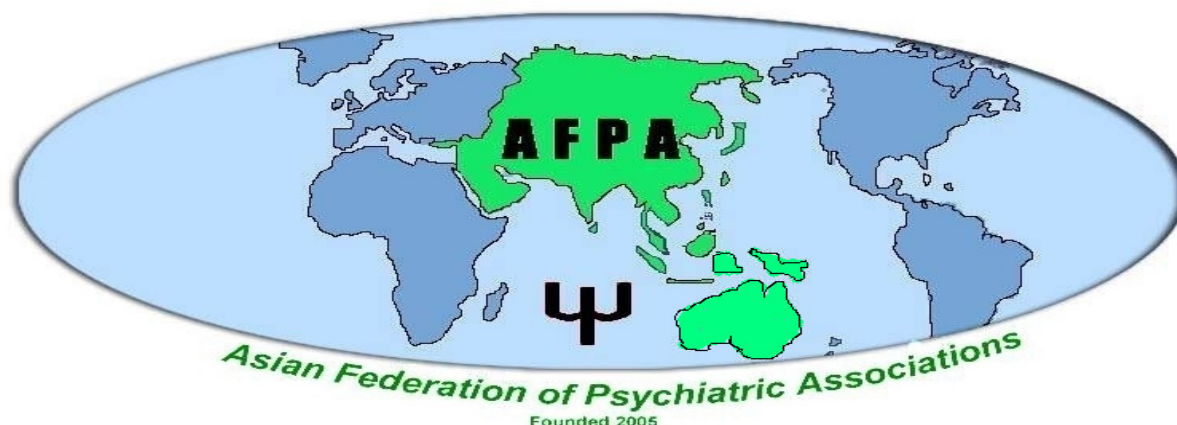


# The Bulletin of the AFPA

## The Summer 2016 Issue



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### The 6th WCAP in Abu Dhabi, the UAE, 24-26 March, 2017



The Emirates Palace

The Asian Federation of Psychiatric Associations would like to extend our warmest invitation to you to participate in AFPA's sixth world congress 24 -26 March, 2017 at Abu Dhabi, the United Arab Emirates.

It is our great privilege and honour to host the 2017 Congress in Abu Dhabi, the UAE. With Abu Dhabi's strategic location, world-class convention and exhibition facilities as well as many unrivalled attributes, we pledge to make the 6th WCAP a fruitful and memorable experience for our delegates. The venue city is a unique blend of Asian culture, featuring Arabic

traditions, colonial heritage, high-tech modernity and great hospitality.

We are pleased that our local host, Emirates Society of Mental Health division at Emirates Medical Association is very enthusiastic to greet you all at Abu Dhabi, a city that is full of cultural heritage and an exciting place for meeting, shopping and enjoying. At the successful 5th WCAP March 2015 in Fukuoka, Japan, we had 500 delegates, representing more than 30 Asian societies. We hope that the 6th WCAP will come up as another successful get-together for Asian psychiatrists and other mental health professionals in 2017.

Asia where most of the world population has, presents diverse situations concerning mental health problems. Variations in resources, in the availability of services, in the numbers of mental health professionals and uneven use or absence of national policies for mental health are the salient features of practice of psychiatry in many Asian countries. Most of these countries allocate very few financial resources and have far too little numbers of health workers who could deal with mental health problems. In this situation, both collaborating among countries and sharing of experience

## ***The Bulletin of the AFPA***

**A newsletter for the Asian Federation of Psychiatric Associations**

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participation in the scientific programme will add value to our efforts for strengthening AFPA's mission in promoting mental health in our region. See you all at the 6th WCAP.

Further details of the scientific programme will be updated in the future issue of *the Bulletin of the AFPA*. To follow up the preparation progress of the 6th WCAP, please visit our conference websites at [www.afpa.asia](http://www.afpa.asia) and [www.AFPA2017.com](http://www.AFPA2017.com) or [www.AFPA2017.com](http://www.AFPA2017.com). (The authors declare no potential conflicts of interest in writing this announcement.)

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Sheikh Zayed Grand Mosque

obtained in the conduct of mental health activities become particularly important.

The AFPA has been actively involved in many areas of development of mental health in Asian region along with contributing towards improving teaching, training, and capacity-building in mental health. Since the start of the AFPA, many collaborative initiatives have in fact emerged in Asia and AFPA congresses have always emerged as an important platform for meeting, discussing and sharing thoughts for future collaboration in many areas of mental health.

We are pleased that the 6th WCAP March 2017 will address all these issues, and we hope your

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(Editor's note: Kanba is president of the AFPA 2015-17 and the 6th WCAP, and Javed president-elect 2015-17 of the AFPA is director of the 6th WCAP. Abul is the president of Emirates Society of Mental Health and chair of local organising committee of the 6th WCAP.)



## The IC of AFPA and the 13th AAS of the SLCPsych Took Place in Colombo, Sri Lanka 27-31 May, 2016

The International Conference of the Asian Federation of Psychiatric Associations and the 13th Annual Academic Sessions of the Sri Lanka College of Psychiatrists was held in collaboration with the World Psychiatric Association in Colombo, Sri Lanka, 27-31 May, 2016. The theme of the conference was “New Horizons in Asian Psychiatry: Choosing Wisely.” The Conference brought together a host of mental health practitioners of the region and drew resources from across the globe with over 300 delegates from countries such as Australia, Bangladesh, Canada, Germany, India, Indonesia, Iran, Japan, Malaysia, Myanmar, New Zealand, Pakistan, the Philippines, South Africa, Spain, Switzerland, Taiwan, Thailand, the United Kingdom, and Sri Lanka.



A photo at the IC of AFPA led by the mace bearer taken at the inauguration ceremony at Hotel Taj Samudra

From left to right: Norman Sartorius, (Switzerland), the mace bearer, Samudra Kathriarachchi (Sri Lanka), Shigenobu Kanba (Japan), and Javan Mendis (SL)

I believe that development of psychiatric services in Asia needs wisdom and courage. The aim of the conference was to facilitate this process by enhancing the knowledge and skills of the delegates by having a series of plenary lectures, symposia and workshops by a panel of eminent experts, which included Norman Sartorius (Switzerland, the president of the Association for the Improvement of Mental Health Programme); Dinesh Bhugra (United Kingdom, the president of the World Psychiatric Association); Shigenobu Kanba (Japan, the president of the AFPA); Malcolm Hopwood

(Australia, president of the Royal Australian and New Zealand College of Psychiatrists); Helen Herrman (Australia, the president-elect of the World Psychiatric Association, and president of the Pacific Rim College of Psychiatrists); and Nalaka Mendis (Sri Lanka).



Dinesh Bhugra addressing the delegates at the inauguration ceremony  
From left to right: Dinesh Bhugra (United Kingdom), Samudra Kathriarachchi (Sri Lanka), Shigenobu Kanba (Japan), Norman Sartorius (Switzerland), and Thilini Rajapakse (SL).

The inauguration ceremony was held on 27 May, 2016 with the attendance of Mr. Ranil Wickremesinghe (Hon. Prime Minister of Sri Lanka) as the chief guest of the occasion, and Sartorius as the guest of honour. Other distinguished guests included Dr. Rajitha Senaratne (Minister of Health of Sri Lanka), Kanba, and Bhugra. The inauguration ceremony consisted of an academic procession, cultural events, speeches by special guests and the SLCPsych oration delivered by Thilini Rajapakse on the topic “Non-fatal Self-poisoning in Sri Lanka: the Forgotten Epidemic”?



