



Global Mental Health E-Learning Partnership with Kashmir

The RCPsych Volunteer and International Psychiatry Special Interest Group is founding an exciting medical student mental health e-learning partnership with the Government Medical College in Srinagar, Kashmir.

Would you be interested in making a medical student friend overseas, for regular online peer-to-peer discussions of topics in cross-cultural global mental health, using a new World Health Organization model?

Topics for online instant messenger meetings will focus around the common mental health problems seen by clinicians in a primary care setting and through discussing these, you will explore cultural perspectives and stigma, the role of spiritual and non-medical explanations of mental illness, differential burdens of disease, comparison of healthcare systems and resource allocation – and the content will be up to you and your partner to decide.

You can read more about WHO Global Mental Health education here:

http://www.who.int/mental_health/mhgap/en/

http://whqlibdoc.who.int/publications/2010/9789241548069_eng.pdf

You would need to commit to meeting your partner for ten one-hour online meetings at mutually-agreed times and to completing regular brief online questionnaires to enable us to evaluate the programme.

You will receive a formal certificate of participation for your portfolio and will have the opportunity to help with the running of the partnership in future years, including opportunities for global health education research. The partnership could be the start of a link which could develop into opportunities for your elective, should you wish.

If you are interested in innovative, cross-cultural global mental health e-learning with a medical student peer overseas, please email roxanne.keynelad@doctors.org.uk in the first instance, to register your interest. Please state which year of your studies you will be entering in the autumn.

Discussing mkgRP in london Cafe







Psychiatrist Volunteer of the Year 2015

RC
PSYCH

Shortlist

Dr Mohammed Abbas

Dr Sayed Aqeel Hussain



Kashmir Observer

Topical News in Kashmir



Medical students from India
enjoy student exchange



WHO Endorses Kashmir Form of
Psychological First Aid



Sp Adobe Spark















Gallery



Stories of success at mhGAP Kashmir: What can we learn?



5

Latest blog posts





A global community of
mental health innovators

Specialist care

Approach:

Technology

Training, education and capacity building

Disorder:

All disorders

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The Mental Health Innovation Network is jointly headquartered at:

The Department of Mental Health

and Substance Abuse

World Health Organization

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Switzerland

London School of Hygiene and

Tropical Medicine

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J&K to sign MoU with Royal College of Psychiatry London

3rd phase of mhGAP commences

KT NEWS SERVICE

Srinagar, Aug 20: To address the mounting psychiatric problems in Kashmir valley, the state government is scheduled to sign a Memorandum of Understanding (MoU) with Royal College of Psychiatry London.

This was announced by Taj Mohi-ud-Din, minister of health and medical education while chairing a meeting with the delegates of Royal College of Psychiatry London at regional health and family welfare institute Dhoobwan Tangnagar where the third phase of mental health gap between need and service delivery (mhGAP) training has started on August 18.

As per the MoU the Royal College of Psychiatry will be providing the technical assistance, training and support for the next five years with regards to improving the mental health services in Kashmir both at primary and secondary care.

In his inaugural speech Dr Syed Aqeel Hussain highlighted the areas of concern in the implementation of district mental health Programme and the royal college team submitted recommendation to minister of health and

medical education in order to successfully implement district mental health programme using the mhGAP module.

While chairing the meeting the delegates and participants interacted with the minister and shared their views and experience with regard to training programme in Kashmir. On this occasion, Taj thanked the Royal College of Psychiatry London on behalf of Jammu and Kashmir government for its ongoing support and assured for all possible support with regards to implementation of MoU and the pilot project in District Ganderbal.

It is worth mentioning that government of Jammu and Kashmir in the only government in the whole of South Asia that will be signing the MoU with the Royal College of Psychiatry London. The president of the Royal College in his letter to Government of Jammu and Kashmir has thanked Dr Sayed Aqeel Hussain in coordinating the MoU at both state and international level.

The three day Second Phase of mhGAP training was held at Govt. Medical college, Srinagar organised by the department of Psychiatry and coordinated by Dr Sayed Aqeel Hussain concluded on 8/8/2014.

The third phase of mhGAP training

which was again coordinated by Dr Hussain and Dr Muzaffer Khan was highly appreciated by the minister for health and medical education for the quality of the training and the diversity of both trainers and trainees. The delegate team which is again led by Dr Peter Hughes, Chairperson of international and voluntary special interest group included Dr Sajad Yousuf a UK based Kashmiri Psychiatrist who led the second batch of training last year and Dr Parmila Moxley and Dr Howard Rayland all trainers of mhGAP.

The team will again be training more than 100 delegates from diverse specialties including more than 50 doctors and nurses from district Ganderbal alone in the use of WHO formulated mhGAP intervention Guide.

The Ganderbal district will be used as a pilot project for the use of mhGAP modules in the implementation of District mental health programme and will then be rolled to other districts. Following the successful completion of mhGAP training programme in Kashmir, Dr Peter Hughes said that he has received a large number of calls from all over India for mhGAP training using the protocol and model of training as done in Kashmir.

Lincolnshire Partnership

NHS Foundation Trust



Report to:	Board of Directors
Date of Meeting:	28 April 2016
Section:	Patient Experience & Quality
Report title:	Medical Report
Report written by:	Dr Sue Elcock
Job title:	Medical Director
Lead officer:	Dr Sue Elcock
Board Action Required:	For information
For Assurance (Yes or No):	Yes

Purpose of the Report

The Medical Report is to ensure the Trust Board is aware of 4 key areas:

Medical Workforce
 Medical Education and Training (undergraduate and postgraduate)
 Revalidation
 Medical Engagement and Involvement

This will ensure the Board is sighted on any key risks and key initiatives.

