Pacific Rim College of Psychiatrists

Newsletter

December 2004

Philip Morris, Editor

Bruce Singh, President

President's Report

Professor Helen Chiu

It is a great honour and privilege for me to take over the Presidency of the Pacific Rim College of Psychiatrists. I would like to take this opportunity to thank Prof Bruce Singh, our Immediate Past President, for his vision for the PRCP to be a powerful voice of psychiatry for the Asia–Pacific region. This region is characterized by a vast population and an amazing diversity of cultures. Countries in our region are facing various challenges in the area of mental health. For this reason the PRCP should be a very useful forum for all of us to share our experiences and learn from each other. It is my aim to follow the vision of Prof Bruce Singh to further develop the PRCP as a beacon of psychiatry in this part of the world.

My goals as President for the coming two years are manifold. First, I would like to expand the membership, hoping to recruit both senior psychiatrists as well as the younger generation. I plan to actively develop the tiered levels of membership: Fellowship status is reserved for the senior leaders in psychiatry in our region, Membership is for less senior psychiatrists, and Member in Training is for junior psychiatrists.

Second, I would like to promote the academic activity and atmosphere in our region by setting up several Research Awards. I am pleased to report that funding has been secured for such Research Awards in the areas of Schizophrenia, Mood Disorders and Dementia.

Third, I would like to strengthen the network and links between Fellows and Members of PRCP in different countries. This can be achieved in the form of a Mentorship Scheme whereby our senior Fellows would support some of our younger Members and Members in Training from less developed countries. Another initiative is to set up Special Interest Groups in such areas as Old Age Psychiatry, Child & Adolescent Psychiatry, Schizophrenia, and Mood Disorders, in addition to our existing Psychotherapy Interest Group.

Fourth, I would like to build up the links between the PRCP and other international organizations like the WHO and WPA, as well as Colleges and Associations within our region.

It is a great pleasure for me to report that the 11th Scientific Meeting of the PRCP held 28-31 October, 2004, in Hong Kong has been a great success. There were around 400 delegates from over 15 countries attending. We had a very rich scientific program and very strong support from many internationally renowned speakers.

During the conference, the Board of Directors held a meeting with Prof Norman Sartorius and Dr Benedetto Saraceno from the WHO to gain input on the future developments of the PRCP. Both Prof Sartorius and Dr Saraceno expressed the view that PRCP had tremendous potential and could act as a voice for the region. A special feature of the PRCP is the high standing of its distinguished senior Fellows who could lend the PRCP some influence when dealing with health authorities and other governmental organizations, making the PRCP a very unique and valuable association.

Prof Sartorius and Dr Saraceno suggested that PRCP look into providing several tiers

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President's Message …cont]

of membership. The possibility of bundled membership connected with national psychiatric associations was also discussed. This would mean that organizations with which PRCP is affiliated could share their members with PRCP. Bundled members could receive reduced rates, receive copies of the newsletter, but would not have the voting rights of full members.

Prof Sartorius also proposed the involvement of mental health professionals other than psychiatrists, an issue that could be looked into at a later date. In addition, Prof Sartorius and Dr Saraceno made a number of very useful suggestions on the way forward.

In Hong Kong, it was decided that the 12th Scientific Meeting of the PRCP would be held in Taipei in 2006. I would like to take this opportunity to mention the important decision that was made by the Board to separate the role of the President from that of the Scientific Meeting Organizer. The Board of Directors would like the President to be able to focus on expanding the College's membership and the greater role of the College in the region. In recognition of the importance of the role of the Scientific Meeting Organizer, the Board created the position of Vice President and Congress Convener during the Board meeting in Hong Kong. Prof Ming-Been Lee of Taiwan was elected by the Board as Vice President and Congress Convener.

Prof Allan Tasman of USA was elected to the position of President-Elect. I would like to extend our heartfelt congratulations to both Prof Lee and Dr Tasman.

The coming years will be a very exciting time for the PRCP – a time for expansion of membership and of our role in the Asia-Pacific region.

I look forward to the active contribution and support of all Fellows and Members. We need the concerted efforts of all of you to make our College an influential advocate for the voice of psychiatry in the Asia Pacific region.

