> and treat people against their will and the power to determine the standards by which people are selected for confinement.' (Minkowitz, 2006)

These concerns, however, need to be balanced against wider societal interests (Wessely, 1997) and the mental agony of the affected families, poignantly articulated by an author and father whose son has schizophrenia:

> 'Can anyone explain to me wherein lies the value of freedom to refuse medication, go round the bend and end up detained in hospital?' (Salmon, 2006)

A detailed examination of these critical issues is outside the scope of the present communication, but they must inform any discussion of a new mental health law.

Future directions

It is no one's case that India's Mental Health Act 1987 is perfect. However, any demand for a new mental health law must be tempered with realism, keeping in mind the tortuous law-making process and weaknesses in the crucial domain of implementation, as well as the need to find a broad consensus among the many competing interests. This will require a comprehensive, multi-sectoral dialogue among the various stakeholders, led perhaps by the National Human Rights Commission. In this complex process, mental health professionals in general and psychiatrists in particular will have to give more than they get and any colonial vision of playing the traditional paternalistic role must be put to rest. Even then, the outcome is unlikely to satisfy everyone and, as Mukhopadhyay (1998) articulates this gloomy prognostication:

> 'it is not sensible to expect that law can ever be a potent force for change in the existing social structure: the hope of ensuring gender justice using law as an instrument of social engineering is an altogether impossible dream.'

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SPECIAL PAPER

Forced marriage

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This article examines factors that are salient to understanding forced marriages and provides an overview of the issue. It aims to promote awareness in the UK, where there is a need for services to develop appropriate responses, as primary care and the local psychiatric services are not geared up to tackle such transcultural issues.

Forced marriage is an abuse of human rights. Forced marriage occurs within diverse cultures, traditions,

nationalities, races and religions, although it seems that the incidence of such cases in the UK is highest among Muslim, Hindu and Sikh women in the Bangladeshi, Pakistani and Indian communities.

Ann Cryer was the first MP to raise the issue of forced marriages in the House of Commons, in February 1999. Following on from her adjournment debate, the government established a working group on forced marriages, whose report, *A Choice by Right* (Home Office Working Group on Forced Marriage, 2000), highlighted this as a serious but neglected issue. Recently, forced marriage has attracted the attention of the media in the UK. The government's Forced Marriage Unit has recently unveiled a campaign backed by actor and writer Meera Syal and former EastEnders star Ameet Chana. *Forced Marriage: A Wrong Not a Right*, a consultation paper on forced marriage, was published in 2004 by the Foreign and Commonwealth Office (FCO) to prompt public debate on whether the criminalisation of forced marriage would help to combat forced marriages in the UK, although a plan to create a new criminal offence of forced marriage was in fact shelved by the government in June 2006. The government has initiated a £250 000 programme to improve liaison between British and overseas police forces and to train FCO staff to help them deal with the victims of forced marriage. Oxfordshire NHS has set up a website dedicated to the issue (http://www.forcedmarriage.nhs.uk/index.asp).

The distinction between forced marriage and arranged marriage

It is important first to understand how forced marriage differs from arranged marriage. In the latter, the families of both the spouses take a leading role in arranging the marriage but the choice of whether or not to accept the arrangement remains with the young people. In forced marriage, one or both spouses do not consent to the marriage and some element of duress is involved (either physical or emotional, or both). The crucial factor, which the Home Office Working Group on Forced Marriages (2000) used to differentiate between forced and arranged marriage, is consent. It is important to note that forced marriage is not sanctioned within any culture or by any religion.

Incidence of forced marriage

As the majority of cases are not reported, because of their controversial nature, it is difficult to know the exact number of cases. Currently about 250 cases of forced marriage are reported to the FCO each year. Conservative estimates suggest that about 1000 women in the UK are annually subjected to forced marriage, either within the UK or during a visit to Bangladesh, Pakistan or India under the guise of a vacation or visiting a sick relative. The not-for-profit organisation Southall Black Sisters (2001) reported that it deals with 1000 cases of forced marriages annually, while the Bradford Police deal with 70 cases annually. Most cases involve young women and girls aged between 13 and 30, although there is evidence to suggest that as many as 15% of victims are male (Foreign and Commonwealth Office, 2004). The FCO's Community Liaison Unit deals with approximately 250 cases and the figures have increased year on year since the establishment of the Unit. This is the government's central unit dealing with forced-marriage case-work, policy and projects. There is considerable under-reporting and the figures are a small fraction of what is estimated to be the real scale of the problem.

Psychological problems

There are no published studies encompassing the psychiatric morbidity in this population. However, isolated case studies have come to the attention of the police and social services departments. The majority of responses to the consultation paper *Forced Marriage: A Wrong Not a Right* were from women's groups and domestic violence forums, with the next most represented categories being local governments and individuals (Forced Marriage Unit, 2006).

Common psychological effects of forced marriage are feelings of depressed mood, irritability, low self-esteem, rage and frustration, sleep problems, difficulty in forming relationships and difficulty trusting others. Victims may have other mental health problems and display behaviours such as self-harming, self-cutting or anorexia, as well as drug and alcohol misuse.