1. Medical Workforce Information

Current mandatory training compliance: 90.49% (previously 84%)
 Current sickness absence: 2.76%

Left:

1 substantive consultant (CAMHS)

New appointments

2 substantive GA Consultants

Current Fixer Term Trust Contracts

1 OA Acting Consultant – being supported with Article14/CESR
 1 GA Consultant Boston
 2 SAS

Consultant and SAS Vacancies/Planned Recruitment/Reconfigurations:

Consultant post in Louth – being advertised, postholder in notice period.
 Consultant post in Lincoln – vacant due to sabbatical, now being advertised
 (Interviews planned in May 16)
 Consultant CAMHS post in NEL CAMHS – being advertised
 SAS General Adults in Boston - being advertised

Consultant in Liaison Psychiatry appointed and due to start August (when completed training)

Consultant Boston posts have been reconfigured to have 2 consultants working into ward 12 and

spilt posts into crisis and liaison

1 long term agency locum SAS Louth/Lincoln

1 SAS Dr currently on agency locum contract – exploring trust fixed term consultant posts and support for article 14

2 SAS posts were removed in the CAMHS new service design and in process

3 MTI (Medical Training Initiative – Royal College of Psychiatrists) doctors have applied to work in LPFT and would work at CT3 level. It is a 2 year programme.

Agency Locums: Oct 15 – Mar 16 total number of agency locums is 28

Current Trainee Vacancies:

- CT1 – 3 Vacancies
- CT2 – 2 Vacancies
- CT3 – Mat leave
- CT3 – Long term sick
- GPVTS Lincoln 2 Vacancies
- GPVTS Boston 1 Vacancy
- F2 Lincoln 1 Vacancy

Recruitment

CT1 recruitment has again left many vacancies across the East Midlands with a fill rate of 5 out of 13 posts in total across the North (Lincolnshire, Nottinghamshire and Derbyshire). 1 of the 5 posts is coming to Lincoln (the remaining 4 are going to Nottinghamshire). The second round of CT1 interviews took place and allocation of all HEEM psychiatry core training posts will be finalised by the end of April 2016.

Recruitment into the LPFT medical workforce remains a concerning area. There is a regional workforce group and locally we are exploring various initiatives. As a principle we wish to be flexible with the medical workforce and consider what within LPFT would attract staff eg research opportunities, flexible job planning. There is a local recruitment and workforce group which is developing key options some of which will be relevant to doctors also. We explored offering an SAS doctor rotation for CESR/Article 14 but this did not yield external interest. In terms of retention, this is also key for doctors and we are supporting for SAS Drs currently with their career progression. Given the demographics of staff attracted to working within LPFT medical workforce, the key is retention and valuing our existing staff whilst also looking at recruitment. With the centralised agency caps, this is now starting to having an impact on our locum workforce. From April 1 2016 the rules now include no additional payments of expenses to agency locums and we are encouraging the use of fixed term Trust contracts with more flexibility but this will depend on how other Trusts nationally respond to the caps and potential to breach.

New Trainee Contract

The new contract is being implemented in a phased approach from August 2016 and reporting to NHSI is in place.

Only F1 trainees move to the new contract in August 2016 and psychiatry trainees move to the new contract in February 2017. Planning is underway locally for implementation looking at the practical issues of rotas and work patterns to meet the clinical demands and priorities. A new role has been created, Guardian of Safe Working, and this will be advertised within the organisation. There is a national job description with key responsibilities including; "Act as the champion of safe working

hours for doctors in approved training programmes and ensure that action is taken to ensure that the working hours within the trust are safe".

2. Medical Education

The Health Education East Midlands Quality Visit Report, following the November 2015 visit, was very positive about the training received in LPFT. There was one action required, to review some of the Foundation posts on offer. Dr Al-Kaissy and Dr Timimi are conducting a review of the job descriptions and opportunities to increase diversity of experience for the Foundation trainees whilst in our Trust.

The Royal College Medical Training Initiative (MTI) for 2 year training posts for overseas graduates at the equivalent of CT1-3 level is in its second year of recruiting nationally. Dr Ban Al-Kaissy and Sue Broadbent have led on LPFT applying for several placements (8 in total). We have been informed that 4 MTI candidates have been allocated to us (3 for adult psychiatry and 1 for in-patient child psychiatry initially). We will be working with the Royal College to co-ordinate their placements with us starting in August 2016. This will help us with managing our potential vacancies.

The Study Leave Guidelines have been updates. To support recruitment and retention, doctors will continue to be able to apply for up to a maximum of £2000 for full time non-training grade.

The Post Graduate Programme continues to include a range of topics and speakers. Each programme also includes a multiprofessional event.

Dr Waykar as the lead for SAS doctors working towards CESR, is supporting 4 doctors undergoing this process with others who are being supported to help them reach a level where they are ready to go through the CESR process.

In November 2015, a quality visit from the Nottingham Medical school gave LPFT training positive feedback.

A group of medical students from Kashmir are being sponsored to undertake clinical placements in LPFT in May 2016. This is being overseen by Dr S Hussain who has been involved with the Royal College Project to promote psychiatry as a career among medical students and is part of a Memorandum of understanding for collaborative partnership between the College and the Kashmir Government. We are very proud to be supporting this initiative and the students will be sharing their experiences with us in a variety of settings and events whilst visiting and learning about psychiatry in the UK.

The medical budget finished 15/16 with a surplus that has enabled proposed savings to be made from next year's budget.

3. Revalidation

In the last six months of the 2015/16 appraisal cycle:

Revalidation Recommendations:

- 5 positive recommendations (including 1 deferral due to lack of 360 degree appraisal, who was subsequently revalidated)
- All submitted within required timescale

Appraisal rates

- Appraisal rate for the year: 100%
- 65 doctors in total
- 33 completed since 1st October

- 2 agreed deferrals: one due to career break, one deferred and now completed.

These figures demonstrate the positive engagement that the doctors have demonstrated to undertake appraisals and engage with revalidation.

4. Medical Engagement and Involvement

There are 65 doctors currently employed within LPFT, not including trainees. The strategy has been to enhance the number of roles that doctors take on to support greater multi-professional activity. Key roles include:

- Suicide Prevention Lead - Dr Natasha Gopee (May 2015)
- Adult Safeguarding Lead - Dr Adaeze Bradshaw (October 2015)
- Children's Safeguarding Lead - Dr Ann Thompson
- Quality Leads – Dr Natasha Gopee and Dr Sam Anand (January 2016)
- SAS Educational Tutor - Dr Vijay Waykar (October 2015)
- Assistant Director of Medical Education – Dr Ban Al Kaisey
- Lead for Undergraduate Training - Dr Raheel Aziz
- Associate Medical Director for Revalidation – Dr Peter Speight
- E-prescribing lead – Dr Bipin Ravindran (May 2016)
- SAS Tutor – Dr R Crosby

There is a clear commitment to this model and colleagues from across each division and speciality are involved.