Hon. Prime Minister of the Democratic Socialist Republic of Sri Lanka, Mr. Ranil Wickremesinghe addressing the gathering at the inauguration ceremony

One of the main highlights of the evening was the award ceremony of the SLCPsych. The late Dr. Bobby Somasunderam gold medal for outstanding performance at MD selection examination was given to Madushani Dias (Sri Lanka), the Raghavan Kulanayagam gold

medal awarded to the best essay by a trainee at the annual essay competition conducted by the SLCPsych was awarded to Kalhara Batuwana (Sri Lanka), and late Dr. D. V. J. Harischandra gold medal for the best regional psychiatrist was awarded to Nayana Edirisighe (Sri Lanka) for her outstanding contribution to the field of psychiatry, selected by a panel of experts following a competition. Seven young psychiatrists received travel fellowships at the inauguration ceremony awarded by Kanba.



Helen Herrman was lightening the coconut oil lamp at the opening ceremony of the IC of the AFPA and the 13th AAS of the SLCPsych. From left to right: Samudra Kathirarachchi (Sri Lanka), Winston W. Shen (Taiwan), Dinesh Bhugra (United Kingdom), Helen Herrman (Australia), Shigenobu Kanba (Japan), Chitramalee de Silva, (SL), Saw Wai Phyo (Myanmar), Ranil Abeyasinghe (SL), Mahesh Rajasuriya (SL), Javan Mendis (SL), Buddhi Karunatilake (SL), and Pushpa de Silva, (SL)

Two full-day academic sessions were held at the Taj Samudra Hotel, in Colombo, 28-29 May. The sessions consisted of free paper presentations, poster presentations, 15 plenaries, and 10 symposia. A wide range of topics was covered through the scientific programme which included a presidential lecture on "Culture and Psychiatry: Depression in Modern Japan" by Kanba, a special lecture on "Asian Psychiatry and History of the AFPA" by Pichet Udomratn (Thailand), and plenary lectures on "Social Justice and Social Discrimination" by Bhugra, "Recovery and Psychosocial Rehabilitation" by Afzal Javed (Pakistan, president-elect of the AFPA), and "Improving Mental Health of Women and Girls in Adversity" by Herrman. Malcolm Hopwood, G. Prasad Rao (India, Indian Psychiatric Society) and Winston W. Shen (Taiwan, the editor of *The Bulletin of the AFPA*) gave plenary lectures on bipolar depression, psychotropic innovations, and antidepressant developments, respectively. The symposium on "Rehabilitation in the 21st Century" was conducted by several eminent speakers. Also, interesting

aspects of issues related to medical professionals with health problems were discussed by Kym Jenkins (Australia, president-elect of the RANZCP) during her plenary lecture on "Morbidity and Mortality of Medical Practitioners." A thought-provoking symposium on professional competence was also conducted during the IC. Regional psychiatrists forum and symposia of the IC covered a wide array of topics relevant to the best practices in psychiatry especially in relation to innovative approaches in bridging the gaps in the delivery of mental health care in spite of limited resources. The Peter and Mabel Cooray gold medal for the best free paper presentation was awarded at the closing ceremony of the sessions to Varuni De Silva (Sri Lanka) and the team.



A photo at the rehabilitation symposium of the IC of the AFPA. From left to right: Solomon Rataemane (South Africa), Ricardo Guinea (Spain), Haslina Mohd Yusof (Malaysia), Pichet Udomratn (Thailand), Prasad Rao Gundugurti (India), Nalaka Mendis (Sri Lanka), Afzal Javed (Pakistan), and Naotaka Shinfuku (Japan)

Another highlights of the IC were the pre-and post-congress workshops which were conducted by five renowned speakers on 27 and 30-31 May at Sri Lanka Foundation and Hotel Kingsbury. On 27 May, two parallel full day pre-congress workshops were "Leadership for Young Psychiatrists" conducted by Sartorius with the help of Mohan Isaac (Australia) and five Sri Lankan colleagues, and "Mindfulness-based Counselling and Psychotherapy, Part I" conducted by Yongyud Wongpiromsarn (Thailand, the immediate past president of the Psychiatric Association of Thailand). On 30 May, there were two whole day post-congress workshops "Scientific Writing Makes Easy" by Shen (Taiwan), and "Mindfulness-based Counselling and Psychotherapy, Part II" by Yongyud Wongpiromsarn. On 31 May, the IC of the AFPA concluded with a final whole-day workshop "Continuing Professional Development Programme" for psychiatrists by Malcolm Hopwood (Australia) at Hotel Kingsbury. The success of the workshops was showcased by the notable participation from both local and international participants.



Along with the IC of the AFPA, social events and international dinners were hosted in to facilitate fellowship. The IC provided a great networking opportunity for young psychiatrists to meet with experts and world leaders in psychiatry being facilitated through lunch time discussions. A wide media campaign was arranged by the SLCPsych along with the IC in which eminent speakers of the conference contributed to dissemination of knowledge and to combat stigma related to mental health.

In summary, the IC of the AFPA held in Colombo 27-31 May, 2016, has proved to be an exceptional experience for those who attended the IC, with lasting memories of a perfect blend of academic, social and cultural events in a friendly atmosphere. With pleasure, I would like to admit that the IC of the AFPA/the Annual Academic Session has been the biggest international psychiatric meeting ever held in Sri Lanka! The event has inspired young psychiatrists to foster a culture rich in family values to nurture relationships despite diversity. I believe that this event should have long-lasting impact for the growth of SLCPsych and the promotion of the psychiatric care in Sri Lanka. The IC of the AFPA in Colombo was a landmark event in psychiatry in Asia bringing together diverse countries with diverse psychiatric services on a common platform.

On behalf of the SLCPsych, I sincerely thank delegates for attending the IC, and the AFPA for giving us this opportunity to host this IC of the AFPA. (The author declares no potential conflicts of interest in writing this report.)



A segment of cultural performance at the inauguration ceremony

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(Editor's note: Kathriarachchi is the president  
of the SLCPsych.

She and Kanba are the director and president,  
respectively, of the IC of the AFPA.)

## Young Psychiatrists' Activities at the IC of AFPA, in Colombo, Sri Lanka

Sri Lanka is a tropical warm and beautiful country located in Indian Ocean and is an island in south east of India. This country and its kind psychiatrists hosted for other psychiatrists from Asian countries 27-30 May, 2016 in Colombo, capital of this country.

A very special programme in the International Conference of the Asian Federation of Psychiatric Associations and the 13th Annual Academic Sessions of the Sri Lanka College of Psychiatrists was the pre-congress workshop "Leadership for Young Psychiatrists" by Norman Sartorius (Switzerland) in Sri Lanka Foundation on 27 May that during which seven young psychiatrists from different Asian countries were awarded by the AFPA with "travel awards."

At the beginning of this workshop Shigenobu Kanba, (Japan) , president of the AFPA, lectured and welcomed the participants. He described about the AFPA and its goals. A main point in his lecture was suggestion of the Asian Young Psychiatrists Organisation.

After his welcoming lecture the participants introduced themselves. That was an attractive part because after each introduction, Sartorius commented on our words, pronunciation, posture and even tone and volume of speech and in this atmosphere about 60 young psychiatrists, participants and residents got to know each other. The majority of participants was from Sri Lanka, followed by Japan, Australia, Bangladesh, Thailand, Myanmar, Malaysia, the Philippines, Indonesia, Pakistan, etc., and I was the only participant from Iran.

Another speaker of this workshop was Hironori Kuga (Japan). This early career psychiatrist spoke about Japanese Young Psychiatrist Organisation and its history. His lecture was not formal, and participants were

attracted to his messages with informative words and slides.

