

Pacific Rim College of Psychiatrists

Newsletter

March-April 2004

Philip Morris, Editor

Bruce Singh, President

President's Report

**Professor Bruce Singh**

It seems a long time since I have seen my colleagues from the PRCP because we were not able to go ahead with the 2003 Scientific Meeting.

The College continues to function, and the Secretariat - under the direction of Associate Professor Eng-Seong Tan, ably assisted by Ms Alis Gordon - continues to deal with many queries from our members.

We have reduced our membership somewhat as a result of removing from membership (at the direction of the Board) all Members and Fellows who have not paid subscription dues

for the last three years.

We welcome several new Board Members and we are preparing for a meeting of the Board to be held in New York at the APA in May of this year. Unfortunately our proposal for a symposium at the APA was not accepted.

Attractive brochures for the forthcoming Scientific Meeting have been produced by Professor Helen Chiu's office and her report on this meeting can be found later in this newsletter.

We have one suggestion as to the location of the 2006 Scientific Meeting (Taiwan) and one nomination for the office of President-Elect. The incumbent will be elected to this position at the Biennial General Meeting of the Members to be held during the Scientific Meeting in Hong Kong in October of this year. Please email any further nominations to: info@prcp.org

With the standing down of Dr Kyu

Hang Lee from Chairing the Working Group on Service Delivery, Dr Lanny Snodgrass and Dr Marvin Firestone have been appointed to Co-Chair the group.

I have been contacted by Dr Roderigo Munoz, former President of the APA and now Chair of its Global Taskforce, to publicise the PRCP amongst US psychiatrists particularly on the West Coast. In order to attract people to join our organisation we have waived the Initiation Fee for all new Members and Fellows in 2004, as well as for those registering at the Scientific Meeting in Hong Kong.

In order to keep in line with the increasing value of the Australian Dollar, the Board has agreed to reduce the annual subscription dues so that Fellows will now be paying AUD\$150.00 per year and Members AUD\$100.00 per year.

I look forward to seeing you all at the Scientific Meeting Hong Kong later this year.

11TH PRCP SCIENTIFIC MEETING

28-31 OCTOBER 2004

*"Innovations and development in
mental health in the Pacific Rim"*

to be held at:

Shangri-La, Kowloon Hotel, Hong Kong

More information at: website www.prcp.org

Secretary-General's Report



Associate Professor Eng-Seong Tan

The 11th Scientific Meeting of the Pacific Rim College of Psychiatrists was originally scheduled to be held in Hong Kong in October 2003. This Biennial Meeting of the PRCP was postponed because of the SARS outbreak in Southeast and East Asia.

When the Board of the PRCP met in San Francisco in May 2003, the epidemic which was at its height and this made the prospect of a successful meeting in Hong Kong unlikely.

Thus the Hong Kong meeting for October 2003 was postponed.

The 11th Scientific Meeting is now scheduled for 28–31 October 2004 in Hong Kong.

Planning for this meeting in Hong Kong is well under way and we look forward to a good attendance at this meeting.

In May 2003 the Board of the PRCP decided to call an amnesty for those Fellows and Members who owe arrears in PRCP subscription dues of more than three years, provided that their dues for 2003 were paid by the end of 2003. Not many people took advantage of the amnesty.

Regretfully, those Fellows and Members who are still in arrears of three years or more have been dropped from the PRCP membership.

The diminishing number of PRCP Fellows and Members is of concern to the Board. Consequently the Board has decided to waive the Initiation Fee for all new PRCP Members and Fellows joining in 2004.

Other means of attracting psychiatrists in the Pacific Rim region to join the PRCP have also been canvassed. These include setting up Research Fellowships, a Research

Report Clearing House, and a PRCP Journal to publish high quality research and other reports.

A number of the Founding Fellows of the PRCP have reached retirement age and have written to the Board to indicate their desire to retire from the PRCP. The Board has offered Emeritus Status to these Fellows. The significance of this move is that these Fellows are no longer required to pay annual subscription dues, but they will continue to enjoy full Fellowship status with the PRCP.