In October 2015, four consultants were appointed to the four Clinical Director roles via competitive recruitment:

Dr J Phull – Inpatient and Crisis division
 Dr W Sorour – Speciality division
 Dr R Shankar – Community division
 Dr C Esiwe – Older Adults division

Individual and group development has been planned and there is also management supervision in place.

Executive Analysis

Positive evidence of enhanced clinical engagement. Main risk area is recruitment which is being mitigated by a number of factors and initiatives including review of workforce and skill mix along with promoting positive opportunities within LPFT. Implementation of the new junior doctor contract will be a key focus over the next 6 months.

Recommendation (action required, by whom, by when)

For the Board to acknowledge and be aware of risk areas.

CQC Standards Impacted:	Safe, responsive, well led
Financial Implications:	N/A
Equality Analysis:	N/A
Compliance Impact:	N/A

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 Document Control - Version 1 – 1 October 2011*

Medical Student Timetables – 9th May and 16th May

Student: Suhail Saifullah

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 09.05.16	Medic - CMHT	Manthorpe	Medic – Dr Aziz Clinic	Postgrad	DART
	Lincoln University Lecture			CAMHS – Dr Nazir Clinic	
Week 2 16.05.16	Discovery House	ECT	Conolly	Postgrad	Charlesworth
		Conolly		FWU	

Student: Hena Mustafa

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 09.05.16	DART	Medic – Dr Aziz Clinic	CAMHS – 9am Clinic	Postgrad	Manthorpe
	Lincoln University Lecture			Medic – CMHT	
Week 2 16.05.16	Charlesworth	ECT	Charlesworth	Postgrad	Conolly
		Discovery House		FWU	

Student: Khuram Maqbool

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 09.05.16	CAMHS	Medic – Dr Bradshaw	DART	Postgrad	Medic - CMHT
	Lincoln University Lecture			Manthorpe	
Week 2 16.05.16	Conolly	ECT	Discovery House	Postgrad	Charlesworth
		Conolly		FWU	

Student: Syed Imtiyaz

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 09.05.16	Medic - CMHT	DART	Manthorpe	Postgrad	CAMHS
	Lincoln University Lecture			Medic – CRHT / Dr Hussain	
Week 2 16.05.16	Charlesworth	Charlesworth	Discovery House	Postgrad	ECT
				FWU	Conolly

Student: Sukhpreet Kour

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 09.05.16	Manthorpe	CAMHS – 8.45am Dr Nazir	Medic – Dr Bradshaw	Postgrad	Manthorpe
	Lincoln University Lecture			DART	
Week 2 16.05.16	Conolly	Conolly	Charlesworth	Postgrad	ECT
				FWU	Discovery House

Medical Student ID Photographs



Suhail Saifullah



Hena Mustafa



Khuram Maqbool



Syed Bushra Imtiyaz



Sukhpreet Kour

Better Together

ISSUE 24 SUMMER 2016

Free

 **ACCIDENT & EMERGENCY**



PAGE 13

**A little liaison
goes a very
long way**



Page 4
Visit from
India



Page 18
Soaked in
the stocks

Quality of community care impresses visiting doctors

A group of trainee doctors from Kashmir, India spent time learning about the variety of services LPFT has to offer.

The team of five trainee doctors spent two weeks visiting hospital inpatient wards and community mental health teams in the spring, to find out what life is like in the 21st century NHS.



The international students were hosted by Trust staff, as part of the World Health Organisation's mental health Global Action Programme (mhGAP), in special agreement between the Royal College of Psychiatrists and the government of Jammu in Kashmir.

The trip was organised thanks to LPFT locum psychiatrist Dr Sayed Aqeel Hussain, who originates from Kashmir, along with Trust medical director Dr Sue Elcock.

As part of a busy two-week schedule, the students immersed themselves in LPFT services, spending their first week with dementia, drug and alcohol, child, and community mental health teams in Grantham, before visiting acute hospital inpatient and rehabilitation units in Lincoln. Trainee Dr Suhail Saifullah, said that back in India, mental illness still has a great deal of stigma attached to it, but he was impressed by the standard of community care offered by LPFT.

"Things are very different over here, there are far more health professionals involved in people's care, whereas back home people mostly just see a doctor. I was impressed with the empathy shown to patients and the amount of time that doctors spend with them," he said.



"I like the fact that you have detailed documentation of everything here – it saves a lot of time. Back home patients have to provide their own medical history each time they see a doctor so if it's recorded in a single compact manner it saves an awful lot of time." **Dr Khuram Maqbool**

"You have many more health professionals involved in patient care – nurses deliver around 90 per cent of the mental health care whereas in Kashmir it's all doctors – every burden and all the workload is on them. At home the nurses know very little about psychiatry, they are just there to give injections." **Dr Suhail Saifullah Maqbool**



"Because of the patient load back home the amount of time we have with patients is about five minutes. Here, every consultant spends longer with their patients so I am going to take this approach back with me to see if I can implement it on my return to give the patients a bit more time." **Dr Hena Mustafa**

"Everything is discussed with the patients and their families here and everyone is involved with the management and treatment options on offer. The drugs and possible side-effects are also fully explained to the patients at LPFT." **Dr Bushra Imtiaz**



"Here in the UK you have lots of specialities such as drug and alcohol and child and adolescent services. We don't have that kind of set up back home. I would really like to see more programs like this in the future so people from developing countries can come and learn and take that learning to other countries which will help change things." **Dr Sukhpreet Kour**

Clinical apprentices impress

We're keen to develop our workforce for the future and one key objective is to recruit and retain apprentices and ensure they have the skills, behaviours and attitudes that are right for LPFT.



The Trust already employs a number of administration apprentices and following a recent pilot to recruit a cohort of clinical apprentices, now employs six of the clinical staff across its services, who work alongside existing healthcare support workers.

LPFT's clinical apprenticeship coordinator, Sharon Jolly, said that the current cohort have all worked really well together.

