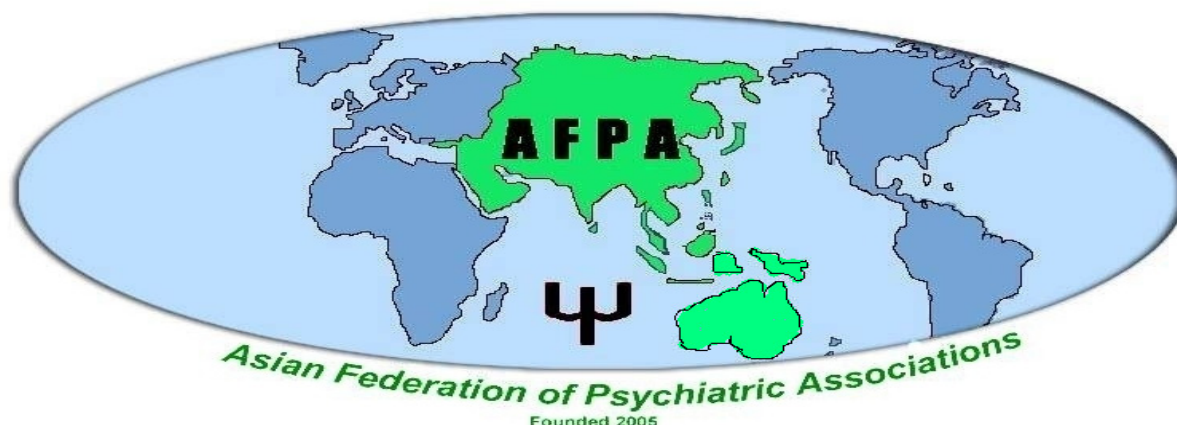


The Bulletin of the AFPA

The Winter 2016 Issue



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AFPA President's Message



A very happy new year to you all. I hope that this will be a prosperous year for you, and I ask for your continuing support for the activities of the Asian Federation of Psychiatric Associations (AFPA) throughout the year in 2016.

Almost a year has already passed since the fifth World Congress of Asian Psychiatry (5th WCAP) was hosted by the Japanese Society of Psychiatry and Neurology (JSPN) in Fukuoka, Japan, in March 2015, when I was appointed president of the AFPA. During this period, the AFPA has been involved in various activities, which I would like to briefly report here.

The International Congress of the AFPA will be hosted in Colombo, Sri Lanka, in May of this year, chaired by Samudra T. Kathriarachchi, the president of the Sri Lanka College of Psychiatrists (SLCPsych). The four-day IC of the AFPA will run from 27 May (Friday) to 30 May (Monday):

- 27 May will be the pre-congress day. Norman Sartorius will conduct workshops for young psychiatrists.
- 28 May will be designated as the AFPA academic activities. Lectures and symposia are planned to include presentations by delegates from various AFPA member psychiatric societies.
- 29 May will be the 13th Annual Academic Sessions of the SLCPsych.
- 30 May is the post-congress workshop "Changing Attitudes." Finalised programme of the IC will be posted at www.colombopsychiatryconference2016.com. I hope that the IC will be attended by delegates from many AFPA member countries.

The 6th WCAP in 2017 has many arrangements that are yet to be finalised, but the plan to be hosted in the United Arab Emirates in March 2017 is progressing. I will let AFPA members know when the plan has taken a more concrete shape.



The Bulletin of the AFPA

A newsletter for the Asian Federation of Psychiatric Associations

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In addition, a number of programmes for sponsorship or co-hosting of academic conferences in Asia and elsewhere are underway. The 8th International Congress of Psychiatry by the Bangladesh Association of Psychiatrists was held on 16-18 October, 2015, and I sent an AFPA presidential message to offer my congratulations on the hosting of this event. We have also given our support to the Egyptian Association of Cognitive Behavior Therapy as a co-sponsor of their annual congress, to be held on 25 to 27 February, 2016.

The AFPA and the European Psychiatric Association have established an agreement to take turns hosting a joint symposium every year, to which they invite each other's members. This year, I will attend the 25th European Congress of Psychiatry to be held in Madrid, Spain, 12 -15 March, 2016 with Muthita Phanasathit, a young psychiatrist from Thailand, and together with Wolfgang Gaebel from Germany and Olivier Andlauer from the United Kingdom. We will lecture at a symposium titled "Europe Meets Asia—Commonalities, Differences and Future Perspectives on Postgraduate Training in Psychiatry: A Joint Symposium with the AFPA."

The Royal Australian and New Zealand College of Psychiatrists has proposed a joint programme with the AFPA at the International RANZCP Congress of Psychiatry 2016, to be held in Hong Kong 8-12 May, 2016. A symposium is currently being planned at this IC.

From the foregoing, we can see that through its activities, the AFPA is forming strong bonds with academic conferences not just in Asia but in other

regions as well. I hope to further boost these activities to ensure that the AFPA receives international recognition and appreciation in the near future.

Enhancing the Bulletin of the AFPA and website is the principal means of transmitting information about the AFPA at international level. I also believe that it would be beneficial to have our own academic journal. I, therefore, plan to set up a working group to look at these issues in the near future.

On a different note, a round table conference was held during the period of the 5th WCAP, with representatives gathering from 23 countries. Each of the representatives gave an account of the situation of psychiatry in their respective country. The proceedings of the conference have been published in Japanese in the official journal of the JSPN, and an English version is planned for the AFPA website. There are considerable differences among governments of AFPA member countries in the level of interest toward full provision of psychiatric care, as shown by indices such as the numbers of psychiatrists and psychiatric hospital beds.

Of all the fields of medicine, psychiatry is the field that tends to be established last of all. Even among the disadvantaged, the patients we see, and their families, are on the lowest rung. They are the people most susceptible to prejudice, discrimination, and violation of their human rights. Yet it is certainly true that medical spending in many countries is lower on psychiatry compared to that in any other branches of medicine.

The environment surrounding psychiatric associations varies widely across Asia. The AFPA is a platform for these associations to come together and share information and expertise with each other, to provide better treatment to patients. My wish is that it will become a platform for the leaders of each country to gather, where they can discover the solutions to the issues faced by psychiatry in their individual countries.

The AFPA aspires to achieve "Excellence in Asian psychiatry." I hope the AFPA and its activities will continue to contribute to "Excellence in Asian Psychiatry." Last but not least, I would like to thank all of you for your great support and help.

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(Editor's note: Kanba is the president of the AFPA, 2015-17.)

The SLCPsych to Host the IC of the AFPA at Colombo, Sri Lanka, 27-30 May, 2016

I take great pleasure in announcing the International Conference jointly organised by the Asian Federation of Psychiatric Associations (AFPA) and the Sri Lanka College of Psychiatrists (SLCPsych) in Colombo, Sri Lanka, 27-30 May, 2016. The IC of the AFPA will take place at the elegant Hotel Taj Samudra in Galle Face, Colombo.

With the theme of the International Conference "New Horizons in Asian Psychiatry: Choosing Wisely," the IC of the AFPA will be a great academic opportunity for all mental health professionals to participate and benefit from. The IC has acclaimed international experts to contribute to the academic programme.



Elephant orphanage and sanctuary at Pinnawala where is between Colombo and Kandy.

The Plenary lectures, workshops and symposia will cover a wide range of topics from current treatment approaches in psychiatry to service development and beyond. A pre-congress workshop on 'Leadership for Early Career Psychiatrists' by Normal Sartorius (Switzerland) and a post-congress workshop on "Changing Attitudes" are organised. It will also be a wonderful opportunity to network and share ideas with psychiatrists and mental health professionals of Asia and Pacific region. Cultural programme and gala dinner will be unforgettable moments of the conference which you would not like to miss. A city tour and visits to mental health facilities are also arranged for you to complete the experience in Colombo.

Sri Lanka is a fascinating destination and Colombo is modernising rapidly. It is a melting pot of many cultures and is steeped in a history spanning thousands of years. It is also an island of immense natural beauty surrounded by sandy beaches, verdant mountains, serene lakes and rivers, gushing waterfalls and abundant wild life. You can visit within a few hours the largest mammal on earth—the blue whale and the largest mammal on land—the elephant.

Please visit the conference website www.colombopsychiatryconference2016.com for further details. You may decide to travel to destinations of your choice with our travel partner.

I hope you will make every effort to be part of this conference and I look forward to welcoming you to Colombo, Sri Lanka. (The author declares no conflicts of interest in writing this feature.)



A cultural programme at the Annual Academic Sessions of the Sri Lanka College of Psychiatrists in March 2015.

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the Sri Lanka College of Psychiatrists
[www.colombopsychiatryconference2016].

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

See Mendis's commentary's article in this issue of
the Bulletin of the AFPA on mental health care in
Sri Lanka [page 19], and Shen's article on making a
trip to Sri Lanka [page 29].)

FROM AFPA NATIONAL PSYCHITRIC SOCIETIES

The Combined Congress of the 19th MCPM and the 8th Congress of the ASCAPAP Took Place 19-22 August, 2015 in Kuala Lumpur

The Malaysian Psychiatric Association was proud that Kuala Lumpur had been selected as the venue for the 8th Congress of the Asian Society for Child and Adolescent Psychiatry and Allied Professions. Indeed, the MPA was deeply honoured to be partnering ASCAPAP and the Malaysian Child and Adolescent Psychiatry in organising the event for the first time. The congress was held at Sheraton Hotel Kuala Lumpur, Malaysia, 19-22 August, 2015.

The theme of the congress “Embracing Challenges, Providing Solutions” was fittingly chosen. The choice was to emphasise on the future direction of mental health services, not only in Malaysia but also in other Asian countries.



Part of the organising committee members of the congress of the Congress.

Front row (from L to R): Muhsin, Dato Azman (Malaysia, Ministry of Health), Nor Zuraida (Malaysia), Datuk Seri Subramaniam (Malaysia, Minister of Health), Toh Chin Lee (Malaysia), Ng Chong Guan (Malaysia), and Ramli (Malaysia).

Back row (from L to R): Ernie Zahura (Malaysia), Nik Ruzyani (Malaysia), Fadzli (Malaysia), Norhayati (Malaysia), Selvasingam (Malaysia), Susan Tan (Malaysia), Norharlina (Malaysia), Rajinder Singh (Malaysia), and Joe Ting (Malaysia).

Our guest-of-honour was Yang Berhormat Datuk Seri S. Subramaniam. The Honorable Minister of Health, Malaysia, had officially opened the congress and delivered a keynote address.

