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

INTRODUCTION

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

As per NHE study, Nearly 1.8 million (10%) adults in the Kashmir Valley are experiencing symptoms of mental distress. Given 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 Hassan in a part of an MOU signed between the RCPsych, London and the GMC, Srinagar. Kashmir students, with support from WHO, Geneva.

AIMS AND OBJECTIVES

1. To analyse the impact of the project on the understanding of psychiatric presentations and services in different cultures.
2. 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.

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.

T慈悲 Questions 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

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 Placebo. 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 statistical support from Dr Elizabeth Scussel

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 illness in cultural/ethnic backgrounds different from their own. It provides positive 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

• Waste 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-KASHMIR

• Need for effective ways to deal with the emerging mental illnesses in the wake of conflict.
• Reaching faith-healers in the formal management process for successful treatment.
• Records of examination and treatment are kept with the patient, ‘never 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 maladies than a mental one.
• To sensitise young minds about importance of mental health.