"They have fitted into the teams and are all working towards completing their diplomas in Healthcare Support and attending monthly masterclasses," said Sharon.

"Several have already asked to join our ad hoc Bank rota and one has been successful in securing a permanent Band 2 role. We'd like to recruit more in the south of the county, particularly in Boston and Grantham."

Martha Barratt, one of the new clinical apprentices said she hopes to take the skills she's learning into her future career and eventually progress into nurse training.

"Since starting the apprenticeship my confidence has grown and I have made bonds with patients," she said.

"I have learnt so many new things whilst being on the ward, from doing physical observations to making sure the right information is included in patient notes."

If you, or someone you know is interested in a clinical apprenticeship, call Sharon on 01529 416251 or visit www.jobs.nhs.uk and find LPFT for more information.

CERTIFICATE



PARTICIPATION

Syed Bushra Imtiyaz

Participated in and completed the 2015

KASHMIR-UK GLOBAL MENTAL HEALTH E-LEARNING PARTNERSHIP

Between Government Medical College, Srinagar and the Volunteer and International Psychiatry
Special Interest Group (VIPSIG) of the Royal College of Psychiatrists, UK



RCPSYCH
ROYAL COLLEGE OF
PSYCHIATRISTS

**DR SAYED AQEEL
HUSSAIN**

**DR ROXANNE
KEYNEJAD**



Aqeel Hussain



CERTIFICATE

Of

COMPLETION

Bushra Imtiyaz

Two weeks Clinical Observership in various sub-specialities of Psychiatry in
Lincolnshire Partnership NHS Foundation Trust
as part of

KASHMIR-UK GLOBAL MENTAL HEALTH PARTNERSHIP

Between Health and Medical Education Department of Jammu and Kashmir and Royal College of
Psychiatrists London, with support from WHO



Susan Elcock

Dr Susan Elcock

Medical Director for and on behalf of Lincolnshire
Partnership NHS Foundation Trust



Lincolnshire Partnership
NHS Foundation Trust

Kashmir-UK Global Mental Health medical student e-Learning Partnership: Summary of Results

Prepared by Dr Roxanne Keynejad with statistics support from Dr Elisabeth Garratt

Quantitative Results

- Comparing all participants before and after participation, there was a significant increase in agreement that “psychiatric illness deserves 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 Attitudes Toward Psychiatry scores were not significantly different after participation compared to before participation ($p = 0.2249$; $p = 1.00$; $p = 0.4405$).
- 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.
 - UK students were significantly more likely to agree that “Most medical students report that their undergraduate training in psychiatry has been valuable” than Kashmir students ($p < 0.05$) after participation.
 - UK students were significantly more likely to agree that “Psychiatric hospitals have a specific contribution to make to the treatment of the mentally ill” than Kashmir students ($p < 0.05$) after participation.
- Scores on a brief WHO test of knowledge were comparable between UK and Kashmir students before and after participation.
- There were no significant differences between scores on the brief WHO test of knowledge before and after participation in the whole group or in the UK and Kashmir groups when considered separately.

Qualitative Results

Pre-partnership

	Would you consider a career in psychiatry? Please give your reasons.	What three things do you hope to gain from participating in this partnership?		
UK	Yes. I feel that the human mind is one of the most interesting functions of the human body and the disorders of the human mind are at once among the most interesting, and most debilitating of medical disorders. Through my experiences over a number of SSCs and two electives, one in India and one in the UK, I have met a number of patients and carers who have inspired me and made me resolved to pursue a career in psychiatry.	Experience of global mental health	Learn about some differences between psychiatric practice in different parts of India	Learn about the role of religion in shaping attitudes to mental health problems
UK	I am absolutely considering a career in psychiatry. Not only is it the aspect of medicine which most interests me but also I think the increasing prevalence of mental health disorders throughout the world requires that more medical students consider what is an interesting yet undersubscribed specialty.	Understanding of how clinical psychiatry in Kashmir differs from that in the UK	Discussion with another student about the main issues facing psychiatry today and in the years to come.	Useful revision of key psychiatric topics.
UK	Yes, of course! 1. Exciting field for research: lots of crossover with neuroscience, neuroimmunology, and genetics that has only recently started to be elucidated 2. Huge burden of disease and personal and family involvement with mental health problems 3. It is the study of people, brains, how brains interact with other brains, and how our society has shaped our brains - dynamic and ever-changing 4. Rich in controversy, stigma, history and links to the other sciences/humanities - very interesting	Learn more about South Asian culture and differences to UK culture	Find out about the different ways mental health and stigma affects people from South Asia compared to the UK	Learn from a medical student as well as enhance my own teaching skills
UK	Yes. I have attended talks given by patients and volunteered with some Mental Health charities which has broadened my knowledge about the services available. I have also spoken to psychiatrists about what the career entails, and am attracted by the holistic approach and the in depth consultations with both patient and family. The social aspects of psychiatric care interest me the most - particularly the idea of primary prevention and mental hygiene.	Understanding of the effect of different cultures on perceptions of mental health	Communicating with people with different backgrounds, opinions and beliefs	Greater knowledge of the role of the doctor in mental health support and how this varies depending on culture
UK	Yes possibly, although leaning more towards GP with special interest in mental health	teaching experience	learning about how medical training works abroad	further my psychiatry knowledge
Kashmir	No, I do not. I want to become a civil servant.	Learning core concepts of Psychiatry.	Realizing the magnitude of Psychiatric disease load.	Earning skills to promote mental well being at the community level.
Kashmir	Probably Yes. I can think of two reasons for joining. Firstly, my uncle was schizophrenic. I have seen him hallucinating and how people would attribute that to he being a godman -	Some experience in psychiatry.	May be I can help my society get rid of this drug addiction menace.	An elective posting in the UK

	actually believing that he was talking to God. I feel that such notions need to be dealt with. Secondly, there has been a rise in drug addiction in our society and i believe psychiatry can help!			
Kashmir	Not decided yet but it sure is one of the interesting fields in medical science.	An interaction with my peers in the U.K	A chance to discuss psychiatry and issues surrounding various sub topics in it	A chance to increase my knowledge and make friends
Kashmir	Yes. Because I believe that mental illnesses have the most profound effect on a person. I see more agony in it than physical pain. Also, I believe mental illnesses are more prevalent than are shown by statistics. And I saw some people in my life succumb to mental illnesses in some ways. I believe psychiatry is a good career option in both serving people and I think it suits me.	Knowledge.	Experience	Learning acceptability to opinions other than mine.
Kashmir	Yes,most definitely because I believe that mental illnesses are really distressing and often underestimated in terms of seriousness, so while everyone else is busy becoming a good surgeon or a good gynaecologist, I want to contribute by becoming a good psychiatrist.Besides, I really love interacting with people and only a job in psychiatry would actually pay me to enjoy myself :)	A learning experience	An Exchange of views/ideas.	Having a good time :)

