



Statement regarding conflict

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Abstract:	No abstract needed

SCHOLARONE™
Manuscripts

Response to statement published in the peer review journal on the recommendation of Principle author of the Journal Prof Ashok Malla as well as Editors of the journal following completion of investigation.

The aim of this correspondence is to provide the evidence in reply to the following statement A 2-week Mental Health Gap Action Programme (mhGAP) training initiative delivered by The Royal College of Psychiatrists (UK) in 2013³¹ created little improvement in access to mental health services. Published in <https://journals.sagepub.com/doi/full/10.1177/0706743719839318>.

<https://kashmirobservers.net/2015/10/12/mental-health-gapkashmir-project-nominated-as-best-in-world/>

An email was sent to the Principle Author Professor Ashok Malla to provide evidence /explanation regarding the statement as there was no reference/explanation to justify the statement .

The email correspondence and the reference is enclosed below.

Dear Dr Malla

I am Dr Sayed Aqeel Hussain Consultant Psychiatrist who is based in UK but working in kashmir projects on behalf of WHO and RCPsychover last one decade...

We had a successful project in district ganderbal where we trained all doctors and nurses from 21 Phc s of ganderbal in the use of WHO validated mhGAP training programmefollowed by robust evaluation and monitoring of training and the results were presented at the WHO assembly and Royal College Congress....

I can understand u ran another project in ganderbal and published your results .

It is unfortunate that the paper tries to discredit the work done by us in kashmir without providing any evidencewhich I think goes against the ethical standards .

I am sharing the webinar about the amount of work done in kashmir and the results of training as well.

<https://youtu.be/nobinWoTPjA>

Regards

Dr Sayed Aqeel Hussain MRCPsych FRCPsych
Consultant Psychiatrist

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3 International Collaborating Partner WHO
4 headquarters Geneva
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6 Master trainer for WHO
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8 Research coordinator for PRIME in india
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10 Ex Consultant Govt Medical College Srinagar
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17 RESPONSE FROM PROF ASHOK MALLA.
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21 Dear Dr. Hussain,
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23 I am sorry to hear about some misunderstanding about
24 our respective projects. I have forwarded your email to
25 Dr. Margoob, who was really the local Co-PI on this
26 project. Having never worked there I was a relative
27 outsider and perhaps not fully aware of what had gone
28 on before the project which I brought there funded
29 through a competitive grant from Grand Challenges
30 Canada. I am sorry if there are things in the published
31 report that have offended you. That was never the
32 intention. Let me see what Dr. Margoob has to say and
33 I will get back to you or he will.
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47 With kind regards,
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49 Ashok
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51 Ashok Malla, MBBS; FRCP; MRCPsych; DPM;
52 FCAHS
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54 Professor Emeritus,
55 Department of Psychiatry,
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57 McGill University
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Dear Dr Malla

Thank you for your mail can you let me know whether you have received any feedback from Prof Margoob we had two projects in kashmir .one trained prof from all 12 districts of kashmir ...followed by refresher course one year later where they shared their feedback. And second was exclusively for entire doctors and nurses of entire district Ganderbal followed by intensive three month monitoring and evaluation of effectiveness of training and online supervision using kings college London devised supervision siteobviously Prof Margoob was not part of any of the project so it is unfortunate that he commented on a project about which he had no idea how it was done and implemented on groundThe fact they were permanent doctors of primary care services they were able to continue to implement the training on ground and continue to do so

Lets hope we get clarification from Prof Margoob so that things can be rectified on ground and the chapter closed .

Regards
Dr Hussain

Hello,

I have re-read your original email. Based on what you have said, i.e., disagreement with the content of a published peer -reviewed paper, I would suggest the proper course in such situations (the only course) is to write to the editor of the journal with a letter (as a formal letter to the editor) and ask her-him to consider publishing it. The editor may see it fit to get a response from the original authors of the paper.

There cannot be any other course.

Please do not send me any more emails as it is likely to achieve nothing.

