deep sympathy with so many Chinese people who could not return home for the new year due to the heavy winter. It must have been very disappointing to miss the long expected family reunion. In this issue, Prof Kinzie writes about fascinating "Oregon Intercultural Psychiatric Program." This clinic was originally started in 1977 for Vietnamese refugees, but then expanded the services for the immigrants and refugees from other countries including Soviet Union, Bosnia, Iran, Somalia, Ethiopia and Guatemala. Currently this clinic treats 1200 patients of 17 different language groups. Very dedicated service, indeed.

Dr Naveen Chandra reports about Nitte Psychiatric Project in India. This project provides comprehensive free rural psychiatric services. As the first step, the psychiatric illnesses are mapped by the available resources, volunteers and nursing students. There are three outpatient clinics and the project is staffed by Dr Chandra, a social worker, volunteer psychiatric nurses from Australia and other international

expertise. This project is a step forward to provide much needed care to people through international collaboration.

Dr. Shigeo Murauchi writes about "Integral health care for populations affected by violence and human rights in Peru." The purpose of this project is to assist people's health in the areas affected by political and non-political violence as collaboration among the San Marcos Major National University, the Ministry of Health and the Japan International Cooperation Agency. Harvard Program in Refugee Trauma was chosen as a subcontractor to provide the training of trainers.

In "the influence of media reporting of a celebrity suicide on subsequent suicidal behavior" Prof Andrew Cheng from Taipei reports results of most elegant analysis of the influence of precarious media reporting on a suicide of a famous television actor. The first study reports that there was a significant increase of suicide, especially in men and for individuals using the same highly lethal method. The second study confirms that there was an increase in the number of suicide attempt. A 52-fold risk for a re-induced suicide attempt was found among those with a previous suicide attempt. The third study reports that more than one-third of depressive

patients were influenced for their subsequent suicidal behaviors, especially in those with a most recent suicide attempt. These studies give excellent examples of sophisticated methodologies for suicidology. Prof Chee Ng, our secretary general reports the incredible success of The World Psychiatric Association International Congress recently held in Melbourne. There were more than 3000 delegates from over 100 countries and the numbers of abstracts, plenary sessions, key lectures, oral presentations, workshops, symposia and posters were stunning. Particularly noteworthy was the very active participation of the diverse background of mental health professionals. At the closing ceremony the audience enjoyed dazzling multi-ethnic show dance and I was given an opportunity to extend invitation for the PRCP 2008 in Tokyo. The psychiatry in the pacific rim region never ceases to progress. You will witness details of the progress in the articles.

**Dr Tsuyoshi Akiyama**  
Editor

## INNOVATIVE PROGRAMS IN THE REGION

### THE INFLUENCE OF MEDIA REPORTING OF A CELEBRITY SUICIDE ON SUBSEQUENT SUICIDAL BEHAVIOR

Improving the reporting and portrayal of suicidal behavior in the media has been included in most national suicide prevention strategies around the globe. The evidence to support this has been derived from studies reporting an increase of suicide and attempted suicide following certain media stimulus. However, a major shortcoming of most studies is that exposure to the media report by those who subsequently engaged in suicidal behavior has not been well

investigated. Following extensive media coverage of the suicide of a Taiwanese famous male television actor (MJ Nee) by hanging at the age of 59 years sometime in April, 2005, Three studies were conducted to examine effects of Nee's news on subsequent suicidal behavior. Several aspects of the guidelines published by the World Health Organization in 2000 for the media regarding how to report a specific suicide were contravened in these media reports.

The first study was conducted among all suicides in 2003-2005 in Taiwan (n=10945), using a Poisson time series autoregression analysis. After controlling for seasonal variation, calendar year, temperature, humidity and unemployment rate, there was a marked increase in the number of suicides during the 1-month period after media reporting (relative risk 1.26, 95% CI 1.14 to 1.41). The increase was significant in men (relative risk 1.38, 95% CI 1.21 to 1.56), and for

individuals using the same highly lethal method (hanging) as the model did (relative risk 1.43, 95% CI 1.20 to 1.71).