Post-partnership

	Would you consider a career in psychiatry? Please give your reasons.	What three things did you gain from participating in this partnership?		
UK	Definitely. The area of medicine which currently interests me most and there is still lots to discover.	Insight into some of the cultural differences between UK and Kashmir	Differences in medical care and psychiatric care in particular between our two countries	An understanding of how non specialists can be informed about common conditions and how to treat them in primary care
UK	Yes, as psychiatry represents a career that truly represents a branch of medicine that does not artificially distinguish between the mind and body.	Experience of patient cases from a different country	An opportunity to talk about the role of faith healing in Kashmir	Good psychiatry revision for finals
UK	Yes, very interested! 1. Lots of opportunities for research 2. I like the interdisciplinary nature of psychiatry - biological, psychological, social, legal, etc. 3. Chance to get to know patients well over a long period of time and make a huge difference to people's lives	Understanding of how conflict can affect mental health in Kashmir	Understanding of how mental health stigma can affect mental health outcomes in Kashmir	Understanding of the use and implementation of mhGAP
UK	Yes - very varied, holistic, linked closely to social and cultural issues, revolves around strong relationships with patients	Understanding of how social issues affect the priority of illnesses in treatment	Understanding how cultural views can have positive outcomes, such as strong social networks	How we can learn from other countries management of healthcare issues
UK	Yes - varied patient mix, varied environments for work eg inpatient, community, home treatment	Insight into kashmiri health system	Insight into kashmiri medical student course	Appreciate the differences in management of mental illnesses

Kashmir	Not decided yet , but sure sounds interesting in the way that you can help a lot of people.	concept of syndromic approach to psychiatric illnesses , with clear understanding	interacting with my peers in the UK and comparing their treatment and approach vis a vis ours	treatment charts simplified for us the basic medications to be given and therapies to be initiated.
Kashmir	Yes, with my own interest in psychiatry and unmet needs of people for psychiatrists, I think it will make a good career for people who are passionate about it.	Knowledge	Experience	Knowledge about Cultural Diversity
Kashmir	Yes, most definitely. I've always been fascinated by the complexity of human behaviour. I believe psychiatry will give me an opportunity to study that. Besides, I enjoy talking to people, listening to their life stories and getting to know them, and it's amazing how in psychiatry no two patients will have the same history unlike in medicine or surgery where you almost always know what to expect. Being a psychiatrist is a real challenge. Also, most importantly, I strongly believe that mental illnesses are the most distressing of all illnesses and a lot has to be done in helping people to open up about their struggles with mental illnesses and to make help easily available. So a career in psychiatry will help me strike a balance between what I enjoy and what I am supposed to do for my people.	A lot of knowledge. Exchange of views/ideas/information	A cute friend.	A certificate for my portfolio!
Kashmir	Certainly. Well brain is the most powerful organ and when it goes haywire, not only is the person damaged but whole of the family and society.	Knowledge	Vision of health care abroad	Confidence to deal with mentally ill patients
Kashmir	Yes. I find it interesting. Also there are very few practicing psychiatrists in our part of the world and I can fill up the gap.	I got to learn a bit of psychiatry. My partner also shared with some cases that I had never seen before and would most probably never see in our setup.	I got to know how primary care in UK differs from that in Kashmir in terms of the preset guidelines for the management of any disease.	I now better appreciate the role the society can play with regards to the management and rehabilitation of a person with a psychiatric disorder.

	Would you recommend the partnership to a friend? Why?		What could be improved to make the partnership better?
U	No	n/a	The basic concept of the partnership is good I think but unfortunately due to the stage of our training, neither of us had extensive experience of psychiatry and so conversations on some topics were limited. It may work better for psychiatry trainees. Additionally we both found the website quite difficult to use so this could be improved to make it easier to create private tutorials.
U	Yes	It is a good opportunity to make a contact with another medical student interested in psychiatry in a developing country. It provides an opportunity to learn about the different conditions in psychiatry.	The medicine africa site was a little tricky to use at some points.
U	Yes	Really good opportunity to learn about global mental health and understand the impact of political, legal, cultural, and social impacts on mental health	More specific discussion points for each tutorial and more resources for each tutorial

U	Yes	Good opportunity to revise psychiatry as well as make a new friend and learn about medical school tuition in other countries	Perhaps a more user friendly website
U	Yes	Very Informative - both in terms of learning about cultural issues around mental health, but also different structures of medical education Friendly - fun speaking to someone else at the same level	Could be frustrating when partner did not show up for tutorials on multiple times - perhaps create a warning system after two consecutive missed tutorials
K	Yes	Exposure to cultural Ideas that are different from our own. Knowledge about various mental illness. Very good experience to talk to fellow peers of different places.	Site more friendly for users.
K	Yes	Psychiatric illnesses are the new , most widespread epidemic rising up in this world and every doctor must have some basic skills in this important field Irrespective of his specialization.	Overall , it was a fantastic initiative . I would have recommended a clinical OPD visit once a month where the real life applications of the mhGap programme could be seen by the students.
K	Yes	Its a lot of fun.An amazing way to learn about the cultural differences and similarties.One also gets to know about the differences in the management of the same conditions.Definitely a great way to learn!	Nothing really.Worked smooth for me :)
K	Yes	There's no better way to learn Psychiatry in our setting than this where you just have 14 days of Psychiatry attachment as a medical student.	A better website. And a video conference type of discussion would be better than IM.
K	Yes	1. You get to learn psychiatry. And gain experience of how things work outside of your home country. Also you get credit for all of this.	The tutorial can be made more interesting like by making it compulsory to make a presentation or present a clinical case. Also choosing a time frame that doesn't clash with exams or classes would increase participation.