With regards,

Ashok

Ashok Malla, MBBS; FRCP; MRCPsych;
DPM; FCAHS
Professor Emeritus,
Department of Psychiatry,
McGill University

Dear Dr Malla

I thought it was the way forward , but it was important to get feedback from authors as to why

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4 this statement was made .As we have not heard
5 anything back from Prof Margoob regarding the
6 statement , I will write to editors and request them
7 to publish it.
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13 Regards
14 Dr Hussain
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19 Following the correspondence it was mutually
20 agreed to submit the statement to editors of the
21 SAGE JOURNAL to investigate the matter and to
22 recommend future course of action following the
23 completion of the investigation.
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30 Following the completion of investigation the
31 editors recommended to submit the statement of
32 facts with evidence with regards to statement
33 made by the Authors of the paper regarding the
34 mhGAP training project in Kashmir.
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41 As no response was received from Prof Margoob
42 and the process of investigation was started by
43 Editors of the Journal the entire correspondence
44 was shared with Royal College of Psychiatrists
45 London and WHO Geneva who were principle
46 parties in the training programme especially the
47 Royal College of Psychiatrists London which has
48 been specifically mentioned in the statement made
49 by the authors.
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3 It is important to mention that Professor Malla is
4 himself a member of the Royal College of
5 Psychiatrist London.
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11 One Consultant Psychiatrist Dr Mudasir Firdosi
12 who along with being the student of Prof Mushtaq
13 margoob in Institute of Mental health and
14 Neurosciences Kashmir during his postgraduation
15 and has published several papers along with
16 Professor Margoob who served as Head of
17 Department of the Institute before retiring in 2013
18 took objection to the statement.
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28 He Is also a member of Royal College of
29 Psychiatrist London and is currently working as a
30 Consultant Psychiatrist in London.
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36 Dr Firdosi made a charged and emotionally strong
37 statement for objecting to the statement made by
38 Porfessor Margoob in the paper even before
39 reading the statement . Dr Firdosi was advised to
40 read the statement which he did and felt that there
41 was nothing wrong in the statement and it was
42 entirely my responsibility to prove the success of
43 the project.
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53 It was highlighted to Dr Firdosi that the burden of
54 proof is usually on the person who brings a claim
55 in a dispute and the necessity of proof always lies
56 with the person who lays charge.
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No further statement was received from Dr Mudasir Firdosi and all correspondence with Dr Firdosi stopped.

BACK GROUND OF THE PROJECT.

The two week mhGAP training programme was conducted in 2013 when I was working as a consultant psychiatrist in institute of Mental Health and Neurosciences Kashmir.

A proposal was discussed with the head of Department of the Institute of Mental Health and Neurosciences Kashmir to invite the Royal College of Psychiatrist London to impart training to professionals working in primary and secondary care services as part of WHO devised mhGAP training module to train professionals in order to reduce the gap between service need and service delivery .

The mhGAP training module was devised under the guidance and supervision of `Dr Shekhar Saxena then Director WHO mental health and Substance use.

The HOD and the Institute did not give approval to the proposal and the proposal was submitted to then Director Health services Kashmir Dr Saleem ur Rehman by Dr Mohammad Muzaffar Khan