The second study was conducted among 124 suicide attempters exposed to the media report with a structured interview. Nearly a quarter (23.4%) reported a negative influence on a subsequent suicide attempt. After controlled for seasonal variation, calendar year, temperature, and humidity in a Poisson autoregressive model, there was a 1.55-fold (95% CI 1.26-1.91) increase in the number of suicide attempt during the 3-week period after media reporting. A 52-fold risk (95% CI 5.96-459.14) for a re-induced suicide attempt was found among those with a previous suicide attempt.

The third study was conducted among 438 depressive patients exposed to the media report with a structured

interview. More than one-third (38.8%) of them reported an influence on subsequent suicidal behaviors, including 24 (5.5%) with a suicide attempt. The risk of such influence was highest among patients in a severe depressive state just prior to the media report (adjusted OR 7.81, 95% CI 3.28-18.59). Such influence on a subsequent suicide attempt was highest in patients with a most recent suicide attempt within one month prior to the media reports (adjusted hazard ratio 11.91, 95% CI 3.76-37.72).

These studies have provided convincing evidence suggesting negative influences of media reporting of a celebrity suicide on subsequent suicidal behaviors in the general population, and among both suicide attempters and depressive patients. Particular attention in terms of potential negative media influences

should be paid to patients who are currently depressed and have made a recent suicide attempt. The results provide further support for the need for more restrained reporting of suicides as part of suicide prevention strategies to decrease the imitation effect.

#### References:

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**Andrew T.A. Cheng,  
MD, PhD, DSc, FRCPsych  
Distinguished Research Fellow,  
Institute of Biomedical Sciences,  
Academia Sinica, Taipei, Taiwan**

## OREGON INTERCULTURAL PSYCHIATRIC PROGRAM

Our Intercultural Psychiatric Program (originally the Indochinese Psychiatry Program) was begun by me and a Vietnamese resident in 1977. It was a time when refugees from the Indo-China War were coming to the United States. We started with a model which included a psychiatrist as the overall leader of a team and an ethnic mental health counselor who acted an interpreter, case manager, and group coordinator. For example, we had a psychiatrist and Vietnamese counselor working with the Vietnamese patients, a psychiatrist and Laotian counselor working with the Laotian patients, and a psychiatrist and Cambodian counselor working with the Cambodian patients. We rapidly became successful in attracting a large number of refugee patients. Over time, other groups became refugees in the United States. This has included immigrants from the former Soviet Union, refugees from Bosnia, Iran, Somalia, and Ethiopia, and Spanish-speaking refugees from Central America, particularly

Guatemala. More recently, we have started a clinic for Arab-speaking refugees with an Iraqi counselor. In the early days, we began working on a Vietnamese-language Depression Scale (VDS) and we described Posttraumatic Stress Disorder among refugees from the Pol Pot Cambodian concentration camps.

The program has expanded greatly. It is now directed by Paul Leung, MD, a psychiatrist in our department who speaks Cantonese, Mandarin and Vietnamese. We have received a Torture Treatment grant from the U.S. government's Office of Health and Human Services, which specifically targets people who have been tortured, particularly those from Central America and Africa. This program is directed by Mark Kinzie, MD, PhD.

Currently, we have 1200 patients encompassing 17 different language groups. We have ten part-time psychiatrists, all of whom are faculty members, and 20 counselors. We have been instrumental in training medical

students and residents in cross-cultural psychiatry and we have had extended contact in training psychiatrists from China, Iraq, Uganda, Korea, and Spain. The program has continued to be active academically, publishing over 100 papers on a variety of topics, including psychotherapy, group therapy, traumatized refugees, the use of medication in the treatment of PTSD, and, very recently, the finding that there is a high prevalence of hypertension and diabetes among refugees.

The program is an integral part of the Department of Psychiatry at the Oregon Health and Science University and receives valuable support from that institution.

For further information and references, contact [kinziej@ohsu.edu](mailto:kinziej@ohsu.edu). Thank you.