Kashmir-UK peer-to-peer medical student psychiatry e-learning using mhGAP

Journal:	<i>Medical Education</i>
Manuscript ID	Draft
Manuscript Type:	Really Good Stuff
Keywords:	Clinical Education, Computers, Simulation, new technology, Curriculum Development/Evaluation, Instructional Materials/Methods, Qualities/Skills/Values/Attitudes

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Kashmir-UK peer-to-peer medical student psychiatry e-learning using mhGAP

What problem was addressed?

If there is 'no health without mental health', medical education in low-income settings must teach diverse psychiatric presentations and management, despite a limited specialist workforce. One peer-to-peer e-learning partnership between Somaliland and UK students ('Aqoon') demonstrated knowledge and cross-cultural benefits on both sides [1]. We investigated whether Aqoon could similarly benefit mental health education in Kashmir, a region affected by natural disasters and intermittent unrest, alongside logistic and pedagogical challenges.

What was tried?

Following a memorandum of understanding between Kashmir's government and UK's Royal College of Psychiatrists, we used the World Health Organization (WHO) mental health gap action programme (mhGAP), with which local clinicians had been trained, to adapt Aqoon's curriculum. Using the same low-bandwidth 'MedicineAfrica' website, we matched medical student volunteers into five Kashmir-UK pairs, to meet online for ten fortnightly, hour-long, peer-led tutorials. Emails reminded partners to read specified mhGAP chapters covering core psychiatric presentations, before discussing their understanding and clinical experience online, in pairs. Students completed WHO-approved knowledge, ATP-30 (Attitudes Toward Psychiatry) and free-text feedback questions online, pre- and post-course. University ethical approval was provided; no additional resources were required. Analysis employed Wilcoxon signed rank tests and thematic analysis.

What lessons were learned?

Aqoon's model proved popular when adapted for Kashmir (90% would recommend it to a friend). Reasons for participation included learning about cross-cultural and health system differences (Kashmir), and understanding "political, legal, cultural, and social impacts on mental health" (UK). Most participants (90%) expressed interest in psychiatric careers, pre-participation. This, coupled with sample size, may explain why there were no significant differences between Kashmir and UK knowledge or ATP-30 scores pre-participation, nor significant differences post-versus pre-participation in either group ($p < .05$).

Thematic analysis showed that Kashmir students gained confidence, knowledge about clinical presentation, diagnosis, prescribing, treatment options, and "now better appreciate the role the society can play with regards to...management and rehabilitation". UK participants gained revision, understanding of cross-cultural differences in clinical presentation, help-seeking, management, education and health systems.

However, 40% of participants suggested a more elaborate website, including video-conferencing and slideshows, which would be feasible in this setting, given higher bandwidth than Somaliland. As with Aqoon, completing all sessions required online and face-to-face reminders from organisers; one UK student expressed frustration at missed meetings, despite knowledge of logistical constraints. Adapting WHO's mhGAP curriculum for student peer e-learning proved feasible and acceptable. Following participation, Kashmir students pursued UK psychiatry observerships, during which some visited their partners; one pursued psychiatry training in India.

Aqoon was successfully adapted for a radically different setting, matching locally-implemented mhGAP clinician training. However, multimedia educational interfaces are

preferable for settings with higher bandwidth internet. Whilst knowledge and attitude metrics did not reveal significant gains (likely reflecting the small sample), qualitative feedback demonstrated popularity and engagement. The model should be developed and evaluated among larger samples and compared to a control intervention, to determine its scalability for cross-cultural mental health education. Aqoon represents a resource-neutral, customisable e-learning innovation with potential to connect and educate diverse medical student peers, worldwide.

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Am sharing feedback of one of the student Khurram Maqbool

Asalamualaikum Sir. I mostly had only postive experience from the experience. Firstly, it was good to talk to your peers from a developed country and compare our lives, ways of studying, patient interaction etc. It was a novel experience to know how much the developed countries are different from us, not only in infrastructure but in various ways. The problems we had in our countries were different, family set up, cultural diversity. It was good to come across different opinions. In psychiatry, it was great to know about a single disease from differing perspectives. Of similar diseases in contrasting backgrounds. How administration of a developed countries takes over the role of the family, and how much dependent the developing countries were on social contacts. Also the stigma and awareness of different diseases in our countries. I think I got a lot of exposure from doing this project. Even the minor things had so many significance when we compare them in our countries. I also knew more about the diseases and their approach to diagnosis. Lastly, I made a good friend who was always polite .I never had any issues related to the time difference. Net connectivity was initially poor due to the floods. Rest we managed and I am really glad that I did. Future Recommendations : Improving the method of communication, the site had some issues when the speed was slow and with different browsers. Making pairs on the basis of matching times of being available. Rest it was great! Thanks a lot for giving us this opportunity!

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Greater Kashmir

Kashmiri medicos get training in NHS UK

Cherish learning moments, want to replicate exposure back home

GKNN

Srinagar, Publish Date: May 30 2018 12:58AM

Five trainees on an exposure and training trip to National Health Services (NHS) UK bring back the amazement and learning to Kashmir and attempt to replicate it here.

A group of doctors spent two weeks visiting in-patient wards and community mental health teams as part of an international program of training to find out what life is like in 21st Century NHS.

The doctors were exposed to a variety of services and facilities such as those for dementia, drug and alcohol, child, and community mental health teams in Grantham, UK and also inpatient and rehabilitation units in Lincoln UK.

The doctors were 'amazed' to find the vast difference in mental health services in India and Lincolnshire Partnership NHS Foundation Trust (LPFT) services. The training was part of the World Health Organisation's mental health Global Action Programme (mhGAP), in agreement between the Royal College of Psychiatrists' and the government of Jammu in Kashmir.

LPFT locum psychiatrist Dr Sayed Aqeel Hussain, who hails from Kashmir, along with Trust Medical Director Dr Sue Elcock organised the trip.

