You are all welcome to another edition of our Newsletter.

Since the last edition was published a number of things have happened. The Liverpool meeting of the Royal College of Psychiatrists has come and gone. As usual, there was a session of the African Division, at which issues very relevant to the growth and practice of Psychiatry in Africa were discussed.

In the same period, there was an election for the position of Chairman of the African Division. It is no news now that the election was won by Dr Olufemi Olugbile.

In a way it feels like the beginning of an epoch, and a call to new action. In another way, what we are embarked upon is an extension of what has gone before. There is a need for us – and I refer to the entire membership of the African Division, to appreciate the work than has been done since the creation of the Division, to take stock, and, together, to decide on what direction to follow.

I wish to place on record my appreciation of the great efforts and accomplishments of the last Executive Committee of the Division. I wish especially to thank Prof Tuviah Zabow, whose energy and wisdom have helped to guide the Division to its present state. It is a great honour to be taking over from him, and I can only hope that he will continue to avail the incoming Executive of his wisdom and knowledge.

The focus of the next two years in the Division will be on building bridges – of communication, of understanding, and of shared effort, with all actual and potential stakeholders in the cause of the mental health of the African. Central to this will of course be the members and fellows of the College who live and work in Africa. Other groups with whom relationships will be forged, for the purpose of achieving maximum impact, will be African psychiatrists in the diaspora, predominantly in the UK and North America, and mental health practitioners in Africa who are not members or fellows of the College, but who wish to associate with the Division’s aspirations to improve the mental health of people in Africa. And then there are the friends of Africa, who exist both within the International Division and within the generality of the Royal College, and whom we shall seek to involve in our discussions. Yet another group of stakeholders who have hitherto been left out of the loop, and who will be engaged in some way from now on are the people who control policy in African states – the governments and their agencies. Focussed research will be encouraged, and evidence-based enterprising solutions will be advanced for common problems. In all of this, information will be the principal weapon for seeking to stimulate change.

There is obviously a limit to what can be done by a small number of people. But at least we can try.

Dr Olufemi Olugbile
The African Division of The Royal College of Psychiatrists had a session at this year’s Annual College meeting on Tuesday 2nd June 2009. The theme of the session was The African Initiative: addressing shortages of Psychiatrists.

With Professor Tuviah Zabow in the Chair, presentations were made by Prof. David Ndetei(Kenya), Professor Rachel Jenkins and Dr Femi Olugbile (Nigeria) who was represented by Dr Sola Ephraim-Oluwanuga. There were participants from several African countries, some from other developing countries outside Africa as well as Europe.

After an overview of the shortage of mental health personnel in the developing world was given, Professor Zabow expressed a desire that all participants would make it a productive discussion where concrete solutions would be offered, rather than merely agonizing the same old well-recognized problems.

Professor Ndetei gave bleak statistics about the picture in Kenya as an example of a country with shortage of Psychiatrists. He asked for suggested solutions to the challenges.

Dr Olugbile’s presentation gave a glimmer of hope, describing how general medical practitioners and primary healthcare workers were being taught psychiatric skills, to enhance their delivery of mental health care. This previously untapped resource may be a model worth replicating in other countries.

Professor Rachel Jenkins gave an account of work done in East Africa using a grassroots approach, by training local traditional healers in the recognition of mental health conditions, thereby de-stigmatising them and encouraging referral to district medical centres and visits by local health workers. This novel approach, combined with advocacy targeted at policy makers was also considered as a novel step towards increasing coverage to the millions of underserved people in Africa.

The presentations stirred up a lively discussion where it was concluded that bold and novel initiatives need to be pursued in terms of equipping health workers and community dwellers with skills which will, to various extents, improve the recognition and treatment of mental health conditions in Africa. This has to be done alongside the traditional approaches used in the past which would include training more Psychiatrists.

A REPORT ON A TRAINING WORKSHOP FOR THE PRISONS DEPARTMENT, KENYA

By David M. Ndetei

The Partners

From 8th to 11th December 2008 a collaborative training activity with the Department of Prisons of the Government of Kenya took place in Nairobi. The following were the partners and their respective contributions.

1. The Royal College of Psychiatrists (UK) International Division – they provided the financial support (£2,937.00) through the Kenya Psychiatric Association. They also provided the convenor and chief facilitator (a Fellow of the College and a member of the Africa Division) of the training.

2. The Prisons Department which provided 3 facilitators donated the training facilities and facilitated the availability of the trainees.

3. The Department of Psychiatry of the University of Nairobi which provided 3 facilitators.

4. The Ministry of Health – (through the Mathari Hospital) provided one facilitator.

5. Africa Mental Health Foundation (AMHF) – a partner with the Prisons Department, which provided 3 facilitators and the administrative and organisational logistics for the training.


7. The United Nations Office for Drugs and Crime (UNODC) Africa Regional Office – provided one facilitator.

The WHO, UNODC facilitators and the convenor and chief facilitator donated their time and training at no cost to the funders.

The Trainees (Participants)

The available funds could only support the attendance of 30 out of 50 clinicians (clinical officers, nurses, laboratory, nutrition and technicians) at the Prison Health Services at the time of the training (a further 50 have since been employed). The 30 were selected on the basis of seniority at their stations and also to ensure a regional representation of all the prisons in the country and their respective populations. Three could not make it because of a short notice. (The idea for the training was mooted and preparations made within a very short time all in the month of December 2008). Twenty-seven attended.

