

# Lecture notes on behavioural sciences and psychiatry for medical students in east and central Africa

The teaching of psychiatry is fast taking root in East and Central Africa (Malawi, Zambia, Zimbabwe, Tanzania, Uganda, Kenya and Ethiopia). Between these countries we have an annual intake of about 600 into the first year. The foundation that we give to these students in behaviour sciences and psychiatry will be influential in their decisions to make psychiatry a career as clinicians, academicians/researchers etc. Above all it will make then very effective as general practitioners in situations where a psychiatrist is unlikely to be available into the foreseeable future.

For the last two years I have been carrying out an audit in the teaching of psychiatry in east and central Africa, and also other countries for purposes of comparison, which has confirmed the above observations.

It seems necessary to me that we in this region should harmonize and complement our teaching of behavioural sciences and psychiatry to medical students in our region. I propose that each medical school adheres to its curriculum, but all medical schools should share the strengths in these different curriculums. These curriculums are usually developed to reflect the total context (needs, social-economic, cultural and anthropological) in which they are taught. Therefore the curriculums should be our reference points.

One of the ways of doing this is to come up with Lecture Notes (not textbooks) that take care of and maximize on all our collective strengths and improve all our collective weakness'.

I do appreciate that there are many textbooks of psychiatry on the world market, and many of them are as good as anyone can wish. However, they are often not in the format of lecture notes, and do not take into account the total variety of situations from country to country and region to region. These books may be more useful for post-graduate students, or reference books for undergraduates.

## **I propose we proceed as follows: -**

1. Each country to have a coordinator for this project who will scrutinize the behavioural sciences and psychiatry curriculum for all the medical schools in their country and come up with titles for various lectures. These could easily be lifted from the lecture schedules already in operation.
2. Each country to identify the person best suited or better still who has been giving those lectures and presumably already has lecture notes for those lectures. We want to involve as many people as possible if not all the people who have been and are giving lectures in all the departments of psychiatry.

3. The above information will be relayed to me. On receiving those details I will link up lecturers from every department of psychiatry with those from other departments in other medical schools interested in the same topics. Those with the same interest will then work together to perfect the lecture notes so that they would be easily acceptable across the region. Each group will decide on the order of authorship of those notes for particular lecture topics.
4. The compiled notes will be forwarded to a publisher. The University of Nairobi press will publish this as part of academic support, but we are open to other possibilities or suggestions on the best way to publish the notes.
5. Administrative issues: -
  - The Country coordinator will also do the following: -
    - Obtain copies of the curriculums for their countries, retain a copy and forward on to me
    - Ensure all the lecture topics for their country cover the curriculum
    - Coordinate the activities for their country and ensure deadlines are met.
  - Cross-country co-ordination: The Africa Mental Health Foundation will support the exercise by providing a desk for this activity and a secretariat.
  - All correspondences must be by e-mail.
6. From this experience we can invite others regions to join us in future, improve future editions of the lecturer notes etc.
7. Editorship -At this point there is no designated editor or editors. The decision on this will be made collectively either by consensus or simple majority vote by all the contributors as we go along unless there are other suggestions at this point. All what I am doing is to get the process started and going.
8. It is useful to request an independent person to provide guidance on this exercise. I would suggest Professor Rachel Jenkins, Director, WHO Collaboration Centre at the Institute of Psychiatry, University of London. She has demonstrated very keen interest in mental health in developing countries. She is very well known to most if not all of us.
9. If this idea is suitable with you let me know. I have the following tentative timetable, which can be modified by your suggestions but shall we at least keep the June deadline for a start!
  - (i) June - Write to key people in each country to find out suitability of the exercise and who in turn will identify coordinators for their countries and then forward the details and their contacts and e-mails.

- The coordinator to obtain the curriculum and e-mail me a copy.
- (ii) July – Coordinators identify and forward to me the topics of their lecture notes and list of authors for those topics.
- (iii) August – The Secretariat at Africa Mental Health Foundation to link up similar authors and also request the authors to nominate their lead author
- (iv) September – The authors finish writing their chapters in lecture notes format (annotated) and forward them to the secretariat the completed chapters by e-mail and copied to their coordinators.
- (v) October - November – The lead author to marry the

notes of the other authors and forward to me the agreed format

- (vi) December – Africa Mental Health Foundation to appoint an editorial expert to read through all the document, with the assistance of Prof. David M. Ndetei, and forward it back to other coordinators for review.
- (vii) January 2005 – The manuscript to be forwarded to the publisher

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