We would like to alert all Fellows who have reached retirement age that Emeritus Status is an option. Please contact the PRCP Secretariat (info@prcp.org) for any enquiries regarding this matter.

The PRCP bank account in Los Angeles is still maintained, as a decision to close it has not been finalized. The question we face regarding this matter is whether there are any residual financial liabilities for the PRCP in the US since the Secretariat's move to Melbourne, Australia, in 2001.

President-Elect's Report



Professor Helen Chiu

The preparation of the 11th PRCP Scientific Meeting in Hong Kong is well under way. With the good work of the Chair of the Scientific Committee, Professor Gabor

Ungvari, the scientific program is now very rich and of a high standard.

The highlights of the program can be found on our website: www.prcp.org. This meeting will be a wonderful opportunity for Fellows and Members to exchange views and the most recent advances in research.

With the outbreak of SARS last year and the Avian flu now in Asia, there are a lot of challenges facing clinicians in our region. This forum is really a precious opportunity for all of us to get together and share our experiences and views.

Another issue I would like to report

is that a Consensus Meeting on "Improving Quality of Life of Asian People with Dementia" will be held on 29 April this year in Hong Kong. A number of experts in this field will be invited to participate in this Consensus Meeting. More details will be available soon on the PRCP website www.prcp.org.

The meeting is organized jointly by our College, the World Psychiatric Association Section on Old Age Psychiatry and the International Psychogeriatric Association. The local organizer is the Jockey Club Centre for Positive Ageing, which is a dementia centre in Hong Kong.

Editor's Report



Professor Philip Morris

Dear Colleagues, welcome to the first edition of our newsletter for 2004.

This newsletter is one of three that we hope to publish through the year. The next edition is scheduled for mid year and will provide the latest information on PRCP activities including final details of the 11th Scientific Meeting of the PRCP in Hong Kong. The third edition will be published after the Scientific Meeting and will include news from that meeting.

This edition of the newsletter contains the usual reports from office bearers of the College (President, Secretary General, and President Elect) also an article on the 'Mental health consequences of modern conflict' by Professor Bruce Singh, a progress report on the psychotherapy interest group of our College, a profile on the Australian and New Zealand Journal of Psychiatry, an obituary for one of our highly esteemed Fellows, a profile on a new member, the current financial summary of the PRCP, and a number of notices for upcoming conferences that will be of interest to PRCP members. I hope you enjoy this edition.

The PRCP is now entering a phase of transition. Our College is now over

20 years old and has a rich history of achievement and progress, as chronicled by Professor Robert Pasnau in his brief history of the PRCP (available on the PRCP website: www.prcp.org). The College has supported progress in the field of psychiatry in Pacific Rim countries and has assisted the development of career opportunities for many psychiatrists over the last 20 years. There is much to be part of.

However, change is ever present and our College is now facing a transition period. Some of our original founding psychiatrists are now no longer as closely involved with the PRCP. A new generation of Pacific Rim psychiatric leaders will need to map out a role for the organisation for the next 20 years.

This will not be easy but the rewards will be substantial for a reinvigorated College serving the needs of the psychiatric community around the Pacific Rim.

We are very fortunate in having two experienced and enthusiastic leaders in our current President (Professor Bruce Singh) and President Elect (Professor Helen Chiu) to lead us through this space of renewal.

My hope is that the PRCP will further expand its role in the spread of psychiatric knowledge and skills relevant to the particular mental health problems and the cultures of member countries. This might require more frequent College meetings on specialised topics.

I would like to see the College further facilitate the career development of psychiatrists in the Pacific Rim with a particular emphasis on exchange

programs, so that over time we can get a better understanding of each of our mental health environments.

I hope the PRCP will develop a mentoring program in the fields of education and training, research, and service delivery so that College members with this experience can be made available to support colleagues when PRCP member countries request assistance.

The working groups on research, training, and service development will have an important role to play in this area. A mentoring program would need to operate in collaboration with other organisations with interests in this area such as the WHO, the WPA, government and aid agencies, and the Asia-Pacific Economic Corporation (APEC) grouping.