Next step was group discussion by participants. Young psychiatrists discussed to choose a research topic in seven groups for about 30 minutes, and we all took a memorable photo with Sartorius and Samudra Kathriarachchi (Sri Lanka), president of the SLCPsych, during the coffee break after those heated discussions. Sartorius believed that taking photos was one of the most important events of this workshop.



Travel awardees with Sartorius and Kathriarachchi at the Foundation House.

From left to right: Chong Guan Ng (Malaysia), Pongkwan Yimsard (Thailand), Mohammadreza Shalbafan (Iran), Samudra Kathriarachchi (Sri Lanka), Norman Sartorius (Switzerland), Nang Sandar Htwe (Myanmar), Shynney Marie V. Munar (The Philippines), Muntasir Maruf (Bangladesh), and Nirosha Jayawardena (Australia).

After coffee break, seven participants presented their topics for research from each groups.

The next program was the presentations of five volunteer participants on variables topics. The main goal of this part was discussing the principles of having an acceptable lecture instead of discussing the scientific content of lectures. I found that Sartorius comments are very surprising, attractive, and useful.

Then, Mohan Isaac (Australia), another faculty of the workshop, had two separate lectures. He first gave tips about "How to Produce a Curriculum Vitae," and taught us about "Do's and Don'ts" in Preparing CV.

And the last part of this useful and memorable workshop was group discussion about "How to Make a Poster" also by Isaac. This part involved discussion about participants' posters that were presented in the workshop. He taught us to make a poster with less words as well as more tables with readable fonts and acceptable colors.

After this workshop we were all transported to Hotel Taj Samudra to participate in the IC inauguration ceremony starting at 18: 00. At that ceremony, one of the

main parts was giving travel awards by Kanba to young travel awardees.

In three days of congress, young psychiatrists were active participants of scientific programmes, and they planned for future programmes and organisations.

On 30 May, one day after the closing ceremony of the IC, young psychiatrists were offered by two parallel whole day post-congress workshops in Sri Lanka Foundation House "Scientific Writing Made Easy" and "Mindfulness-based Therapy, Part II" conducted by Winston W. Shen (Taiwan) and Yongyud Wongpiromsarn (Thailand), respectively. One day after 30 May, Malcolm Hopwood (Australia) also offered a whole day workshop for psychiatrists on "Continuing Professional Development Programme" at Hotel Kingsbury.

After this memorable congress I am thinking that we can work together for more advanced mental health in Asia although our skin colors are different, we speak different languages, and we believe in different religions. This is a great opportunity, but not a dream. (The author declares no conflicts of interest in writing this report.)

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(Editor's note: Shalbafan is one of seven travel awardees of the IC of the AFPA).

## The AFPA/EPA Joint Symposium Took Place in Madrid, Spain in March 2016

A joint symposium between the Asian Federation of Psychiatric Associations and European Psychiatric Association has been scheduled regularly since 2015 in Fukuoka, Japan at the 5th World Congress of Psychiatric Association:

At the 5th WCAP in Fukuoka 3-6 March, 2015, Pichet Udomratn (Thailand, then president of the AFPA) and Naotaka Shinfuku (Japan) as well as Wolfgang Gaebel (Germany) and Dinesh Bhugra (United Kingdom) were the joint symposium speakers on behalf of the AFPA as well as the EPA, respectively.

At the 23rd annual EPA Psychiatric Congress held at Vienna, Austria, 28-31 March, 2015, the joint

symposium speakers were Udomratn and Afzal Javed (Pakistan) as well as Gaebel and Danuta Wasserman (Sweden), representing the AFPA as well as the EPA, respectively.

At the 25th EPA Congress 12-15 March 2016, the same joint symposium “Europe Meets Asia — Commonalities, Differences and Future Perspectives on Postgraduate Training in Psychiatry” was organised by Shigenobu Kanba (president of the AFPA) and Gaebel. On 15 March, 2016, in Madrid, Spain, Takahiro A. Kato (Japan) introduced the recent topics of postgraduate psychiatric training systems in Japan. Muthita Phanasathit (Thailand, selected from one of the best presentation awardees at the 5th WCAP in Fukuoka in 2015) presented an international survey of psychiatric training systems among Asian countries. Gaebel and Olivier Andlauer (UK) explained European psychiatric educational systems. We discussed that some common and different educational strategies exist between Europe and Asia. Interestingly, training of psychotherapy significantly differs between Europe and Asia.

Further discussion will be taken place for the same AFPA/EPA joint symposium at 6th WCAP, 24-26 March, 2017 in Abu Dhabi, United Arab Emirates.



A photo at the European Psychiatric Association Psychiatric Congress, 15 March, 2016.

From left to right: Muthita Phanasathit (Thailand), Takahiro A. Kato (Japan), Wolfgang Gaebel (Germany), Olivier Andlauer (United Kingdom), and a psychiatrist in the audience (unidentified).

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(Editor's note: Muthita Phanasathit has been invited to write a written version of her presentation. See

pages 43-45 under the column of invited commentaries of this issue of the Bulletin of the AFPA.)

## The AFPA Board Meeting Was Held at the IC of the AFPA in Colombo, Sri Lanka



A photo of attendees at the AFPA council at the IC of the AFPA

Front row from left: Shigenobu Kanba (Japan, the AFPA president), Pichet Udomratn (Thailand, the AFPA immediate past president), Afzal Javed (Pakistan, the AFPA president-elect (Pakistan), Norman Sartorius (Switzerland, AFPA council member), and Samudra Kathirarachichi (Sri Lanka, SLCPsych president)

Back row from left: Yongyud Wongpiromsarn (Thailand, council member), Prasad Rao (India, president of Indian Psychiatric Society), Murray Patton (New Zealand, AFPA secretary for science) Malcolm Hopwood (Australia, president of Royal Australian and New Zealand College of Psychiatrists), Nyan Win Kyaw (Myanmar, observer, central executive committee member of Myanmar Mental Health Society), Naotaka Shinfuku (Japan, founding AFPA president), Tin Oo (Myanmar, observer, president-elect of Myanmar Mental Health Society), Sun Linn, (Myanmar, observer, secretary general of Myanmar Mental Health Society), Mohan Issac (Australia, council member), and Chong Guan Ng (Malaysia, observer)

At the International Congress of the AFPA Colombo, Sri Lanka, the AFPA council met on 29 May, 2016. The attendees are listed in the photo. We exchanged views of the following items: (A) report of activities since the 5th WCAP Fukuoka in March 2015; (B) discussion on how to promote AFPA in Asia; (C) collaboration with other societies such as the World Psychiatric Association, the World Federation of Psychosocial Rehabilitation, and the Pacific Rim College of Psychiatrists; (D) *The Asia-Pacific Psychiatry*; (E) the 6th WCAP March 2017 in Abu Dhabi, United Arab



Emirates; (F) registration of the AFPA; (G) sites for AFPA regional congress in 2018 and after, etc. (The author declares no conflicts of interest in writing this report.)

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(Editor's note: Shinfuku is the founding president  
of the AFPA.)

## FROM AFPA NATIONAL PSYCHIATRIC SOCIETIES

### The Vietnam Psychiatric Association Is Growing and Expanding

#### *Two new chapters added to the VPA*

The Vietnam Psychiatric Association is continuously expanding in Vietnam. In March 2016, two more chapters — Quang Ngai Psychiatry Hospital Chapter and Quang Nam Psychiatry Hospital Chapter — were added to the membership of the VPA. Now the total number of chapters of the VPA is 37 chapters nationwide.

