

never participate in coercive forms of treatment that are not fair to the individual patient.

Where restriction of the liberty of a patient is necessary, arrangements must be fair to the patient in ways that maximise his or her liberty (and dignity) and do not subsume these to considerations of efficiency. Where restriction of the liberty of a psychiatric patient is being considered for the protection of others, the restriction should be proportionate to the threat and respectful of the liberty and dignity of the patient.

We have thus far focused on liberty in light of the primary importance of the liberty principle. The 'difference principle', however, is also important for psychiatrists. Its emphasis on ensuring the best outcome for the worst off in society puts psychiatrists in a strong position to advocate greater funding for public mental health services. Indeed, it can be said that

the fairness of any society can be assessed in large part by the social outcomes of people with intellectual disability or mental illness.

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NEWS AND NOTES

Contributions to the 'News and notes' column should be sent by email to: Amit Malik MRCPsych, Consultant Psychiatrist, Hampshire Partnership NHS Trust, UK, email ip@rcpsych.ac.uk

College mental health leaflets in other languages

Over the past couple of years the College has had huge support from members and staff to translate the College mental health leaflets into 14 different languages. There are well over 100 translated leaflets available to the public, in paper form and on the College website. The web pages for the Arabic series, coordinated by Dr Sabry Fattah, attracted over 44000 visits in 2008. The pages with Farsi translations attracted 32000 visits and these leaflets are also hosted on the website of Mashhad University of Medical Sciences, Iran. The College is collaborating with Dr Syed Ahmer and Prof. Murad Khan at the Department of Psychiatry, AKU, Karachi, who have organised the translation of many College leaflets into Urdu, and are printing them for free distribution in Pakistan.

In Europe, in 2008 the mental health information page of the College website had 14000 visitors viewing the French leaflets and 13000 reading Polish translations. The College is now planning to extend this exciting and challenging work in 2009 and welcomes more volunteers to help with translations.

News from the Pan-American Division

The Pan-American International Division of the Royal College of Psychiatrists has again organised an international symposium at the American Psychiatric Association's annual meeting in San Francisco in May 2009, for members of the College from around the world. The symposium, entitled 'The effects of city life on mental health around the world', is on Tuesday 19 May, 2–5 p.m., in the Moscone Center, Room 122, Exhibit Level North. The presenters are from Cairo

(Nasser Loza), Mexico City (Elena Medina-Mora), Mumbai (Amresh Shrivastava), São Paulo (Paulo Menezes), Singapore (EE-Heok Kua) and Australia (Helen Herrman). Rachel Jenkins (London) will be the discussant and Nigel Bark (New York City) is chair.

That same evening (6–8 p.m.), the Pan-American Division and the College will have their annual reception (check the venue in the Directory of Allied Meetings). All members and friends of the College are very welcome.

The Pan-American Division's session at the Royal College's 2009 annual meeting in Liverpool is on 2 June, 9.45–11 a.m. entitled 'A fair deal in North America?' It will feature 'Stigma in Canada' (Roumen Milev), 'Services in the Bronx' (Nigel Bark) and 'Cross-border training in Mexico' (Richard Swinson).

The next steps for Kenya

Following a situational needs analysis in Nairobi, a 5-day working conference, 'Working with children and young people with mental health problems in the juvenile justice system', was hosted by the Royal College of Psychiatrists. Participants were drawn from various disciplines, including the police and judiciary, probation officers, special-needs teachers, psychiatrists, nursing staff from the Mathari Hospital, social workers and children's department staff and administrators from the Ministry of Health. Throughout the week, a number of recurring themes emerged:

- there is a need for systematic training in recognition of mental health problems in young offenders across all agencies and at all levels of staffing
- there is a need for formalised systems of inter-agency collaboration
- child protection services have to be developed
- protocols for all agencies have to be produced.

Following that programme, the next steps are to disseminate training in Mombassa and Kiiushu; all agencies are expected to participate. Training is to be delivered by Dr Tina Arani and Mr Paul Tarbuck.

