Forthcoming international events

13–14 July 2009
Fourth International Conference on Child and Adolescent Psychopathology
London, United Kingdom
Organiser: School of Human and Life Sciences, Roehampton University
Contact: Professor Alison Issai
Website: http://www.roehampton.ac.uk/staff/alissai/

22–26 August 2009
Quality of Life in Child and Adolescent Mental Health
Budapest, Hungary
Organiser: European Society for Child and Adolescent Psychiatry and the Hungarian Association for Child Neurology and Child and Adolescent Psychiatry
Contact: CongressLife Ltd
Email: info@congresline.hu
Website: http://www.congress2009.budapest.com

1–2 September 2009
1st Australasian Refugee Health Conference
Perth, Australia
Organiser: Department of Health, Western Australia
Contact: Dr Bernadette Wright
Email: info@tnhms.org
Website: http://www.health.wa.gov.au/mentalhealth/events/refugee_health.htm

2–6 September 2009
World Congress of Mental Health
Athens, Greece
Organiser: World Federation for Mental Health
Contact: Prof. George Christodoulou
Email: ghchristodoulou@ath.forthnet.gr
Website: http://www.wmh2009.com

14–17 September 2009
2nd Global Conference: Madness – Probing the Boundaries
Oxford, UK
Organiser: Intersociodynamics.Net
Contact: Dr Rob Fish
Email: madd@intersociodynamics.net
Website: http://www.intersociodynamics.net/probing-the-boundaries/making-sense-of/madness/call-for-papers/

21–23 September 2009
Second European Conference on Schizophrenia Research (ESCR)
Berlin, Germany
Organiser: German Research Network on Schizophrenia
Contact: Dr Wolfgang Gabel
Email: schizophrenia@cpo-hanse.de
Website: http://www.schizophrenianet.eu

22–25 September 2009
29th Nordic Congress of Psychiatry
Stockholm, Sweden
Organiser: Swedish Psychiatric Association, Swedish Association for Child and Adolescent Psychiatry
Email: ncps2009@mei.stockholm.se
Website: http://www.ncps2009.org

24–26 September 2009
VII World Congress of Depressive Disorders and International Symposium on Posttraumatic Stress Disorder
Mendoza, Argentina
Organiser: University of Cuyo
Contact: Dr Jorge Nazar
Email: jorge_nazar@hotmail.com

6–9 October 2009
Fifth World Congress of the World Association for Dynamic Psychiatry (WADP)
Munich, Germany
Organiser: World Association for Dynamic Psychiatry
Contact: Dr Sabine Funk
Email: sa.funk@t-online.de
Website: http://www.wadp-congress.de

14–16 October 2009
Fifth International SVUS Conference on Mental Retardation
Dhaka, Bangladesh
Organiser: SVUS International
Contact: Dr Aneelur Hasan Sufi
Website: http://svusconference.synhaisste.com

22–24 October 2009
6th European Congress on Violence in Clinical Psychiatry – Assessing, Treating and Caring for Potentially Violent Patients
Stockholm, Sweden
Organiser: Oulf Consultancy
Contact: Mr N. E. Oud
Email: conference.management@freeler.nl
Website: http://www.oulfconsultancy.nl

22–24 October 2009
WPA Sponsored Regional Meeting
Abuja, Nigeria
Organiser: African Association of Psychiatrists and Allied Professions in collaboration with the Association of Psychiatrists in Nigeria
Contact: Dr Oye Gunjie
Email: ognuje@ccmu.edu.ng

7–10 November 2009
2nd World Congress of Asian Psychiatry
Teipei, Taiwan
Organiser: Asian Federation of Psychiatric Associations (AFPA) in collaboration with the Taiwanese Society of Psychiatry (TSP)
Contact: Prof. N. Shinfuku
Email: shinfuku@seinan-gu.ac.jp
Website: http://www.2ndwcap.org.tw

12–15 November 2009
10th World Congress of the World Association of Psychosocial Rehabilitation
Bangalore, India
Organiser: World Association of Psychosocial Rehabilitation
Contact: Dr Atul Javed; Dr T. Murali
Email: aatuljaved@david.co.uk;
muralityoth@gmail.com
Website: http://www.wapsi.info

26–28 November
WV Annual Course of Schizophrenia
Madrid, Spain
Organiser: General University Hospital ‘Gregorio Marañon’ of Madrid; International Society for Psychological Treatments of Schizophrenias and Other Psychoses
Contact: Víctor Beria Coniglios
Email: secc.psicologia@cursoesquizofreniamadrid.com
Website: http://www.cursosquizofreniamadrid.com

Guest editorial
Academic refugees
Robert Boyd, John Akker and Laura Wintour

Thematic papers – Compulsory treatment in the community
Introduction
David Skuse

Compulsory treatment in the community: considerations for legislation in Europe
James G. Strachan

Egyptian legislation on the compulsory treatment of persons with psychiatric disorders: the old and the new
Moody Magdy Zaky