#### *More educational, scientific, and social issue meetings by the VPA*

On 22 February, 2016, the VPA organised the Science Workshop on Children Health Care in Hanoi. The Science Workshop was hosted jointly by The VPA and the French Psychiatric Information Society (SIP). The Science Workshop attracted 220 participants from psychiatry hospitals, institutes, psychiatric department of general hospitals and some universities and colleges.

On 10 April, 2016, the VPA and the Vietnam Medical Association (VMA) co-organised the Science Conference on psychiatric epidemiology. The conference also attracted 200 participants.

On 7 May, 2016, I, as the president of the VPA, participated the national congress of the VMA. At the congress, I was elected as vice-president of the VMA. This event is important to the VPA because the VPA will have more opportunities to participate, and to have more psychiatric voice, in involving national issues.

On 1 June, 2016, I and other members from National Psychiatry Hospital No 1, National Institute of Forensic Psychiatry, and other institutes and hospitals at Hanoi participated in a workshop on “Neurosurgery

and Treatment for Related Diseases” at Embassy of the Republic of Indonesia in Hanoi, Vietnam.



A photo at the workshop “Neurosurgery and Treatment for Related Diseases” at Embassy of the Republic of Indonesia in Hanoi, Vietnam.

From left to right: Achmad Fadmi (Indonesia), Azza Al Fauzi (ID), Ibnu Hadi (ID, Ambassador), Tran Van Cuong (Vietnam), Dong Van He (VN), To Thanh Phuong (VN), and Ngo Van Vinh (VN)

The VPA has been invited by the Ministry of Health of Vietnam, to focus on how to decrease the loading national beds in the leading hospitals, and on planning on having citizen health insurance as required by the Ministry of Health and the Government.

#### *Current tasks and challenges of the VPA*

The VPA is active to improve and to develop the organisation of the VPA. The current tasks are to promote in organising scientific conferences on psychiatry in Vietnam, and to send people to attend the conference in psychiatry in August 2016 in Indonesia, and to attend the Conferences on Law of Mental Health in India in December 2016. (The author declares no conflicts on interest in writing this report.)

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*(Editor's note: Cuong is the president of Vietnam Psychiatric Association. The website address of the VPA is at www.hoitamthanhoc.com.)*

## The RANZCP Advocates for Physical Health of People with Mental Illness

Studies throughout the world have recognised the reduced life expectancy of people with mental health concerns. People with serious mental illness typically live between 10 and 32 years less than those in the general population. Around 80% of this higher mortality rate can be attributed to the much higher rates of physical illnesses experienced by this population, such as cardiovascular and respiratory diseases, as well as cancer.

Since 2014, the Royal Australian and New Zealand College of Psychiatrists (RANZCP) has produced a series of reports, examining the barriers to health care for people with mental illness and other physical illnesses. The latest report, released in March 2016, has found that in addition to the devastating human cost, the cost of comorbidities associated with premature mortality in people with serious mental illness to the Australian and New Zealand economies, in terms of health care, welfare and lost productivity is estimated at over \$45 billion (in Australian dollars) in Australia and over \$6 billion (in New Zealand dollars) in New Zealand (including opioid dependence).

By working with psychiatrists, the sector, and the community, the RANZCP will continue to advocate for the policy and clinical changes required to improve the life expectancy of people with serious mental illness. (The author declares no conflicts of interest in writing this feature.)

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## The TSOP Sponsored Educational Meetings

The annual spring academic meeting of the Taiwanese Society of Psychiatry was held in Tsao-tun Psychiatric Center, Nantou County, on 24 April, 2016. The main themes of this spring TSOP meeting were psycho-oncology and sleep disorders. At this one-day meeting, several psychiatrists shared their experiences in working with oncologists to care cancer patients and assessment and treatment for sleep disorders. Currently, the accreditation for the care quality in cancer patients includes the assessment for quality control of psycho-oncology.

Supported by a grant from Taiwan Ministry of Welfare and Health, the committee for forced admission and forced treatment in community of the TSOP has completed four consensus meetings in the northern, central, southern, and eastern Taiwan from January to June, 2016. The board members of Taiwan Association for Human Rights were also invited to give lectures about the human rights of the psychiatric patients. (The authors declare no conflicts of interest in writing this feature.)

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*(Editor's note: Hsieh and Lai are secretary and president, respectively, of the Taiwanese Society of Psychiatry.)*

## New Certified Psychiatrists in Taiwan in April 2016



All oral examination examiners appointed by the psychiatric residents' examination committee of the Taiwanese Society of Psychiatry (TSOP) were required to attend a refreshment course for review on American Psychiatric Association's *Fifth Edition of the Diagnostic and Statistical Manual in Mental Disorders (DSM-5)*. The one-day *DSM-5* course was offered in three (northern, central, and southern) regions of Taiwan in different weekends of January 2016. Besides the USA and Canada, Taiwan is one of countries in the world is totally DSM-oriented in psychiatric residency training.

On behalf of Taiwan Ministry of Health and Welfare for psychiatry subspecialty certification examination, the TSOP held both written and oral examinations in March and April 2016, respectively. Written examination is held once a year, and oral examination is offered two times (April and October) a year.

The TSOP will do a comprehensive on-site accreditation for all 33 psychiatric resident training centers in the country and other three new training centers from July to August. At the same time of the accreditation, we will hold a consensus meeting for the 28 evaluators. Results of this accreditation will be used to decide numbers of first-year residents in each training center. (The authors declare no conflicts of interest in writing this feature.)

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*(Editor's note: Hsieh and Lai are secretary and president, respectively, of the Taiwanese Society of Psychiatry. At the April 2016 oral examination, 27 out of 48 sit-in examinees passed the psychiatry certification examination. The passing rate of oral examination in Taiwan has been stable at 60.21% (1,203/1,998) in the*

*past 22 years since 1995. Currently, the number of board certified psychiatrists in Taiwan is about 1,600. )*

## 2016 International RANZCP Congress of Psychiatry

The 2016 International Royal Australian and New Zealand College of Psychiatrists Congress of Psychiatry was held 8-12 May at the Hong Kong Convention and Exhibition Centre, in association with the Hong Kong College of Psychiatrists and with affiliated organisations, the World Psychiatric Association (WPA), the Asian Federation of Psychiatric Associations (AFPA), and the Pacific Rim College of Psychiatrists (PRCP).

The conference was a great success with the attendance of more than 1,300 delegates, including almost 300 international delegates representing 40 countries around the world. Those of you who were able to attend would no doubt agree the quality of the scientific program was outstanding and the opportunity to network with colleagues from around the region was a highlight.

The annual Asia Pacific Mental Health symposium this year was focused on the psychiatric workforce in the region and featured presentations on Hong Kong, China, the Philippines, the Pacific Islands, Australia, and New Zealand. The next RANZCP Congress will take place in Adelaide, South Australia, 30 April - 4 May 2017. (The author declares no conflicts of interest in writing this feature.)

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## FROM AFPA ALLIED SOCIETIES



Welcome to the 17th scientific meeting of the PRCP to be held in Taiwan 3-5 November, 2016 ([www.prcp2016.org](http://www.prcp2016.org)) at the Kaohsiung Exhibition Center, a newly-opened waterfront international exhibition and convention center ([www.kecc.com.tw/index.asp](http://www.kecc.com.tw/index.asp)). The theme of the meeting is “Mental Health in a Dynamic Region: Creating Changes through Partnership.”

