



# Board of International Affairs Pan-African Division Quarterly newsletter

**African International Division,  
Royal College of Psychiatrists**

Volume 2, Issue 1, Mar. 2008

## INSIDE THIS ISSUE

**From the Editor**  
pg 103

**Lack of Psychiatrists : Brain  
Drain, Export or Recruitment**  
pg 105

**The psychological challenges  
of recent events in Kenya**  
pg 105

**Book Review**  
pg 107

**Forthcoming Events**  
pg 107

## EXECUTIVE COMMITTEE

**Chair:**  
**Prof Tuviah Zabow,**  
**South Africa**  
zabowt@curie.uct.ac.za

**Secretary:**  
**Dr Olufemi Olugbile,**  
**Nigeria**  
femi\_olugbile@yahoo.com

**Treasurer:**  
**Dr Frank Njenga,**  
**Kenya**  
fnjenga@africaonline.co.ke

## “FROM THE EDITOR”

The last three months have been very eventful in Africa. The political life of the continent has received a great deal of attention in the news media – for all the wrong reasons. The key events have been the political turmoil in Kenya, and the election impasse in Zimbabwe. Other events have been the continuing bloodshed and insecurity in Somalia, the on-again, off-again peace process in Uganda, continuing political violence in the Congo, and increasing violence in Rwanda. Out of a total population of 12 million Zimbabweans, three million have crossed the border ‘illegally’ to become economic migrants in other states in the region. This of course leads to problems for the host communities themselves, and the emigrants are often compelled to live in very difficult circumstances, facing increasing resentment and hostility from the ‘owners of the land’. Even the relatively stable areas such as Nigeria and South Africa are embroiled in social and political difficulties which lead to a certain amount of uncertainty about the future.

All of these factors can be expected to have some effect on the mental health and well being of the people of the continent. The mental health practitioner cannot remain totally aloof, covering himself in the cloak of his professional ‘neutrality’. Often the fallouts of political developments have a direct or indirect impact on the health of the people, and the ability of those in the business of looking after them to cope. It affects the availability of resources to provide care, and even influences the readiness of skilled people to stay ‘home’ to practise. In this edition, Prof David Ndeti looks at the developments in Kenya and offers some thoughts and observations from the perspective of a practising Psychiatrist.

Professor Tuviah Zabow looks at the issue of ‘brain drain’, offering some interesting data that should provide much food for thought.

African Psychiatry is under-resourced in terms of authoritative text-books of Psychiatry deriving directly from clinical experience in the environment. ‘Essentials of Clinical Psychiatry for sub-Saharan Africa’ is a book that appears to fit this description. This edition carries a review of the book.

The efforts to build bridges between psychiatrists practising in different parts of Africa continue. There is a deliberate plan to encourage young psychiatrists to become associate members of the College. They are also being encouraged to make contributions to the newsletter, which is being given as wide a circulation as possible as part of this process.

**Dr Olufemi Olugbile**  
femi\_olugbile@yahoo.com

## LACK OF PSYCHIATRISTS : BRAIN DRAIN, EXPORT OR RECRUITMENT

The lack of mental health professionals, particularly psychiatrists, in Africa has been a topic which has been discussed at various for a over a long period of time. Within the young life of the Africa Division discussion has moved from the paucity of psychiatrists to practical approaches of coping with the need. Clearly the problem also exists in other developing countries. Are the persistently relatively low numbers due to voluntary migration or is this yet another product exported from the continent? Concern has repeatedly been expressed that recruitment per se is attracting the well-trained psychiatrist away to greener pastures.

Interesting statistics have become available from the WHO of movements from the African shores to North America, the United Kingdom, Australia and New Zealand as well as Europe. Some of the figures presented at the first Global Forum on Human Resources for Health held in Kampala, Uganda in March 2008 are worth considering. The Forum was convened by the Global Health Workforce Alliance under the auspices of the World Health Organisation and was attended by various stakeholders, including government leaders, health, development, civil society, academic and health professional leaders from around the world. It is shocking that while Africa has 11% of the world population and carries 24% of the world's disease burden, it has only 3% of the world's health workers and many of these workers continue to be lost to migration. The World Health Organisation indicates that on average, one in four doctors and one in 20 nurses trained in Africa have migrated and are now working in OECD countries. "In Canada, New Zealand, United Kingdom and United States, a quarter or more of all physicians have been imported from other countries," according to the WHO fact-sheet presented at the conference.