Comment from the Immediate Past President

Professor Bruce Singh

In my role as President of the PRCP 2001-2004, a period lengthened by one year because of the postponement of the 2003 Congress, my vision has been to further develop the organisation for psychiatrists in the Asia Pacific region in order to bring together members of the various national psychiatric bodies in an alliance focused on improving communication and collaboration between psychiatric experts in the region. This has meant a substantial change in the organisation, including the restructuring of its terms of reference to encourage a broader membership base.

During my Presidency the PRCP has held two highly successful Congresses, one in Melbourne and one in Hong Kong. The Executive Committee has held four meetings, each of which I was honoured to Chair. The PRCP also hosted a successful reception for almost one hundred people at the WPA Meeting in Yokohama in 2003. During my Presidency the Secretariat of the College moved from California to Melbourne, where it will remain for the next two years. The Melbourne Secretariat has effectively managed PRCP affairs as well as produced regular newsletters and created and maintained the PRCP website.

The goal I have worked towards and now pass on to Prof Helen Chiu, the new President of PRCP, is to amplify the voice of Asian psychiatry in world mental health affairs.

I look to the new President-Elect, Prof Allan Tasman, to assist Prof Chiu in this task. Both Prof Chiu and Dr Tasman have my full confidence and I ask all PRCP Members and Fellows to support them as they work on this major new phase in the life of the College.

President-Elect's Report

Professor Allan Tasman

I am honored to have been selected to serve as the next President-Elect of the PRCP. I anticipate the next two years with great eagerness.

Congratulations go to our President, Prof Helen Chiu, and a dynamic group of Board Members, who will be outstanding colleagues with whom to work as we continue the transformation of our organization.

Building on the tremendous gains resulting from the efforts of the past leaders and esteemed senior colleagues who have served the PRCP, and building on the energy from our recently held congress in Hong Kong, the PRCP has an opportunity to become even more valued for our contributions to the ongoing efforts to improve mental health in the Asia-Pacific region, and to serve as a model organization for such regional development.

One of our first tasks is to continue the vitalization of our membership begun over the last several years. Prof Chiu has asked me to lead our efforts to develop new approaches to ensure that the leaders of psychiatry in our region are part of the PRCP leadership, working to build our partnership with national psychiatric societies.

In addition, we must develop plans to enlist the participation of the newest generation of psychiatric colleagues in PRCP, both benefiting from their energy, new ideas, and emerging expertise, and also providing mentorship opportunities to help them assume their places as the leaders of the future. Thus, a several pronged strategy aimed at both recognized leaders and the new generation of psychiatrists must be developed.

Programmatically, under Prof Chiu's leadership, we will work to continue our transformation to the next level of recognition as the leading provider of regional educational programs, facilitator of international collaboration in research, education and recognition of best clinical practices for our diverse cultural, demographic and geographic clinical needs. To accomplish these aims a large and committed cadre of members including the recognized experts in our region in education, research, and clinical care, will be needed.

Thus, the development of these programs will occur hand in hand with our membership initiatives.

This is clearly a most exciting time in history in psychiatry. Many of the advances in our field were only in the realm of imagination just a few years ago. I look forward to the opportunity to help insure that the PRCP contributes to these important advances, and to provide an international forum so that the latest advances in our field are available to our members.

I believe that our future progress relies on utilizing the best ideas of our members, and I hope to hear from many of you with your suggestions for new initiatives and programs for the PRCP.

With best wishes for a healthy, safe, and peaceful new year.

Dr Tasman can be emailed at: allan.tasman@louisville.edu

PRCP Founding Fellows

On behalf of the PRCP it is my honour to formally acknowledge the outstanding contributions and service to the College of Prof M Nishizono, Prof HQ Yan, Prof EK Yeh, Prof K Asai and Dr R Menninger. As Founding Fellows and Directors of the College, their vision and commitment to this organisation and the region has provided an inspiration to all of us in PRCP to continue the valuable work that they have begun. Without their guidance and leadership the PRCP would not have reached the level of significance that was demonstrated at the recent Congress in Hong Kong.

We sincerely hope that you will continue to be involved in PRCP activities in the future.

Prof Bruce Singh
Immediate Past President

Secretary-General's Report

Associate Professor Eng-Seong Tan

There has been increased activity in the PRCP in this past year. The most important development is that PRCP membership is increasing. There have been 34 new applications to join the College.