For the three-day congress, we had a line-up of distinguished speakers, from many various regions the United Kingdom, the USA, Australia, and members of the Association of Southeast Asian Nations (ASEAN). All of them had graciously shared with us their wealth of knowledge and experience. The Congress was attended by 447 delegates from various countries such as Bangladesh, Indonesia, Taiwan, Japan, China, Korea, Philippines, Singapore, Thailand, India, Saudi Arabia, Sri Lanka, Australia, Brunei, Palestine, New Zealand, USA, Poland, Netherlands, Germany, Cambodia, and Malaysia.



A photo at press conference with the minister.

From left: Dato Azman (Malaysia), Nor Zuraida (Malaysia), Datuk Seri Subramaniam (Malaysia), Toh Chin Lee (Malaysia), and Muhsin (Malaysia).

There were six pre-congress workshops on topics: (A) children and their family: understanding attachment, (B) children and trauma, (C) understanding and managing children with developmental disorder, (D) mindfulness-based stress reduction, (E) psychodynamic psychotherapy, and (F) bipolar disorder psychoeducation.

In addition to the keynote addresses, there were 20 plenary sessions, 10 lectures, 13 symposia, and 3 free paper sessions. Those programmes were all well-attended by the participants. (The author declares no conflict of interest in writing this feature.)

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(Editor's note: Zainal is the president of Malaysian Psychiatric Association.)

The WPA RC Kochi Was Held 25-27 September, 2015

The World Psychiatric Association Regional Congress Kochi 2015 was held at Le Meridien Hotel Kochi from 25 to 27 September, 2015. The total number of delegates was 1,183.

The conference was inaugurated by the Governor of Kerala Honorable Justice P. Sathasivam.

Five Psychiatrists—one from Bangladesh, one from Myanmar, two from India, and one from Slovakia—were presented with the Kochi Young Psychiatrists fellowship award.

The scientific programme was tightly packed. Concurrent sessions were held in 13 halls. There were 19 plenary and 2 lectures by distinguished faculties. The academic package included 30 symposia, 10 workshops, 74 free papers, and 66 posters. Cash prizes and certificates were given to the best posters on a three-day congress.

The WPA Kochi statement was drafted by Indian Psychiatric Society which was approved by WPA executive council. It is now published in the WPA News December 2015. It highlights the “need to increase mental health awareness by psychiatric education and keeping up with advancements, for early diagnosis and management of mental and behavior disorders by non-psychiatric medical fraternity.”

The cultural program in the evening was enjoyed by all the delegates. (The author declares no conflict of interest in writing this feature.)



Inauguration of the WPA RC Kochi, September 2015

From L to R: Kuruvilla Thomas, Hon. Justice P. Sathasivam (Governor of Kerala), Dinesh Bhugra (UK, WPA and congress presidents), Vidyadhar Watve (congress director), Roy Abraham Kallivayalil (secretary general of the WPA), M. Chandrasekharan Nair (WPA

RC local organising committee chair) and T. V. Asokan (Zone 16 representative of the WPA).

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(Editor's note: Thomas is secretary of the WPA RC Kochi 2015.)

Stage 3 of Competency-based Fellowship Program Launched by the RANZCP 2 November, 2015

The RANZCP is pleased to announce that the Stage 3 Generalist and Advanced Certificate web pages were launched on the morning of Monday, 2 November, 2015. This is to prepare for trainees entering Stage 3 of the Competency-based Fellowship Programme in 2016.

The 104 new Stage 3 Entrustable Professional Activities (EPAs) have been identified; bringing the total number of EPAs available to trainees across the three stages of training to 139 once they are all released.

Although an EPA is (only) 2–3 pages in length, it is subject to intense internal scrutiny and a peer-review process within the committee which ‘owns’ the EPA (for example, the Subcommittee of Advanced Training in Forensic Psychiatry has reviewed and approved all forensic psychiatry EPAs) and by other relevant College committees. Once finalised, EPAs are then submitted to the Education Committee for further review and approval.

For any queries regarding EPAs, please contact e-mail at training@ranzcp.org. (The author declares no conflicts of interest in writing this report.)

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(Editor's note: Hopwood is the RANZCP president.)

The WPA IC Taipei, 18-22 November, 2015

World Psychiatric Association International Congress 2015 were held 18-22 November, 2015 in Taipei International Conventional Center, Taipei, Taiwan. We were honored to have the president of the Republic of China, Ying-Jeou Ma to join with us for the opening ceremony. He gave a speech to wish the success of the Congress and also joined us for a group photo.



A group photo at the opening ceremony. From left to right: Susan Shur-Fen Gau (Taiwan, WPA IC scientific programme committee chair); Masatoshi Takeda (Japan, WPA executive secretary for meetings); Frank Huang-Chiu Chou (Taiwan, WPA IC director); Ying-Jeou Ma (Taiwan, president of Republic of China); Dinesh Bhugra (United Kingdom, presidents of the WPA IC and WPA); Helen Herrman (Australia, president-elect of the WPA); Yuan-Hwa Chou (Taiwan, WPA IC organising committee chair).

The WPA IC Taipei 2015 had 2,149 registrants, including Taiwan 1,421, Japan 161, China 99, Korea 75, Thailand 65, Indonesia 45, Hong Kong 37, India 31, USA 29, Singapore 28, Peru 12, Kazakhstan 10, Netherlands 10, Turkey 10, and other 41 countries.

Moreover, 20 exhibitors representing the major industry in our field have participated in the exhibition for five days. The scientific program consisted of 9 keynote lectures; 12 state of the art lectures; 8 special lectures; 107 main Sessions; 3 satellite symposia and 502 poster presentations with the involvement of delegates of 55 countries from all over the world.

Three years ago, when we first decided to hold the WPA IC, we never thought that we will have so many friends come from all over the world to Taiwan and to attend the meeting, even to contribute their professional specialty in the field of psychiatry. WPA IC 2015 in Taiwan focused on “Bridging Asia to the World: A

New Era for Psychiatric Treatment” and to discuss the interaction and ideal concept between the Asia and world in the field of psychiatry and mental health.

We should mention that the Taiwanese Society of Psychiatry is increasing cooperating with other countries, particularly countries in the Asia Pacific region. Over the past decade, with the establishment of the Asian Association of Psychiatry, Taiwan also began to communicate with other Asian countries (including China, Japan and South Korea, and particularly with countries in Southeast Asia such as Thailand, Vietnam, Cambodia, Singapore, the Philippines, Malaysia, and Indonesia.) In addition to continually traveling to Taiwan to attend the Annual Meeting of Taiwanese Society of Psychiatry for years, these countries also sent officers to Taiwan to visit psychiatric hospitals and other individuals for a variety of training situations. In the future, these exchanges will be more frequent.

Best poster awardees of the WPA IC were awarded at the closing ceremony on 22 November 2015. Those 18 awardees included Suk Kyoan An (South Korea), Erkan Baysak (Turkey), Chui Yi Chan (Hong Kong), Chun-Hsin Chen (Taiwan), Wen-Yin Chen (TW), Joon Ho Choi (South Korea), Shen-Tzu Hsu (TW), Yi-Fei Huang (TW), Rasmon Kalayasiri (Thailand), Wai-In Law (Hong Kong), Cheng-Ta Li (Taiwan), Ka-Lok Lui (HK), Ruchika Rathee (India), Chi-Yung Shang (TW), and Shigeru Yokoyama (Japan).



A photo at the WPA IC Taipei (Photo courtesy of Bernard Janse van Rensburg). From L to R: Jyrki Korkeila (Finland, WPA zonal representative of Zone 7 [Northern Europe]), Mvuyiso Talatala (South Africa, president of the South African Society of Psychiatry), Silvia Gaviria (Colombia, WPA zonal representative of Zone 4 [Northern South America]), and Edgard Belfort (Venezuela, WPA secretary for education)

Finally, on behalf of the WPA IC Taipei 2015, we would like to extend our sincere appreciation for your enthusiastic support and active participation in the

Congress. Your contribution in the meeting made this congress huge success! (The author declares no conflict of interest in writing this feature.)



A group photo at the WPA IC, Taipei (Photo courtesy of Naotaka Shinfuku). From L to R: Armen Soghoyan (Armenia), Shinfuku (Japan), Shigenobu Kanba (Japan), Norman Sartorius (Switzerland), Afzal Javed (Pakistan), and Walid Sarhan (Jordan).

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(Editor's note: Chou is immediate past president [2011-15], of the Taiwanese Society of Psychiatry (website address: www.sop.org.tw). Te-Jen Lai is the newly elected two year-term TSOP president [2015-17].)

An Anti-stigma Campaign against Discrimination of Patients with Mental Illness in Hong Kong in December 2015

December 2015 is an unforgettable month in the history of psychiatry in Hong Kong. On 16 December 2015, we regretted to hear that an honorable member of the legislative council of Hong Kong expressed an untrue and derogatory statement about psychiatrists and patients with mental health problems during a formal public meeting in the Legislative Council.

“Do you know who suffer most from mental problems? It's psychiatrists. Why? Because psychiatrists sit and listen too much from patients with mental

problem. Listen and listen, they themselves become insane too.”

This unfounded statement is discriminatory to both doctors and the over 200,000 patients receiving psychiatric treatment in Hong Kong and would deter many others from receiving help.

This time, instead of responding to some tragic suicidal or violent event, the council of the Hong Kong College of Psychiatrists (HKCPsych) has determined to speak out for our patients. We hold an emergency council discussion and responded with a press statement on the same day. We expressed our strongest condemnation over this incident. We stressed that this sad event has no place in a civilised society and highlighted the urgent need for work to tackle negative perception about mental illness and professionals that work in the area.

Our press statement was quickly echoed and supported by press statements of other groups, including the Medical Association of Hong Kong and the Academy of Medicine of Hong Kong, patient groups, and even the Equal Opportunity Commission of Hong Kong.

In response to the heightened public concern about psychiatrists' caring experience and social stigma experienced by patients with mental illness, the HKCPsych determined to conduct a quick online survey into psychiatrists' insider views on challenges and rewards from daily clinical practice encompassing impact of social stigma related to mental health service.

We have invited essentially ALL (490) psychiatrists in Hong Kong, either in training or as a specialist in the public or private sector to participate in this survey. The response rate is unprecedentedly high, as 70% of all psychiatrists in Hong Kong participated in this survey launched and completed in 48 hours.

On 23 December 2015 (i.e. within 1 week from the time of press statement release), we organised a Press Conference for the Survey on “Psychiatrists' Experiences in Hong Kong” at the Hong Kong Academy of Medicine Jockey Club Building. Majority of the mass media including television, radio and daily press were attended and we received several requests of interview from other journalists as well.

The key findings of the survey are:

- Over 80% of Hong Kong psychiatrists often have a rewarding experience seeing their patients.
- 70% of Hong Kong psychiatrists often feel challenged by stigma on patients and the profession as well as deficits in resources and long-term policy in Hong Kong.
- 60% Hong Kong psychiatrists are often frustrated

for having difficulties in issuing medical certificate for patients for sick leave, as a result of their fear of their employer knowing about the nature of the illnesses.