The amount of respect to privacy and consent is something that impressed Dr Syed Bushra Imtiyaz, a team member. "I like the fact how everything is fully discussed with the patients and their families at LPFT. It's amazing how much importance patient consent is given when it comes to choosing the drugs or procedures. Everyone is involved with regards to the management and treatment options on offer," she said. She added "The drugs and their possible side-effects are also fully explained to the patients at LPFT which results in a better delivery of services for patient care."

She was also touched by the fool proof referral system. "The amazing GP referral system, under which the NHS users would only go to the respective GPs of their area who would assess them and then accordingly refer them to the specialist doctors as the need be," she said. She found this a total contrast to system in Kashmir wherein a single patient could present to as many doctors as they wished. This results in an increased influx of patients in the hospitals and decreases the amount of time to be given per patient, leading to a decline in the quality of patient care and over burdening of doctors, the doctor believes.

Dr Sukhpreet Kour, another member of the team found the substance abuse help system an inspiration that she feels could help many lives if it could be replicated here. "In the UK you have lots of specialties such as drug and alcohol and child and adolescent services, we don't have that kind of set up back home.

I would really like to see more programs like this in the future so people from developing countries can come and learn and take that learning to other countries which will help change things," she said. On the same note, the effective and intensive documentation and records system has also impressed doctors. "I like the fact that you have detailed documentation of everything here – it saves a lot of time. Back home patients have to provide their own medical history each time they see a doctor so if it's recorded in a single compact manner it saves an awful lot of time," Dr Khuram Maqbool a visiting team member said.

The patient load and the degree of probing and explaining that the doctor can get into in the given scenario has also been seen as a concern and something that needed to get replicated in a better manner here. "Because of the patient load back home the amount of time we have with patients is about five minutes. Here, every consultant spends longer with their patients so I am going to take this approach back with me to see if I can implement it on my return to give the patients a bit more time" said Dr Hena Mustafa. The staff shortage at many levels and its cumulative effect on patient care was seen as a constraint and doctors found it in total contrast in NHS.

"You have many more health professionals involved in patient care – nurses deliver around 90 per cent of the mental health care whereas back home it's all doctors - every burden and all the workload is on them. At home the nurses know very little about psychiatry, they are just there to give injections," Dr Suhail Saifullah said.

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Medical students from India enjoy Sleaford exchange



The team of medical students and Interns from Kashmir with their consultant psychiatrist Dr Sayed Aqeel Hussain. EMN-16052 150711001

Published: 17:00
Sunday 29 May 2016

A group of medical students from Kashmir have been experiencing NHS treatment of mental health problems in the Sleaford area.

The five young doctors from a government medical college in Srinagar, northern India have had an eye-opening two weeks understanding the techniques of teams at Lincolnshire Partnership Foundation NHS Trust, which handles mental health services in the county from its headquarters in Sleaford.

Medical intern Khuram Maqbool explained they have been following a weekly interactive programme on communicating with psychiatric experts at King's College London. They were then given an opportunity to come over here to see first hand how a developed country approaches and treats mental illness.

Bellamy intern Syed Danish Imtiaz said in Lincolnshire there was a totally equal distribution of health services

Student Suhail Saifullah was impressed with the integrated system he had seen, with proper documentation whereas back in Kashmir the patient has to manage his own records.

Consultant psychiatrist Dr Sayed Aqeel Hussain, has travelled with the students having led the five year joint training programme, backed by King's College London and the World Health Organisation, part of which student exchange to give students first hand advice and experience. One week was spent focussing on community health services and the second week was spent on in-patient services.

Hena Mustafa said most mental health issues were similar except alcohol dependency, which was much more of a problem here than back home where alcohol is forbidden among the mainly Muslim population.

Support for patients at home within the family was stronger in Kashmir, but there was very little professional mental care services in the community, instead relying on hospitals.

they look at the physical and psychological causes too," he said.

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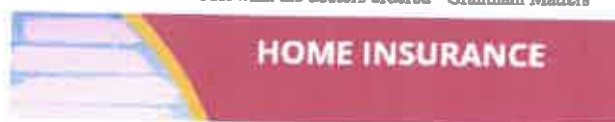
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Just what the doctors ordered

May 21, 2016 by Grantham Matters — [Leave a Comment](#)



Dr Saeed Nazir says...

Visiting Kashmiri doctors enjoying award-winning Cecil Street Fish and chips

The doctors were at the end of their two week placement at Grantham Hospital.

They would like to thank staff & patients for their experience.



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

Author: Syed Bushra Imtiyaz¹ (Conferred with Postgraduate Fellowship)

Contributing author: Sayed Aqeel Hussain²

Affiliations: ¹Department of Psychiatry, Govt. Medical College, Srinagar; ²LPFT, UK



UK-Kashmir Exchange Prog. Partners

BACKGROUND

Kashmir, a paradise hit by political conflict, has seen a rise in psychiatric morbidities over the past two decades.¹

Nearly 1.8 million (45%) adults in the Kashmir Valley are experiencing symptoms of mental distress, with 41% exhibiting probable depression, 26% probable anxiety and 19% probable PTSD². Goes without saying, we need more mental health specialists now than ever!

Medical students in Kashmir do not get a proper exposure to the field of psychiatry during their formative undergraduate years as the psychiatry rotation lasts just two weeks. Consequently, not many of them willingly choose to pursue psychiatry later, as they are unaware of what being a psychiatrist entails.

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 Lincolnshire Partnership NHS Foundation Trust (LPFT) 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

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.

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.

Methodology :

Setting: Two week's clinical observership was held at the Lincolnshire Partnership NHS Foundation Trust, UK starting from the seventh of May, 2016.⁴

- Participants were 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.