We have just completed the highly successful 11th Scientific Meeting of the Pacific Rim College of Psychiatrists, 28-31 October, 2004, in Hong Kong. There were 400 delegates from 15 countries attending, these countries included: Australia, China and Hong Kong, France, Indonesia, Japan, Korea, Malaysia, New Zealand, Philippines, Singapore, South Africa, Taiwan, Thailand, UK, USA, and Vietnam.

At this Congress six PRCP Travel Awards were granted to young psychiatrists from China, Japan, Taiwan, South Korea and Malaysia.

While the Working Groups on Research, Psychiatric Education and Service Delivery that were established at the 10th PRCP Scientific Meeting in Melbourne, 2000 have recently ceased many of their activities, a new initiative has been established with the launch of the Special Interest Group in Psychotherapy (with the possibility of further Special Interest Groups in the areas of Old Age Psychiatry, Child & Adolescent Psychiatry, Schizophrenia, and Mood Disorders). The development of Special Interest Groups is aimed at promoting the interchange of information among professional mental health workers, especially young professionals, in this region of the world.

Three Research Awards in the areas of Schizophrenia, Mood Disorders and Dementia have been also established by Prof Chiu. These awards encourage research activity among the younger psychiatrists in the region.

A major new decision taken by the PRCP was to detach the Presidency from the location of the next Scientific Meeting. In the past the President-Elect was the person to organise the next Scientific Meeting in their country. In this way, the President-Elect assumed the Presidency at the Scientific Meeting.

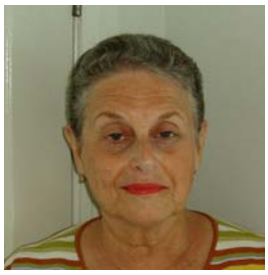
The recent change frees the President-Elect from the preoccupation of organising the next Scientific Meeting so that he or she will be free to launch other College initiatives. To this end a new position, that of Vice-President and Congress Convener has been established. It is hoped that by making this change, the PRCP can now include other scientific activities as well as its Biennial Congress.

A note of gratitude should be extended to Ms Alis Gordon, who has been the Administrative Officer of the PRCP Secretariat since 2000. She took on the role in the year 2000 when the Secretariat moved from Los Angeles, California, to Melbourne, Australia. This was a very involved process which Alis oversaw very effectively. She then went on to set up the Secretariat in Melbourne, establishing the various routines and procedures which have worked efficiently since. This included the establishment of our bank account and access to credit card facilities for the payment of subscriptions.

Alis's charming personality and easy style of working made the Secretariat a happy place where matters have been attended to with dispatch.

Alis was away from the Secretariat for a few months in the year 2002/2003 to attend to her studies, but now she leave us to pursue a career in teaching and writing. We are much indebted to her for the setting up of the Secretariat of the PRCP. We will miss her but wish her every success in her future.

Psychotherapy Interest Group



Professor Judith Gold

Psychotherapy Practice and Training Issues in Pacific Rim Countries: a summary of a symposium sponsored by the Interest Group in Psychotherapy at the PRCP Congress, Hong Kong, 2004

Prof Judith Gold, from Brisbane, Australia opened the symposium with a paper describing the revised training program requirements of the Royal Australian and New Zealand College of Psychiatrists (RANZCP) with an emphasis on education in the psychotherapies.

As in most countries, the practice of psychotherapy has diminished over the past two decades, and with this has come a concomitant decrease in, and de-emphasis on, teaching psychodynamics and psychotherapy. However, as research has been demonstrating the efficacy of the psychotherapies as treatment for many mental disorders, interest in psychotherapy is increasing.

The new training requirements include formal training in psychodynamic theories, as well as practical experience in CBT, brief psychotherapy, long-term psychodynamic psychotherapy, marital, family and group psychotherapy during the three basic years of training in psychiatry.

Two years of advanced training are also possible and programs are being developed along with guidelines for supervision during such advanced training.

Despite these new training regulations, registrars remain dissatisfied with their training in the psychotherapies and often have difficulty obtaining expert supervision. Without expertise in psychodynamics and the psychotherapies, psychiatry will lose its specialty role and mental disorders will be treated by medications by primary care specialists and neurologists.

Prof Allan Tasman, Louisville, USA discussed challenges facing psychotherapy education in the United States. He described the new training requirements in the USA that include competency in five psychotherapies (CBT, supportive, brief, psychodynamic and combined psychotherapy and psychopharmacology).

