VIPSIG NEWSLETTER

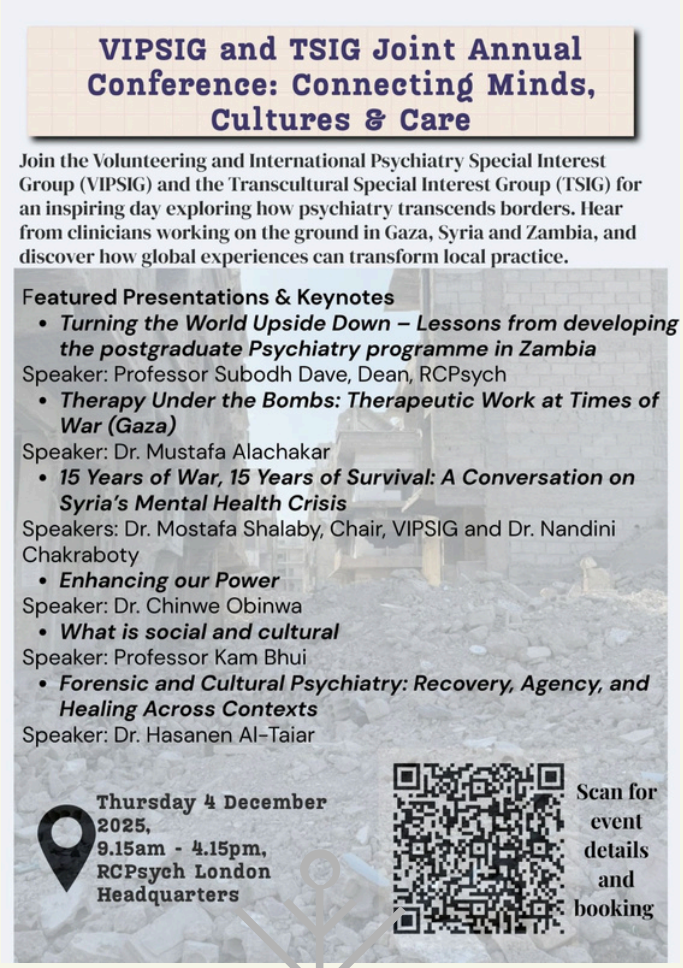
WINTER EDITION 2025

THE NEWS

The newly elected chair of VIPSIG has been chosen. Congratulations to Dr Mostafa Shalaby, Consultant Liaison Psychiatrist.

Volunteering and International Special Interest Group (VIPSIG) is holding a joint conference with the Transcultural Psychiatry SIG (TSIG) on 4th December 2025.

UPCOMING ANNUAL CONFERENCE



NEWSLETTER THEME

Volunteering and international psychiatry in psychiatry training: how can it impact positivity for our resident doctors?

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WHY I CARE – AND WHAT I DREAM FOR VIPSIG

When I think about why I wanted to become Chair of the Volunteering and International Psychiatry Special Interest Group (ViPSiG), it goes far deeper than titles, projects, or job descriptions. It comes from something personal. Something spiritual. A quiet conviction that grew inside me over the years — that we are not here on this earth just to succeed or survive, but to serve.

Like many of you, I've been through hard moments in life. Moments of stress, injustice, isolation — times when you question your own value and purpose. And every single time, I found that reconnecting with people, with community, and most importantly, with giving, was what healed me the most.

Volunteering has been one of the most transformative parts of my life, professionally and spiritually. Whether it's providing mental health support in underserved communities or helping build training capacity abroad, I've never returned from a volunteering experience the same person I was when I left. Every time, I've come back a little more grounded, more compassionate, and more aware of the deep interconnectedness between us all.
That's what I want ViPSiG to become. A living, breathing space for that kind of growth — for all of us.

My Vision for ViPSiG

ViPSiG, for me, is not a tick-box or a side project. It's a calling. Over the next four years, I want to build something we can all be proud of. Not in a superficial way, but in a way that genuinely changes lives — both for the people we help and for the members who take part.

To make this happen, I have established a fully engaged executive committee — not in name only, but one where every member has a clear purpose, a voice, and a real role to play. I want this team to help shape events, support the international team to organise impactful volunteering programmes and build international relationships, and serve as role models of ethical and culturally aware psychiatry.