With regard to developments in Nairobi, following the training, colleagues in all agencies decided that a youth offending service is to be developed; psychiatry is to take the lead along with probation. Another development is establishing a probation office in the grounds of Mathari Psychiatric Hospital; this is to ensure that young people leaving hospital are provided with assistance.

Revalidation

The General Medical Council is introducing licensing and revalidation. Licences will replace registration as the basic instrument doctors will need to hold in order to practise. Licences will have to be revalidated periodically, typically every 5 years. All doctors who require one will receive a licence this autumn.

For those doctors on the specialist register, there will be a separate form of revalidation known as recertification. The College has a role in setting standards for specialists in each specialty and is devising methods of assessing specialists against those standards. It will be necessary for every specialist to meet College standards in order to be recertified. Pilots are currently being run on some assessment methods and others will follow later in the year. It is hoped that recertification of specialist psychiatrists will be piloted from the beginning of 2010, with the programme being rolled out to all in 2011.

Action on Health and Social Care for Migrants and Ethnic Minorities in Europe (HOME)

On 14 and 15 January, the Centre for Psychiatry at the Wolfson Institute of Preventive Medicine in London hosted the London COST (European Cooperation in Science and Technology) meeting as part of the European Union's 'Health and Social Care for Migrants and Ethnic Minorities in Europe' (HOME).

The topic of the meeting – 'Life course and developmental perspectives on young people's health and well-being' – attracted delegates and speakers from Lithuania, Sweden, Denmark, Holland, Turkey, Finland, Israel, Belgium, Malta and Canada.

The recent increase in the numbers of migrants in Europe has generated a growing volume of research on their state of health and the need to adapt care services to their needs. Scientific progress in this field, however, is held up by a lack of interdisciplinary and international collaboration. Moreover, the addition of a cross-national perspective can yield new insights into the causes of ill-health and can further the exchange of good practice. In southern, central and eastern European countries, work on migration and health is in need of strengthening and encouragement.

The presentations considered ethnographic, qualitative and epidemiological approaches to understanding life course impacts on the well-being and health problems of young people. The meeting was not focused only on mental health; it was evident that mental health and health risk behaviours were central to well-being and health in general. Controversies included the role and relevance of risk and protective factors, such as cultural identity, social support, diaspora, language, religion, national migration and health policies and EU policy to manage migrants. Data on substance misuse, obesity, physical activity, infectious disease and cardiovascular disease were presented and discussed critically. Different national perspectives on how to tackle health emerged, but a common thread was oppressive and unhealthy policies for managing migrants in the EU compared with the US.

Overall, this COST action brings together 88 experts in 29 different countries to consolidate and review work carried out so far, identify blind spots and persistent problems, and recommend ways forward. Its three working groups are concerned with policies, state of health and healthcare. Members work together to organise workshops, conferences and training activities, as well as producing publications and developing joint research proposals.

The COST website is <http://www.cost.esf.org> and the HOME page http://www.cost.esf.org/domains_actions/isch/Actions/HOME. The meeting was followed by the launch of mighealthnet, a wiki-based resource of understanding healthcare problems among migrants, including policy and practice, at http://mighealth.net/uk/index.php/Main_Page for the UK pages.

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Sir: *International Psychiatry* is widely read, not only by psychiatrists but also by other doctors and healthcare professionals around the world. Although all sections of the journal are very informative, the country profiles are particularly well received, because they provide an excellent outline of mental health services, education, training, research and policy in the respective countries. The country profile on Bahrain was comprehensive and informative. However, Bahrain's location was given as the 'Arabian Gulf', which might be confusing for some

readers, particularly those outside the Middle East region. The formal location of Bahrain according to the United Nations, the International Geographical Society and various international atlases is the Persian Gulf. It will be a shame if this undermined understanding of Bahrain's very good mental health services.

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