**J. David Kinzie, M.D.  
Professor of Psychiatry, Oregon  
Health & Science University**

# INTEGRAL HEALTH CARE FOR POPULATION AFFECTED BY VIOLENCE AND HUMAN RIGHTS IN PERU

Between the years 1980 and 2000, Peru had the events in which the Armed Forces and the terrorist groups such as Sendero Luminoso, MRTA confronted that caused 69280 fatal victims and one million persons displaced from their place of origin. This political violence affected more to populations with less social and economic resources in the south and central mountainous regions of the Andes and the jungle. Those affected by violence still have diverse psychiatric disturbance and psychological side effects, have not received integral attention nor opportunity of health, since the health personnel does not carry the competence for such cases. In these areas there are all kinds of non-political violence too, such as Family violence, Sexual violence, Social violence, even though these are not exclusive and these can be related to one from another.

This project is aimed at improving comprehensively the condition of people's health in the areas affected by violence, just under way by the San Marcos Major National University (UNMSM) and the Ministry of Health (MINSA) under the support of the

Japan International Cooperation Agency (JICA) between the years 2005 and 2008, and I was engaged in it as a expert of mental health of JICA .

Previous to this project, baseline studies had been carried out, 5 pilot sites, where had been severely affected by violence, were selected. Our approaches were as follows;

Education on Integrated Health for The Victims of Violence in Undergraduate/Graduate School of Faculty of Medicine, UNMSM, Cascade Training for Health Professionals in 5 regions, Maternal and Child Health Care Training, Community Health Promotion Activities

Harvard Program in Refugee Trauma (HPRT) was chosen as a subcontractor for the Project. TRAINING OF TRAINERS BY HPRT was given in January and February 2006 for fifty Peruvians who are the leading figures in the institutions concerning with four Project Outputs. Fifty HPRT Training participants took main part in Four approaches of the project.

In many pilot sites, the major current affairs of violence is not political violence but domestic violence, and the current major psychiatric problems is not PTSD, but depression or anxiety

disorders because of time from the era of Political violence. In Peru more than 90 % of psychiatrists are working in Lima, and there were very few specialists of mental health in these pilot sites. And so, "cascade training system" was adopted to improve the capacity of health personnel, not only specialists of health but also non-professional health workers such as auxiliary nurse, nursing technicians, and health promoters, for integrated health care to people affected by violence in the sites. The capacitation by HPRT was not just focusing on this project, but the systematic lectures, long experience and passion for refugee trauma impressed deeply the Peruvian participants, the leading figures in this project, strengthened a sense of unity among them. Participation of many specialists other than those in mental health helped them understand mental health, and contributed to multisectoral coordination for this project.

**Shigeo Murauchi, MD.**

**Henmi Hospital,**

**3-26-16, Hagiya-cho,**

**Higashi-Murayama, Tokyo, Japan**

## NITTE RURAL PSYCHIATRIC PROJECT – INDIA

Medical facilities have improved enormously in India over the last 20 years. Although, one branch of medicine that has not improved is Psychiatry – particularly in rural areas. For poor rural people there are rarely any local treatment options. For these people, accessing psychiatric services in the city is expensive, and the long-term treatment required is often not possible. In addition, there is an ongoing stigma and ignorance about psychiatric illnesses.

With this in mind, I approached Mr Vinay Hedge, Chairman of Nitte Education Trust (NGO) and we decided to establish a comprehensive free rural

psychiatric service in Nitte, located in Karnataka State in southern India, as a pilot project. This project complements the idea of 'Brain Circulation' which was discussed at the South Asian Forum at Goa in which overseas psychiatrists are encouraged to do voluntary work in developing and underdeveloped countries in order to build local capacity. The initial priority was to identify and map the psychiatric illnesses in the community. This required support and assistance from the community agencies, local doctors, religious leaders, police, local government agencies, NGO's schools etc. We employed volunteers and

nursing students to undertake this mapping through a simple questionnaire relevant to local beliefs.