There are entire communities across the world that are under-resourced in mental health support. At the same time, there are countless doctors, nurses, and medical students here in the UK who want to help but don't know how or where to start. My goal is to work with the international team to increase the number of volunteers and opportunities available

ViPSiG can be the bridge

I want the college to partner with NGOs and healthcare organisations abroad to create safe, structured, and meaningful volunteering opportunities. And just as importantly, I want to build a culture within the NHS that recognises and values this kind of service and activity. For example, should we be pushing for a national volunteering leave policy? Can we convince NHS organisations to formally support two weeks of paid or unpaid leave per year for clinicians to volunteer abroad? Why? Because this isn't just about helping others — it's about developing better, wiser, more culturally aware clinicians.
Volunteering isn't a holiday. It's training. It's an experience. It's humility. It's exposure to different health systems, different traumas, and different ways of healing. It's a contribution that echoes back into the NHS through increased resilience, empathy, and global understanding. I want to work with key figures in the NHS, the Royal College of Psychiatrists, and medical education leadership to advocate for this change.

An Open Invitation

This isn't my vision alone — I want it to be ours.
If you've ever felt like you wanted to do more... to give back, to connect with people, to contribute to a global movement for mental health — I'm asking you to join us. Whether you're a trainee, consultant, academic, or simply someone with a big heart and a bit of time — we need you.
You don't need to have international experience or a perfect CV. You just need that willingness to serve.

And if you have ideas — bring them. If you want to join the executive committee — reach out. If you're nervous but interested — message me. I want ViPSiG to be a family where we lift each other, challenge each other, and build something far greater than ourselves.

In Closing

In these chaotic and uncertain times, when so many feel disconnected and burnt out, I believe ViPSiG can be a source of healing. A reminder that we are part of something bigger. That every act of service — no matter how small — brings light into the world.

Let's build this together.

Dr. Mostafa Shalaby
Chair, ViPSiG |
Consultant Psychiatrist |
Volunteer

HOW A FARM TAUGHT ME THAT ACTIONS SPEAK LOUDER THAN WORDS...

A few years ago, I required a considerable period off work due to my mental health. My hobbies slipped, my friends drifted, and my fun withdrew. It was a period of deep personal enquiry with a clouded purpose, confused priorities and an abandonment of my sense of self. It was an intensely painful period where just getting through to lunchtime was an achievement.
I needed help, and this took many forms, but one of the most profoundly impactful sources of help that I got was through giving my time to others. With the agreement of my employer, I started volunteering at a local charity called Amelia Trust Farm once or twice a week whilst off work.

The farm has undergone numerous changes since it was established, but its main aim has not wavered. It remains a sanctuary and safe place where therapeutic support is provided for disadvantaged and vulnerable people in the local community. It delivers teaching projects that are focused on building confidence, improving communication, and learning new skills, so that these can then be used to obtain further life skills for independence or employment.

Their programmes include tailored support for individual school pupils, veterans and their families, children and adults with learning difficulties, disabled children, and providing facilities for the local community. Additionally, most of their animals are rehomed, and they partake in wildlife conservation and preserving the surrounding ancient woodlands.

I started volunteering here because I love the outdoors and animals. I wanted to reconnect with myself in an environment completely removed from hospitals and healthcare. In a time when the thought of continuing medicine churned my stomach, it taught me new skill sets and catered to my natural curiosity to learn and explore. The people I worked with, and the unconventional situations that young people with impulsivity and excitable escaped goats put me in, altered my outlook. I found days when I thought I was emotionally stable, but the donkeys showed me that I wasn't. Donkeys are acutely sensitive creatures that must have the space and time to grieve lost herd members, otherwise they enter a state of persistent grief – hence Eeyore...

These 500kg animals calmed our most behaviourally challenging young people. Our Python captured one boy's concentration more than any teacher or educational psychologist could with his ADHD. The gentleness shown towards our giant rabbits by someone with a tendency to resort to violent behaviours during periods of dysregulation taught me about tactile communication.

I returned home from these days tired but hopeful and encouraged by the sincere connection to my surroundings. I thought that I should be paying this place for the care and insights it has given me. Alongside providing an emotional discernment, I have learned how to roll sheep, drive a tractor, handle a python, hoof pick donkeys, catch alpacas, health check geckos, control angry pigs, handle birds of prey, and groom ponies. I have learned that animals communicate through behaviour, and if they need to, they will make noise. Safe work here necessitated understanding their behaviours and practising tolerance. It was required to maintain safety and appropriately facilitate interactions and learning, "especially when it came to territorial male Emus".