Developed countries are also making a significant saving in training costs by recruiting from developing countries, particularly in Africa. The February 23rd issue of the medical journal, Lancet, illustrates the extent to which developed countries are unfairly benefiting from the current migration trends. Using the example of Ghana and United Kingdom, Lancet reports that between 1998 and 2002, Ghana lost 35 million pounds of its training investment in health professionals to the UK while the UK saved 65 million pounds in its own training costs. Migration and other factors have led to the very low health worker/patient ratio in the continent compared to developed countries. The World Health Statistics indicates that while developed nations have one doctor for less than 500 people, in worst affected countries in Africa the ratio is one doctor 50 000 people.

South Africa is amongst the countries better numbers of health professionals. In 2004, South Africa had the highest number of doctors (34 800) in sub-Saharan Africa after Nigeria (34 900). It had the third best doctor patient ratio (.77 per 1000) after Seychelles (1.51 per 1000) and Mauritius (1.06 per 1000). South Africa also had the highest number of nurses in the sub-Sahara at 184 000 (followed by Nigeria at 127 500).

Psychiatric-statistics are more difficult to ascertain but anecdotal evidence is available and well known.

A solution to the problem has always been to produce at tremendous expense a continued supply hopefully retraining a percentage. Many have finished their training and have returned to the home country. Dragonian legislation from either side is inappropriate. The columns of this newsletter would be a useful medium to collect opinions, suggestions and reasons.

(World Health Statistics accessible at <http://www.who.int/whosis/whostat2007/en/index.html>)

**Tuviah Zabow**

Chairperson

## THE PSYCHOLOGICAL CHALLENGES OF RECENT EVENTS IN KENYA

In the past decade Kenya has had two events with profound psychosocial impacts, not because they are uncommon human events, but because they happened most unexpectedly. The first was the Nairobi American Embassy Bombing on 7th August at 10.00 hours in 1998, which killed many people and traumatized many, on a busy Friday morning when Kenyans were busy doing their own things. In a matter of seconds, lives took a most traumatic and dramatic turn. What was most traumatic is that it was the least expected- that Kenyans would be made to pay for conflicts that they were not part of. That 1998 event has had both bad and surprisingly good effects. We are still grappling with Psychotrauma related to the 1998 event and I still see patients (and I am sure other professionals still do) with related psychological complications nearly ten years down the line. The good side of that event is that expertise in psychosocial interventions in Psychotrauma has developed very fast since then. Many degree and other level programs have been developed as a result of awareness generated by the 1998 event. Psychiatrists and psychologists came together and have worked together inter-dependently for a common goal. The result is that Kenya has adequate human resources to tackle the psychosocial impacts of mass trauma at clinical level. We even have a surplus to export.

The second significant event was the clashes resulting from the disputed general elections of December 27th 2007. This was most surprising in that Kenyans turned in the biggest numbers to vote and did so more peacefully than ever before only to reap violence on tribal lines. Having been relatively peaceful since independence in 1963, and a recent un proceeded economic growth in the previous five years and a beacon of hope for Africa that Africa could exercise democracy and enjoy peace and be less dependent on foreign aid; the shock, embarrassment and shame that visited on Kenyans was as painful as the many people who got killed, got internally displaced and of course the attendant and expected widespread Psychotrauma. But as Femi Olugbile wrote in a column in a Nigerian daily, (Femi give the reference), perhaps it was not unexpected by keen political observers (while some of us were too much into academics to think of anything else!). Luckily for Kenyans, because of the good side effect of the 1998 event, there are adequate human resources to handle the psycho-trauma.