Supported by the host city of Kaohsiung, this meeting will provide a unique opportunity that combines both the academic meeting and pleasurable tourism. Beside the scientific programmes, some of the arrangement and highlights are:

- 3 November (Thursday): Welcome reception will be on board, cruising along the beautiful coast of Taiwan (To note, “Formosa” means “beautiful island” in Portuguese).
- The afternoon venue of 4 November (Friday), will be moved to Fo Guang Shan Buddha Memorial Center, a popular tourist attraction ([www.fgs.org.tw/en/](http://www.fgs.org.tw/en/)) located at peripheral Kaohsiung of panoramic view and landscape. You will not miss the evening event that is specifically arranged for PRCP participants.
- 5 November (Saturday): Exclusive dinner is on the

85th floor of the iconic building where you can enjoy the magnificent views of Kaohsiung harbour and city ([www.85sky-tower.com](http://www.85sky-tower.com)).

At this moment, samples of plenary speakers are Andrew Cheng (Taiwan), Shigenobu Kanba (Japan), Norman Sartorius (Switzerland), and Mitchell Weiss (Switzerland). For more programme information update, please check the website at [www.prcp2016.org](http://www.prcp2016.org).

Combined with a pre-conference meeting of the Research of Asia Psychotropic Prescribing Pattern (REAP) group on 2 November and the annual meeting of the Taiwanese Society of Psychiatry on 5-6 November (Saturday-Sunday), the PRCP meeting together with your participation and partnership will truly make it a difference.

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(Editor's note: Chong is the chair of the scientific programme committee of the PRCP meeting.)



The 2016 International Psychogeriatric Association (IPA) Asian Regional Meeting at Taipei, 9-12 December, Taiwanese Society of Geriatric Psychiatry will work with IPA to organise this meeting. The main theme of this meeting is “Safety and Integrated Care in Aging Mental Health: Cross-cultural Perspectives.”

The invited speakers at this IPA Asian Regional Meeting will include Henry Brodaty (Australia), Helen Chiu (Hong Kong), and Martha Sajatovic (USA).



You are cordially invited to attend the meeting and to enjoy the beautiful scenes in Taiwan, so called Formosa, beautiful island. For future updated scientific programme and registration, please visit the website at [www.ipa-online.org/meetings-and-education/regional-meetings/2016-ipa-asian-regional-meeting/pre-meeting-programs](http://www.ipa-online.org/meetings-and-education/regional-meetings/2016-ipa-asian-regional-meeting/pre-meeting-programs).

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*(Editor's note: The co-chairs for the IPA Asian Regional Meeting are Te-Jen Lai of Taiwan and Masatoshi Takeda of Japan. Lai is the president of Taiwanese Society of Geriatric Psychiatry.)*

## LETTERS TO THE EDITOR

### The EACBT Cairo, 25-27 February 2016

The third annual Egyptian Association of Cognitive Behaviour Therapy International Congress at Cairo 2016 at the American University of Cairo in Cairo, Egypt took place 25-27 February, 2016. The EACBT2016 was organized by the Egyptian Association of CBT and by far the biggest congress for CBT organised regionally in the Arab world. This year's congress is co-sponsored by the Asian Federation of Psychiatric Association and the World Psychiatric Association for the first time in Egypt. The theme of the EACBT2016 was "Beyond the Basics in Evidence-based Practice of CBT." At this year's congress, we presented all updates in CBTs for different psychological disorders. Generally, the congress was dedicated to encouraging the pursuit and practice of evidence-based techniques of cognitive & behavioral therapy.

The EACBT2016 was attended by more than 500 professionals working in the field including psychiatrists, psychologists, social workers and others. We were honoured to have prestigious key-note speakers — Tullio Scrimali (Italy), Mehmet Sungur (Turkey), Afzal Javed (Pakistan), Ahmed Okasha (Egypt), Hisham Ramy (Egypt), Abdelnasser Omar (Egypt), and Tarek Okasha (Egypt). The congress was intended to overcome many barriers to the required training to practice the effective CBT through enabling the audience to learn from the masters of this craft. The congress also highlighted regional professors of CBT who has been practicing this therapy and their cultural perspective on its practice. In a nutshell, the EACBT2016 presented the latest experimental studies of CBT in the Arab World. The congress was finalised by an overview presented by my

summarising previous achievements of the association and future hopes for CBT in the region.



A photo taken at the EACBT2016

From left: Mostafa Shahin (Egypt), Hisham Ramy (Egypt), Mehmet Sungur (Turkey), Reham Aly (Egypt), Ahmed Okasha (Egypt), Afzal Javed (Pakistan), and Nathaniel Bowditch (USA)

The three-day pre-congress course of CBT 25 and 26 February included intensive whole day workshops covering diverse types of psychiatric disorders and their management by BT, including CBT for children, CBT for panic disorders, couples therapy, tobacco dependence, eating disorders, neuroscience integration into CBT, and basics of dialectic behaviour therapy. (The author declares no conflicts of interest.)

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(Editor's note: Aly is the president of the EACBT.)

## An Update on the WPA IC in Cape Town, South Africa, 18-22 November, 2016



The theme of the World Psychiatric Association International Congress at Cape Town South Africa, 18-22 November, 2016 is "Psychiatry: Integrative Care for the Community." Co-hosted by South African Society of Psychiatry, the WPA IC will explore concepts, controversies and consequences of psychiatry's responsibility and accountability to society in terms of its scope of practice and of what can be considered as psychiatry's social contract, as mentioned in the State of the Nation Address, South African Parliament on 10 February, 1999 by Nelson Mandela. Confirmed key-note speakers include Dinesh Bhugra (UK), Sean Hill

(Switzerland), Vikram Patel (India), Andreas Meyer-Lindenberg (Germany), Wolfgang Gaebel (Germany), Simon Wessely (UK), Maria Oquendo (USA), and Helen Herrman (Australia).

Following the closing of submission of abstracts and symposia proposals, the scientific committee is processing the more than 750 submissions that has been received. Proposers have been notified by 20 June, while the program will be published by the 30th June 2016. Please visit the congress website for more information at [www.wpacapetown2016.org.za](http://www.wpacapetown2016.org.za). To note that the early bird registration fees will be valid until 15 July, 2016.

On behalf of the South African Society of Psychiatry and the WPA, we cordially invite you to register to attend the meeting and actively participate in the process and discussions at this important meeting.

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(Editor's note: van Rensburg is the chair of local  
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at Cape Town.)

## INVITED COMMENTARIES

(The opinions expressed here do not necessarily reflect the official opinions of the Asian Federation of Psychiatric Associations and the Bulletin of the AFPA.)

### Europe Meets Asia — Commonalities, Differences and Future Perspectives on Postgraduate Training in Psychiatry

In Asia, while postgraduate training in psychiatry uses the World Psychiatric Association Core Training Curriculum for Psychiatry as a standard course, some adjustment to the course is required for the unique demographic and socio-cultural characteristics of its region. In general, the duration of a transition from a medical student to a psychiatrist is 12 years. Two

systems for admission of medical students to faculty (college) of medicine exist: (A) One is the "direct admission" similar to that in most of the Asian countries. (B) The other one, like that in some countries in Europe, is measured as a professional programme where students must have completed their undergraduate degree from a university, and then they apply to the faculty of medicine. After graduation from the faculty of medicine, a doctor who would like to be a psychiatrist may apply for the psychiatric residency training.

### Postgraduate Years in Psychiatric Training Vary in Asia

In Asia, the psychiatric residency training involves two steps: The first step, taking about 1 to 3 years, is

general service rotation an intern or a junior resident. At this step, the interns or the junior residents have to rotate in many clinical service departments to learn basic knowledge and essential skills. The second step is senior residency, which takes 2 to 4 years, depending on the country where the doctors hold their senior residency. The specialised psychiatric knowledge and specific skills will be taught and supervised (see Figure 1). The reasons why Asian countries have different processes are the shortage of doctors and government policy.