Isolation is one of the biggest problems facing victims of forced marriage. Those who attend services seeking help are likely to be under severe stress when running away from the situation. In addition, the victims have feelings of guilt, as they have run away from their families and thus brought shame, leading to social ostracism and harassment from the family and community. In response to the stress, the victims may harm themselves and may have suicidal thoughts. Raleigh & Balarajan (1992) stated that the suicide rate among 16- to 24-year-old women of Asian origin was three times that among 16- to 24-year-old women of White British origin. This high rate has been attributed to cultural pressures, conservative parental values and marriage issues which may clash with the wishes and expectations of the young women themselves. The person who has been forced into a marriage may become trapped into a cycle of abuse, with long-term psychological and physical consequences.

Feelings of isolation, depressed mood and on occasions self-harm should be dealt with delicately. Victims will find it difficult to confide in their family and close friends. In addition, they may have to cope with financial and accommodation pressures when they leave the family home and have to deal with the reality of independence (Foreign and Commonwealth Office, 2004).

Warning signs

There have been instances where the victims have been withdrawn from education, thus restricting their personal and educational development. Students may present with a sudden decline in their performance, aspirations or motivation, or may show a decline in their punctuality and may be subject to excessive restrictions and control at home. Teachers can play an important part and should be alert to potential warning signs – such as a sudden drop in performance, a history of domestic violence, truancy, extended absence through sickness or overseas commitments, a history

of older siblings leaving school early and marrying early. It is, though, important not to assume that forced marriage is an issue simply on the basis that a student presents with any of the above problems.

The education and health authorities should be trained to identify and respond to victims' needs at an early stage, by not only offering practical advice and referral to counselling services or support groups but also, if required, referral to social services. Social services will often play a key role in protecting the interests of the young person and have a duty to make enquiries into allegations of abuse or neglect against a child (under section 47 of the Children Act 1989). They can also provide information about their rights and choices and refer young people, with their consent, to appropriate local and national support groups or counselling services; they can also encourage access to advocacy services (Foreign and Commonwealth Office, 2004).

Health professionals should be aware of the impact of forced marriage. General practitioners should be aware of the issues regarding forced marriage and especially of the need to keep the information confidential from the victim's parents (Foreign and Commonwealth Office, 2004).

Role of mental health services

The author recommends that primary care and psychiatric services should be geared up to identify this particular issue and appropriate guidelines should be laid down to tackle it. It is important to treat the various mental health disorders secondary to the stress of forced marriage and ensure victims' safety. There should be provision for the mental health team to be able to liaise with the specialised transcultural team for the Black and minority ethnic population so as to be able to understand the culture and give emotional support. This team should be able to provide psychological support. Mental health workers should be made aware of the issue of forced marriage, especially when dealing with young adolescents. In complex cases, there should be appropriate liaison between the police, social services and the forced marriage unit. The development and implementation of strategies to address forced marriage must be underpinned by an understanding of the practice as constituting a breach of fundamental human rights and possibly demanding legal action, rather than a view that it is no more than a 'family affair'.

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NEWS AND NOTES

For contributions to the 'News and notes' column, please email ip@rcpsych.ac.uk

Pan-American Division Newsletter

This year's symposium, 'Women and Psychiatry Around the World: The Importance of Gender and Culture', at the meeting of the American Psychiatric Association (APA) in San Diego, was very successful. The speakers were from Pakistan (Haroon Chaudhry), Kenya (Frank Njenga), Egypt (Nasser Loza), Trinidad (Gerard Hutchinson), Mexico (Asuncion Lara) and Australia (Jayashri Kulkarni), and Sheila Hollins, President of the College, was the discussant.

The liveliness and fun of the reception hosted by the Pan-American Division/Royal College of Psychiatrists at the Omni Hotel was not affected by San Diego's untimely cold misty weather, even though it was partly on an outside balcony. The President and nearly all the other officers of the College and several of the staff were there and there was a large contingent of APA officers, including the President, President elect and several past Presidents, and many officers and members of the APA Assembly.

The Pan-American Division put on an excellent session at the College annual meeting in Edinburgh, organised and chaired by our financial officer, Simon Brooks. Stephen Kisely from Nova Scotia spoke on community treatment orders and Sue Bailey, from the Adolescent Forensic Service, Manchester, England, on the ethics of detaining child patients.

Independently of the Pan-American Division, the College and APA have been working closely together. There was a joint Presidential symposium, 'Health Inequalities for Persons with Mental Health Problems and Developmental Disabilities', at the APA meeting. Professor Hollins spoke to the Assembly and to the Board of Trustees of the APA. There was a joint business meeting and one of the topics pursued was a joint programme to provide training and consultation by volunteer psychiatrists to other countries covered by the Pan-American Division. There were also two joint sessions at the College annual meeting in Edinburgh: 'Recovery and Its Meaning for Minority Groups', covering disparities in mental healthcare in the US and UK, and 'Recovery and Intellectual Disabilities'.

There was a very small attendance at the executive meeting in San Diego but the generous offer of support for someone from the Caribbean or Central or South America to attend the APA is still open. Contact Dr Bark for further details.