A press conference called by HKCPsych members. From L to R: Sandra Chan, Phyllis Chan, and Ivan Mak.

We would like to take this opportunity to thanks those who participated in the survey and the press conference for expressing their views and spreading the positive therapeutic relationship and experience between psychiatrists and mental patients.

Last but not least, the HKCPsych has long been collaborated with Hospital Authority, schools, Educational Bureau and non-government organisations for various activities to promote mental health education. In 2015, College also issued an anti-stigma position statement stating the long-term commitment to reduce discrimination against mental illness in the society. We will launch out a “Look at Mi” anti-stigma campaign, involving public lecture series, mental health youth ambassador programme and other promotional events.



An anti-stigma campaign group participated by a paper/service use* and six HKCPsych members (Copyright© 2016 Hong Kong Economic Times. All rights reserved. Reprinted with permission.) From L to R: Marshall Lee, Sandra Chan, Phyllis Chan, Esther Lee*, Ivan Mak, Sherry Chan, and Wing-King Lee.

Combating stigma against the mentally ill is a long and winding road; the HKCPsych Council appreciates all the support from the Asian psychiatric colleagues. We shall continue to stand united with each other in the fight against discrimination towards our patients and professions.

Please like and share the "Look at Mi" Facebook Page (also welcome to leave your supporting messages on the wall) (www.facebook.com/look.at.mi.hk) to show your support and blessings to people with mental health problem. (The author declares no potential conflicts of interest in writing this feature.)

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(Editor's note: Mak is chair for The Public Awareness Committee of the HKCPsych.)

New International Corresponding Member Category at the RANZCP, Effective 1 January, 2016

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is pleased to announce the launch of its new international corresponding member category in 2016.

This membership category will be available from 2016 to qualified psychiatrists, who are in good standing with their relevant registering body and professional association.

Benefits of membership include discounted rates for the RANZCP Congress and other conferences, along with copies of the RANZCP's scientific journals and access to online continuing professional development opportunities.

Psychiatrists interested in joining the RANZCP, can register their interest in International Corresponding Membership via membership@ranzcp.org. (The author declares no conflicts of interest in writing this announcement.)

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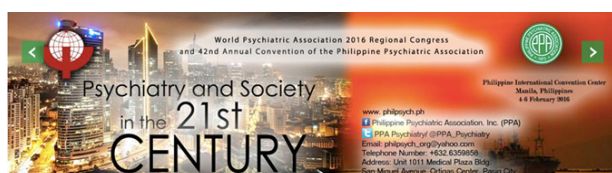
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(Editor's note: Hopwood is the RANZCP president.)

The PPA to Host the WPA RC Manila, the Philippines 4-6 February, 2016



The Philippine Psychiatric Association convivially count the days leading to its initial privilege in hosting the World Psychiatric Association Regional Congress in Manila, 4-6 February, 2016 with the theme “Psychiatry and Society in the 21st Century.”

Commenced with the keynote address by Dinesh Bhugra, the president of the WPA and WPA RC Manila, this event will serve as a watermark in Philippine psychiatry as it features resource speakers who are luminaries in the field. They will include Allan Tasman (USA), Mark Frye (USA), Maria Lapid (USA), Dillip Jeste (USA), Michelle Riba (USA), Terese Rumans (USA), Simon Kung (USA) and Lilia Lee (USA), Roger McIntyre (Canada), Simon Hatcher (Canada), Philippe Huguelet (Switzerland), Nader Perroud (Switzerland), Edgar Belfort (Venezuela), Helen Herrman (Australia), Jane Burns (Australia), Masatoshi Takeda (Japan), Roy Abraham Khallivayalil (India), and Afzal Javed (Pakistan).

Both the plenary and parallel sessions make for a comprehensive and well-balanced programme as it features timely and noteworthy topics in the context of the global backdrop, providing opportunities for edification and strengthening bonds among mental health professionals and allied specialists in the global milieu.

Germane topics to be covered by principal authorities in their respective fields will include the

psychosocial therapies (existential psychotherapy, mentalisation-based therapy and E-therapy); addiction psychiatry (recent trends in neurobiology of addiction, mood disorders and addiction, and mindfulness-based relapse prevention); child and adolescent psychiatry (global program for child and mental health, updates on bipolar mood disorder in children, and eating disorder in adolescents); geriatric psychiatry (global status of psychogeriatrics, behavioral and psychological symptoms of dementia, and hospice and palliative care); consultation-liaison psychiatry (psycho-oncology, psycho-dermatology, updates on HIV psychiatry, and fibromyalgia treatment program).

Themes on biological psychiatry will also be highlighted such as neurophysiology of cognitive processes using EEG brain mapping techniques, anti-NMDA receptor encephalitis, psychiatric co-morbidities of chronic pain, role of lipids rafts as targets for antidepressants, and effects of psychotropics on the microglia.

Special sessions will feature discourses on the WHO Mental Health Gap Action Programme (mhGAP), public mental health system rebuilding and strengthening, psychiatric education, preventive psychiatry, psychology of religious extremism, and positive psychiatry.

With such divergent and timely subjects, we look forward to making this convention a venue for substantial interactions among leading clinicians, researchers, policy makers, and other stakeholders as we make a collective effort to make a difference in the context of global revolutions.

Meanwhile, the Philippine Psychiatric Association is also pleased to share the momentous news that, together with other relevant stakeholders, it has initiated its eminent efforts toward its first-ever mental health legislation named the “Philippine Mental Health Act,” with its most current status in congress as House Bill 5347. Conscientiousness toward the said legislation was prompted in 2014 under the leadership of the society’s immediate past president, Edgardo Juan L. Tolentino, and is currently being fostered by the current president, Luz C. Querubin. Endeavours to foster the said legislation were highlighted by mental health caravans conducted by the current board of directors and officers of the association in the main regions of the country.

Finally, we officially bring the year to a close with our last monthly scientific meeting on 24 November, 2015, with this year’s theme directed towards consensus statements of the various psychiatric disorders.



For more information, please visit our official website at wpamanila2016.com. See you in Manila! (The authors declare no conflicts of interest in this announcement.)

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(Editor's note: Querubin is the PPA president, and director of the WPA RC Manila 2016. Samaniego is the PPA public relations officer, and chair of committee on marketing and publicity of the WPA RC Manila 2016.)



8-12 May 2016
Hong Kong Convention and Exhibition Centre
ranzcp2016.com

The International Congress of the Royal Australian and New Zealand College of Psychiatrists will be held 8-12 May, 2016, at the Hong Kong Convention and Exhibition Centre, in association with the Hong Kong College of Psychiatrists.

The Congress will provide an extensive scientific programme that will attract global mental health leaders to Hong Kong, to promote and enhance psychiatry within the region.

The latest developments in psychiatry will be discussed by world-class speakers. Samples of them include Naomi Fineberg (UK), Nitin Gogtay (USA), Robert Howard (UK), David Nutt (UK), Thomas Schlaepfer (Germany), Peter Tyrer (UK), and Frank Yeomans (USA).

More information is available on the website: www.psychiatrycongress2016.com

We look forward to seeing you at this memorable event for a vibrant scientific and social program set in the exciting surrounds of Hong Kong. (The author declares no conflicts on interest in writing this feature.)

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(Editor's note: Hopwood is the RANZCP president.)

FROM AFPA-ALLIED SOCIETIES

The IC of WAPR for Trauma, Violence and Stress among Children and Adolescents 26-28 February, 2015, Lahore, Pakistan

World Association for Psychosocial Rehabilitation Eastern Mediterranean Region and WAPR Pakistan Chapter, Pakistan Psychiatric Research Centre, Fountain House, Horizons - an NGO working in Peshawar and Psychiatry Department of Service Medical College, Lahore organised a special training programme on the topic of “Managing Trauma, violence and Stress among Children and Adolescents” during 9th International Conference on Psychosocial Rehabilitation held at Lahore, Pakistan 26-28 February, 2015.

The meeting had the co-sponsorship from Pakistan Psychiatric Society (PPS), WPA Zones 15 WPA Sections on Child and Adolescent Psychiatry, SAARAC Psychiatric Federation (SPF), Asian Federation of Psychiatric Association (AFPA), World Federation for Mental Health (WFMH), World Association for Social Psychiatry (WASP), and South Asian Forum on Mental Health (SAF) Pakistan Chapter.

Being the first training programme on rehabilitation and treatment for children and adolescents suffering from trauma, violence and related disorders, this was attended by more than 400 mental health professionals from all over the country. The programme provided a unique opportunity to the delegates for listening to national and international experts who spoke about topics related to the theme of the meeting.

The faculty of this international conference included Helen Herrman (Australia), Gordana Milavic (UK), Shahid Munir Ahmad (UK), Muhammad Ather (UK), Sobia Khan (UK), S. Naqvi (USA), Muhammad Shafique Tahir (UAE), Khalid Mufti (Pakistan), Ali Ahsan Mufti (Pakistan), Mrs Romana (Pakistan), Ayesha Minhas (Pakistan), Nazish Imran (Pakistan), Irum Siddique (Pakistan), Nadeem Ahmad (Pakistan), and Naeem Siddique (Pakistan).

Special workshops were held on “Understanding Post-traumatic Stress: Theory and Treatment, Dealing with Trauma / PTSD in Children and Adolescents, Trauma Spectrum Disorders in Children and Adolescents, autism, development aspects of child

psychiatry, developing services for the transitional period from childhood to adolescence, management of abnormal grief and depression in young people and paediatric psychopharmacology in the new millennium, what to do, what not to do and what to do with great caution.”



A group photo at the international conference

Front row (L to R): M. Irfan (Pakistan), Maryam Haroon (Pakistan), Helen Herrman (Australia), Sadaf Rashid (Pakistan), Gordana Milavic (UK), and Afzal Javed (Pakistan).

Back row (L to R): Saqib Bajwa (Pakistan), Usman Hotiana (Pakistan), and Nasar Sayed (Pakistan).

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(Editor note: Javed is president-elect of the AFPA, 2015-17. He is also WPA secretary for sections.)

Faculty of Child and Adolescent Psychiatry Conference in Vanuatu 29 September -2 October, 2015

The Faculty of Child and Adolescent Psychiatry conference was held from 29 September - 2 October, 2015 in Vanuatu with over 160 delegates attending. The conference was held with conjoint conference partners the Pasifika Medical Association and the Medical and Dental Association of Vanuatu. The theme of the conference was “Culture, Community and Healing: Child, Youth and Family Mental Health in the Pacific.” The international invited speakers had a strong cultural

and Pacific theme, and include Ricardo Araya (UK), Chia Granda (USA) and Anthony Spirito (USA).