<b>Thailand</b>		
Medical student (University) (6 years)	Internist (General hospital) (1 – 3 years)	Residency (General psychiatry; 3 years) (IC & A psychiatry; 4 years)
<b>India</b>		
Pre-doctor program (5.5 years)	Junior residency (General) (3 years)	Senior residency (Specialized) (4 years)
<b>Indonesia</b>		
Pre-doctor program (University Student) (6 years)	Junior residency (2 years)	Senior residency (Specialized) (4 years)
<b>Japan</b>		
Medical Student (University) (6 years)	Junior residency (General) (3 years)	Senior residency (Specialized) (2 years)
<b>Taiwan</b>		
Pre-doctor program (University) (7 years; 5 years in school, 6th clerkship, 7th internship)	PGY (1 year)	Residency (4 years)

**Figure 1.** Diagrammatic presentation of post-graduate psychiatric training years in five Asian countries

For example, in Thailand, the duration of residency training system is three years. In each year, there are various subjects, service departments, subspecialty fields, and work duties. In the first year, Thai psychiatric residents learn behavioural sciences, neurology, psychiatric diseases, biological and psychosocial treatments. All this knowledge is a prerequisite for the second year study. Also, we work as clinical clerks in inpatient department (IPD), outpatient department (OPD), and emergency psychiatry, which are under the supervision of board certified psychiatrists and chief residents. In the second year, the lessons are more deeply focused on psychotherapy and consultation-liaison psychiatry. In addition, they are required to rotate in mental hospitals and child and adolescent psychiatry under supervision. The responsibility of third year residents is being chief residents. Chief residents have to cover the first and second year residents in clinical service and advice. This duty will develop leadership and teamwork skills. Besides, the third year residents will rotate in essential sub-specialties such as geriatric psychiatry, addiction psychiatry, community psychiatry, and forensic psychiatry. Three months are also available for free elective subjects. (The programme in Japan does not incorporate an internship; the junior residents have to rotate in many clinical service departments for two years

to practice the acquired skills. This step is equivalent to an internship in some countries.) The next step is the three-year senior residency for more special knowledge, skills and work duties related to clinical psychiatry.

### ***The Small Group Work Survey on Differences of Postgraduate Years in Psychiatric Training in Asia***

There was the small group work (SGW) survey carried out by the Japan Young Psychiatrists Organisation in 2015. There were 41 young psychiatrists participating in this survey: from Indonesia, Japan, the Philippines, South Korea, Taiwan, and Thailand. The SGW survey reported that there are various clinical departments recommended for the junior residency course as follows: emergency (65.9%), internal medicine (58.5%), neurology (39.0%), psychiatry (34.1%), anesthesiology (12.2%), radiology (12.2%), endocrinology (9.8%), general surgery (9.8%), public health (9.8%), palliative care (7.3%), community based medicine (4.9%), and neuro-surgery (4.9%). The reason why emergency, internal medicine, neurology were most recommended is that these subjects are essential for all junior residents who work as general practitioners in the first three years.

The SGW also proposed that the core psychiatric curriculum must include both general and psychiatric knowledge which are fundamental to clinical practice and continuous learning. The SGW agreed that the three-year course is adequate and similar to the present residency training. General knowledge should be taught in the first year, which is equivalent to the junior residency. More specific subjects regarding psychiatry should be taught in the second and the third year, which is equivalent to the senior residency.

The general knowledge and skills should be categorised into three areas. The first area is basic science; neurology and behavioral science are indispensable because these subjects help senior psychiatric residents understand human brain and psychosocial development. Additionally, research methodology and bio-statistics are crucial; hence these help psychiatric residents understand scientific articles, update new knowledge and find appropriate approaches to medical practice intended to optimise decision-making in “evidence-based medicine.” The second area is psychiatric skills, which distinguish psychiatrists from doctors in other fields. These skills are building rapport, techniques of interview, counseling and psychotherapy. In addition, psychiatric residents should understand mental healthcare system, which varies among each country. The last area is professionalism, comprising medicolegal and medical ethics, team-management,



academic skills, and self-development.

The SGW survey concluded that psychiatric knowledge and skills should consist of six domains. First, psychiatric residents have to know about psychiatric disorders in terms of definition, epidemiology, etiology, psychodynamic, diagnostic criteria, course, and prognosis. When they have knowledge, they can make correct diagnosis with good interview techniques and appropriate assessments. These two domains require professors' supervision. After psychiatric residents make correct diagnosis, they can make appropriate treatment plan consisting of both pharmacology and non-pharmacology. The most unique procedure in psychiatric treatment is non-pharmacology — psychotherapy. The final domain is mental health promotion. As we realise, most psychiatric disorders are chronic and deteriorating conditions, so this is important for relapse prevention and rehabilitation for patients to have better quality of life.

### Summary

From the Mental Health Atlas 2014, the WHO, the proportion of beds in mental hospitals, psychiatric unit and residential care in Europe is higher than that in Asia. The proportion of psychiatrists in Asia is significantly low, compared with that in Europe. Therefore, doctors in Asia do double duties. They also work as psychiatrists due to the lack of psychiatrists in many regions. Since Asia is different from Europe in terms of large population, the inadequacy of psychiatrists, aging society, racial and cultural diversity, and high risk of natural disasters; the postgraduate training in psychiatry in Asia should enhance the subjects regarding health economy, geriatric psychiatry, cultural and trans-cultural psychiatry, ethnopsychopharmacology, disaster psychiatry, and mental health care system. In addition, the cooperation among Asian countries should be promoted to initiate knowledge exchange and research collaboration. These could contribute to the sustainable advancement of Asian psychiatry and mental health in the future. (The authors declare no potential conflicts of interest.)

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*(Editor's note: An oral version of this commentary was presented at a symposium of the same title at the annual meeting of the European Psychiatric Association on 15 March, 2016 Madrid, Spain. See pages 36-37 in this issue of the Bulletin of the AFPA.)*

## An ABC to Learn about the United Arab Emirates: An Overview of Her History and Geography

The United Arab Emirates (UAE) is a country on the Arabian Peninsula, located on the southeastern coast of the Arabian Gulf and the northwestern coast of the Gulf of Oman. On its western borders lies Qatar and the Kingdom of Saudi Arabia, and on the east the sultanate of Oman. Four-fifths of the UAE are desert but have contrasting landscapes from the towering red dunes of the Liwa to the rich palm-filled Oasis of Al Ain, from the precipitous Hajar Mountains to the more fertile stretches of its coastal plains [1]. The country has extensive shores on the Arabian Gulf to the North and the Arabian Sea and Indian Ocean to the east. The country lies in the Middle East and occupies a strategic location along the southern approach to the Strait of Hormuz, a vital transit point for the world's crude oil [1].

The UAE consists of seven emirates and was founded on 2 December, 1971 as a federation. In 1971, it started with the union of six emirates (Abu Dhabi, Dubai, Sharjah, Ajman, Um Al Qaiwan, and Al Fujairah). The seventh emirate, (Ras Al Khaimah) joined the federation on 10 February 1972. Each emirate is ruled by an absolute monarch. Together, they jointly form the Federal Supreme Council [1]. One of the monarchs is selected as the president of the United Arab Emirates. Islam is the official religion of the UAE, and Arabic is the official language, although English is widely spoken and is the language of business and education. But many other languages are spoken, and many other religions are practiced and respected.

