



OF SIMILAR MENTAL ILLNESSES IN CONTRASTING BACKGROUNDS: A first hand experience of delivery of mental health services in Kashmir and the United Kingdom (NHS)

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INTRODUCTION

- Kashmir, a paradise hit by political conflict, has seen a rise in psychiatric morbidities over the past two decades.
- As per MSF study, Nearly 1.8 million (45%) adults in the Kashmir Valley are experiencing symptoms of mental distress. **Goes without saying, we need more mental health specialists now than ever!**
- Hoping to provide an opportunity to young undergraduates to learn more about the presentation and delivery of mental health services in both Kashmir and abroad, an online Psychiatry interactive/exchange programme, followed by two week's clinical observership with the LPFT, NHS, was organized by Dr Sayed Aqeel Hussain as a part of an MOU signed between the RCPSych, London and the H&E Department, Govt. of Jammu and Kashmir, with support from WHO, Geneva.³

AIMS AND OBJECTIVES

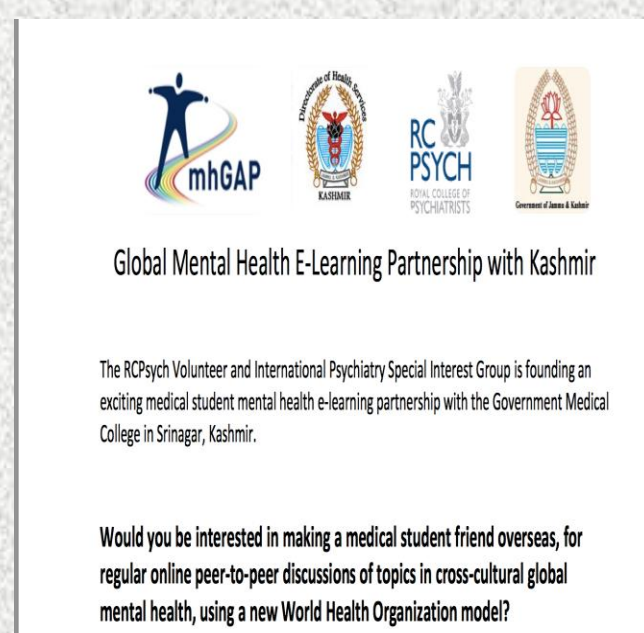
- To analyze the impact of the project on the understanding of psychiatric presentations and services in different cultures.
- To promote psychiatry as a career option amongst undergraduate medical students

This project gave a group of five student-doctors from Kashmir a first hand experience of how similar mental illnesses are approached and managed in the **21st century National Health Services (NHS), UK as compared to Kashmir, a conflict zone with limited resources.**



THE ONLINE PROGRAMME

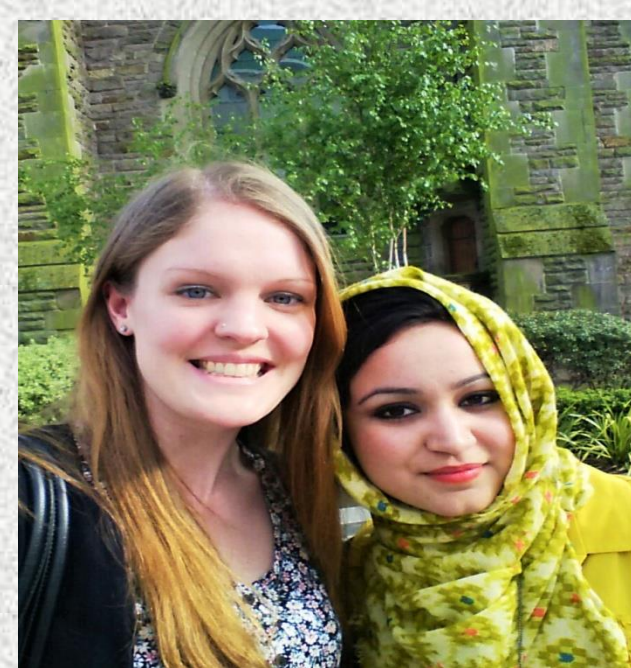
Circulation of adverts in GMC, Srinagar and across various medical colleges in the UK, inviting applications for online interactive programme.



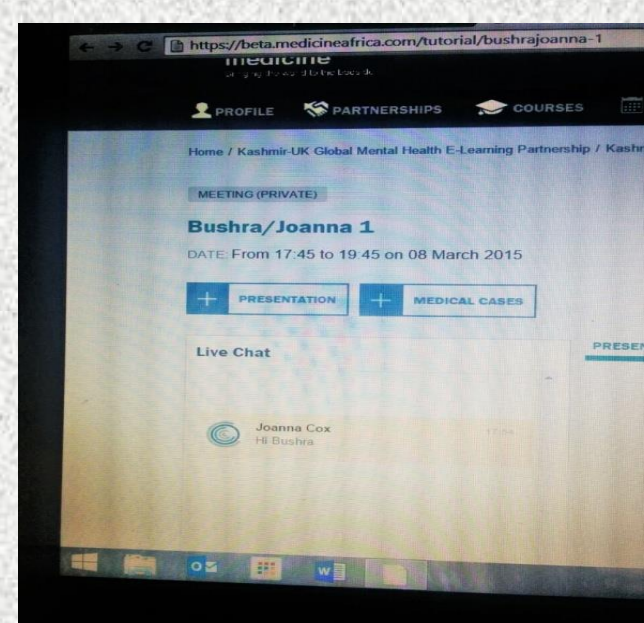
Selection of five students from Kashmir and five from the UK following submission of a brief summary as to why they wanted to be a part of the project and what they expected to gain from it.