The evidence base for the effectiveness of psychotherapy is very strong with hundreds of research studies in the peer-reviewed literature on psychotherapy outcome and thousands of clinical case reports of various forms of psychotherapy.

A variety of other skills and attitudes result from effective psychotherapy education, especially from psychodynamic psychotherapy training, that are important for the skills, knowledge and attitudes of all psychiatrists. These include management of doctor-patient relationships; relationships with other mental health professionals and administrators; interviewing depth and longitudinal understanding of both conscious expertise and recognition of emerging mental phenomena; an in-and unconscious mental functioning essential to treatment planning and management of virtually all mental disorders; avoidance of ethical dilemmas and transgressions; expertise in developing and maintaining a therapeutic alliance with patients; and appreciation and understanding of interpersonal interactions with intellectual vigour and discipline.

Prof Masahisa Nishizono, Institute for Psychosocial Psychiatry and Psychoanalysis, Japan, stated that while all psychotherapies are covered under the National Health Insurance System in Japan, the fees paid are very low. As in many other countries, psychiatrists tended to conduct diagnostic interviews and prescribe medications, while other professionals provide psychotherapy. However, a number of psychiatrists now provide psychotherapy treatment privately in the large cities, and seminars on psychotherapy are regularly held.

Psychotherapies closely connected to Japanese culture, including Morita therapy and Naikan therapy, originating in Buddhist beliefs, have developed. There are a number of academic organizations conducting psychotherapy and psychoanalytic training. The changes that occurred in Japan following World War II have lead to a conflict between tradition and modernism with a collapse of the family structure and changes in values.

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Thus, there has been a growth in non-traditional disorders such as depression, behaviour disorders in youth and children, eating and dissociative disorders due to anxieties aroused by cultural changes. These have been described by the Ajase complex (Kosawa) and Amae (Doi), two famous psychodynamic theories developed in Japan. In this way, psychodynamic understanding has been influenced by Japanese culture and religions, with an emphasis on the here and now within a therapeutic setting. Contemporary people are more threatened by anxiety about their existence than about past sins.

Psychiatric practice must be carried out in a biopsychosocial model, using both pharmacology and psychotherapy, appropriate to each country in the Pacific Rim. Prof Char-Nie Chen, Hong Kong spoke from a personal perspective of the art of psychotherapy for the Chinese. He described the Confucian, Buddhist, Taoist and neo-Confucian philosophies that impact upon psychodynamic understanding in treating Chinese individuals. Thus a Chinese psychiatrist may be seen as an authoritarian father figure sitting behind a desk who lectures rather than listens, and who expects compliance. Psychotherapy is often carried out in crowded settings where there is little to no privacy. Authoritative messages can be heard by all around the patient and psychiatrist.

Trainees must be sensitive to cultural influences affecting both mental disorder symptoms and treatments, while also learning psychodynamic concepts such as transference and countertransference.

Discussion centred upon the need for more training and education in the psychotherapies, and upon the potential role for the PRCP in these areas. It was suggested that the PRCP might consider providing psychotherapy workshops in Pacific Rim countries upon request.

Prof Judith Gold is the Chairperson of the PRCP Psychotherapy Interest Group and can be contacted via email: jhgold@bigpond.net.au

Abstracts from the Congress

KEYNOTE LECTURE: Challenges to Psychiatry 2004

By Prof Norman Sartorius
The World Health Organisation
Switzerland

Psychiatry, perhaps even more than the rest of medicine, faces major challenges resulting from globalization, from the continuing and growing inequity in resource distribution within and between countries and from the increasing magnitude of mental health problems.

This presentation will describe the challenges and offer suggestions concerning steps that would have to be taken to make it possible for psychiatry to face these challenges.

SYMPOSIUM 2: The WHO and the Pacific Rim: Past, Present and Future. Past and Present Priorities for the Improvement of the World Mental Health: Similarities and Differences

By Prof Norman Sartorius
The World Health Organisation
Switzerland

This presentation will give a brief description of trends in the development of research in the field of mental health in Asia and globally. It will describe the WHO's studies involving Asian countries in the last quarter of the 20th century and present suggestions about future directions for research. It will also draw attention to managerial and administrative issues that arise in conducting multicentric research in Asia. The ethics of collaboration between countries at different levels of development will also be addressed.