Once the target population for treatment has been identified, encouragement will be provided to the patients and relatives to seek help and treatment. We will aim to overcome any stigma associated with treatment through education and explanation. We have already started an awareness program through the distribution of brochures and banners about the facts of psychiatric illnesses. We have also presented lectures to different organizations including Rotary and Lions Club.

We have started three out patient clinics which are operating five days a week. The pilot started at Nitte and then expanded to Bailur and Mundkur, this covers an approximate population of 300,000 – 400,000. The service will also expand to day hospital care in the future. Once the patient is assessed, follow-up and monitoring will take place to ensure compliance with treatment. Our team will visit villages to educate the family, monitor patients and assess the 'at-risk' population. Once stabilized,

rehabilitation program will commence to assist patients with re-integration into the community.

The project is currently staffed by myself, a volunteer psychiatrist and a local full time social worker. We have two volunteer psychiatric nurses from Australia starting a short term placement soon. We will require ongoing international expertise for two to six month volunteer placements to ensure the continuity of the pilot. Interested parties can contact me via the email address below.

I am optimistic that we can provide assistance to a majority of people in the area who need treatment. The project can potentially expand to include child and adolescent services, alcohol and drug treatment, geriatric and other specialized services. If successful this can be a model for future centers in rural areas of developing countries.

**NAVEEN CHANDRA**  
naveenchandra28@yahoo.com.au

## INTERNATIONAL CONFERENCE REPORT

### WORLD PSYCHIATRIC ASSOCIATION INTERNATIONAL CONGRESS 2007

The World Psychiatric Association International Congress was held in Melbourne from 28 November to 1 December 2007, which brought together more than 3000 delegates from over 100 countries from across the globe. It was one of the largest psychiatric-based congresses ever held in Australasia and hosted by the Royal Australian and New Zealand College of Psychiatrists, consisting of 1100 abstracts, two plenary sessions, 29 key lectures, 77 oral presentations, 48 workshops, 70 symposia and 300 posters. In addition, two concurrent conferences were also held along side the WPA International Congress namely the Australasian Society of Psychiatric Research (ASPR) Conference and the Indo Australasian Psychiatry Association and the South Asian Psychiatry Association (IAPA-SAFA) Conference. One unique feature of this congress was the diverse background of mental health professionals and workers present, which was very much in keeping with the Congress theme of "Working together for mental health".

The opening ceremony of the Congress was held at the Melbourne Exhibition Centre with an interesting locally oriented program. Dr Julian Freidin and Professor Helen Herrman, Co-Chairs Congress Local Organising Committee, and WPA President

Professor Juan Mezzich and others gave speeches, before the official opening was announced by Gill Callister, Executive Director of Mental Health and Drugs in Victoria. To finish off the ceremony the congress delegates were treated to a stockman on horseback, reception drinks, and the chance to see a variety of Australian animals, watch live sheep shearing and listen to some Australian bush ballads.

The scientific program was impressive and covered a wide range of areas related to mental health presented over three and the half days with no less than 20 concurrent scientific sessions. The plenary speeches included the official WPA launch of "The Lancet Series on Global Mental Health: From Evidence to Action" by series editors Professor Vikram Patel, London School of Hygiene and Tropical Medicine, Professor Martin Prince, Institute of Psychiatry, London, and Dr Shekhar Saxena, World Health Organisation. Professor Colin Masters, Professor of Pathology at the University of Melbourne gave the second key plenary on Alzheimer's Disease: Translating Basic Research into Clinical Evidence by. Many concurrent meetings also took place in conjunction with the WPA International Congress, including the PRCP annual Board meeting which

was held on Friday 30 November 2007 with arrangements prepared by the PRCP Secretariat.

A dazzling social program was also presented, with a big band entertainment for the delegates at the Gala Dinner auspiciously held at the National Gallery of Victoria International on third evening of the congress. Under the spectacular stained glass roof in the Great Hall, delegates were entertained by swing dancers and even learned some new dance steps and showed off their new moves in a swing competition. Finally the congress finished on a high at the closing ceremony with the world of multi-ethnic show dance, celebrating the multicultural nature of Melbourne and the delegates from over 100 nations that had come together for the Congress. Local organisers and Prof Juan Mezzich gave heartfelt thanks to the delegates and participants. A presentation to invite delegates to PRCP 2008 in Tokyo was given by Professor Tsuyoshi Akiyama and Professor Jiri Raboch also invited people to the World Congress in Prague in 2008.