A Pasifika Study Group was held prior to the conference workshops, jointly run by the Pasifika Medical Association. This two-day workshop for Pacific doctors and nurses who work in the child and adolescent mental health field in their Pacific nations of origin. The study group aims to build the capacity of each Pacific nation to respond effectively to the child and adolescent mental health needs of their peoples. (The author declares no conflicts of interest in writing this feature.)



A group photo of delegates at the Faculty of Child and Adolescent Psychiatry Conference in Vanuatu.

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Training Programme in Peshawar, Pakistan, 30 September - 3 October, 2015

Pakistan Psychiatric Research Centre Fountain House Lahore, Ibadat Hospital Peshawar and N.G.O Horizon, organized a three-day workshop on managing trauma and conflicts among children and adolescents in Peshawar, Pakistan 30 September - 3 October, 2015. This programme was supported by World Association for Psychosocial Rehabilitation, the World Psychiatric Association, Asian Federation of Psychiatric Associations, Pakistan Psychiatric Society, Institute of

Applied Psychology University of Punjab, Children of War Foundation, and Royal College of psychiatrists United Kingdom.

This educational and training activity was conducted in the background of Army Public School tragedy in December 2014 and was attended by teachers and educationists from various institutional organizations of Peshawar and was trained by team of clinical psychologists from University of Punjab. The participants were trained in identifying trauma and stress-related issues and the main aim being to train participants, how to manage post-trauma reactions from the students.

This workshop was followed by one-day symposium on child psychiatry attended by psychiatrists, residents and psychologists. Gordona Milavic, Consultant, Child and Adolescent Psychiatrist from United Kingdom, co-chair Child and Adolescent Psychiatry (World Psychiatry Association Section on Child and Adolescent Psychiatry) along with Muhammed Ather child psychiatrist from Cardiff university talked about various aspects of child psychiatry including assessment and diagnostic formulation, childhood depression, bipolar disorder, attention deficit hyperactivity disorder, early onset psychosis and epilepsy. Ali Ahsan Mufti, consultant psychiatrist from Peshawar talked about PTSD in children and shared his work and research regarding survivor children of Army Public School Peshawar.

Vice chancellor of Khyber Medical University was chief guest and principals of various medical colleges in Peshawar and president and president-elect of Pakistan Psychiatric Society attended the event. In the end, Afzal Javed emphasized to replicate such activities in other part of countries as well. Later Khalid A. Mufti, the master of ceremony, and focal organizing person thanked participants and the speakers who came all the way from UK to train and participate in the event.

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(Editor's president: Javed is the president of AFPA, 2015-17. He is also WPA secretary for sections.)

The 12th WC of WAPR in Seoul, 2-5 November, 2015

The 12th World Association for Psychosocial Rehabilitation (WAPR) World Congress under the theme of “Beyond the Tradition, Creating a New Paradigm of Care” was held in Seoul, 2-5 November, 2015 at Grand Hilton Hotel and Convention Center. This event was supported by Korean Neuropsychiatric Association (KNPA, current president being Young Hoon Kim).

At the Word Congress of WAPR in Seoul 2015, we had 1,529 participants from 46 countries including consumers and family members. Psychosocial specialists and experts provided 7 plenary lectures and 12 Meet the Expert sessions, more than 50 symposia covering most of psychosocial rehabilitation, mental health, human rights, as well as mental health promotion and preventions. Two media sessions also gave interesting real life stories of many people with chronic mental illness in Korea.

Travel award gave young mental health professionals to present their new research findings to the participants and also we had 200 poster presentations during the congress.

The 2015 WAPR World Congress offered various rich and diverse viewpoints. Highlights of the World Congress included hearing from and having dialogues with world renowned speakers such as Afzal Javed (Parkistan), Tae-Yeon Hwang (Korea), Harry Minas (Australia), Helen Herrman (Australia), Kim T. Mueser (USA), Marianne Farkas (USA), Mohan Issac (Australia), Naotaka Shinfuku (Japan), Ricardo Guinea (Spain), and Thyloth Murali (India).



A photo at the WARP World Congress in Seoul 2015. From L to R: Murali Thyloth (India), Afzal Javed (Pakistan), Tae-Yeon Hwang (Korea), and Ricardo Guinea (Spain).

The Congress was sponsoring four field trips in Seoul. These site visits allowed participants to understand the mental health care around Seoul including social psychosocial rehabilitation centers in the private sector, general hospital psychiatric ward,

community mental health centers, club house model with a home-like environment, and artwork in an art museum created by mental health patients.

Various social events were held throughout the WAPR World Congress providing venues for networking. The inaugural welcome banquet includes traditional Korean entertainment and a performance by the famous Korean singer Tae Woo Kim, who is an honorary ambassador of Seoul Congress. Participants enjoyed a gala dinner with a traditional Korean as well as a Western opera. An art exhibition showcasing art works done by mental health patients will be on site in the future. (The author declares no conflicts of interest in writing this feature.)

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(Editor's note: Hwang is the president of Korea Association of Psychosocial Rehabilitation. He organised the World Congress of WAPR in Seoul 2015.)

The Platform/Workshop for CMH in Southeast Asia, Took Place in Taiwan, 15-22 November, 2015

The annual developing the collaborative research platform and professional training workshop has been organised for community mental health workers from Southeast Asia since 2003. We had its 12th year group event took place 15-22 November, 2015.

The main organiser of this workshop/workshop is Taipei Medical University Social Empowerment Alliance. The co-organisers were Taiwanese Society of Psychiatry, Taipei City government, Taichung City government, and nine public psychiatric hospitals in Taiwan. Two major financial sponsors for this annual event are Ministries of Science and Technology, as well as Ministry of Health and Welfare, Taiwan.

The event activities took place 15-22 November, 2015, at Ming-Sheng General Hospital. Then, the internationall visitors visited Yuli Hospital, Tsotun Psychiatric Hospiotal, Taipei City Psychiatric Center-Sonde Branch, Tauyuan Psychiatric Hospital, the WPA

International Congress, and Taipei Medical University. In 2015, we had a total of 107 visitors including those from Thailand (29), Indonesia (10), Vietnam (10) South Korea (10), India (4), Singapore (4), Cambodia (2), Germany (2), Italy (2), Australia (1), and USA (1), etc. to join the platform and workshops. (The author declares no conflicts of interest in writing this feature.)



A group photo at the collaboration conference for community mental health at Taipei Medical University (Photo courtesy of Yu-Chia Chen).

Front row (L to R) : Pandu Setiawan (Indonesia), Patraporn Tungpunkom (Thailand), Happy Tan (Taiwan), Hnin Aye (Myanmar), Ai-Ling Huang (TW), Nang Yu Yu Lwin (Myanmar), Tassaya Ruangsri (Thailand), Santosh Kumar Chaturvedi (India), Kim Savuon (Cambodia), Heng Mao (Cambodia), Dinah Palmera P. Nadera (Philippines), and John Pulickaparambil John (India).

Back row (L to R): Jagadisha Thirthalli (India), Hazli Zakaria (Malaysia), Truong Van Trinh (Vietnam), Tran Trung Ha (VN), Ronald R. O'Donnell (USA), Mohan Isaac (Australia), Duujian Tsai (TW), Jared Ng (Singapore), Meemootti Anchana (Thailand), Chanaphan Thammarut (Thailand), Evamarie Wagner (Germany), Manfred Cramer (Germany), and Prabhat Chand (India).

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(Editor's note: Tsai is the president of Taipei Medical University Social Empowerment Alliance.)

Young Psychiatrists at the Future of World Psychiatry Programme,

at the WPA IC Taipei 18-22 November, 2015

Taiwanese Young Psychiatrists Organization (TYPO) hosted "the Future of World Psychiatry Programme" at the WPA IC Taipei, Taiwan 18-22 September, 2015, to collaborate and to facilitate interaction among young psychiatrists all over the world. The WPA IC, Taipei awarded 30 young psychiatrists--20 of those were awarded with oral presentation awards, and another 10 of those with poster presentation awards. Those awardees were from 15 countries (Armenia, Canada, Egypt, Hong Kong, India, Indonesia, Japan, Mongolia, South Korea, Russia, Singapore, Taiwan, Thailand, Turkey, and UK).



A photo at the Future of World Psychiatry Programme. First row (L to R): Kitikan Thana-udom (Thailand), Nisarut Wadchareeudomkarn (Thailand), Hironori Kuga (Japan), De-Maw Chuang (USA), Naotaka Shinfuku (JP), Norman Sartorius (Switzerland), and Roy A. Kallivayalil (India).

Second row (L to R): Tomohiro Shirashaka (JP), Olena Zhabenko (Singapore), Muneyuki Suzuki (JP), Kazunari Yoshida (JP), Tetsuji Cho (JP), Masuo Tanaka (JP), Mohamed Atef AlAwam (Egypt), Phern-Chern Tor (SP), Jane Pei-Chen Chang (Taiwan), Sri Mahavir Agarwal (India), Frilya Rahma Putri (Indonesia), Pakin Kaewpijit (Thailand), Monica Joy Reverger (Indonesia), Kuan-Pin Su (TW), Seo Young Yoon (South Korea), Anchailita Ratanajaruraks (Thailand), and Daruj Ani wattanagpong (Thailand).

Young psychiatrists not in this photo were Yusuke Iwata (Canada), Chia-Fen Hsu (Canada), Amlan Kusum Jana (India), Ta-Wei Guu (TW), Shinsuke Koike (JP), Shinichiro Nakajima (JP), Sundar Gnanavel (India), Po-Han Chou (TW), Huey-Ling Chiang (TW), Hsiang-Yuan Lin (TW), Kazutaka Ohi (JP), Mohammad Zia Ul Haq Katshu (UK), Cheng-Ta Li (TW), Galen Chin-Lun Hung (TW), Chia-Yueh Hsu (Hong Kong), Shi Hui Poon (SP), Akiko Matsuura (JP), Narine Robert Israelyan (Armenia), Yi-Ling Chien (TW), Eisuke Sakakibara (JP), Gantsetseg Tumur-Ochir (Mongolia), Hakan Balibey (Turkey), Tiur Sihombing (Indonesia).

The programme here in Taipei consists of having two "Meet the Expert Workshops" and four "Young

Psychiatrists Award Symposia.” There were more than 40 young psychiatrists from around the world who participated in the programme. The young psychiatrists had interactive sessions with Norman Sartorius (Switzerland), Dinesh Bhugra (United Kingdom), and Julio Licinio (Australia), during the two Meet the Expert Workshops to discuss about career path, research, and life. Four young psychiatrist symposia were on the topics of psychosomatics, neuroimaging, schizophrenia, addiction, and epidemiology. Therefore, young psychiatrists could learn from each other, share experiences, and receive valuable comments from the symposium moderators/mentors. A social gathering was also held on the night of 19 November to facilitate more interactions between the young psychiatrists.