Abstracts from the Congress

From Global Advocacy to Local Action

By Dr Benedetto Saraceno
The World Health Organisation

In the year 2001, the World Health Organization created global momentum for mental health through the organization of the Ministerial Round Tables at the World Health Assembly, the celebration of World Health Day devoted to mental health and, finally, by publishing the World Health Report on Mental Health.

This tremendous effort of global advocacy has been successful and has, indeed, put mental health on the international public health and developmental agenda. However, WHO is now shifting from global advocacy to local action. There is enough knowledge about treating mental disorders to be implemented in countries.

A new strategy has been launched by WHO to move from awareness to practical change in countries. The ten year mental health Global Action Programme (mhGAP) has been created by WHO to reduce the existing gap between treated and untreated across the world.

The WHO Mental Health Global Action Programme

By Dr Benedetto Saraceno
The World Health Organisation

The magnitude of the global burden, associated with mental and substance use disorders, requires integrated and sustained efforts of WHO. There is a rapid rise of mental health disorders. They represent a major challenge to global development. The rise in this burden will be relatively higher in developing countries, which have the least resources to respond. Mental, neurological and behavioural disorders take a huge toll. World-wide, 450 million people are affected at any given time.

However, most mental, brain and substance use disorders can be managed effectively with medications and/or psychosocial interventions. Cost-effective interventions are not implemented and there is a huge gap between treated and untreated. Urgent action is needed to close the treatment gap and to overcome barriers which prevent people from receiving appropriate care.

Following the momentum created in 2001 by World Health Day and the World Health Report devoted to mental health, WHO created the mental health Global Action Programme (mhGAP). This is a major new effort to put strategic directions in place for addressing the findings in the World Health Report. GAP logic is based on four strategies:

1. Increasing and improving information and technology transfer. We should know more about the magnitude and the burden of mental disorders around the world, and know more about the resources (human, financial, socio-cultural) that are available in countries to respond to the burden generated by mental disorders. We should increase and improve the transfer of mental health related technologies.

2. Raising awareness about mental disorders and advocacy for more respect of human rights and less stigma; we should address not only the general public but policy makers, politicians and other sectors.

3. Assisting countries in designing policies and developing comprehensive and effective mental health services. The scarcity of resource forces a rational use of them.

4. Finally, building local capacity for public mental health research in poor countries.

Financial Summary

Expenditure & Income Statement

National Australia Bank Account, AUD.

Balance as of 21/08/04:	$50,055.30
Income from subscriptions between 21/08/04 and 19/11/04:	$1,132.77
Total as of 19/11/04	**AUD$42,613.40**

Expenditure:

Postage	$ 107.00
Website	$ 88.00
Printing	$ 985.45
Bank charges	$ 156.18
Salaries	$5,692.04
Tax in advance for 2004/05	$ 46.00
PRCP Congress costs	$1,500.00
Total	**$8,574.67**

Report on the achievement a of PRCP Fellow

In early October, the Japan Psychoanalytic Association presented a special award to Dr Roy Menninger in Tokyo in recognition of his work and the work of The Menninger Foundation in substantially expanding the knowledge and influence of psychodynamic psychiatry in Japan. He was the only non-Japanese psychiatrist invited to Japan to receive this award.

During the 1980s and 90s, Dr Menninger and more than 35 members of the staff of the Foundation made several trips each year to Japan to present workshops on psychoanalytic theory and psychodynamic practice in Tokyo, Osaka, Fukuoka, and Sapporo. By one estimate, as many as 10,000 mental health professionals attended the more than 30 workshops, at least a third of them more than once.

In the decades since 1950, more than 35 Japanese psychiatrists and other mental health professionals attended Topeka for specialized training in psychiatry and psychoanalysis as part of the Menninger International Fellows Program. They typically stayed for periods of 1-2 years, and some for 4-5 years. Most of them have returned to Japan to practice.

The PRCP would like to congratulate Dr Menninger for his outstanding achievement.

Prof Philip Morris
Editor

New Members

The 11th PRCP Congress proved a great success in recruiting new members. The PRCP welcomes 13 new Members and 21 new applications for Fellowship which are currently in process. Following is a list of their names and countries.