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4 Consultant Clinical Psychologist Director Police
5 deaddiction Centre on my behalf.
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10 The project proposal was immediately approved
11 by Dr Saleem ur Rehman who is a man of vision
12 and has contributed immensely to developing
13 Health care services in the primary care settings.
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19 He was also awarded the best administrator for
20 managing delivery of emergency health services in
21 primary care during the massive floods that hit the
22 valley of Kashmir in 2014 following the successful
23 completion of second mhGAP training project.
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30 Following the approval of the proposal Dr Muzaffar
31 took over the role of state coordinator of the
32 mhGAP training project in Kashmir.
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39 Following the approval a formal request letter was
40 taken by me on behalf of Director Health services
41 kashmir Dr Saleem ur Rehman to the President of
42 the Royal College of Psychiatrists Prof Dame Sue
43 Bailey to depute trainers through volunteer and
44 International Psychiatry special interest group
45 under the leadership of Dr Peter Hughes then
46 Chairperson of the group and master trainer of
47 mhGAP having conducted mhGAP training across
48 the globe on behalf of WHO.
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4 The proposal was immediately approved by the
5 President of the College Professor Dame Sue
6 Bailey.
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11 Following the approval a special training
12 programme was conducted by Dr Peter Hughes
13 and Dr Sophie Thomson to train the trainers in the
14 use of WHO devised mhGAP training module
15 and following the training more than 12 Consultant
16 psychiatrist volunteered to be part of training
17 group to conduct mhGAP training in Kashmir.
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26 Director WHO Dr Shekhar Saxena offered
27 technical assistance on behalf of the WHO and
28 provided training manuals of the mhGAP.
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34 The two week training programme received logistic
35 supports from various organisations including
36 Jammu and Kashmir Bank, Action Aid India an
37 European NGO working on mental health in
38 kashmir, HELP foundation a local NGO, Jammu
39 and Kashmir Police through Police deaddiction
40 services kashmir and TCI cements.
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49 The two week training programme was
50 successfully completed resulting in training of
51 more than 200 professional both from Govt and
52 private sector . Doctors and Nurses were deputed
53 from all 12 districts of Kashmir by Directorate of
54 Health services Kashmir .
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Besides doctors and nurses, psychologists, social workers ,teachers, lawyers.police personnals and allied professionals attended the training.

Professor Vikram Patel who was named among the 100 most influential persons in the world by TIME magazine specifically deputed Dr Rahul Shindia who was representative of PRIME In India to attend the training.

Professor Mohammad Yousuf Ex Head of Department medicine Government Medical College Srinagar attended the full 5 day training course and added a chapter on mental health to his book on Emergency medicine following the completion of training.

The entire training report was formulated by myself and Dr Peter Hughes and submitted to then Comissioner Secretary Health and Medical Education Mr Gazanfar Hussain and then Director Health services kashmir Dr Saleem ur Rehman.

The link of the report which has been uploaded on the Kashmir page of MHIN website supported by WHO, Grand Challenges Canada and London school of Tropical Medicine is enclosed below.

LINK TO REPORT.PUBLISHED UNDER
REPORTS IN THE INNOVATION SECTION.

https://www.mhinnovation.net/innovations/mhgap-implementation-kashmir?qt-content_innovation=4#qt-content_innovation

LINK TO REPORT PUBLISHED ABOUT WORK DONE IN KASHMIR WHICH WAS SUBMITTED TO GOVERNMENT OF KASHMIR INCLUDING CHIEF MINISTER AND HER EIGHT CABINET MINISTERS.

Journal of

eISSN: 2373-6445

Psychology & Clinical Psychiatry

Case Report Volume 7 Issue 3

Mental Health and Youth of Kashmir

Sayed Aqeel,¹ Mohammad Muzaffar Khan,² Shekhar Saxena,³ Saleem ur Rehman⁴

¹Consultant Psychiatrist Lincolnshire partnership
NHS Foundation Trust, UK

²Consultant Psychologist and Director Police
Deaddiction services Kashmir, India

³Director WHO Mental health and Substance Abuse

⁴Director Health Services Kashmir, India

Correspondence: Sayed Aqeel, Consultant
Psychiatrist Lincolnshire partnership NHS
Foundation Trust, UK

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17, 2017

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Kashmir. J Psychol Clin Psychiatry 7(3): 00438.

DOI: [10.15406/jpcpy.2017.07.00438](https://doi.org/10.15406/jpcpy.2017.07.00438)

<http://medcraveonline.com/JPCPY/JPCPY-07-00438.php>

Copy To

1. Hon'ble Chief Minister Ms Mehbooba Mufti
2. Hon'ble Deputy Chief Minister Dr Nirmal Kumar Singh
3. Hon'ble Minister for Health and Medical Education Mr Bali Bhagat
4. Hon,ble Minister for Revenue Relief and Rehabilitation Syed Basharat Ahmad Bukhari

5. Hon'ble Minister for Information Technology,
Technical Education & Youth Services
6. & Sports Mr Imran Raza Ansari
7. Hon'ble Minister for Education Mr Naeem
Akhtar
8. Hon'ble Minister for Social welfare ARI &
Training Science and Technology Mr Sajad Gani
Lone
9. Hon'ble Minister for finance Culture Labour &
Employment Mr Haseeb A Drabu

mhGAP PROJECT CONSIDERED AS ACHIEVEMENT
BY THE GOVERNMENT OF JAMMU AND KASHMIR

<http://epaper.greaterkashmir.com/Details.aspx?id=10342&boxid=13454796>

LINK OF FEED BACK BY TRAINEES.....

