



# **RCPsych International Strategy: volunteering strategies and impacts**

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There are numerous factors of resilience, most notably supportive families and communities and, by extension, international communities, which enable people to cope and even prevail in the face of adversity.

# Challenges

- Impact
- Sustainability
- Integration / Embeddedness
- Culture / Landscape
- Logistics / funding
- Quality, Evidence based



# Impact

- No individual volunteering. Team approach with governance and support with lead volunteer.
- All RCPsych projects in Uganda, Ghana, Palestine, Iraq



# Sustainability

- No training without supervision and follow up
- Training linked to existing services

# Iraqi Red Crescent Society

- Funded through the Red Crescent
- Hybrid model
- 5 day mhGAP training for 17 PHC doctors working with disadvantaged population in Iraq
- Supervision
- Cascading training
- Linked to MH specialist services



## Impact of mhGAP-IG training on primary care physicians' knowledge of mental, neurological and substance use disorders in Iraq

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**Keywords:** Low- and middle-income countries, primary care, transcultural psychiatry, mhGAP, Iraq.

First received 7 Mar 2023  
Final revision 17 Aug 2023  
Accepted 27 Sep 2023

doi:10.1192/bjp.2023.36

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To address the growing need for good-quality mental health service provision to patients in Iraq, mhGAP-IG 2.0 training in mental, neurological and substance use (MNS) disorders was delivered for primary care physicians in May–June 2022 by the Royal College of Psychiatrists (RCPsych) volunteers scheme. An innovative hybrid model was used to deliver this training to improve engagement compared with virtual training alone. Pre- and post-training assessment tools showed a significant improvement in participants knowledge of MNS disorders. Follow-up fortnightly supervision sessions by RCPsych volunteers were planned to help participants consolidate their learning in managing MNS disorders.

training of 52 participants, 25 of whom were primary care physicians, with country-specific and needs-led mhGAP-IG training, showed an 8.5% improvement in post-training test scores.<sup>8</sup>

The Iraqi Red Crescent Society (IRCS) approached the Royal College of Psychiatrists (RCPsych) to help with a programme to improve primary care physicians' mental health knowledge and skills. In response, the RCPsych volunteer scheme undertook to deliver a 5-day hybrid (in person and virtual) model of mhGAP-IG training to a group of primary care physicians in Iraq. This study aims to assess the impact of this training in improving the physicians' knowledge of assessment and management of MNS conditions.

### Method

A team from the RCPsych volunteer scheme delivered the WHO mhGAP-IG 2.0 training to primary care physicians in Iraq between 28 May to 5 June 2022.

The training team comprised three consultant psychiatrists, two of whom (M.A.-U. and H.A.T.) attended personally, and a third consultant supported virtually from the Royal College of Psychiatrists, London. In addition, the National Advisor for Mental Health (E.A.A.) in the Ministry of Health, Iraq, joined the team and was supported by a local psychiatrist.

This was a hybrid model in which a subject matter expert from the UK delivered the bulk

Mental, neurological and substance use (MNS) disorders are prevalent in all regions of the world and are major contributors to morbidity and premature mortality.<sup>1</sup> In 2019, prior to the COVID-19 pandemic, an estimated 970 million people worldwide had a mental disorder, 82% of whom lived in low-and-middle-income countries (LMICs).<sup>2</sup>

Globally, current mental health systems are not meeting their populations' needs. The gaps between prevalence and treatment vary across