New Members:

Dr Vladan Starcevic, Australia
Dr John Lam Po Tang, Australia
Dr Chan, Wai Chi, China
Dr Chen, Teck Meng, China
Dr Ng, Fung Shing, China
Dr Tsoh, Joshua, China
Dr Cha, Kyung Ryeol, Korea
Professor Hong Chang Hyung, Korea
Dr Nor Hayati Ali, Malaysia
Dr Francis Low Chee Chan, Malaysia
Dr Jesjeet Singh Gill, Malaysia
Dr Marhani Midin, Malaysia
Dr Ruzanna Zamzam, Malaysia

Prospective New Fellows:

Professor Ian Hickie, Australia
Dr Alexandra Cockram, Australia
Professor Paul Mullen, Australia
Dr James Olver, Australia
Dr Wong, Yee Him John, China
Associate Professor Tang Wai Kwong, China
Professor Liwei Wang, China
Dr Yanling He, Shanghai, China
Dr Lau Tam Mo-Shing, China
Dr Chan, Sau Man Sandra, China
Dr Ernest Luk, China
Dr Hung Se Fong, China
Dr Witjaksana Roan, Indonesia
Professor Yong Sik Kim, Korea
Associate Professor Lee, Young Moon, Korea
Dr Byoung Houn Oh, Korea
Professor Jin Sook Cheon, Korea
Dr Zanariah Mat Saher, Malaysia
Dr Imelda Morales-Martin, Philippines
Professor Pichet Udomrath, Thailand
Dr Tai P. Yoo, USA

Singapore Correspondent's Report

Professor Ee Heok Kua

The past two decades have witnessed a gradual transformation of psychiatric service in Singapore from institutional to community care.

With clinics in the general hospitals, people with psychiatric problems are now more willing to seek help. In a study of patients with schizophrenia admitted to the mental asylum, Woodbridge Hospital, in 1975, Tsoi et al (1985) found that the majority sought help one to two years after the onset of the illness. In a recent study of schizophrenia in a general hospital - National University Hospital - most of the patients (80%) were seen within 6 months of the illness; and the prognosis was better for those with shorter duration of untreated psychosis (Kua & Lai, 2003).

The most dramatic demographic change in Singapore in the next 10 years will be the ageing of the population. Most elderly people with mild or moderate dementia are undetected in primary care partly because the doctors have a large patient load and cognitive assessment takes time. To help with the quick assessment of elderly patients with cognitive impairment we have constructed a 10-item questionnaire called the Elderly Cognitive Assessment Questionnaire (ECAQ) that can be used for screening dementia (Kua & Ko, 1992).

The Mini Mental State Examination (MMSE) was used previously but it was extremely difficult to administer because of cultural differences, linguistic problems and low literacy in our elderly population. The ECAQ has less cultural and educational bias and is now being used by doctors and nurses in many Asian countries.

Because of the shortage of manpower, we have started a one-year Master of Nursing course (Mental Health) to train nurses to manage clinical problems, e.g. suicide assessment, mental status examination, side effects of medications, psycho-education, psychotherapy, etc. The first batch of 8 nurses has graduated and an award for the top candidate was donated by Prof Edmund Chiu from the University of Melbourne, Australia.

The Department of Psychological Medicine, National University of Singapore, is one of the research centres for dementia in Asia. We have published the early papers on the epidemiology of dementia in the Chinese and Malay elderly (Kua & Ko, 1995) and the stress of family caregivers.

To reduce the stress of caring, we piloted a study comparing telephone counseling and email counseling. The results showed that both were useful to reduce the stress of the family but telephone counseling provided a more rapid improvement (Kua EH, 2003).

The suicide rate of the elderly was at a peak in 1995, however with the combined efforts of the government, non-governmental organisations and mental health professionals, there has been a gradual decline in the last few years (Kua et al, 2003). This success story has lifted the prestige of psychiatry and the mental health profession in the country.

Recently, the thrust of research is on the prodromal symptoms of schizophrenia and our team will be testing out a questionnaire to be in schools.

The study by Tan HY and Ang YG (2001) showed that even before the onset of florid symptoms, the students had falling grades in mathematics.