The Rationale For The Training

The need for such training was based on some hard statistics on the Kenyan prisons’ services. Kenya has an average of 60,000 convicted prisoners held in prisons. The annual turnover of those who go through the prison services is 300,000, including those...
on remand. Of the 500 prison staff attached to the Prison Medical Services, only 50 are clinicians (as detailed above) and one is the director of Prisons medical services based at the headquarters. None of these has training in mental health. This naturally leads to non-recognition of mental disorders among the prison population creating a situation of misdiagnosis or under-diagnosis, non-referrals, mismanagement or no management at all. Even when the mental disorders are manifested through outward disturbed behavior, or their presence is established because the courts have requested a psychiatric report, the liaison with the government psychiatrist based in psychiatric units tends to be poor, unstructured and highly deficient.

The prisons are already overcrowded and the prison officers overworked and overwhelmed. Stress and burnout are naturally expected amongst the prison warders.

Research reports suggest a high prevalence of mental disorders in the prison populations the world over. There is no reason to imagine that Kenya is an exception.

Equally important is the need for evidence-based mental health practices in the prison service. This can only be done through reliable and valid epidemiological data on the patterns of mental health disorders among the prison populations. Short of full-scale epidemiological surveys, a systematized, informed sustainable information system, no matter how elementary, is a necessary tool for documentation and monitoring the various mental disorders, for purposes of determining service needs and lobbying for more resources.

**The Objectives Of The Training**

Arising from the above rationale, the course objectives were clearly stated as follows: -

i. Sensitization on identifying the various symptoms of the commonest mental health disorders. This is both to the staff (self & others) and the prisoners.

ii. Increased awareness of the prevalence of these conditions in the prisons.

iii. Relationship between mental health disorders and crime:-

a. Crime in general
b. Homicide
c. Suicide
d. Infanticide
e. Violence

iv. Concepts of:-

a. The guilty mind (mens rea)
b. The act of crime (actus rea)
c. Full responsibility
d. Partial responsibility

v. Report writing:-

a. At the time of crime
b. During the trial
c. After trial

vi. The importance of information systems/epidemiology - to be able to plan for resources.


viii. Referral - when, who and how to refer

**The Topics Covered Included**

1. Stress and Stress Management and Burnout
2. Mental Health and Crime
3. Schizophrenia and Other Psychotic Disorders
4. Personality Disorders
5. Mood Disorders
7. Drug Use and Abuse
8. Documentation of Depression and Suicide
9. Documentation of Stress and Burnout
10. Documentation of Schizophrenia and Mania
11. Documentation on Recidivism
12. Quality of data assurance using the ASSIST as a case study instrument

**Methods Used**

1. Pre-Training evaluation
2. Formal lectures
3. Focussed Group Discussion and reporting back to plenary
4. Role plays
5. Facilitators’ evaluation
6. Post-training evaluation
7. Individual Facilitators: Evaluated on the following 10 domains: 1. Mastery of Knowledge; 2. Confidence with presentation; 3. Pace of instruction; 4. Clarity of instruction; 5. Volume of voice; 6. Motivation of participants; 7. Linking information to participant’s experience; 8. Useful information; 9. Organized presentation; 10. Participants’ use of materials. On average, for all the domains, 20-30% were rated ‘good,’ 60-70% ‘very good’ and 2%-3% – ‘fair.’ In 5 out of 10 domains the rating was ‘poor’ (all for only one of the facilitators - a psychiatrist).

8. Need For Future Training

9. All of the 27 said future training would be helpful. They had varying opinions on how many days such a future training should last. The 27 participants said the 4 days of training were not enough with 44% preferring 2 weeks; 36% 1 week and 7.4% no response and 7.4% 3 weeks and 3.7% four weeks.

**Recommended Activities**

1. A 2-week training for all the 50 clinicians (plus another 50 who have just been recruited) using an expanded training programme. This should include a more detailed training on documentation of the common psychiatric conditions in the prisons department.

2. A 2-day exposure workshop to all the heads and senior officers at the headquarter level and from all the prisons. This can be spread over time so as to accommodate smaller but interactive groups.

3. Documentation training for all the clinicians so that they can start their own sustainable documentation process.

4. A survey of mental disorders and substance abuse in prisons. The Prisons Department in conjunction with partners have developed a protocol for this, approved by the relevant Research and Ethics Committee but so far no funding is available. The Prisons Department has a Research Unit with human resources and physical facilities but lacks direction.

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**FORTH COMING EVENTS**

The WPA Regional Meeting, planned in conjunction with the Association of African Psychiatrists and Allied Professionals, and the Association of Psychiatrists in Nigeria, will be coming up in Abuja, Nigeria from 22nd-24th October, 2009.

A lot of activities are scheduled to take place during the period, including a meeting of Ministers of Health of countries in the region.

Special interest groups will hold meetings and workshops. There will be a workshop for young psychiatrists, organized by Prof Norman Sartorius and others. There will also be a Royal College session for members, fellows and interested others who will be there.

Members are encouraged to put the conference in their schedule, and to make their arrangements early. Information on visa application, registration, and accommodation may be found on the conference website (www.nomadafrika.com/wpinfo). Information is also available on the conference website about the conference programme and social activities planned for the period, including a special social event for members of the Royal College.

The Local Organising Committee look forward to welcoming you all.

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Instructions for Authors

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