While these suggestions are my own thoughts about the future of the College, I am sure that other members will have ideas about the future direction of the PRCP.

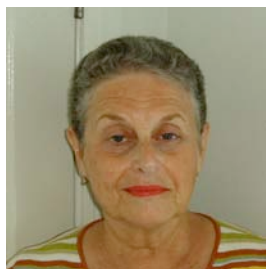
I hope the newsletter will provide an opportunity to discuss these issues before the Scientific Meeting in October. Please consider sending a Letter to the Editor (no matter how brief) on this topic for publication in our next edition (June-July 2004). Letters and short articles can be emailed or posted to:

PRCP Secretariat
C/o Department of Psychiatry
7th Floor Charles Connibere Bldg.
Royal Melbourne Hospital
VIC Australia 3050
Email: info@prcp.org

Contributions are very welcome and will be published.



Psychotherapy Interest Group



Dr Judith Gold

Under the auspices of the Psychotherapy Interest Group, Professors Tasman, Nishizono, Chen,

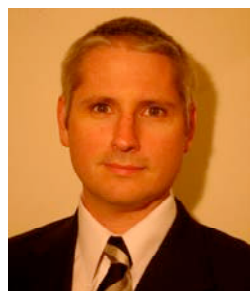
and Gold will be presenting a symposium at the Hong Kong Congress on the topic of 'Psychotherapy training and practice in the Pacific Rim countries'. This will be one of several sessions devoted to psychotherapy during the meeting.

We hope that an exchange of ideas, knowledge and information about the psychotherapies will be forthcoming from the attendees at the meeting. Meanwhile, I encourage you to e-mail

me (jhgold@bigpond.net.au) about any topics relevant to psychotherapy that you wish to discuss or bring to the attention of the PRCP membership.

There is much diversity amongst the PRCP member countries. We could learn a great deal from communicating with each other about psychotherapeutic and psychodynamic issues pertaining to our different cultures and experiences.

Profile on New Member



Dr Michael Robertson

Dr Robertson is the Director of Clinical Services, Mental Health, for the Mayo Healthcare Group in

Taree, NSW Australia. He has worked as a Consultant Psychiatrist at a variety of hospitals in Australia and in the UK.

Dr Robertson has extensive experience in the areas of post traumatic stress disorder, psychotherapeutic management of mood and anxiety disorders, bipolar disorder, interpersonal therapy, and the application of psychotherapy in a transcultural setting.

Dr Robertson is keen to be involved with the PRCP activities.

He is particularly interested in developing manual-based psychotherapies in the Pacific Rim.

We are very pleased to welcome Dr Robertson as a Fellow of the PRCP, he is a great asset to our College.

PRCP Secretariat

Financial Summary

Expenditure & Income Statement

National Australia Bank Account, AUD.

Balance as of 20/10/03 \$55,660.72

Income from subscriptions between 20/10/03 and 20/02/04 \$5,775.83

BAS Tax Refund \$406

Expenditure

Website \$ 88.00

Printing \$1,153.86

Bank charges \$ 279.24

Salaries \$5,629.39

Tax for 2002-2003 \$1,512.90

Total \$8,663.39

Balance as of 20/1/04 \$53,179.16

The Mental Health Consequences of Modern Conflict

Article by Professor Bruce Singh, President PRCP

Wars, prolonged conflicts, and state repression lead to a flood of social and economic problems that affect well-being. The assault on communities disrupts everyday activities such as the production of food, transportation services, and economic infrastructure; leading to increased poverty and malnutrition. An additional stress on the economic base results from increased spending on arms.

The violence committed against health care workers often causes a severe and lingering stress on health services. People are forced to leave their homes and communities; the dislocation breaks ties of reciprocity and sociality, increases the marginal (or illegal) status of refugees, and leads to additional trauma, the inability to mourn, and a further deterioration of standards of living. Families break up and children are orphaned or abandoned.