There is tacit agreement among the psychiatrists in the Asian region to have regular consultation to co-ordinate training and research. We had a meeting in Kobe University two years ago with Professors Norman Sartorius and Naotaka Shinfuku about studying the prescription pattern of anti-psychotic medications. This project had the participation of Japan, China, South Korea, Taiwan, Hong Kong, Malaysia, Indonesia and Singapore. The results of the research project were presented in the World Congress of the World Psychiatric Association at Yokohama in August 2002.

An Asian Regional Teachers of Psychiatry (TOP) meeting was held last year with the involvement of our Australian colleagues. In most universities,

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the recruitment of academic staff is based on their track record in research or academic results, but many may not be good clinical teachers. We realize that poor clinical teachers will put off good medical students from wanting to specialize in psychiatry. We hope in future to have more discussions on curricular matters, teaching, communication skills and examinations.

To view references for this paper please see the PRCP website: www.prcp.org/publications.html

PRCP and *DSM-V*

The PRCP can contribute to efforts in preparing for *DSM-V*, scheduled to be published in 2011. At www.dsm5.org, you will find information about the process, which began in 2002 with the publication of "A Research Agenda for *DSM-V*" edited by David Kupfer, et al., APPI Press. There was a chapter on cultural issues by a group headed by Renato Alarcon including Laurence Kirmayer and Keh-Ming Lin. Help is needed as follows:

1) Currently, 10 conferences focused on diagnostic categories is underway. If anyone wishes to nominate a diagnostic specialist in these categories who can bring in a cultural perspective, please contact Francis Lu, email: francis_lu@chnsf.org

2) For the 2006 PRCP Meeting, we may wish to encourage submissions for the meeting on this topic.

3) Your thoughts about how to structure this task are welcomed. Below is a draft of ideas where we might contribute.

DSM-V and cultural issues: Proposed Research Agenda

Based on current literature and research to be done by 2009, the following can be done:

1) Refine diagnostic criteria by categories of disorders to include the most salient cultural phenomena, so that the criteria themselves incorporate a cultural perspective.

2) Refine the Age, Gender and Cultural Features sections in the narrative sections of the 79 diagnostic categories that currently have them. Inclusion of other cultural variables such as socioeconomic class, acculturation, refugee status, sexual orientation, religious/spiritual issues, etc.

3) Propose new diagnostic categories (either mental disorders or Other Conditions that may be a Focus of Clinical Attention). See example of "Culture Disruption Problem."

4) Propose new Age, Gender and Cultural Features sections for those diagnostic categories that currently do not have them. Inclusion of other cultural variables listed in 2).

5) Propose new Culture-Bound Syndromes for the Glossary. Reconsider the utility/validity of this concept and name of this category of distressing experiences.

6) Propose changes in the Outline for Cultural Formulation: utility/validity, relationship with other such formulations such as the WPA one, content, process of use, placement in *DSM-V* (appendix vs. in the front).

7) Propose changes for the Introduction to *DSM-V* concerning "Ethnic and Cultural Considerations": content , process of diagnosis.

8) Introduce new content relevant to culture and diagnosis such as neurobiological dimensions, racism and discrimination, stigma, etc.

9) Review the Multi-Axial approach. For example, consider a new axis focused on protective/resilience factors (intrapsychic, interpersonal, community) that may affect prognosis.

Dr Francis Lu
Treasurer

Notice on PRCP Membership Categories

At the recent PRCP Board Meeting it was agreed that PRCP needs to specify the nature of the different membership categories and make explicit the different fee levels for membership based on world bank economic categories. The Board endorsed the view that it would continue the tiered membership categories and has simplified the procedure for gaining membership to require belonging to their national psychiatric organisation. Fellows still require the formal process of a letter of support from two current PRCP Fellows as well as the application form and CV.

It was recently decided by the Board to abolish the PRCP Initiation Fee for all future Members and Fellows.

Please find the details of membership categories below.

1. Member in Training
2. Member
3. Fellow
4. Emeritus Fellow

Definitions of the membership categories are as follows:

(a) Members shall be those psychiatrists whose personal and professional qualifications, growth, and dedication to the College following induction are expected to warrant eventual advancement to the status of Fellowship within a period of ten years.

(b) Members in Training shall be those psychiatrists who are in training at accredited programs of their country.

(c) Members shall be entitled to vote and may serve on committees, but shall not be eligible to hold elective office, to serve on the Board, or to serve as Chairpersons of committees.

