Leadership and professional skills for young psychiatrists: the Addis Ababa experience

Three young South African psychiatrists, rapt with excitement and anticipation, boarded a Saturday afternoon flight to traverse the continent. Their destination was Addis Ababa, the seat of the African Union. For the three this would be their first visit to Ethiopia; their first venture into the rest of Africa and its rich history.

In February 2006, I along with many other young psychiatrists from around Africa received an invitation to apply for selection for a course on leadership and professional skills for young psychiatrists. Finding the course content to be relevant and interesting, I, together with approximately eighty others from South Africa and other African countries forwarded my application to the selection committee. In April 2006, the thirty selected young psychiatrists found themselves on flights destined for Addis Ababa, Ethiopia.

The course was scheduled over a three-day period. For the two days prior to this, delegates from Africa, Europe, America and Canada convened at the African Union Buildings for the annual conference of the African Association of Psychiatrists and Allied Professions (AAPAP)

"Mental Health in Africa: A Time for Action" was the theme of this well organized conference, held significantly at the African Union. Notably, this was also one of the few, if not only, psychiatric conferences that did not require a registration fee.

The opening ceremony was warmly received. It was marked by speeches from the First Lady of Ethiopia, the Health Minister, a representative of the WHO and presidents of AAPAP and the EPA (Ethiopian Psychiatric Association), all of whom emphasized the need for recognition and development of Psychiatry in Africa. This conference also saw the launch of the first edition of the "African Textbook of Clinical Psychiatry and Mental Health."

The conference content varied, with presentations ranging from Mental Health Policy in Africa to the ever concerning impact of HIV-AIDS on mental health. What clearly emerged from the parallel sessions was the extent to which psychiatric research was conducted in Africa. More surprisingly, and pleasantly so, was that a vast number of studies presented were undertaken by newly qualified and training psychiatrists. Most impressive was the enthusiasm and pride with which these young specialists embraced their research. All of this often in the face of a severe lack of funding, resources and guidance; including very limited opportunity for international publication.

After two eventful days and as with many gatherings on the African continent, the conference ended with the same passion, warmth and commitment, with which it began.

The next three days of the "Addis experience" were dedicated to the meeting of young psychiatrists, eager to learn and the faculty, who were equally eager to teach. As Professor Norman Sartorius and Dr Frank Njenga explained, the vision and objective of the course was to initiate the development of potential future leaders of psychiatry in Africa and to equip them with the necessary skills to take the discipline to new levels in the years to come.

The faculty dedicated to our training comprised of psychiatrists Prof Norman Sartorius, Prof Sir David Goldberg, Dr Frank Njenga, Dr Atalay Alem, Prof Gunner Kullgren and Dr Charlotte Hanlon, Thomas Walunga of the Uganda Schizophrenia Fellowship, and Diane Froggatt, secretary and development officer of the World Fellowship for Schizophrenia and Allied Disorders (WFSAD)

The well-constructed course encompassed a variety of topics. These ranged from the process of mental health care service development to the skills required for training others, participating in conferences and publishing research.

As participants, we were certainly put through our paces with prescribed tasks and ad hoc presentations. We quickly learnt to accept constructive criticism graciously and to embrace our newfound skills with confidence and enthusiasm. The feedback session at the end of the course, illustrated quite clearly what the impact of (1) the course and (2) the interaction generated therein had on each of us as individuals. A strong sense of achievement and satisfaction emanated from the members of the faculty. As participants, whilst varied in our articulation, we all voiced the same level of appreciation for the effort that was made to ensure the success of the course. We were also left with a sense of pride at having been selected to participate in this once in a lifetime opportunity.

Personally, my most profound experience was meeting fellow young psychiatrists and sharing in the challenges of our chosen field. I was amazed to discover that the participant from Malawi was the only qualified psychiatrist in his country and, as such, played a significant role in developing their mental health policy. In 2006 the very first psychiatric registrars in Ethiopia would complete their specialist training. I also discovered that the trainees in Sudan, whilst having completed their clinical training, did not have an examining body to grant them specialist status. Despite these obstacles, these inspiring professionals were determined to triumph and to make a difference to the practise of psychiatry in Africa.

The faculty must surely be pleased to know that their efforts have not been in vain, for, just three months later, participants have already begun training health workers, initiating research and publishing papers in reputed international journals. The network of the young psychiatrists is active, with plans for collaborative research and the development of regional societies of young psychiatrists and trainees.

This experience has made me acutely aware of the privilege of my own psychiatric training in an established institution. I am also humbled by the resilience and determination of the young psychiatrists I met, even in the face of immense challenges in their own countries. I am now certain that the 'time for action' in our continent has arrived ... Psychiatry in Africa looks promising.

Anersha Pillay

Senior Consultant Psychiatrist, Division of Psychiatry, University of the Witwatersrand, Johannesburg Hospital

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