Community treatment orders in New Zealand
John Dawson

Country profiles
Mental health in Armenia
Armen Soghoyan, Areqa Hakobyan, Haryun Davtyan, Marietta Khusharyan and Khachatur Gaspayan

Mental health services in the Republic of Niger
Julian Eaton, Djibo Douma Maiga and Soumana Pate

Psychiatry in Switzerland
Den Georgescu

Original papers
Training in the management of post-traumatic stress disorder in Uganda
Patricia d’Ardenne, Hanspeter Dorner, James Walugembe, Allen Nakibuuka, James Nsereko, Tom Önen and Cercid Hall

Investigating the quality of psychotropic drug prescriptions at Accra Psychiatric Hospital
Abdi Sanati

Special papers
A month at the Hôtel-Dieu: a reversal of perspectives
Sohrab Zahedi, Amelie Kipman, Nicolas Dantchev

Mental health promotion for the widows of injecting drug users in north-east India
Helen Herman, Michelle Kermode, Alex Devine and Prabha Chandra

News and notes
Correspondence

Forthcoming international events


Volume 6 Number 3 July 2009
ISSN 1749-3676

International Psychiatry
The general point about increasing editorial board membership and learning resources is most important and is an essential part of capacity building. We also need to build in high standards of scholarship, peer review and transparency in low-income countries and help to set up their own journals, where they can compete, often very successfully, with the other actors currently on the stage. The relaunched African Journal of Psychiatry, under the editorship of Christopher Szabo, is an example of this and is a sister journal to International Psychiatry.

Innovative methods in data collection: the Malaysian Mental Health Survey (MMHS)

Sir: Mental and behavioural disorders have a lifetime prevalence of 25% for all adults and point prevalence of 10% for adults only and contribute to high rates of disability (World Health Organization, 2001). In 1996, the first National Health and Morbidity Survey (NHMS) was conducted in Malaysia with mental health as one of the aspects studied (Malaysian Ministry of Health, 1996). No other studies that enable the derivation of meaningful prevalence rates for the general population have been done thus far. The Malaysian Mental Health Survey (MMHS) was conducted primarily to obtain recent information on the epidemiology of mental illness in Malaysia. Methods for this study are explained elsewhere (Krishnaswamy et al., 2008).

Mental disorders were assessed using the Clinical Interview Schedule, Revised (CIS–R) instrument in the Programmed Questionnaire System (PROQSY) (Lewis, 1994). The PROQSY format was chosen because the computer algorithm creates automatic jumping based on the answers keyed in. The interviewers were not expected to make any decision regarding the jumping of the questions or to count scores and this could help avoid systematic errors in the handling of the instrument. There was no need for rigorous training of field workers and the absence of experienced workers was not a problem. The PROQSY automatically generates an ICD–10 diagnosis for each respondent, based on the answers keyed in, and is highly standardised. It could be used by lay interviewers in primary and community settings (Lewis et al., 1992).

The English version of the CIS–R (in the PROQSY format) was translated into Malay using the translation and back-translation method and validated (Subramaniam et al., 2006). A pocket computer (PAQ) application of the CIS–R instrument in the PROQSY format proved feasible in both English and Malay. Interviews were carried out with the aid of questionnaires in the pocket computer and answers were directly keyed into it. Mandarin and Tamil translations were used when needed. Data in the pocket PCs were synchronised with office computers daily after the fieldwork.

Data collection in the field took 45–90 minutes and using the pocket computer reduced our need for enumerators in the field for prolonged periods. The cost of the study was one-third less than projected. Using the pocket computer as an alternative to the conventional method (pencil and paper) was far more effective in producing prompt and error-free data collection and transfer. The method facilitates psychiatric assessment in population settings using various diagnostic tools and is particularly advantageous in low- and middle-income countries, where resources for research may be limited. To our knowledge, this is the first time it has been used. The ability to use pocket computers, even in community studies in isolated parts of the world, to quickly collect and transmit data via the internet opens exciting possibilities for trans-cultural and global studies. Confidentiality issues were also minimised and this is important for diseases like AIDS and culturally sensitive issues like rape, incest, abortion and suicide.

Saroja Krishnaswamy

Department of Psychiatry, Penang Medical College, Malaysia

The work described in this letter was jointly undertaken by S. Krishnaswamy with the following: K. Subramaniam, 2nd-Medical Department of Public Health Medicine, Penang Medical College, Penang, Malaysia; N. Indian, Co-hodex, technology, Kuala Lumpur, Malaysia; J. Abdul Aziz, Department of Statistics, Faculty of Sciences and Technology, Universitiy of Malaya, Kuala Lumpur, Malaysia; T. Abdul, Queen Elizabeth Hospital, Adelaide, Australia; P. Ramachandra, Department of Psychol

ogy, Middlesbrough University, London, UK; R. Indian, Norwich Union, York; V. Patel, Nutrition and Public Health Intervention Research Unit, London School of Hygiene and Tropical Medicine, London, UK.
