

# The African Journal of Psychiatry, one year on

The August 2008 edition marks 1 year of the existence of the Journal, and our 5th edition. To this end, a vehicle for African psychiatry appears to have consolidated itself as a viable publication, for the discipline, for the continent. Accordingly it is appropriate to both thank and congratulate all who have contributed in whatever form, as well as to acknowledge our readership. Content requires an audience. However, it is both interesting and sobering to note that the current Journal actually had a predecessor of the same name. A search of the journals database of MEDLINE yielded just such a title that emanated from Nigeria, existed between 1977-1982, carried French abstracts of articles and was the publication of the African Psychiatric Association (Christer Allgulander, personal communication). It is not clear why it ceased to be. Unwittingly, it has been resurrected. Hopefully history will not repeat itself.

The issue of distribution remains a challenge. Through the Journal website, as well as that of the South African Society of Psychiatrists (SASOP), bulk mailing to selected points in Africa, as well as the assistance of industry networks to facilitate access, it appears that the Journal is reaching its audience. In addition, through the relationship with International Psychiatry, the content is reaching an audience beyond the continent. Industry, beyond distribution, and by way of advertising and the annual award of an educational grant contributes to African psychiatry through assisting with promoting research efforts in the pages of the Journal. Thus there is a mutually beneficial relationship that operates within well determined, and respected, parameters. A further issue that has been raised is time to publication. Given that the Journal is published quarterly, this is always going to be something of an issue. Yet, reviewing articles in the current edition it is interesting to note that most are published within 2-3 editions of acceptance. If this were a monthly publication that would imply publication within 2-3 months of acceptance. Perspective can be illuminating. A special mention is necessary for all of our reviewers whose turnaround time, commitment to the process of reviewing and the advancement of African psychiatry is noteworthy in this era of great demand.

A review of the content of the first 5 editions reveals that whilst the subject matter is diverse, it has tended to be dominated by South African and Nigerian contributions. However, these are from a wide range of contributors from various centres within either country. This will surely change with time and the current edition has contributions from both Kenya and Ethiopia as well as India. In addition, there have been contributions to these early editions from allied professionals, speaking to issues that interestingly have had a child psychiatry focus. The range of content is heartening in that it provides evidence of African psychiatry as multifaceted

and dynamic. However, psychiatry does not operate in a vacuum.

Beyond Journal issues, what about African issues and their relevance to our discipline? This past year has seen a number of disturbing developments both in Southern and East Africa, to name but two regions. The harsh realities, and consequences, of dictatorship, tribal infighting and xenophobia have shocked the continent and the world. Interestingly there has been no direct comment in the pages of this Journal. Would it have been appropriate? There can be no question that such situations have implications for emotional health and well being. Each has given rise to death, destruction, displacement and of course refugees. Each situation speaks of failure of political leadership. A failure, it seems, to serve. Returning to the issue of refugees, it extends well beyond the individuals affected, having implications for the countries who receive them and the countries from whence they have fled. Appropriate structures and services provided by both governmental and non-governmental sectors are critical. As mental health professionals do we have a role to play? Patient advocacy is a component of medical professionalism. Advocacy requires not just awareness and commitment to patient access to care, but also energy and strategy. It would appear that strategically a collective approach to a pervasive problem is required. In this regard, the Journal might serve as a vehicle for both raising awareness as well as documenting and exploring issues. More specifically, conveying information to not only raise awareness but also provide data. This could then serve as a basis for a representative professional organization to approach a recognized political structure to address such issues. Could there be a role for the Association of African Psychiatrists and Allied Professionals (AAPAP)? Such a role might involve the AAPAP interacting with the African Union (AU). Alternatively we might just focus on doing what we can for those who find their way to us and leave politics to the politicians.

Medical professionals are not typically inclined towards political activism, although in the South African context it was doctors who ultimately ensured that the death in detention of Steve Biko was fully investigated and saw to it that those medically responsible were held accountable. To ignore broader issues and a potential role for ourselves (within the context of patient advocacy) is possibly to renege on our commitment as a discipline to the psycho-social aspects of our guiding bio-psycho-social ethos. At such a time in the history of our continent, it is well to reflect on such issues.

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