The Future of World Psychiatry Programme were supported by the WPA IC organising committee, the scientific committee, and its programme director Kuna-Pin Su. We hope that the friendship and collaborations that were made among young psychiatrists during this WPA IC in Taiwan will last for years to come. (The author declares no conflicts of interest in writing this feature.)

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(Editor's note: Chang is with Taiwanese Young
Psychiatrists Organisation.)

The 4th ACSR Took Place in Taipei, 17-20 November, 2015

The 4th Asian Congress of Schizophrenia Research chaired by Hai-Gwo Hwu (Taiwan) in Taipei in conjunction with the WPA International Congress at Taipei International Convention Center, 17-20 November, 2015.

The main theme of the 4th ACSR was “The Frontier of Schizophrenia Research and Clinical Translation.” Ming T. Tsuang (USA) delivered the special lecture “Recent New Research on Schizophrenia:

Applications for Early Detection and Intervention Aiming towards Prevention” at the inaugural general assembly of the ACSR. The organizing committee chair of the 4th ACSR is Yen Kung Yang (Taiwan).

The scientific programmes included 2 keynote lectures, 2 state-of-art lectures, 11 symposia and 79 posters. Hundreds of delegates all over the world participated in this congress. (The author declares no conflicts of interest in writing this feature.)



A photo at the welcome party reception of the ACSR.

Front row (from L to R): Hai-Gwo Hwu (Taiwan), Suher Liaw Hwu (TW), Snow Tsuang (USA), Ming T. Tsuang (USA), Masatoshi Takeda (Japan), and Chun-Hsin Chen (TW). Back row (from L to R): Tzung-Jeng Hwang (TW), Brian Dean (Australia), Eric Chen (Hong Kong), Thomas G. Schulze (Germany), Wei J. Chen (TW), Winston W. Shen (TW), Chien-Chang Wu (TW), Cheng Lee (Singapore), Chih-Min Liu (TW), and Stephen J. Glatt (USA).

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(Editor's note: Chen is secretary general of TSSR,
succeeding Chen-Chung Liu. The president of the TSSR
is Hsien-Yuan Lane. Hai-Gwo Hwu, is the president of
ACSR. The 5th ACSR will take place in Bangkok, 2017.)

The AsCNP Biennial Meeting in Taipei, 20-22 November, 2015

In collaboration with the WPA IC Taipei, the fourth biennial meeting of the Asian College of Neuropsychopharmacology (AsCNP) was held at Taipei International Convention Center, 20-22 November, 2015. Taiwanese Society of Biological Psychiatry and Neuropsychopharmacology and its president Chia-Yi Liu gave full supports for the 4th AsCNP meeting.

At the AsCNP biennial meeting, there were 12 symposia spreading over three days of 20-22 November. Shigeto Yamawaki (Japan), the first AsCNP president 2008-2010 and the current CINP president (2014-2016), gave a lecture on 22 November to the whole WPA IC right before the closing ceremony for the AsCNP biennial meeting. (The author declares no potential conflicts of interest in writing this feature.)



A group photo at the closing ceremony for the 4th AsCNP biennial meeting.

From L to R: Cheng-Ta Li (Taiwan), Ya-Mei Bai (TW), Wen-Han Chang (TW, an AsCNP biennial meeting poster awardee); Chih-Ming Cheng (TW, an AsCNP biennial meeting poster awardee); Shigeto Yamawaki (Japan); Jun Ishigooka (JP); Tung-Ping Su (TW); Shih-Ku Lin (TW); Kazutaka Ikeda (JP); Ming-Chi Huang (TW); and Chia-Min Huang (TW).

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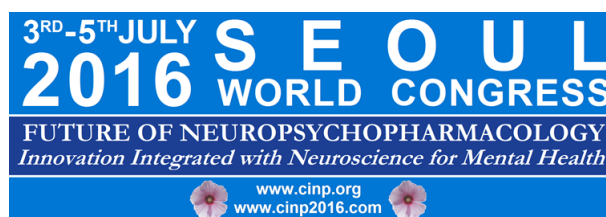
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(Editor's note: Li and Tung-Ping Su are the secretary general and the president, respectively, of the 4th AsCNP. Su is the president of the Taiwanese College of Neuropsychopharmacology.

The 1st, 2nd, and 3rd AsCNP took place in Kyoto, Japan; Seoul, South Korea; and Peking, China,

respectively. The 5th AsNCP will be held in Nusa Duo, Bali, Indonesia, 27-29 April, 2017.)



The International College of Neuropsychopharmacology (CINP) are delighted to host the 30th World Congress, 3-5 July, 2016 in Seoul, South Korea. Under the theme, "Future of Neuropsychopharmacology: Innovation Integrated with Neuroscience for Mental Health," CINP 2016 will offer various opportunities for all participants to communicate with one another and share expertise and visions for the development of neuropsychopharmacology.

The International Scientific Programme Committee (ISPC) has selected six plenary speakers of the outstanding researchers in the current hot fields of clinical and basic research. They are Anissa Abi-Dargham (USA), Mitsuo Kawato (Japan), Bruce Cuthbert (USA), Gitte Moos Knudsen (Denmark), Anthony Grace (USA), and Naomi Fineberg (UK). We also have five clinical perspective sessions covering the topics of bipolar, anxiety, depression, addiction, and schizophrenia as part of the education programme. Furthermore, a CINP summit symposium will take place on "Public Private Partnerships for Innovation in Psychotropic Drug Development." We are confident that the ISPC has developed an attractive programme which will interest researchers and clinicians worldwide.

We welcome you to submit a poster, apply for an award and register for the Congress, all of which can be done easily via the congress web site www.cinp2016.com. We look forward to welcoming you to the historical, beautiful and cultural Asian city of Seoul in July 2016. (The author declares no conflicts of interest.)

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(Editor's note: Gill Moore is the executive secretary
of CINP)

The 17th Pacific Rim College of Psychiatrists Scientific Meeting 3-5 November, 2016 at Kaohsiung, Taiwan

The 17th Scientific Meeting of the PRCP will be held in Kaohsiung, Taiwan, 3-5 November, 2016, with the theme "Mental Health in a Dynamic Region: Creating Changes through Partnership." It will be held at Kaohsiung Exhibition Center, a newly opened waterfront international exhibition and convention center that is situated just next to the yacht club and opposite to the iconic 85-storey Skytower Hotel.

Located in the south of the island of Taiwan, Kaohsiung is the second largest city in Taiwan, and was the host city of the 2009 World Games. It has a rich culture and food tradition, and relatively low living expenses including cheap accommodation. Its public art "Dome Light" in the concourse of the Formosa Boulevard Station of Kaohsiung mass rapid transportation (MRT) is one of the world's largest public glass works of art.

One of the highlights of the meeting is the low registration fee with affordable rates for the trainees and students. Others include cruising welcome reception along the coast of Kaohsiung, meeting and visiting the Fo Guang Shan Buddha Memorial Center with

monumental evening events. The three-day programme covers topics including young psychiatrists' forum, culture and mental health, mental health of Chinese societies, disaster and relief, etc.

At this moment, confirmed invited plenary speakers are Andrew Cheng (Taiwan), Norman Sartorius (Switzerland), Mitchell Weiss (Switzerland), and others. For more programme information update, please check the website at www.PRCP2016.org and further programme announcement in the summer 2016 issue of the Bulletin of the AFPA.

The PRCP meeting will provide opportunity for many registrants to exchange ideas, passing on experiences from the older generation to the young one, sharing new information and innovations, while enjoying hospitality of this city with delicious food tradition and lovely people. The weather is just superb for the meeting at this season with plenty of sunshine and comfortable climate.

We are expecting about 1,000 participants from home and abroad. Your participation will certainly make this meeting meaningful and memorable, and I look forward to welcome you in Kaohsiung in 2016. (The author declares no conflict of interest in announcing this news.)

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(Editor's note: Chong is the president-elect of the PRCP.

Kaohsiung hosted the WPA RC Kaohsiung,

November 2011.)

LETTERS TO THE EDITOR

The EACBT IC, Cairo, Egypt, 25-27 February, 2016

The Egyptian Association of Cognitive Behavior Therapy (EACBT) International Congress at Cairo 2016 at the American University of Cairo in Cairo, Egypt will take place 25-27 February, 2016.

The first announcement for this congress, with the opening of registration and the call for the submission of abstract and symposia proposals, was made on 30 August, 2015 (www.EACBT2016.com).

Under the theme of this congress is "Beyond the Basics: Into Evidence-based Practice of CBT," the EACBT IC will present all updates into the field of cognitive behavior therapy for different psychiatric disorders. The EACBT 2016 is also dedicated to encouraging the pursuit and practice of evidence-based techniques of psychotherapy.

This is the 3rd annual congress organized by the Egyptian Association of CBT, and by far the biggest congress for CBT organized 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 congress is a three-day full course of CBT. The days 25th and 26th preceded the scientific program include 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 key-note speakers include Tullio Scrimali (Italy), Mehmet Sungur (Turkey), Afzal Javed (UK), Ahmed Okasha (Egypt), Tariq Munish (Canada); Shanaya Rathod (UK), Farooq Naeem (Canada), Muhammed Irfan (Pakistan), Hisham Ramy (Egypt), Abdelnasser Omar (Egypt), and Tarek Okasha (Egypt). Reham Aly (Egypt) will summarise previous achievements of the association and future hopes for CBT in the region. (The author declares no potential conflicts in writing this announcement.)

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(Editor's note: Aly is the founder and president of the EACBT. Under an agreement with the AFPA, the EACBT IC will give 50% of discount in registration fee for AFPA participants.)

The WPA IC Cape Town, 18-22 November 2016



The World Psychiatric Association International Congress at Cape Town 2016 at the Cape Town International Convention Centre in Cape Town, South Africa will take place 18-22 November, 2016. The first announcement for this congress, with the opening of registration and the call for the submission of abstract and symposia proposals, was made on 30 November, 2015 (www.wpacapetown2016.org.za). The theme of this congress is "Psychiatry: Integrative Care for the Community" and will explore concepts, controversies and consequences of psychiatry's responsibility and accountability to society in terms of its scope of practice and of psychiatry's social contract.