The total area of the UAE is about 83,600 square kilometers. The largest emirate, Abu Dhabi (which serves as the capital — Abu Dhabi meaning “Land of the Gazelle” in Arabic), accounts for 87% of the UAE's total area (67,340 square kilometers) [2]. The



smallest emirate, Ajman, encompasses only 259 square kilometers. About a third of the population lives in Abu Dhabi emirate, which constitutes about 80% of the total land area. Dubai has about another third of the population of the UAE and is the second largest emirate in area. The UAE's oil reserves are the seventh-largest in the world, while its natural gas reserves are the world's 17th-largest [3]. The prosperity, harmony, and modern development that today characterises the UAE is due to the long-term vision and formative rôle-played by the first president of the UAE (Sheikh Zayed bin Sultan Al Nahyan), who directed oil incomes into healthcare, education, tourism, retail, and finance, (home to the world's tallest building, largest man-made seaport, world's most open and successful economies). In 2004, His Highness Sheikh Khalifa bin Zayed Al Nahyan became the president and has since continued to strive towards an ambitious vision for the UAE. The vice-president and prime minister is His highness Sheikh Mohamed bin Rashid Al Maktoum (Ruler of Dubai). Other Rulers are H. H. Dr. Sheikh Sultan bin Mohammed Al Qasimi (Ruler of Sharjah), H. H. Sheikh Humaid bin Rashid Al Nuaimi (Ruler of Ajman), H. H. Sheikh Saud bin Rashid Al Mu'alla (Ruler of Umm Al Quwain), H. H. Sheikh Saud bin Saqr Al Qasimi (Ruler of Ras Al

Khaimah), and H. H. Sheikh Hamad bin Mohammed Al Sharqi (Ruler of Fujairah).

The UAE has a rich culture and heritage that reflects Arab and Islamic values. Some of the distinct features of Arab and Islamic heritage are hospitality, tolerance, cohesion, and solidarity among member of the society along with honour and pride associated with being part of this heritage [1]. Emirati males prefer to wear a *kandura*, an ankle-length white tunic woven from wool or cotton, and Emirati women wear an *abaya*, a black over-garment that covers most parts of the body. Moreover, the major holidays in the UAE include Eid al Fitr (festival of breaking of the fast), which marks the end of Ramadan, Eid al Adhha (festival of sacrifice), marks the pilgrims pray, and National Day (2 December), which marks the formation of the UAE.

### ***Psychiatric Services in the UAE***

The federal government's Ministry of Health and Prevention is the official body that manages health care legislation in the country. But two other governmental bodies, the Health Authority Abu Dhabi (HAAD) and Dubai Health Authority (DHA) regulate their respective emirates. Currently an independent mental health policy does not exist, but a mental health plan is included

in the general health policy ([www.who.int/mental\\_health/evidence/atlas/profiles/are\\_mh\\_profile.pdf](http://www.who.int/mental_health/evidence/atlas/profiles/are_mh_profile.pdf)). The mental health plan was revised in 2010 with emphasis on broader availability of mental health services in the government facilities across the country. Dedicated mental health legislation exists. Legal provisions concerning mental health are also covered in other laws (e.g., welfare, disability, general health legislation, etc.) [4]. A Federal Mental Health Act came into effect in 1981 [5]. The Act is brief but contains sections on the definition of mental disorder, next of kin and specialist. There is a paragraph on detention and psychoses and another on patients' affairs. The Act highlights the rôle of the Authority, the use of police for detention and providing security for forensic patients while in hospital. Nevertheless, a recently commissioned national committee for mental health has developed proposals for approval by the federal government [6]. The proposal report includes the need to identify a specific budget for mental health from within the total health budget. It also contains proposals for the improvement of current services, the introduction of new ones where none currently exist; and a proposal to increase staffing levels to cover the immediate needs of the various units and that of the university's faculty of medicine [4]. There are also recommendations for (A) establishing a central information office at the Ministry of Health and Prevention for collecting national data and statistics on mental health and co-ordinating it with the central health register and statistics for the country; (B) encouraging research, particularly in epidemiology, to help in planning services and allocate funds; (C) promoting public health education for prevention, early intervention and rehabilitation in a manner that is sympathetic with local values, religion and culture; (D) spreading awareness of the eligibility of the patient's psychological treatment like any other patient; and (E) shifting toward integrating mental health services into primary care and allocating more resources to smaller community mental health facilities [7].

The biggest emirate — Abu Dhabi — has perhaps the most extensive psychiatric service, followed by the emirate of Dubai. Psychiatric services provided by the "Sheikh Khalifa Medical City," give the biggest evidence to that, the "Behavioural Science Pavilion" delivers the highest level of service to patients, and at the same time increases public awareness of mental health in the community, and serves as a resource for all issues related to mental health. It covers all specialties of psychiatry and psychology, including addiction, and mental health of children, adolescents and adults, forensic medicine,

and psychiatry and psychology of ageing (older adults). The other city in Abu Dhabi Emirate, Al Ain, with a population of almost 360,000, has a less extensive psychiatric service. In that city, there are two main hospitals — Al Ain Hospital and Tawam Hospital. Both hospitals have a department of psychiatry [1]. The one in Al Ain Hospital is well-kept by a very busy inpatient unit with about 40 bed capacity. The department of psychiatry in Tawam Hospital currently does not have an inpatient facility, yet having very active outpatient clinics and a liaison psychiatry service, but there is an acceptable proposal for a few inpatient unit and a day hospital [1]. Zayed Military Hospital provides services to the families of the UAE Armed Forces with inpatient 15-bed capacity and busy outpatient clinics. The Medical Subspecialties Institute Psychiatry at Cleveland Clinic Abu Dhabi also runs a liaison service for children and adolescents. The National Rehabilitation Center (NRC), a centre specialised in addiction treatment across the UAE, provides a complete addiction services with confidentiality and rehabilitation and maximum understanding care, as well as medical and psychiatric treatment. The provided services include the outpatient clinic, inpatient department, adolescent substance abuse treatment, and female-based treatment. Another significant inpatient facility in the UAE is Al Amal Psychiatric Hospital, an 80-bed unit in Dubai. The Psychiatry Department in Rashid General Hospital (also in Dubai), is one of the premier psychiatric emergency facilities, providing a high-quality services for patients with all types of psychiatric disorder within the community and has a bed capacity of 52. It receives the majority of complicated case referrals from many other hospitals in the UAE. The department has a very eventful outpatient's clinic and an active consultation liaison services. A smaller unit exists in Ibrahim bin Hamad Obaidulla Hospital in Rash al Khaima with 34-bed capacity. The other emirates provide mostly outpatient services [1]. Those patients requiring inpatient treatment are either admitted to one of the general hospital beds on site or transferred to one of the larger facilities or other hospitals if it is needed. The private health service, which covers most medical disciplines, including psychiatry, is well established in the UAE. As might be expected, the private sector is larger in the major cities, particularly Abu Dhabi, Dubai, and Sharjah. Setting up a private service requires the approval of the Ministry of Health and Prevention and the sponsorship of a local UAE citizen [1]. Community psychiatric services are currently present in Abu Dhabi and Dubai. Mental health professionals are available at the patient's





doorstep. In addition to support and to treat people with mental disorders, the service provides supported housing, psychiatric wards of general hospitals including partial hospitalization, as well as local primary care medical services and day centres.