Alongside the loss of life, the fragmentation of families, the displacement of populations, and the disruption of social and economic institutions exists a range of psychological trauma. The problems include fear, pain, loss, grief, guilt, anxiety, hatred, sadness, and the dissolution of everyday forms of sociality, language, and experience. In turn, the breakdown in economic, social, and political systems and the weakening of a society's moral fabric often coexist with domestic, civil, and gang-like conflicts.

The objective of low-intensity warfare is control over a population, not a territory, through terror and destruction. A principal feature of 'low-intensity' conflicts is that everyday life is subject to continued and fearful tension. The international arms sale and the busy market for deadly weapons have contributed to the severity of conflicts once they occur.

The new wave of collective violence is that the brutality against civilians is often governed by a profound and devastating 'aesthetics of terror'.

Some styles of destruction result from the mandate of a political or military force to demoralize a population. With many acts of political violence, the correlation between violence and mental distress is direct and causal. When the control of populations, rather than of land, is being contested, as is so often the case with political violence, then the mind becomes one of the key battlegrounds.

The aim of authoritarian regimes is to induce a climate of fear and confusion among civilians through a process of intensive repression. Fear is a critical instrument of social control. For populations in general, repressive regimes strive to induce a sense of fear and helplessness. For individuals held in detention, they try to effect a 'personal dismantling'.

Through a detailed reconstruction of harmful experiences, victims are able to assign meaning to their persecution and understand that the harms inflicted on them were intended to destroy them psychologically. They are then able to generalize their personal suffering and move beyond the role of victim.

There are several caveats to these talking cures. One is that there can be an undue emphasis on torture. Too great an attention to or emphasis on those with a history of torture may, relegate other forms of organized violence and their psychological impact on the individual to a position of secondary importance, and thus inadvertently result in the neglect of people who, though not tortured, are nevertheless highly traumatized.

The sociopolitical nature of the wounds and memories creates a situation in which the personal testimonies of therapy relate directly

to the legitimation of suffering.

Therapy is, at least in this case, a political act integral to a social context. Indeed, some of the most promising of therapies for survivors of violence seize on this fact in developing programs that attend not simply to psychiatric symptoms but to social and moral harms.

Research into rehabilitation services generally concludes that people may recover from specific psychological and medical symptoms, but the repercussions of fear, terror, and torture often continue to haunt their lives. The most helpful rehabilitation services are therefore those that help not simply to ameliorate psychiatric symptoms but to reintegrate members of a community (if one still exists) in a meaningful, durable, and politically valued way.

The maintenance of daily routines is essential in establishing resilience to psychological distress. Social linkages outside the family also tend to ameliorate the effects of psychological stressors. Social support, by enhancing a sense of identity and belongingness, protects against the stresses of sociocultural adjustment rather more potently than against the effects of trauma and deprivation.

Religious affiliation can serve as a protective factor with regard to experienced stressors. While such affiliation may be seen to represent another source of social support, its primary effect may rather be concerned with the provision of a form of ideology with respect to which psychological coping mechanisms may be structured.

While specific refugee groups have particular needs, the development of specific programs targeted at each group may often be less effective as a strategy than a broader community-

focused approach that aims to facilitate mechanisms of social support and community integration.

These typically involve a blend of preventative and curative actions, commonly featuring three major elements:

- (i) facilitation of group contact, discussion, and the sharing of experiences,
- (ii) practical assistance for refugees in such areas as

child care and income-generation,

- (iii) provision of more intensive, individual assistance (usually by referral) for those in need.

Refugee mental health workers, acknowledging the cultural salience of traditional healing practices, are now frequently encouraged to collaborate with the work of traditional healers.

Given the potential resource of traditional medicine as a means of fostering refugees' psychosocial adjustment, it is important to establish a more conceptually coherent framework for collaboration with traditional healers.

