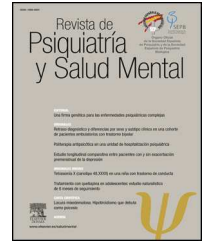


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EDITORIAL

Psychiatric collaborations in the Hispanic world

Colaboraciones en psiquiatría en el mundo hispanico

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A number of factors facilitate academic collaborations across the globe including geographical proximity, language, historical links, and cultural similarities. Examples include the British Commonwealth, the European Union, US-Canada, the Francophone world, or Spanish-speaking countries. Similarities in systems of care, homogeneity of populations, ease of administering rating instruments in the same language, or simply friendship make these collaborations attractive to investigators.

The Spanish-speaking world spans continents. Spanish is spoken by more than 400 million people and is the second most spoken primary language after Chinese. Mexico has the largest number of Spanish speakers ($n = 112$ million) followed by the US ($n = 50$ million) and Spain ($n = 46$ million). Yes, there are more Spanish speakers in the US than in Spain or in any South American country. Of note, Spanish is the only language other than English to be declared official in any state of the United States. New Mexico is the only legally bilingual state in the US. We should not forget that the first Europeans to colonize the US were Spaniards – Florida and New Mexico in the mid-1500s. So considering some regions of the United States as part of the Spanish-speaking world is reasonable.

Compared to other medical conditions, psychiatric disorders are perhaps more likely affected by socio-economic determinants such as culture, poverty, social isolation or migration. It stands to reason that by comparing these factors, we can have a better understanding of what moderates and modulates the course of psychiatric conditions. Psychiatry is perhaps where a proficient knowledge of the language most matters, because it is still primarily through speech

that we learn about our patients' inner lives. For this same reason, it is possible that in training for specialties such as radiology or anesthesia, mastering a second language may not have the same degree of importance as in Psychiatry.

Although academic collaborations, including training and research, take place among Latin American countries, Spain and the US, more could be done.¹ Working in the same language facilitates academic activities. Of course it is only a minority ($n = 50$ million) of the US total population ($n = 317$ million) who speaks Spanish. This minority is concentrated in California, New York, Florida and the Southwest. Research can be conducted in these locations. Studies looking at the effects of immigration on mental illness would be particularly valuable with the Latin American population who have immigrated to either the US or Spain.

A number of collaborations among Spanish speaking countries are already taking place in different areas such as mood disorders and Schizophrenia. Examples include collaborations in Bipolar Disorders among investigators from the Barcelona group led by Professor E Vieta and investigators from Argentina, Colombia and US sites including Puerto Rico, Boston, and New Mexico.^{2–5} Additional collaborations have also taken place between other major US universities such as Columbia University and the Universidad Autonoma de Madrid in the area of instrument translation as well as comparison of self-destructive behaviors between individuals from New York City and Madrid.^{6–9} Further examples include collaborations in Psychotic Disorders¹⁰ and conditions prevalent in Latin America¹¹ conducted by investigators in Venezuela and the Universidad Complutense de Madrid.

Ideally scientific collaborations should have external funding, an example is the International Latino Research Partnership (ILRP) led by Professor Margarita Alegria from

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Harvard University with collaborators from Madrid and Barcelona with funding from the US National Institute of Drug Abuse (R01DA034952-01A1, M Alegria PI). The goal of this project is to enhance a collaborative international partnership in order to develop research evidence necessary to respond to Latino migrants' behavioral health service needs both in the US and Spain. The use of research networks such as the Centro de Investigacion Biomedica en Red de Salud Mental (CIBERSAM <http://www.cibersam.es/cibersam.en>) in Spain to further encompass the Hispanic world is a model to be considered. In terms of training, having a common language certainly is a major advantage. Networking of researchers and clinicians across Spanish-speaking countries can be enhanced by professional societies such as the Sociedad Espanola de Psiquiatria, the Asociacion Psiquiatrica de America Latina (APAL), the American Society of Hispanic Psychiatry (ASHP), the Ibero-American network of the International Society for Bipolar Disorders (IA-ISBD)¹² or the World Psychiatric Association (WPA). Initiatives between Scientific organizations from Spain such as the Fundación Española de Psiquiatria y Salud Mental (FEPSM), Sociedad Española de Psiquiatria and the Sociedad Española de Psiquiatria Biológica have been established with the APAL and other Latin American societies in order to promote academic collaborations among Spanish speaking countries (Bobes J – personal communication).

Encouraging further academic collaboration among Ibero-American countries (Latin America, Spain and Hispanic US) is in the benefit of our patients – let's not miss this opportunity.

Conflict of interest

Dr. Tohen was a full time employee at Lilly (1997–2008). He has received honoraria from or consulted for Abbott, AstraZeneca, Bristol Myers Squibb, GlaxoSmithKline, Lilly, Johnson & Johnson, Otsuka, Merck, Sunovion, Forest, Roche, Elan, Alkermes, Lundbeck, Teva, Pamlab, Wyeth and Wiley Publishing.

His spouse was a full time employee at Lilly (1998–2013).

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