### **Academic Psychiatric Research and Publications**

Researchers who are interested in conducting research within the field of mental health are mainly academicians [8]. In Al Ain there is a department of psychiatry in the Faculty of Medicine and Health Sciences in the UAE University Medical School. The staffing establishment of that department is one professor of psychiatry, one associate professor and three assistant professors. There are no other university academic posts in psychiatry in the country. Psychiatrist staffs in the UAE contribute to *The Emirates Medical Journal*, *The Arab Journal of Psychiatry*, and to a range of international journals.

### **Challenges**

The number of people requiring psychiatric services in the UAE is under reported. And one of the main challenges to providing mental health care in the UAE is the social stigma associated with the use of psychiatric service [9]. The tendency of public to seek help from religious healers seems to contribute to the underuse of the service. The population of the UAE is 9.35 million people, with an increase of 2.71% annually [10]. In spite of the population boom, there are concerns that psychiatric services have not matched the country's expansion, resulting in increased level of unmet need [11]. Overall, psychiatric services are understaffed by comparison to those in developed countries, as those in the Europe and North America. But Ministry of Health and Prevention emphasises that mental health is one of the key priority areas, therefore, mental health services will continue to expand and develop in the UAE. (The author declares no potential conflicts of interest in writing this article.)

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## FROM THE EDITOR

### Defining Features for *the Bulletin of the AFPA*: Two “Man Bites Dog” Stories from my Traveling to Sri Lanka

“Man Bites Dog” is a brief version of a quick guideline of feature selection in journalism. “Man Bites Dog” is to describe how an unusual occurrence (such as a man biting a dog) is more likely to be reported as news than an ordinary occurrence with similar consequences, such as a “Dog Bites Man.”

Without any budget to have an investigative reporter to get the news, I as the editor solely rely on officers of the Asian Associations of Psychiatric Associations' presidents or their designees of the national psychiatric societies, and willing volunteer writers, to contribute features with the Man-Bites-Dog like contents to *the Bulletin of the AFPA*. I do not ghost-write any features for any constituent societies. I merely help edit the submitted stories for the style and readability of *the Bulletin*. I do not verify the accuracy of any features for they are signed by authors with street and e-mail addresses.

When the Persian Prince was sent to Serendip (Sri Lanka) [1], the first Man-Bites-Dog story was his description on of a left eye blind horse eating grass only on the right side road in Sri Lanka ([www.scribd.com/doc/294475219/Three-Princes-of-Serendip](http://www.scribd.com/doc/294475219/Three-Princes-of-Serendip)). The following two touristic reports of human interest are from my journey in Sri Lanka:

#### *Two Human Interest Features from Sri Lanka*

#### **The differential diagnosis of vital sign by inspecting body positions**

In touring ancient Sri Lankan cities such as Anuradhapura, Polonnaruwa, etc. , I have visited many temples. Inside the temples, I have seen many Lord Buddha's sculptures, drawings, and paintings. I have been intrigued to see many Buddha's body positions including reclining positions (Figure 1). The tour guides enthusiastically explained that different body positions signify different vital signs. When a Buddha is sleeping or entering parinirvana, the body position differs and is shown in the feet. The Buddha would be alive if all toes were straight and placed in equal footing of

both feet. If taking the position of Buddha's hand into consideration, the living Buddha could be distinguished if Buddha were going asleep or she were enlightened with a great wisdom. The Buddha would be only alive if the right hand were still placed under the head. Those explanations are based on folk stories and have nothing to do with religion. Frankly, this kind of differential diagnoses is something I have never learned.

I also noted that all tour guides have great reverence to Lord Buddha. All tourists are asked to have adequate dressing to cover their shoulders, arms, and legs before seeing Buddha, not to take any photographs with persons posing in front of any Buddha, and to take off shoes before entering the doors of a temple, even an imaginary ruined temple.



**Figure 1.** A photo of reclining Buddha taken at the Statue at Ponnaruwa

The photo depicts Buddha's entering parinirvana (nirvana-after-death). The photo shows the position of the right hand being under the head. The feet are not shown in this photo.

#### **The time zone does not differ by the integer number of hours**

A time zone is a country or a region observing a uniform standard time for legal, commercial, and social purposes. Usually, time zones follow the boundaries of countries and their subdivisions to keep the same time. This is also a design that all people in the world can sleep at night and be awake in the day time. I used to think that all time zones are integer number of hours ahead or behind the Greenwich Mean Time (GMT). For example, London is 0, Continental Europe +1, Turkey +2, Saudi Arab +3, United Arab Emirates +4, Pakistan +5, Thailand +7, Taiwan +8, Japan + 9, and Melbourne +10 hours different from the GMT.

In this trip, I have learned that some countries or regions in the AFPA district are designated by having



half-of-an hour difference from the GMT. The half-an-hour difference in time zone has made my life from simple and happy to complicated, similar to José's life after having met Carmen (an opera by Georges Bizet in 1875). Sri Lanka included, Table 1 are countries or regions showing half-and-an hour instead of integer number hours ahead of the GMT. Moreover, Nepal and Western Australia (Perth) are three quarters of an hour different from the reference GMT. From this trip, I have got a clear idea of time zone differences in all AFPA countries and regions from Istanbul +2, Abu Dhabi +4, to Melbourne +10. In the future, I will be still careful to move both hands of the clock (watch), to adjust the time zone differences when traveling to the AFPA countries and regions (Table 1).

behaviour" of the lady fan. This Man-Bites-Dog news was reported enthusiastically all over the world in December 2015. I remember watching the *BBC News* and found that commentators debated the issue of the incident not less heated than the issue of Brexit. At the IC of the AFPA, I was gladly to learn that no one has been punished for this incident. No newspaper has ever followed up with this news, confirming that politicians all over the world are not good in keeping their promises. Therefore, a Man-Bites-Dog feature has become a Dog-Bites-Man news, which is no longer worthwhile reporting.

As indicated by a Sri Lankan proverb, "Wisdom can be found traveling [1]. What's more, "Not to take the Portuguese to Kotte [2]," means to Sri Lankans: not to

**Table 1.** Countries or regions of time zone without integer number of hours from the Greenwich Mean Time (unit = hour, adapted from Word Time Zones Map.png)

+ 3½	+ 4½	+ 5½	+ 5¾	+ 4½	+ 8½	+ 8¾	+ 9½
Iran	Afghanistan	India Sri Lanka Bangladesh Bhutan	Nepal	Myanmar	North Korea	Western Australia (Perth)	Central Australia (Alice Springs)

The people in a country with half-of-an hour differences in time zone, do not feel any inconvenience in daily life if people living in neighbouring counties also use the same time zone with half-hour difference. I wonder whether the countries listed in Table 1 have any commercial trade pacts that are similar to the European Union (EU), the Association of Southeast Asian Nations (ASEAN), and so forth exit. If any, and if the size of trade of the pack is big enough, I think that the Taiwanese do not mind considering to change the time zone in Taiwan from + 8 hours to 7½ or 8½ hours from the GMT to join the club.

### Comment

On 20 December, 2015, a concert took place close to the venue of the International Congress of the AFPA. An overly excited Sri Lankan lady fan rushed up to the stage, throwing her bra away and kissing Enrique Iglesias, the Spanish singer. Sri Lanka President Maithripala Sirisena was reported to be angry about the incident, threatened to whip the organiser with "toxic stingray tails," as a punishment for the "uncivilised

do something in a complicated way, but to do it simply. Therefore, I have just highlighted two observations here. To me, those two stories in this column "From the Editor" are of the Man-Bites-Dog wisdom that I have found in my traveling to Sri Lanka for the IC of the AFPA in May-June 2016. (The author declares no potential conflicts of interest in writing this report.)

### References

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