These two events, together with a myriad of natural disasters and other but minor man-made disasters that Kenya has

continued to experience over the time, make Psychotrauma psychology and psychiatry very relevant today. If today we still see Psychotrauma related to war of independence (the Mau-Mau rebellion) of the early 1950's, culminating in independence in 1963, then Kenya must brace for subsequent and protracted Psychotrauma issues over a full generation. On this, I am sure we share the same fate with other countries.

**DAVID M. NDETEI**

MB ChB (Nairobi), DPM (Lond), M.R.C.Psych., FRCPsych. (UK), MD (Nairobi), Certificate in Psychotherapy (London)  
Professor of Psychiatry, University of Nairobi & Founder & Director, Africa Mental Health Foundation (AMHF)  
E-Mail: dmnndetei@mentalhealthafrica.com

## BOOK REVIEW

### **Essentials of Clinical Psychiatry for sub-Saharan Africa.**

**Edited by Frank Njenga, Wilson Acuda, Vikram Patel and Mario Maj. Published by Masson S.p.A, Milan, Italy. 2005. 307 pages. Paperback**

The sub-Saharan region of Africa is peculiar in nature of its beliefs and special circumstances, including civil wars and the scourge of HIV/AIDS. The region (and indeed the whole of Africa) has long awaited a book of Psychiatry addressing these special issues relating to the continent. This book edited by Njenga and colleagues seems to offer a hope of realising this long-awaited dream. The book, with 52 authors, all of whom have worked, and 37 of whom were actually working in Africa at the time the book was written, succeeds not only in dealing with the general principles in Psychiatry, but in taking into consideration the socio-cultural and traditional views of mental illness, and the current stat of mental health services in the region.

It is easily readable and neatly sectioned into general psychiatric principles, psychiatric syndromes and then the specific psychiatric issues related to Africa. The added chapters on rehabilitation make this book a reference for not only students in medicine and psychiatric trainees, but also other mental health workers. The chapter reviewing mental health research in Africa is meant to be an icing on the cake, although it is too brief to reflect the volume and importance of research already done in African psychiatry.

In all, the book cannot be said to be a standard 'textbook of psychiatry in Africa', and as the authors have rightly pointed out, it would complement rather than replace other standard texts. Another area of possible improvement in subsequent editions is the 'suggested readings' While not serving as standard textbook of Psychiatry, this book should serve as standard reference for African psychiatry, and more published works in the continent should be included.

So, have we found 'the book'?

I believe that with proper and detailed expansion, inclusion of recent findings and advances in African Psychiatry, this book will surely be a must-read not only for African psychiatrists and trainees but for all mental health workers practising, or intending to work in Africa. Njenga and colleagues have shown it is possible to have a standard textbook of Psychiatry written by Africans reflecting the socio-cultural peculiarities of the continent and the sub-Saharan region. I believe every psychiatrist or other mental health worker practising in Africa should have a copy of 'Essentials of Clinical Psychiatry for sub-Saharan Africa' on their desk.

**Abiodun O Adewuya**

Department of Psychiatry, Lagos State University College of Medicine, Ikeja, Lagos, Nigeria.  
E-mail: biodunwuya@yahoo.com

## FORTH COMING EVENTS

A Scientific Session of the African International Division will take place during the Annual Meeting of the Royal College of Psychiatrists (London, 1-4 July, 2008). The theme is "Stigma towards Mental Illness in the Contemporary African Context"

The Association of Psychiatrists in Nigeria will be having its Annual General Meeting and Scientific Meeting in Port Harcourt, Rivers State in November, 2008.

More details will be provided in the next edition of the Newsletter.

The next meeting the Association of African Psychiatrists and Allied Professionals is to take place in Accra, Ghana, from June 25th – 27th, 2008.

Further information may be obtained from Dr Sam Ohene (E-mail: sam\_ohene@yahoo.com)

Arrangements have commenced for the next WPA Regional Meeting in Africa, which will take place in Abuja, Nigeria from September 24th – 29th 2009.

A detailed presentation on the conference is to be delivered during the XIV World Congress of Psychiatry in Prague, Czech Republic (September 20-25, 2008).

**Contributions & comments to femi\_olugbile@yahoo.com**