This will be the biggest psychiatric congress organised locally by the South African Society of Psychiatrists (SASOP) and will be the first time that a WPA International Congress is being held in South Africa. The conference is expected to attract about 2,000-2,500 local, African and other international psychiatrists and psychiatry registrars, as well as other mental health professionals from around the world. This congress with its ground-breaking scientific theme aims to bring together world renowned scientific experts. The congress will consider how to integrate the developing scope of

current psychiatric practice with emphasis on illness prevention, health promotion, clinical care, as well as rehabilitative interventions over the course of people's life time. The congress will deliberate on the expanding systems required for all four dimensions of care to be integrated, including the biological, psychological, social and spiritual dimensions.

Confirmed key-note speakers include Henry Markram (Switzerland), Dinesh Bhugra (UK), Helen Herrman (Australia), Andreas Meyer-Lindenberg (Germany), Simon Wessely (UK); Wolfgang Gaebel (Germany), Maria Oquendo (USA), and Vikram Patel (UK/India). Special lectures will be presented by Francis Nyamnjoh (South Africa), John Peteet (USA), Olayinka Omigbodun (Nigeria), Linda Lam (Hong Kong), Florence Baingana (Uganda), Graham Thornicroft (UK), Michael Robertson (Australia), Jair Mari (Brazil), Icro Maremmanni (Italy), Peter Tyrer (UK), and Ahmed Okasha (Egypt). The program will be organised in five tracks: neuroscience; psychotherapy; social involvement; cultural, religious, spiritual context; and integrative care. The organisers of the congress recently attended the WPA International Congress Taipei, 18-22 November 2015, at the Taipei International Convention Centre in Taipei, Taiwan, to also market the Cape Town meeting to the different WPA Zones, e.g. Zones 15 to 18 in the Asian region (Central and Western, Eastern and Southern Asia, and Australasia and South Pacific). (Besides recruiting delegates to attend the WPA IC Cape Town 2016, the author declares no other potential conflicts of interest in writing this letter.)



WPA IC Cape Town 2016 staff attending the WPA IC Taipei 18-22 November 2015.

From L to R: Rowan Moss (South Africa), Mvuyiso Talatala (South Africa), Solly Rataemane (South Africa), and Bernard Janse van Rensburg (South Africa)

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(Editor note: van Rensburg is SASOP president-elect
and chair of local organising committee,
WPA IC in Cape Town 2016.)

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.)

Recent Developments in Mental Health Services in Sri Lanka

The focus of this invited commentary is on emerging mental health problems, evolving services, the mental health system and the challenges in Sri Lanka. The term mental health is used here in a generic sense to include mental illness, psychosocial problems, and mental health promotion.

Sri Lanka, with its 21 million inhabitants is a low middle income country according to the World

Bank classification and has undergone significant socioeconomic and political change during the last three decades. Mental health problems in Sri Lanka have evolved in the context of a rapidly ageing population [1], rapid urbanisation, emergence of nuclear families, a free market economy, tsunami related developments since 2004, a civil war [2], increasing migration both internal and external, and increasing expectations of people [3]. With efforts to provide accessible basic psychiatric services locally, Sri Lanka has also developed psychosocial services including drug and alcohol services and health promotion activities. Increasing



participation of non-government organisations and the private sector, increased integration of mental health to general services, as well as the expansion of counseling services in the past 30 years are other developments. Government policy in Sri Lanka has been guided by the need to provide at least basic mental health facilities to each administrative district (population varying from 0.2 to 2.0 million) through services based at the district or divisional level (each district has 4 to 30 divisions) and where necessary, integrated with general health and other services [4, 5].

Current Status Mental Health Care in Sri Lanka

Emerging mental health issues

Increasing sensitivity of people to mental health issues, the desire to seek mental health solutions for personal distress, preference to seek private services at local or urban centers and an increasing desire to enhance wellbeing among sections of society are challenges facing the mental health system [6].

While classical schizophrenic syndromes with catatonia and hysterical syndromes become less prevalent in Sri Lanka, many new clinical problems have come to clinicians' attention. People with long-term disabilities associated with serious mental illness [7-9], mood disorders, anxiety disorders, developmental disorders including autism, dementia, and personality disorders are commonly seen now in clinical practice and cause considerable distress to the suffering individuals and to their families.

While alcohol and drug abuse problems continue to cause concern, suicide rates in Sri Lanka have decreased [10]. The distress, despair, and despondency associated with relationship problems, child abuse, domestic violence, war, trauma and illness-related issues though not the primary complaints of many, often become apparent during mental health assessments. There is an increasing demand for psychological services and social support in patients presenting for psychiatric care.

Evolving mental health services

The present psychiatric services in Sri Lanka have evolved from the approach conceived in 1960's when decisions were made to de-centralise and integrate mental health care with the general health services [11, 12]. After the establishment of the first psychiatric unit in the Kandy General Hospital in 1966 by A. Rodrigo, this

initiative could not be sustained for long due to lack of personnel, funds and leadership at the time. The National Council for Mental Health (Sahanaya) established in 1982 by the author in addition to introducing a range of far reaching community mental health activities also promoted the district mental health programmes. The National Mental Health Policy development meeting organized by the Ministry of Health with World Health Organisation in 2001 with participants from Sri Lanka and overseas including Jaswant S.Neki (India), Narendra N. Wig (India), and Afzal Javed (Pakistan) from South Asian Regional Cooperation countries and the first International Conference on Community Mental Health organized by Sahanaya in 2002 [14] gave the necessary crucial stimulus to generate policies for developing and up-scaling the present community-oriented district mental health programmes [3, 15]. Funding from international agencies during the war (1983-2009) and after the tsunami (2004) made it possible to develop the necessary infrastructure and manpower.

Today, 23 out of 25 districts have a psychiatric service with nearly 800 psychiatric beds in the District General and other hospitals. Each unit provides in-patient and out-patient services and extends services to outreach clinics in smaller hospitals. Some district units have developed many community-oriented activities especially those with an interest in a public health approach. The staff consists of psychiatrists, and nurses, as well as sometimes occupational therapists, social workers, and psychologists especially in units in urban areas. The disparity of facilities between the urban centers and districts is great, with Kandy, Galle and Colombo having the most facilities. The demand for general services for both urban and district services is high with an out-patient session serving more than one hundred patients. Private services are available in most districts. Mental Diseases Ordinance of 1956 has provided guidelines for involuntary care. The establishment of separate child and forensic services has opened the door to explore opportunities to develop much needed sub-specialty services, at least in big centres. Drug therapy is the mainstay while convulsive therapy often complements. Psychotherapy that was first introduced as a service in 1954 has not had the expected growth, and today few psychiatrists and psychologists practice with this treatment approach. Two traditional mental hospitals in the Colombo district have also reformed. The one at Mulleriyawa is almost closed with a few remaining long-term ill patients, and the other at Angoda renamed as the National Institute of Mental

Health has relocated most of its long-term ill patients, leaving about a thousand beds for acutely ill, involuntary care and forensic services. Nearly 200 beds have been created in smaller provincial hospitals to provide rehabilitation services for patients with disabilities with long-term mental illness. Additional rehabilitation beds managed by non-government organizations are available in a few districts. The Department of Social welfare and community agencies provides residential facilities for those with serious disabilities associated with development disorders.



Mental health care in Sri Lanka are de-centralised into 25 districts.

Psychosocial support services initiated by a few volunteers in the 1970's have been expanded, especially during the civil war and after the tsunami, when a large number of non-government agencies initiated programmes for those with psychological distress with the technical and financial assistance of international agencies. Psychosocial programmes are also organized at the divisional level by more than 3,000 psychosocial workers employed by special psychosocial agencies operating from more than 300 Divisional Secretariats. This newly recruited staff is expected to provide counseling and psychosocial care to children, women, the elderly, and disabled. Nearly 200 residential facilities managed by public and non-government agencies provide services for people with drug and alcohol dependence. Alcohol Anonymous conducts support

groups in a few urban centres. School children with disabilities and psychosocial problems have access to education and counseling services provided by the Ministry of Education. Mental health promotion and prevention activities are integrated into health promotion and social development programmes conducted by the Medical Officer of Health in each health division. Suicide prevention programmes initiated by a non-government agency continue to provide services in many districts. The armed forces are in the process of up-scaling their facilities for mental health by recruiting mental health professionals including psychiatrists.

The Emerging Mental Health System in Sri Lanka

Emerging mental health services for more specialised care

In the last three decades, the Ministry of Health has continued its mandate to provide psychiatric services while many other agencies have emerged to provide psychosocial care. Renamed and upgraded in the late 1990's, the Mental Health Directorate expanded its activities, and now is making efforts to establish new services, coordinate all services and monitor mental health programmes in addition to developing policies. In most districts private hospitals and health centres provide facilities for psychiatrists and other mental health professionals to provide services. With the emergence of psychosocial health and health promotion, a large number of other institutions have become important stakeholders of the mental health system. Special psychosocial agencies including National Dangerous Drug Control Board, National Alcohol and Tobacco Authority, Women's Bureau, Children's Secretariat, Child Protection Authority, Elderly Secretariat and the Disability Council were established in the 1980's and 1990's by statute or by administrative action. They have been mandated to develop policies, plans and programmes to promote wellbeing of special groups.

Trainings of mental health workers

Universities and other state institutions are increasingly taking up wider training activities. Most community agencies which have emerged since 1980's provide valuable training, education, care, and counseling services. These programmes are based on different theoretical models, some rooted in Buddhist philosophy and others on Ayurveda.

The Postgraduate Institute of Medicine continues



to train psychiatrists, and today there are nearly 60 psychiatrists in the public health sector, nearly 25 in the Universities (all of them are entitled to do private practice) and about 10 in the private sector. Diploma holders and Medical Officers of the Mental Health scheme initiated in the late 1990's to complement specialist services (present strength is around 200) continue today because of the success of this programme. All medical, health and social care workers including the primary health care team are given training in mental health by university departments of psychiatry and the Ministry of Health.

Most training programmes in counseling are undertaken mainly by the non-government sector and university departments of psychiatry. A few training programmes in psychology and clinical psychology are available in the universities, as well as private and public sector institutions. No clear processes exist in accrediting and ensuring the quality of training except in the case of medical, nursing and some other categories. Self-help, care givers and volunteers' activities have emerged since the mid-1980's in relation to clinical services.

Funds for mental health activities come from diverse sources. All public services are funded by tax payers' money allocated to each ministry or the institution. Community and other non-profit-making agencies rely on funds from the government or international donors. Private services are mostly funded by out-of-pocket payments and also through insurance schemes. Special projects, training programmes and other special activities are funded by international agencies, private donors and individuals.

Academic activities have been expanding since the establishment of the first Department of Psychiatry in the University of Colombo in 1968 by C. P. Wijesinghe. All eight medical schools in the country have established such departments although the new departments continue to experience staff shortages. There are no academic departments of clinical psychology, social work, or mental health nursing in the country. Academic departments of psychiatry tend to focus mainly on undergraduate and postgraduate training. Members of the academic departments do undertake educational, training and other developmental activities. The research publications of academics have increased in the recent times.