Professor Bruce Singh
President, PRCP

Australian & New Zealand Journal of Psychiatry

Dear Colleague, I hope you may be interested to read and/or contribute to our *Australian & New Zealand Journal of Psychiatry*. As an Editorial Board we have pursued a number of initiatives over recent times:

- monthly publication from 2004 onwards
- electronic on-line edition (Synergy)
- contents and abstracts available through 31 databases
- exchange of tables of contents with the *Canadian Journal of Psychiatry* commencing in 2004
- an great increase in consortial subscriptions (see below)
- the development of a paper-free editorial office (ScholarOne) in 2004 so manuscripts are handled electronically from submission to publication
- an Impact Factor of 1.4 in 2003, the highest in our history
- over 440 reviewers of manuscripts, including a growing proportion of experts from around the world
- regular guest-edited symposia, containing high quality articles by internationally renowned researchers

- an increasing proportion of articles from around the world; for example in 2003 from the US, UK, China, Israel, Canada, Germany, Switzerland, Italy, Finland, India, Taiwan, Holland, Malaysia, Korea and Singapore
- regular active commissioning program, for example a series of authoritative articles on 'Researching Psychiatry'
- the third year of our unique system of inviting an international panel to select the most noteworthy contributions in a volume, thereby raising, I hope, the standard of published articles.

Our publisher has been highly effective in making the Journal accessible to tens of thousands of new readers, including around the Pacific Rim, by negotiating subscription deals with a wide range of institutions. For example, 80 Italian institutions have subscribed to all Blackwell's journals (close to 700 titles now). Other examples - 52 in Germany, 201 in the UK, 169 in Russia, 72 in Korea, 18 in Iran, 14 in Israel, 78 in the state of Ohio alone.

Our publisher, Blackwell Publishing, has an active sales team which roams around the world encouraging hundreds of libraries in universities, hospitals and research institutes to 'sign on'. Many more sites (China is the gigantic prospect) are likely to come on stream as the sales team approaches new consortia.

Whereas once we were a parochial journal, we have today become readily accessible to readers throughout the world (including countries like Ghana, Ukraine, Bulgaria, Colombia, Iceland, Kenya and Poland) with the advent of electronic publishing and the business acumen of our publisher.

I invite you to regard our Journal as a natural choice for submission of manuscripts whenever you consider publishing in a general psychiatric journal. We are keen to include more material from the Pacific Rim. After all, this is the home of the Journal. We also hope that you will care to read the diverse material we publish including articles from our own region.

Please send submissions to:

Professor Sidney Bloch
Editor, Australian and New Zealand
Journal of Psychiatry
Editorial Office
PO Box 378, Carlton,
Victoria 3053 Australia.
website: www.blackwellpublishing.com/journal.asp?ref=0004-8674&site=1

I look forward to hearing from you.

By Professor Sidney Bloch
Editor, ANZJP

Obituary for PRCP Fellow: Professor Pierre Beumont

We were saddened to hear of the death of Professor Pierre Beumont on the morning of 1 October 2003. Professor Beumont was a valued Fellow of the PRCP, and will be missed.

Professor Beumont has had an esteemed career as a psychiatrist. Born in 1937 in Pretoria, South Africa, he attended the universities of Rhodes and Pretoria and then trained as a physician in Scotland and then as a psychiatrist in England.

He lectured in psychiatry at Oxford and was acting Head of Psychiatry at

the Groote Schuur Hospital and the University of Cape Town. He took up the Chair of Psychiatry at Sydney University, Australia in 1975.

Professor Beumont was one of the world's foremost authorities on eating disorders. In 1975 he founded a specialist unit at the Royal Prince Alfred Hospital for treating anorexia nervosa – the first of its kind in NSW.

He was awarded the Gaskell Gold Medal by the Royal College of Psychiatrists, and the Max Planck Research Prize by the von Humboldt Institute. In 2001 he was awarded an

Order of Australia.

Professor Beumont served on the Board of the NSW Institute of Psychiatry for 25 years. He also worked with the Centre for Mental Health in the NSW Department of Health to formulate an integrated plan for the treatment of eating disorders in NSW.

Professor Beumont joined the PRCP in 2000 and was an eager and active member of our organization. We extend our sympathies to his family.