(d) Fellows shall be psychiatrists of superior personal attributes and professional abilities. The conferring of Fellowship shall constitute an honor, duly awarded as a result of outstanding recommendations and careful selection. In selection, therefore, consideration shall be given to membership and offices held in other professional organizations, as well as proficiency and excellence in the practice of psychiatry as a therapist, clinician, teacher, author, researcher, or administrator. Appointment to Fellowship, furthermore, is to constitute recognition for years of experience in psychiatry, attainment, contributions, and leadership in the field.

Fellows are entitled to full privileges, including, but not limited to, the vote as members of the College, election to office, membership on the Board, and membership and chairpersonship of standing and ad hoc committees. Applications for Fellowship require letters of support from two current PRCP Fellows.

(e) Fellows Emeriti/ae. Any Fellow, on the basis of years of service, retirement, disability, hardship, or upon reaching the age of 70, may at his/her option request in writing to the Secretary-General of the College, appointment to Emeritus Status. Upon favorable action by the Board, the Fellow shall be granted Emeritus Status, thereby becoming exempt from payment of dues and from other duties or requirements of the College.

Fellows Emeriti/ae shall, however, be entitled to vote as members of the College, be eligible to serve as additional members of committees, but shall not be eligible to hold elective office or serve as Chairpersons of committees.

Dues per year: AU$50.00 (Member in training), AU$100.00 (Member), AU$150.00 (Fellow), Emeritus Fellows pay nothing.

Please note that PRCP abides by World Bank Economic Categories and the following are the relative costs:

Category A Fellows: AUD$150, Members: AUD$100, Members in Training: AUD$50

Category B Fellows: AUD$100, Members: AUD$75, Members in Training: AUD$37

Category C Fellows: AUD$75, Members: AUD$40, Members in Training: AUD$20

Category D Fellows: AUD$50, Members: AUD$25, Members in Training: AUD$12

Please see the PRCP Website for a list of the countries under each category (www.prcp.org).

Photographs from the 11th PRCP Congress, Hong Kong

Photographs from the 11th PRCP Congress, Hong Kong …cont

Photographs from the 11th PRCP Congress, Hong Kong …cont

Photographs from the 11th PRCP Congress, Hong Kong … cont

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APPLICATION FORM FOR MEMBERSHIP OF THE PACIFIC RIM COLLEGE OF PSYCHIATRISTS

Please return to:
Pacific Rim College of Psychiatrists, C/o: Department of Psychiatry, University of Melbourne, 7th Floor Charles Connibere Building, Royal Melbourne Hospital, Victoria, Australia 3050.
Tel: (+61 3) 8344 559, Fax: (+61 3) 9347 3457

DATE:_____

NAME:_____

DATE OF BIRTH: _____ COUNTRY:_____ SEX:_____

MEDICAL SCHOOL GRADUATED FROM:_____

_____ YEAR OF GRADUATION:_____

POST GRADUATE (OR RESIDENCY) TRAINING RECEIVED AT: _____

_____ FROM:_____ TO:_____

ARE YOU A MEMBER OF A NATIONAL PSYCHIATRY ORGANISATION? (PLEASE SPECIFY)

_____

SPECIALIST BOARD: DATE RECEIVED: _____

- ❑ PSYCHIATRY_____
- ❑ NEUROLOGY_____
- ❑ OTHER (PLEASE SPECIFY)_____

CURRENT INTERESTS:

- ❑ CLINICAL_____
- ❑ TEACHING _____
- ❑ RESEARCH _____
- ❑ CROSS CULTURAL _____

CURRENT POSITION:_____

MAILING ADDRESS:_____

_____

_____

HOME PHONE: _____OFFICE PHONE: _____

FAX: _____E-MAIL:_____

PLEASE ATTACH COPY OF CURRICULUM VITAE (abbreviated version acceptable) AND ONE PASSPORT PHOTOGRAPH.

SIGNATURE **X**_____

If you are applying to become a Fellow, please include two letters of support from current Fellows of the College.
Dues per year: AU$50.00 (Member in Training), AU$100.00 (Member), AU$150.00 (Fellow).

Payment can be made with MasterCard or VISA credit cards or through a Bank Cheque in Australian Dollars.

PRCP recognizes the World Bank Economic Categories. Please see the PRCP website for details: www.prcp.org