Sri Lanka College of Psychiatrists

Professional associations and their activities have evolved and expanded since the establishment of

the Ceylon Mental Health Association in 1958. In the mid-1960's this was renamed as Sri Lanka Psychiatric Association with the membership being limited to psychiatrists. In 2003, Sri Lanka Psychiatric Association was renamed once more as Sri Lanka College of Psychiatrists (SLCP).

Since 2001 professional activities have increased with more regional and international cooperation through the formation of the South Asian Forum for Mental Health. Today, SLCP is a member of the South Asian Association for Regional Cooperation Psychiatric Associations and Asian Federation for Psychiatry Associations (AFPA). SLCP is privileged to host the International Congress of the AFPA, in May 2016 in Colombo.

Challenges in Mental Health Care in Sri Lanka

Despite developments in the last three decades, Sri Lanka is yet to meet many mental health needs of people and the goals set out in various policy documents. Today basic mental health services are not available to people living in certain areas of the country, special needs of people are not adequately fulfilled, mental health care is becoming costly and there are great inequities in service delivery between districts.

If Sri Lanka is to minimize these problems in mental health care and meet the goals set out in policy documents, it would be important to develop a more comprehensive mental health system with better coordination among agencies, institutions, and practitioners. To achieve those set goals, Sri Lanka including all 90 members of the Sri Lankan College of Psychiatrists need to provide more appropriate training, be more efficient in mobilizing resources, recognize expertise of different professionals, and be more equitable in allocating its existing resources. (The author declares no potential competing interest in writing this invited commentary.)

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(Editor's note: Having received training in Sri Lanka,

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Designing a New Board Certification System for Psychiatrists in Japan

The biggest challenge for the current board of Japanese Society of Psychiatry and Neurology (JSPN) is to design and operate a new board certification system in psychiatry. The JSPN has decided to start the new board certification system under the guideline of the Japanese Medical Specialty Board (JMSB) in the fellow meeting during the 111th annual meeting in Osaka in June 2015, and after repeated consultation with the JMSB, "psychiatric training programme development criteria" and "psychiatric specialist update criteria" have been approved in an extraordinary fellow meeting in November 2015. The new rules and bylaws have been also approved at the fellow meeting to implement the new board certification system in psychiatry.

According to the schedule proposed by the JMSB, the training programme will be submitted to the JMSB for approval by March 2016, and it will be publicised for application by August 2016, to which new trainees are expected to apply and they will start the training under the new programme in April 2017. From the year of 2020 when the first trainee will finish their three-year training programme, all certification of psychiatrists will be issued by the JMSB under the new rules.

Brief History of Medical Postgraduate Training System in Japan

Initial clinical training

The postgraduate medical training system in Japan has been changed several times. The one-year medical practice training (internship) was installed in 1946, which required all medical graduates to be in medical internship for one year before sitting for the examination of national medical license. This internship had the

problem that a person without national medical license to engage with medical practice, and that medical graduates had to survive in unpaid practical training. Together with the opposition against the then hierarchical medical school system, the movement against medical internship occurred, and it was abolished in 1968.

Then the clinical training regime was implemented, in which medical graduates were immediately qualified to take the examination for national medical license, and they were requested to perform the one-year clinical training after obtaining medical license. With this amendment the new medical graduates could obtain the medical license to practice as a doctor, but there were no supporting measures for working conditions for the new doctors who had to rely on their livings only to part-time jobs.

Through these elapse, the clinical training system was changed into mandatory in 2004. Clinical training for two years has become mandatory for all medical graduates, under the purpose of learning a wide range of medical capacity with a focus on primary care. The trainees are paid salary from the institution to ban the provision and part-time job during the two-year training period. Now most of medical graduates are in the initial training for two years by rotating internal medicine, surgery, pediatrics, psychiatry, and some other specialty fields at designated facilities, such as university hospitals and core general hospitals.

Current psychiatric specialist system

The JSPN started the discussion whether the board certification for psychiatrists should be introduced at the committee on "Commission on Society Specialist System" in 1961. But it was difficult to come up to the conclusion because the social meaning of the board certified specialist was not clear, and there were society members who were against the board certification for psychiatrists because they believed that the board certification would make hierarchy among society members. Since the JSPN had a long lasting policy aiming at democratic society operation in comparison with other medical societies, it required more than 40 years till the actual board certification system was implemented, which was the latest board certification system in medical specialty. Finally, at the extraordinary fellow meeting and the general assembly of the JSPN in 2002, "The basic policy of psychiatric specialist system (the so-called Yamauchi report) " has been approved, and the board certification system was enforced in 2008. In 2008, 10,498 active psychiatrists who have met

certain requirements were certified with the passing rate of 96.5%. After that year, new psychiatrists who had completed a three-year training programme were eligible to take the examination for board-certified psychiatrists. There were 762 board certified psychiatrists who passed the written and oral exam after finishing the three-year programme training. The average passing rate was 75.3%. The JSPN has approved 11,260 board-certified psychiatrists as of December 2014.

Establishment of the Japanese Medical Specialty Board (JMSB)

Until today, the board certification of medical specialty, including psychiatry, has been operated by the academic society in the respective medical field, in which each society has its own rules and regulations for the certification. Along with the fragmentation and specialisation of medical specialty, the number of societies running the board certification system, has significantly increased. As of 2015, there are 57 board-certified qualifications, which are deemed possible to advertise by the Ministry of Health, Labour and Welfare (Table 1). In the field of psychiatry, certification system of JSPN and that of General Hospital Psychiatric Association are approved for advertising. Management of the board certification system has been left to the society's own hand, and the quality of the certification was not guaranteed by public authority, and variation in the quality of the certification system has become noticeable. The certification system operated by the society began to deviate from the one adequately recognized from the public line-of-sight.

Based on such reflection, the JMSB was launched in May 2014 under the purpose of establishing a new board certification system that can be trusted by public as well as by academic society to provide high-quality and appropriate medical service through training and lifelong education of the qualified medical doctors. JMSB has announced the following four goals:

- The board certification system should be able to ensure the quality of the specialist.
- The system should be reliable index of the specialists for the patient.
- The system should be accepted and widely recognised by the public.
- The system should be managed by medical doctors with pride and responsibility, and autonomous medical professionals should run the system from the view point of the patient.

JMSB regards it most important to obtain the public trust to the new board certification system which is to ensure the quality of medical doctors as the professional that plays sufficient contribution and responsibility to the society, aiming for the harmonization of the adequate supply of medical service to the society.

Following the basic policy of the JMSB, about 10,000 medical doctors who have completed the two-year initial training will be registered to one of the three-year training programme for the specialists in 19 core fields. Doctors aiming for the board certification are expected to complete the minimum three-year programme to be qualified to take the examination for the board certification. The JMSB expects to create a programme for training doctors with specialised knowledge and skills that is trusted by patients and their families to deliver high-quality speciality care to the society. The specialist that is referred by the JMSB is by no means the almighty doctor but the one with standard skills and knowledge. The JMSB authorises “the specialist,” as the medical doctor who has received proper education in each medical field, who has sufficient knowledge and experience as the doctor who is able to provide the standard medical service trusted by the patient.

Core medical subspecialty fields

The JMSB has approved 19 core medical fields; 18 of which already exist (internal medicine, dermatology, surgery, obstetrics and gynecology, ENT, neurosurgery, anesthesiology, pediatrics, psychiatry, orthopedics, ophthalmology, urology, radiology, emergency, rehabilitation, plastic surgery, pathology, and laboratory medicine). Comprehensive general medicine has been added as a new core field, and 19 core medical subspecialty fields are officially approved by the JMSB (Table 1).

Psychiatry is included as one of the 19 core fields, and we are expected to design the board certification system for psychiatrists under the guideline proposed by the JMSB. The field of psychiatry is unique in several view points:

- Psychiatry is one of the major area in which the number of specialists are already more than 10,000 ranked as the 7th in terms of the number of specialists.
- Psychiatric service covers wider area than other medical specialty extending into the field of welfare, legislature, administration, and education

in addition to medical service itself.

- The JSPN has launched the newest board certification system.
- More than 3/4 psychiatrists are working at psychiatric hospitals.
- More than 80 % of psychiatric beds are run by private hospitals.
- Psychiatric service is moving from hospital-based to community-based service. In designing the new board certification system for psychiatrists, these points should be incorporated for improving psychiatric service.

Designing the Programme for Psychiatrist Specialists

Number of programmes

Fortunately, psychiatry now is one of the most popular medical specialty for young doctors in Japan. The number of residents specialised in psychiatry has been increasing. Compared with the number of doctors in 2010 in Japan, the medical doctors specialised each filed in 2015 has increased in psychiatry (52.3%), ophthalmology (23.3%), orthopedics (15.0%), pediatrics (14.3%), dermatology (8.1%), urology (7.9%) while surgery (-18.2%), gynecology (-9.0%), and internal medicine (-4.3%) has shown some decrease.

Since we expect 400-500 new doctors will be psychiatry specialists, we calculate the number of psychiatry programmes should be able to accept 500 trainees per year. It is assumed that the required programme number should be 100-200 as each programme is to accept 3-5 doctors.

There will be 80 programmes in which psychiatry department of medical schools in Japan will be the core facilities of the programme and also some other psychiatric hospitals or mental health centers could be the core facilities of psychiatry training programmes.

Configuration of training facilities group

Under the guideline of the JMSB, three or more facilities are supposed to be responsible for the training programme. In the field of psychiatry, training at medical school, psychiatry department of general hospitals, and psychiatric hospital could be the three major fields of training. Considering the diversity of psychiatric service, mental clinics, health centre of companies, health centre of the local government could be the possible sites for psychiatry training. Some programmes might be strong



in child and adolescent psychiatry, forensic psychiatry, old age psychiatry, or consultation psychiatry.

Content of the programme

Psychiatry has evolved while swinging between biological psychiatry and psychological psychiatry like a pendulum. A good training programme to cover all biological, psychological, and social aspect of psychiatry is important. As for psychiatric treatment, learning psychosocial and biological intervention is also important. For the current practice in psychiatry, psychiatric service is blamed for its too much rely on pharmacotherapy. Probably the new training program should have substantial education in psychotherapy and awareness in psychosocial intervention. Psychiatric community care is also an important point since the psychiatric service is shifting from hospital-based treatment to the community-based service.

In future psychiatric care, the voice of the patient and family in the community with mental illness should be listened more closely in providing any psychiatric service. Improving mental health and preventing psychiatric illness will be the main targets of psychiatric service. These points should be considered for the training program of psychiatrists. (The author declares no potential interest in writing this invited commentary.)