# Ownership

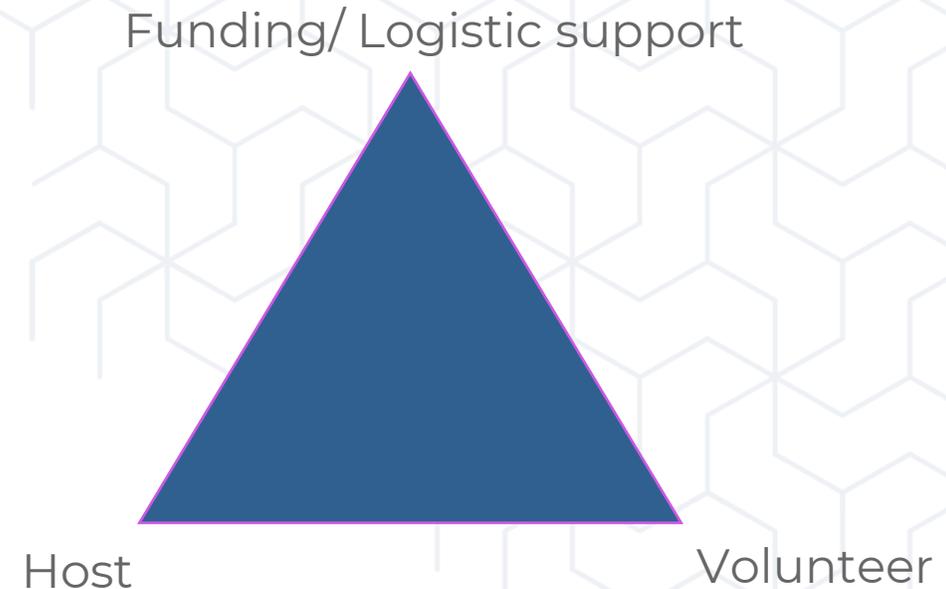


- Respond to need/ no imposing of models of care
- Build capacity, not dependency
- Respect local culture and adhere to College values



# Logistics / Funding

**Three-way partnership,  
engaging stakeholders**



Technical skills are paired with a funding body and expertise on-ground.

# Palestine

- Collaboration with Health Authority and funded by NGO (MAP- Medical Aid for Palestinians)

**NEWS FEATURE**





**M**ental health disorders constitute one of Palestine's most prevalent, but least acknowledged, health problems. After decades of conflict, displacement and poverty, a third of its population of 5 million are thought to need treatment for mental illness. Stigma, however, is a big issue and religious beliefs lead some to seek relief from faith healers rather than mental health services.

Stigma has also contributed to a chronic shortage of psychiatrists, especially women. Right now, there are only five psychiatric trainees in total in the whole of Palestine, all undertaking four-year residencies at the Bethlehem Psychiatric Hospital in the West Bank, an adult inpatient centre with four psychiatrists treating only patients with the most severe psychiatric conditions.

Dr Shefa Ballout and Dr Saja Alkhdour are final year trainees who hope they can bring much needed change to Palestinian mental health services and attitudes. When they qualify, they will need to go into the community equipped with the skills to treat common disorders.

To broaden their knowledge of mental health conditions, they and their fellow trainees have received supplementary training and mentorship from RCPsych through a project facilitated by British charity Medical Aid for Palestinians.

Alongside fellow technical partners Georgetown University and George Washington University in the US, the College provides supervised twice-monthly online sessions on topics from genetic psychiatry to self-harm and anxiety disorders, as well as giving the trainees access to its vast online resources through Trainees Online (TCO) and free pre-membership psychiatric trainee registration. Two trainees are also paired with RCPsych mentors – both bilingual English and Arabic speakers – for twice-monthly sessions where they can discuss any ethical, clinical or personal dilemmas they face.

Professor Mohammed Al-Uzri, the College's Presidential Lead for International Affairs, says: "The project provides a unique opportunity to support colleagues training in psychiatry in challenging environments with limited resources. The benefit is mutual

**Meeting in Bethlehem**

Two trainees from Palestine discuss the huge obstacles faced by the state's mental health services and how an RCPsych project is helping.

for just three minutes, again he was wrongly misdiagnosed – or stigmatised, even – with mental retardation!" she recalls. "I began to consider psychiatry more seriously after that."

Her mind was made up during an internship year at the Bethlehem Psychiatric Hospital where Dr Ivona Amleh, its then medical director, was supportive and encouraging.

While Dr Ballout's career choice was encouraged by her family and friends, mental health is still very much stigmatised for patients and mental health workers alike.

"A large percentage of the population prefer to go to traditional healers and it is much more acceptable for them to attribute their mental complaints to jinns [supernatural beings] than to psychiatry and psychology," says Dr Alkhdour. "In the village she is from in Hebron, she says, 'a young man was tortured to death by a medicinal healer, while another man with PTSD died by suicide'."