PRCP Secretariat

Upcoming Events

RANZCP 39th Congress – ‘Balance’

The Congress will be held from Monday 10-13 May 2004 at the Convention Centre in the heart of Christchurch – the garden city of New Zealand.

Balance: The ability to work, to play and to love – often difficult with today's demanding role for the psychiatrist.

Balance: The organic and the dynamic, both important and not necessarily in conflict.

Balance: Community and hospital. The public's needs and wishes and the consumers' basic rights.

Balance: The consultants' individual responsibilities and the multidisciplinary team.

Balance: Research and practice.

Balance: Patients' wishes and treatment needs.

For further information contact:

ACTS Conferencing
GPO Box 2200

Canberra, ACT 2601
Tel: (612) 6257 3299

Fax: (612) 6257 3256

Email:
ranzcp2004@ausconvservices.com.au

Website: www.ausconvservices.com.au

The 5th International Mental Health Conference – Gold Coast

‘Mental health of older people’

Gold Coast International Hotel, 9-11 July, 2004

The theme this year is Mental Health of Older People. The meeting will have a ‘new developments’ and ‘clinical update’ focus.

Topics will include: somatic presentations of mood/anxiety disorders; mild cognitive impairment; treatment resistance/failure of mood disorders in older patients; psychotherapy approaches to loss and physical illness; computer based screening tests of cognition; memory and cognitive training/fitness; and new approaches to preventing and treating dementia syndromes, among others.

Workshop presentations and poster sessions will compliment the lecture program.

Conference workshops, and presentations by national and international speakers, will be complemented at this year's conference by refereed papers and posters of registrants.

For further information contact:

Gold Coast Institute of Mental Health
Secretariat:

PO Box 5025

Bundall Qld
4217 Australia

Tel: (617) 5577 3397

Fax: (617) 5577 3766

Email: meetings@gcimh.com.au

Website: www.gcimh.com.au

American Psychiatric Association (APA)

2004 Meeting

The 157th APA Annual Meeting will be held in New York, 1-6 May 2004 at the Javits Convention Centre.

For further information contact:

American Psychiatric Association
1000 Wilson Boulevard
Suite 1825

Arlington, Va. 22209-3901

Tel: 703-907-7300

Email: apa@psych.org

Website: www.psych.org/edu/ann_mtgs/am/04/index.cfm



PRCP BOARD OF DIRECTORS NOMINATION FORM

Please complete and return to the PRCP Secretariat by fax: +61 3 9347 3457 or post: PRCP, 7th Floor Charles Connibere Bldg, Royal Melbourne Hospital, Victoria, Australia 3050

I.....(Name in block letters) being a Member/ Fellow of the PRCP nominatewho is a Fellow of the PRCP for election to the Board of Directors.

Signature Date

Seconded by Member/ Fellow of PRCP.

Signature Date



APPLICATION FORM FOR MEMBERSHIP OF THE PACIFIC RIM COLLEGE OF PSYCHIATRISTS

Please return to:
University of Melbourne Department of Psychiatry, 7th Floor Charles Connibere Building
Royal Melbourne Hospital, Victoria, Australia 3050. Fax: (+61 03) 9347 3457

DATE: _____ NAME: _____

DATE OF BIRTH: _____ COUNTRY: _____ SEX: _____

MEDICAL QUALIFICATION: _____ YEAR OF GRADUATION: _____

POST GRADUATE QUALIFICATION: _____

CURRENT INTERESTS:

θ CLINICAL: _____

θ TEACHING: _____

θ TRANS-CULTURAL: _____

CURRENT POSITION: _____

MAILING ADDRESS: _____

HOME PHONE: _____ OFFICE PHONE: _____

FAX: _____ E-MAIL: _____

PLEASE ATTACH COPY OF YOUR CURRICULUM VITAE (abbreviated version acceptable) AND ONE PASSPORT PHOTOGRAPH. We will also need two letters of recommendation from Members of the College

SIGNATURE X _____

Initiation Fee: AUD\$300.00 (waived in 2004), Annual Subscription: (Member) AUD\$100.00, (Fellow) AUD\$150.00