Table 1. Subspecialty physicians of 19 core medical Specialty fields approved by Japanese Medical Specialty Board

Surgery	21,275
Orthopedics	17,280
Internal medicine	15,125
Pediatrics	14,940
Gynecology & obstetrics	12,569
Ophthalmology	10,860
Psychiatry	10,104
Otolaryngology	8,540
Neurosurgery	7,207
Anesthesiology	6,733
Urology	6,471
Radiology	6,334
Dermatology	6,129
Emergency medicine	3,626
Pathology	2,232
Plastic surgery	2,191
Rehabilitation	1,930
Laboratory medicine	666
General medicine	0

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expressed in this invited commentary are author's own

personal opinions, they do not necessarily

reflect those of the Japanese government, or those of the

World Psychiatric Association, or the

Japanese Society of Psychiatry and Neurology.)

A Report of 2015 Activities of the Vietnam Psychiatric Association

The Vietnam Psychiatric Association (VPA) was founded in 1997, and the VPA became an official member of the Asian Federation of Psychiatric Associations (AFPA) in 2014. Total number of psychiatrists nationwide is 850. Total number of forensic psychiatrists is 182.

Since its establishment, the VPA has more contributed to the development of Vietnam mental health care and the health care in general. Up to now, Vietnam has 35 mental hospitals, (including 2 national hospitals, 1 National Institute of Mental Health, and 32 provincial psychiatric hospitals). Vietnam has established forensic psychiatric system including 1 National Institute of Forensic Psychiatry and 5 regional centers of forensic psychiatry.

Executive committee of the VPA currently has 25 members; the VPA has developed some work in 2015:

The construction and development of the VPA

In 2015, the VPA has created three more chapters, bringing the total number of chapters of the VPA to 25 chapters nationwide. In 2015, eight chapters congress elected 2015 - 2018 executive committee. The associations are contributing to the VPA membership dues. All VPA members have been granted membership card. The office of the VPA has been strengthened with adding some office equipments.

Consultation and criticism

Along with the Vietnam Medical Association, the VPA has contributed many measures to reduce the load of inpatient beds at the central level. The VPA has also contributed to solution of universal health insurance, developed strategic development move ahead mental Vietnam years 2015-2030 and vision in 2050, as well as developed strategic development of psychiatric forensic expertise in 2015-2020 and vision 2030.

The scientific research

The VPA did the study in psychiatric epidemiology. In addition, the VPA looked at some traditional medicine detoxification treatment for drug addiction, developed diagnostic criteria of mental diseases related to dioxin exposure, and participated in compiling the Encyclopedia Vietnam on Psychiatry.

Training activities

The VPA participated in postgraduate education for physicians' training of doctoral, masters, specialists 1 and 2 (M.D.), as well as professional training for assessors in forensic psychiatry.

The journal

Using the format of Science Citation Index (SCI) psychiatric journals, four issues of the Vietnamese Magazine, the official scientific of the VPA, were published in 2015. The VPA plans to publish six issues of the Vietnamese Magazine in 2016.

Organising scientific conferences

In 2015, the VPA organised two scientific conferences with a symposium on child psychiatry and the other one on forensic psychiatry. The VPA sent delegates to participate in two international congresses on psychiatry, one with the World Congress of Asian Psychiatry in Fukuoka, Japan, 3-6 March 2015, and another one with the World Psychiatric Association International Congress in Taipei, Taiwan, 18-22 November, 2015.

In 2016, the VPA plans to host one international conference on the issue of psychopharmacology.

Difficulty and suggestions

The executive committee activities were not well-handled because of difficulty in obtaining funds for operation. The suggestions to improve are to get funding from Ministry of Health. The targeted operations are for the task to do certification process for VPA psychiatrist members to practice psychiatry for taking care of

patients in Vietnam.



A photo at a symposium of the WPA IC Taipei, 18-22 November, 2015. Front row (from L to R): Winston W. Shen (Taiwan), Tran Van Cuong (Vietnam), and Heng Mao (Cambodia)

Orientation activities

By 2020, 100% of the psychiatric facility should have membership branch of association. The VPA needs to enhance cooperations and exchanges of experience with other organisations, universities, hospitals, mental institutions domestically and internationally. The VPA plans to host and to organise an international congress on psychiatry in 2018 in Hanoi, Vietnam.

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Asian International Students in Osaka

October 2012 was a turning point in my life, because I met Prof. Masatoshi Takeda who was a key-note speaker giving a plenary lecture at the annual meeting of the Taiwanese Society of Psychiatry. The topic was dealing with early interventions and new clinical trials of Alzheimer's disease. Issue of ethical consideration and social responsibility were also

mentioned by him. Few days later, our department chairman, Prof. Chia-Yih Liu also invited Takeda to visit our department and gave another talk at the Department. Because I had learned Japanese language for three years, I was assigned to help host Takeda during his visit. Therefore, I had a chance to talk with him and to learn more about Department of Psychiatry at Osaka University Hospital.



EXPO Tower and the Osaka University Hospital complex (Photo courtesy of M.Takeda)

To achieve the responsibility for better geropsychiatric care, I started to believe that a new style of clinical trials of disease-modifying drug for Alzheimer's disease and solving problems of early detection/management in patients with cognitive impairment are important. Thus, I decided to apply for a clinical and research fellow at Osaka University Hospital from August 2013 to July 2014. I wanted to learn more experiences from the country where has longest life expectancy in the world.

Beyond joining clinical practices on psychiatric ward and in dementia clinics at Osaka University Hospital, I also got the chance to visit several aspects of current progress in Takeda's research groups, especially the laboratory of neurochemistry, group of cognitive-behavioral-physiology, and group of neuropsychology. At group of neuropsychology a clinical database was established to collect general data, results of neuropsychological assessments and neuroimaging of patients with organic brain diseases, mainly dementia and mild cognitive impairment. Team members discussed all cases weekly. There were also some studies in normal pressure hydrocephalus, mild cognitive impairment, and so on. Research themes of cognitive-behavioral-physiology group involved using neurophysiological methods, likes magnetoencephalography, electroencephalography, and transcranial magnetic stimulation to approach dementia. What's more, I spent much time in neurochemistry

laboratory, the first six months in Tau-protein team (Dr. Tanaka's team) and another six months in γ -secreatase team (Dr. Okochi's team). I concentrated on studying mechanism of Alzheimer's disease. They assigned some homework then let me operate part of experiments with assistance.

I met Chonakarn Niyomthong, a second year psychiatric resident trainee, who came from Khon Kaen University, Thailand in May 2014. She had two chances to study abroad during psychiatric residency training, one course a month. Thus, Niyomthong's mentor introduced her to learn the development and present situation of psychiatry in Japan. She was interested in the assessment and management of patients with schizophrenia.

Ching-Han Shao, another clinical fellow for three months, came from Yuli Hospital, Taiwan. Beyond general psychiatric practices, he focused on consultation-liaison psychiatry (geriatric and psychosomatic medicine) and Kampo Medicine (Chinese Medicine). He was studying how the Japanese update the information of traditional herbal medicine and apply to geriatric schizophrenia patients.



A farewell dinner for Yu-Wen Chiu. Front table (from the left clockwise): Saori Iuchi (Japan), Masao Iwase (JP), Masayasu Okochi (JP), Yu-wen Chiu (Taiwan), Hiroto Satake (JP), Saori Takeda (JP), and Shinji Tagami (JP), Back table from the left clockwise): Masatoshi Takeda (JP), Takashi Kodama (JP), Yukiko Sumi (JP), Mieko Kitamura (JP), Toshihisa Tanaka (JP), and Ching-Han Shao (TW)

"Live locally, grow globally" is a slogan for Department of Psychiatry at Osaka University, where has the environment of being very hospitable to foreign scholars and students, and each department maintains the instructional autonomy of teachers and foster an atmosphere of academic freedom. I still appreciate what I have learned from those teachers and experienced from the one-year life in Osaka. (The author declares no potential conflicts of interest.)

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FROM THE EDITOR

To Travel to Sri Lanka and to Get Wise: Beyond Serendipity Discovery

The term “serendipity” was first coined by the British writer and historian Horace Walpole, the fourth Earl of Oxford when he first wrote a letter on 28 January, 1754 to his friend Sir Horace Man, a British diplomat posted in Italy [1, 2]. Walpole got the innovative idea of this new term in a classic story “*Three Princes of Serendip*,” describing three princes from Serendip (present day Sri Lanka) travelled by the suggestion of their father to get to know the world. Serendip is an old name for Sri Lanka (also known as Ceylon), “Simhaladvipa” in Sanskrit, and “Sarandip” in Persian [2].

The term “serendip” appeared in print for the first time in a publication in 1875 when the chemist and bibliophile Edward Solly responded to an anonymous article some weeks before in Notes and Queries about the story of Walpole [1]. Therefore, serendipity as a concept in science traditionally has been associated with “accidental discovery” or “pleasant surprise.”

In 2010, Baumeister et al. intended to standardise the term “serendipity” and found that there are 16 types of serendipitous discoveries in psychopharmacologic development [3]. Among them, they include the discoveries of antipsychotic drug chlorpromazine [4-6] as well as two antidepressants--imipramine and ipronizid [1] when they were originally intended to be developed for an antihistamine, as well as a substituted antipsychotic drug and an antitubercular drug, respectively.

The book *The Chrysanthemum and the Sword* was published in 1946 by Benedict Ruth [7] who studied the society and culture of the Japanese “at a distance” during World War II. She had never been in Japan

while writing her book. Therefore, Ruth’s book is full of non-validated errors and stereotypical statements about Japan and the Japanese. By any standard today, Ruth’s descriptions in her book, in my opinion, are not supported by evidence-based data and she ran her over-interpreted extrapolations of discussion wild. Therefore, some conclusions of the book are tenacious.

To promote the attendance at the International Conference of the Asian Federation of Psychiatric Associations (see Samudra Kathiriarachchi’s announcement on page 3 in this issue of *the Bulletin of the AFPA*), I am refrained from describing anything about Sri Lanka or Sri Lankans because I have not earned a right to do so, and I have never visited there. But for the sake of attracting potential delegates to attend the IC of the AFPA 27-30 May, 2016, I try to entertain readers of *the Bulletin* one Sri Lankan proverb, “Wisdom can be found travelling.”

I have not found this proverb serendipitously but I have found it through an Internet search purposefully. (The author declares that he has indeed an interest in recruiting AFPA delegates to attend the IC of the AFPA.)

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Seated Buddha statue at Dambulla cave temple (Photo courtesy of the Sri Lanka College of Psychiatrists).



Kataragama Esala Festival (Photo courtesy of the Sri Lanka College of Psychiatrists).

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