GROUP OF FIVE VISITING STUDENT-DOCTORS FROM KASHMIR, WITH Dr. HUSSAIN & BOARD MEMBERS, LPFT, NHS.⁵

- 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 at Grantham: Rotated through various subspecialities of psychiatry, shadowing expert consultants:

1. Child and Adolescent Mental Health Services (CAMHS) with Dr Nazir and Dr Thompson.
2. General Adult Psychiatry with Dr Aziz.
3. Community Mental Health with Dr Hussain
4. Geriatric Psychiatry (visited Manthorpe House-in patient department & Care homes) with Dr. Al-Kaisey.
5. Drug and Alcohol Rehabilitation Team (DART) with Dr Wright

Week-2 at Lincoln: Rotated through the following wards/units :

1. Connolley and Charlesworth wards (Female and Male closed wards respectively) with Dr Al-Kubaisey
2. Francis Willis Forensic Unit with Dr Monti
3. Discovery House (Rehabilitation center)
4. ECT unit
5. Presentation about observership, interaction with professionals, followed by Q&A session

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

RESULTS:

1. Before and after participation, there was a significant increase in agreement 'psychiatric illness deserve as much attention as physical illness' ($p < 0.05$)
2. After completing online interactive programme there was increase in our understanding of cross-cultural mental health scenarios.
3. At the end of two weeks of observership programme, following observations were made:

MENTAL HEALTHCARE BURDEN

	UK/NHS	J&K
POPULATION COVERED	0.7 Mn	11 Mn
AVG NO. OF PATIENTS SEEN/DAY	3-4 / DAY / CONSULTANT	AVERAGE DAY : 30-40/CONSULTANT CURFEW DAY : 10-20/CONSULTANT
TIME GIVEN PER PATIENT	AS LONG AS REQUIRED FOR PROPER ASSESSMENT AND MANAGEMENT.	IN VIEW OF EXCESSIVE CASE-LOAD, 5-10 MIN / PATIENT, ON AN AVG.
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	VIA NHS - FREE SERVICE TO ALL PRIVATE CLINICS - NOT VISITED ROUTINELY.	GOVT. HOSPITAL: RS10/CARD (MULTIPLE VISITS) + FREE MEDS PRIVATE CLINICS: RS 150-300/2 VISITS. ROUTINELY VISITED DUE TO EXCESSIVE PATIENT LOAD IN GOVT. HOSPITALS

NHS, UNITED KINGDOM-UNIQUE FEATURES^{6/5}

- 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

AFTER SUCCESSFULLY COMPLETING THE PROJECT, I WAS ABLE TO CHOOSE PSYCHIATRY FOR MYSELF AS A CAREER OPTION

CONCLUSION: 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 and resources due to cancelled appointments.

Significant time is gone in maintaining patient records, limiting no. of patients seen/day.

J&K- Need for effective ways to deal with 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.

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

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International Congress of the Royal College of Psychiatrists

ICC Birmingham
24-27 June 2018



It is with pleasure that I extend an invitation to you to attend the forthcoming International Congress of the Royal College of Psychiatrists, 24-27 June 2018.

The meeting will be held in Birmingham, UK with a programme to inspire learning and we are committed to ensuring that attendees leave with an improved understanding of psychiatry and mental health and the interactions between mental health, neuroscience and the social and cultural context in which people live.

The participation of overseas delegates is highly important given our College's rising international membership and growing roles and influence across the world. Our recent congresses and conferences have proved increasingly attractive to psychiatrists from around the globe and we are keen to continue to develop our relationships with other like-minded psychiatric organisations during our events.

If you would like to confirm your attendance, please register online no later than 18th June 2018. Please see the Congress web page (www.rcpsych.ac.uk/congress) to register and for details of the programme, registration fees and further information.

We very much hope you will be able to attend.

Yours sincerely

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www.rcpsych.ac.uk/congress

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

Author: Dr Sayed Aqel Hossain, Consultant Psychiatrist, North Hampshire Hospitals, NHS Foundation Trust, UK; Co-ordinator of the project.
 Author: Dr Riyad Shafiq Siddiqui, 1st year PG Student, IIM, Kashmir, Participant in the Project.



INTRODUCTION

> Kashmir, a paradise hit by political conflict, has seen a rise in psychiatric morbidity over the past two decades.

> As per WHO study, Nearly 1.8 million (80%) adults in the Kashmir Valley are experiencing symptoms of mental distress. Even without any, you read more mental health specialists every three years!

> 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 International exchange programme, followed by two week's clinical observership with the LPFT, NHS, was organized by Dr Sayed Aqel Hossain as a part of an MOU signed between the RCPsych, London and the H&EE Department Govt. of Jammu and Kashmir, with support from WHO, Geneva.

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

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

NHS/UNITED KINGDOM-UNIQUE FEATURES

- Concept of Catchment areas with specific GP "surgeries"; limiting burden on specialty 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 Placemats: Often, faith-healers provide informal psychotherapy as they are mostly first contact of a patient for help. Sometimes faith-healers even refer the patients 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 statistical support from Dr William S. Garrett
- > 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

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.



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

OUR OBSERVATIONS

	LPFT, NHS	J & K
POPULATION COVERED	0.74Mn	11 Mn
Avg no. of patients seen/day	3-4 / DAY / CONSULTANT	AVERAGE DAY : 35-40 / CONSULTANT CURRENT DAY : 10-20 / CONSULTANT
TIME GIVEN PER PATIENT	AS LONG AS REQUIRED FOR PROPER ASSESSMENT AND MANAGEMENT.	IN VIEW OF EXCESSIVE CASE-LOAD, Avg. 5-10 MIN / PATIENT
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COST OF SERVICE TO PATIENT	VIA NHS - FREE SERVICE TO ALL PRIVATE CLINICS - NOT VISITED ROUTINELY	GOVT. HOSPITAL / MED / CARD (MULTIPLE VISITS) + FREE MEDS PRIVATE CLINICS: IN 150-200/2 VISITS. ROUTINELY VISITED DUE TO EXCESSIVE PATIENT LOAD IN GOVT. HOSPITALS

DISCUSSION

Exchange programme gives students/trainees an opportunity to learn about the approach and management of illnesses in cultural/political backgrounds different from their own. It provides parties exposure towards various aspects of psychiatry that are lesser known or 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 given in establishing patient records, finding the number of patients that can be seen in a day.

CHALLENGES -KASH

- 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, not kept in the hospital.
- Development of traditional sub-specialty clinics, including community mental health teams.

GENERAL CHALLENGES:

- TO FIGHT THE STIGMA: People everywhere are more accepting of a physical malformation than a mental one!
- TO SENSITIZE YOUNG MINDS ABOUT IMPORTANCE OF MENTAL HEALTH