Pairing: Students from Kashmir were paired with their counterparts in the UK in 1:1 ratio. Males were paired with males and females with females



11 sessions were held over a period of six months from March 2015 -August, 2015, using King's College London co-ordinated online interactive website, Medicine Africa. Each session lasted for one hour. Topics were discussed using WHO mhGAP devised module.



SCREENSHOT FROM MEDICINE AFRICA

Questionnaires were filled by the students pre and post partnership and results were analysed by Dr Roxanne Keynejad with statistical support from Dr Garrett.

THE OBSERVERSHIP

SETTING: Two week's clinical Observership was held at the Lincolnshire Partnership NHS Foundation Trust, UK starting from the seventh of May, 2016

Participants : Five student-doctors from Kashmir who had successfully completed the 6 month long online interactive exchange programme with their peers from the UK, using King's College, London co-ordinated interactive website, Medicine Africa, and discussed various modules of WHO mhGAP interactive guide

.During the two weeks, students had an experience of both, the out-patient setting at Grantham and the in-patient setting at Lincoln

- WEEK-1
- GRANTHAM
- COMMUNITY SETTING

1. CHILD & ADOLESCENT MENTAL HEALTH
2. DRUG & ALCOHOL REHABILITATION
3. COMMUNITY MENTAL HEALTH
4. GERIATRIC PSYCHIATRY
5. GENERAL ADULT PSYCHIATRY

- WEEK – 2
- LINCOLN
- IN-PATIENT SETTING

1. FRANCIS WILLIS FORENSIC UNIT
2. CONOLLY & CHALESWORTH CLOSED WARDS
3. DISCOVERY HOUSE (REHAB)
4. ECT UNIT

OUR OBSERVATIONS

	LPFT, NHS	J & K
POPULATION COVERED	0.7 Mn	11 Mn
AVG NO. OF PATIENTS SEEN/DAY	3-4 / DAY / CONSULTANT	<ul style="list-style-type: none">• AVERAGE DAY : 30-40/ CONSULTANT• CURFEW DAY : 10-20/ CONSULTANT
TIME GIVEN PER PATIENT	AS LONG AS REQUIRED FOR PROPER ASSESSMENT AND MANAGEMENT.	<ul style="list-style-type: none">• IN VIEW OF EXCESSIVE CASE-LOAD, Avg. 5-10 MIN / PATIENT
MODE OF APPOINTMENT FOR CONSULTATION	SCHEDULED BEFOREHAND AS PER THE CONVENIENCE OF THE PATIENT.	SPOT CONSULTATION / FREE INFLUX. CONSULTANTS HAVE TO SEE ALL THE PATIENTS PRESENTING TO THEM ON THE DAY OF THEIR OUT-PATIENT CLINICS.
COST OF SERVICES TO PATIENT	<p>VIA NHS - FREE SERVICE TO ALL!</p> <p>PRIVATE CLINICS - NOT VISITED ROUTINELY.</p>	<p>GOVT. HOSPITAL: RS10/CARD (MULTIPLE VISITS) + FREE MEDS</p> <p>PRIVATE CLINICS: RS 150-300/2 VISITS.</p> <p>ROUTINELY VISITED DUE TO EXCESSIVE PATIENT LOAD IN GOVT. HOSPITALS</p>

NHS, UNITED KINGDOM-UNIQUE FEATURES

- Concept of Catchment areas with specific GP 'surgeries'; limiting burden on speciality clinics
- Meticulous maintenance of patient records electronically, using software 'Silverlink'
- Fully evolved Community Mental Health Services, Crisis Intervention teams, Multidisciplinary teams.

KASHMIR – UNIQUE FEATURES

- Strong family support still exists. Elderly are cared for at home. Concept of care homes is discouraged
- Human Placebos: Often, faith-healers provide informal psychotherapy as they are mostly first contact of a patient for help. Sometimes faith-healers even refer the patient for formal psychiatric treatment

RESULTS

. After completing the project successfully, I finally chose to pursue my MD in psychiatry!

ONLINE PROGRAMME-SUMMARY OF RESULTS

Prepared by Dr. Roxanne Keynejad with statistics support from Dr Elisabeth Garrat

➤ Comparing all participants before and after participation, there was a significant increase in agreement that " psychiatric illness deserve at least as much attention as physical illness" (p<0.05)

➤ When considered separately and as a whole group, UK and Kashmir students' ATP-30 Attitude Towards Psychiatry scores were not significantly different after participation compared to before participation (p= 1.00; p= 0.4405)

➤ However, on individual items, there were some differences post-participation.

➤ UK students were significantly more likely to agree that " psychiatrists tend to be at least as stable as the average doctor" than Kashmir students (p<0.05) after participation.

➤ Kashmir students were significantly more likely to agree that " If I were asked what I considered to be the three most exciting medical specialties psychiatry would be excluded" than UK students (p<0.05) after participation

DISCUSSION

Exchange programmes give students/trainees an opportunity to learn about the approach and management of illnesses in cultural/political backgrounds different from their own. It provides positive exposure towards various aspects of psychiatry that are lesser known of at the undergraduate level, ultimately encouraging young minds to develop interest in psychiatry as a career.

CHALLENGES → UK

- Wastage of time & resources due to cancelled appointments.
- Significant time is gone in maintaining patient records, limiting the number of patients that can be seen in a day.

CHALLENGES → J&K

- Need for effective ways to deal with the emerging mental illnesses in the wake of conflict.
- Involving faith-healers in the formal management process for successful treatment.
- Records of assessment and treatment are kept with the patient, once lost, lost forever!
- Development of individual sub-speciality clinics, including community mental health teams.

COMMON CHALLENGES :

TO FIGHT THE STIGMA: People everywhere are more accepting of a physical malfunction than a mental one!

TO SENSITISE YOUNG MINDS ABOUT IMPORTANCE OF MENTAL- HEALTH