**Assoc Prof Chee Ng**  
**Organising Committee Member**  
**WPA International Congress**  
**Melbourne**

# YOUNG PSYCHIATRIST SECTION

## TRAINEES' COMMITTEE OF THE HONG KONG PSYCHIATRIC TRAINING SCHEME

In Hong Kong, doctors who are interested in specialising in psychiatry can apply to enter the Hong Kong Psychiatric Training Scheme (the Scheme), which is coordinated by the Hong Kong College of Psychiatrists, the local governing body of the profession, and jointly accredited by the Hong Kong College and the Royal College of Psychiatrists (UK). Fellowship is granted for trainees who have passed the exit examination and have completed not less than 6 years of professional training under the Scheme.

The Scheme offers training opportunities in a comprehensive range of sub-specialties including General Adult, Rehabilitation, Consultation-liaison, Psychogeriatrics, Child and Adolescent Psychiatry, Substance Misuse, Learning Disabilities, Forensic Psychiatry, Psychotherapy & Research. There has been a long tradition of involving trainees in the planning and operation of the training-related issues. Trainees are represented in various committees of the Hong Kong College. In addition, senior trainees are in charge of the organisation of the Central Academic Course for higher psychiatric training to ensure its content suits their training needs best.

To enhance the role of trainee representatives as advocates of local psychiatric trainees, the Trainees' Committee of the Hong Kong Psychiatric Training Scheme (the Committee) was established in 2006. The Committee aims to represent the interests of psychiatric trainees, enhance communication and understanding between trainers/tutors and trainees, and facilitate improvement on the quality of psychiatric training. It consists of representatives from all of the psychiatric training centres in Hong Kong.

It is obvious that the establishment of a formal organisation of trainee representatives has promoted cohesiveness of trainees. They become more aware of issues related to training, and are therefore more willing to contribute suggestions via the trainee representatives to the College. Tutors/trainers also have a better understanding of the needs of trainees. Certainly, there have been occasions in which trainees' perspectives differed from the tutors'/trainers' on some issues; while upholding the interests of trainees, the Committee performed its important role as a communication channel to achieve mutual

understanding and consensus.

The past year has seen major development in the post-graduate psychiatric training and examination format in Hong Kong. The Committee played an active role in the whole process. In December 2007, the Committee conducted a survey on trainees' appraisal and expectation of their training, and found that more than 70% of trainees were satisfied with their current training. At the same time, it also identified areas for improvement. The result provided valuable information for trainees and tutors/trainers to work together on development of training.

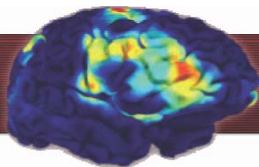
Apart from uniting local trainees, the Trainees' Committee has developed networks with psychiatric trainees overseas. Last year, a trainee representative became a member of the Psychiatric Trainees' Committee of the Royal College of Psychiatrists in the UK. Another trainee representative was also invited to join the Western Pacific International Division of the Royal College of Psychiatrists. Communication with trainees in other countries broadens our vision of psychiatric training.

We believe the establishment of the Trainees' Committee is beneficial to both trainees and tutors/trainers. With the support of our fellow trainees and tutors/trainers, the Committee can continue to contribute to the development of psychiatric profession in Hong Kong.

**Dr. William Chui, Chairman,  
Trainees' Committee of the Hong  
Kong Psychiatric Training Scheme**  
**Dr. Wai-chi Chan, Hong Kong  
Representative to WPA Young  
Psychiatrists Council**

## EVENTS

TOP CLUB



TEACHERS OF PSYCHIATRY



**TOP Conference**

*Teachers of Psychiatry*



Singapore

Venue : NUS

Date : Feb 23 - 24, 2009

## PRCP MEMBERSHIP

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