<https://sayedaqeel.wixsite.com/kndri/feedback-about-mhgap-in-kashmir>

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7 . LINK OF FEED BACK BY TRAINERS.....
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11 [https://sayedaqeel.wixsite.com/kndri/over-all-](https://sayedaqeel.wixsite.com/kndri/over-all-feedback-by-trainers)
12 [feedback-by-trainers](https://sayedaqeel.wixsite.com/kndri/over-all-feedback-by-trainers)
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17 FEEDBACK IN NEWS BY TRAINEES ABOUT
18 THE PROJECT.
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22 [https://www.greaterkashmir.com/news/gk-](https://www.greaterkashmir.com/news/gk-magazine/human-placebo/)
23 [magazine/human-placebo/](https://www.greaterkashmir.com/news/gk-magazine/human-placebo/)
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32 SUMMARY OF THE PROJECT...
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36 [https://sayedaqeel.wixsite.com/kndri/mhgap-in-](https://sayedaqeel.wixsite.com/kndri/mhgap-in-kashmir-)
37 [kashmir-](https://sayedaqeel.wixsite.com/kndri/mhgap-in-kashmir-)
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42 RECOMMENDATIONS AND FEEDBACK BY
43 PROFESSIONALS FROM ACROSS THE GLOBE
44 REGARDING THE PROGRAMME.
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49 [https://sayedaqeel.wixsite.com/kndri/expert-](https://sayedaqeel.wixsite.com/kndri/expert-recommendations-world-over)
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57 LINK TO RESOURCE SECTION ON KASHMIR
58 PAGE OF MHIN
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https://www.mhinnovation.net/innovations/mhgap-implementation-kashmir?qt-content_innovation=4#qt-content_innovation

NEWS COVERAGE ABOUT MOU WHICH WAS SIGNED FOLLOWING THE SUCCESSFUL COMPLETION OF FIRST PHASE OF TRAINING.

<https://www.mhinnovation.net/sites/default/files/downloads/innovation/multimedia/MOU.png>

THE WEBINAR CONDUCTED ON BEHALF OF WHO FOLLOWING THE COMPLETION OF SECOND PHASE OF TRAINING IN DISTRICT GANDERBAL,

The training was followed by intensive phase of monitoring and evaluation over three months for which a research fellow with a masters in psychology was recruited for three months to collect data from 21 primary care centres . the monitoring and evaluation was followed by online supervision by trainers from UK using the Kings College London medicine Africa website specifically devised for areas with shorter bandwidth.

ADD FOR WEBINAR.

<https://www.lshtm.ac.uk/newsevents/events/mhgap-kashmir>

LINK TO WEBINAR....

https://www.youtube.com/watch?v=nobinWoTPjA&ab_channel=sayedakeelHussain

FEEDBACK TO WEBINAR.

Dear Aqeel,

Thank you very much for sharing your Kashmiri experiences in your webinar yesterday - and for including so many beautiful photographs of the region.

I was impressed by how much work you put into achieving senior buy-in to the training in both UK and Kashmir: this is an important though time-consuming process. It was good to see some familiar faces, including Peter Hughes, involved in the delivery of the training. The information about procedures for distant supervision using links such as MedicineAfrica was very helpful, as was the emphasis on competencies rather than knowledge and attitudes. You presented persuasive evidence that your training is already having an impact, and I look forward to reading the results of further evaluations. And I love the idea of the Human Placebo!

Thinking about how our WONCA group might be able to help you, one key element of course is that we can offer primary care expertise and credibility from a variety of different settings and cultures around the world. I was interested in Shekhar Saxena's advice about training primary care providers in the management of stress disorders; that is perhaps an area in which we could combine our competencies.

Let us keep in touch.