"Because of chronic, lifelong and transgenerational traumas, especially from the occupation, our community is used to denying or minimising symptoms. While this in part increases resilience, it has a negative effect on the vulnerable who don't realise they, their children or relatives actually have a mental illness."

Dr Alkhdour set the United States Medical Licensing Exam with a view to studying in Qatar and says the exam "opened her eyes to the core knowledge of psychiatry".

But her career choice was met with opposition from her parents, relatives and even doctors. Some claimed her patients would literally drive her insane. Her parents were eventually talked around and she took up a residency at the Bethlehem Psychiatric Hospital.

Work there is challenging and dangerous for the psychiatrists dealing with the most severe cases, including PTSD, severe OCD and schizophrenia. "In recent years, we've started seeing more patients with personality and substance use disorders admitted for their aggressive behaviour and on occasion, they have threatened us, but we receive little support," says Dr Ballout.

"Most days, just one doctor will be on call for 28 hours for an entire hospital spread across five buildings which can be quite exhausting. But ultimately, treating someone successfully is really rewarding."

A lack of research means there is very little data on the types of mental health disorders that ordinary Palestinians

**"We feel we aren't alone in dealing with mental suffering among our people"**

"We feel we aren't alone in dealing with mental suffering among our people" says Dr Alkhdour. "This project has given us great access to knowledge, mentorship and possible future opportunities to continue our progress in the speciality."

"With no structure and few residents, it was always challenging to organise any educational activities," says Dr Ballout. "The project has been a great help – filling a gap in our residency programme."

Dr Ballout decided to specialise as a psychiatrist during her last year at medical school when certain incidents from her first clinical rotation in psychiatry stuck in her mind. In particular, there was an eight-year-old boy who was being wrongly treated for ADHD without ever being examined in person by a psychiatrist. "When he was used to



# Quality, Evidence based

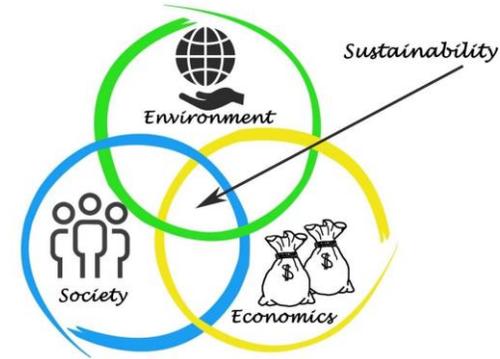
- College resources, evidence based and quality assured
- Access to RCPsych resources and leaflets



# What we won't do



Avoid projects unrelated to the strategy or high risk.



Reject unsustainable projects or individual volunteering reliance.



Ensure safety of our volunteers.



Foreign, Commonwealth  
& Development Office

Comply with Foreign, Commonwealth & Development Office policies.

## Lessons learned

Coordinated and consistent approach to international crisis: **Emergency Response Plan.**

**Volunteer Scheme:** Fellows and members keen to volunteer once right opportunity provided with Diaspora playing leading role.

**Collaboration:** Partnering with stakeholders for better impact/outcomes.

**Sustainable operating model:** Tripartite partnership model.

Respond to local needs and Respecting local culture: **two-way learning.**



## Connect with us

- You can help make a difference
- Help us achieve the RCPsych's mission to secure the best outcomes for people with mental illness globally
- Build connections and skills
- Flexible opportunities

Get involved today:

<https://www.rcpsych.ac.uk/international/volunteering>

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International Liaison Manager

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**RCPsych Volunteer Scheme Registration Form**

*(this will be a web based form rather than a paper form)*

Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Membership No. OR D.O.B. \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Skills and Experience**

Are you interested in becoming a

Volunteer  
 Mentor  
 Both

**Language Skills**

Language	Competency (basic, intermediate, advanced)
Mother tongue:	

Tick your interests

Monitoring and evaluation  
 Training non-psychiatrists  
 Training psychiatrists, in  
 Developing local mental health services  
 Advocacy  
 Developing Psychiatric Sub-Specialties  
 Other:

# Thank you!



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