Kind regards,

Christopher Dowrick
BA MSC MD FRCGP
Professor of Primary Medical Care
B121 Waterhouse Buildings
University of Liverpool
Liverpool L69 3GL, UK

The Report has also been quoted as reference by the paper on mhGAP training in Pakistan which has been quoted as reference itself by the authors and considered as hope for future trainings.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6699027/>

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In addition to the model we deployed, there are reports of using other models of care in conflict-ridden areas. For example, in the tribal area of North Waziristan, Pakistan, which has a large, internally displaced population as a consequence of armed conflict, Humayun et al. (2017) conducted mental health camps to identify cases and provide psychosocial support and treatment.³² They used volunteer professionals from Islamabad, the capital of Pakistan, to bolster the scant local services, and used Mental Health Gap Action Programme (mhGAP) guidelines to train local health workers. Notably, unlike us, Humayun et al. relied on an existing corps of health workers and not LHWs; did not conduct a long-term follow-up; and did not report outcomes. It may therefore be worthwhile to investigate a combination of their model and ours in areas of highly variable resource availability.

Scaling our model up to the entire region of Kashmir would require the involvement of individuals (opinion leaders, politicians and figures of traditional authority) and institutions (health, development and finance departments) that hold the key to public culture, policy, and funding. Further innovation of mixing this with improved primary health care or other models should also be explored.

Mental healthcare models like ours, and the one used by Humayun et al., offer hope not only in low- and middle-

income contexts but parallel environments elsewhere. For instance, Canada's remote northern communities, too, have high needs, poor resources and geographical isolation and could benefit from such innovative, low-cost, high-impact interventions.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5454790/>

Our mhGAP intervention was the first of its kind following a humanitarian crisis for an internally displaced population in a high security zone in Pakistan. The training was very much part of an overall MHPSS response where monthly mental health camps were held (Humayun *et al.* [2016](#)). These camps helped identify relevant & culturally sensitive training needs and the curriculum was accordingly adapted as per recommendations (Patel, [2013](#)). Furthermore, the selection of priority disorders for the curriculum was guided by fieldwork, as opposed to discussion based curriculum described, for example by Hussain & Hughes, [2013](#). Furthermore, in Kashmir, participants were divided into large groups of prescribers and non-prescribers to address the diversity of participants. But we found that the diversity amongst much smaller groups (~20 each group) was most helpful.

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LINK TO REPORT.PUBLISHED UNDER
REPORTS IN THE INNOVATION SECTION.

https://www.mhinnovation.net/innovations/mhgap-implementation-kashmir?qt-content_innovation=4#qt-content_innovation

The work done by the authors has also been published in the MHIN with mhGAP kashmir present at the bottom of the page as similar content

<https://www.mhinnovation.net/innovations/testing-innovative-low-cost-model-improving-mental-health-services-rural-district>

Despite being fully aware about the evidence of our work the authors chose to ignore it and made a statement without any reference to substantiate their claim.

Finally Grand Challenges Canada who were the funders of the Project by Prof Ashok Malla and Professor Mushtaq Margoob have dissociated completely from the published paper as well.



Grand Challenges Canada

@gchallenges

Replying to

@Dr_SayedAqeel

@sayedaqeel1 Thanks for reaching out. Grand Challenges Canada, and other funding sources mentioned, had no role in data collection, analysis interpretation or in the writing of this study.

I hope this correspondence once published will clarify any misunderstanding created due to the statement regarding the mhGAP project published in the paper.

Special Thanks to

Amit Kumar

Executive Editor - SAGE Textbooks
SAGE Publications India Pvt Ltd

Rachna Sehgal

Asst. Commissioning Editor – Journals
SAGE Publications India Pvt Ltd.

Jessica Lipowski

Publishing Editor I, Journals STM

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For considering and impartially investigating the matter
and accepting and publishing the statement .

Kind Regards
Dr Sayed Aqeel Hussain MRCPsych FRCPsych
Consultant Psychiatrist
International Collaborating Partner WHO
headquarters Geneva
Master trainer for WHO
Research coordinator for PRIME in india
Ex Consultant Govt Medical College Srinagar

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