My sole purpose was to care for the animals. I wasn't there to fix people. I had no expectations placed upon me and no responsibility. For a long time, no one knew what my 'day job' was. It allowed me to unfold from the anxiety and find a presence of mind. To learn how to settle in myself again. I would often find the young people opening up to me whilst plaiting the pony's mane. I was forced to hold a space for this person and be with them. In doing this, it enabled me to ponder what this space might look like for me. I was needed only to listen quietly with no intention to act or save. Their struggles and truths played out alongside mine, and both parties had a matched vulnerability. I think it demonstrated to me that most living things want to be helped, held or heard. I understood the first two, but I didn't realise the importance of the third.

I continue to volunteer here alongside my NHS work. This farm has taught me about compassionate and successful communication and aided me in deciding to apply for psychiatry training. I find myself bringing the safety, trust, and softness of those farmyard interactions into the clinic room. I try to bring myself into the weak corners of the clinical encounter. To search for the commonality in the shared space. I found that I have become far more receptive to non-verbal cues and naturally attuned to what is not said by patients. To furnish my words with empathy and convey predictability. I seek to mirror their honesty and hold their truth. I frequently ask myself if the behaviours of patients are telling me something their words cannot.

Working on the farm also reminds me to continue asking those questions of myself. It encourages me to broaden my emotional literacy. It prompts me to listen to myself and advocate for my own needs within the community.

Dr. Katey Beggan
CT1 Psychiatry, CTM UHB, South Wales, HEIW

THIS IS MY STORY AS AN INTERNATIONAL MEDICAL GRADUATE (IMG)

As an International Medical Graduate (IMG), I thought the best way to contribute to this newsletter would be to share the story of my own journey. I've had the opportunity to practise psychiatry in different settings since 2011– first in Egypt, and later during my time working with the United Nations through the COVID-19 pandemic. What struck me most was how much these experiences had shaped the way I approach my work today. They taught me about the importance of inclusivity and respecting the diverse cultural backgrounds of the people I meet. This has been invaluable in helping me offer the best possible care to the wonderfully varied community I now support.

When I moved to the UK in 2021 to begin my NHS journey, first as a Specialty Doctor and now as a Higher Trainee in General Adult Psychiatry. I didn't immediately see how the lessons from my earlier experiences would carry over. At the time, I imagined I was stepping into a completely different world: working as a doctor in a highly developed country, within one of the largest healthcare organisations in the world. Because of this, I didn't expect that much of my previous 10 years of psychiatry practice would still have relevance here.

Surprisingly, over time, I found that these broad and diverse exposures continued to support me in clinical decision-making, particularly in complex situations. One example stands out clearly in my mind: I was caring for a patient originally from the Middle East who was experiencing her first episode of psychosis around three weeks postpartum. She wasn't responding as expected to what is usually considered a standard and very effective treatment—Olanzapine 10 mg once daily (later increased to 15 mg). This is a dose that often works very well for the majority of patients we see suffering from that illness. This is especially true for those who are drug naïve, meaning they have not previously received psychotropic medication. Because of this, some clinicians (who were involved in her care) began to wonder whether Olanzapine was the right medication for her, and whether we should consider switching to a different antipsychotic instead of continuing to push the dose further.

There are understandable reasons behind that line of thinking. With drug-naïve patients, a lack of an early response often raises concerns that the medication may not be effective. In addition, because she was in the postpartum period, we had to weigh the pros and cons carefully. Continuing with the same medication and gradually pushing it to the maximum effective dose could delay her recovery, which could risk prolonging her illness and potentially impacting her early bonding with her baby. On the other hand, switching medications too soon also carries its own risks. At that point, I found myself recalling a lecture I had attended in Egypt.

The lecture highlighted how genetic and epigenetic differences across populations and ethnicities can influence treatment responses. This struck a chord with my own clinical experience there, where I often found myself needing to reach the maximum effective dose of Olanzapine when treating people with psychosis. In fact, I have even seen colleagues working beyond the BNF-recommended dosage, sometimes up to 30 mg once daily. With that in mind, I suggested we try the maximum effective dose of 20 mg once daily before considering a switch. My supervisor agreed, and encouragingly, the patient began to improve soon after. Watching her recovery unfold was deeply rewarding. It reinforced for me how much value there is in drawing on past lessons and applying them thoughtfully in new clinical contexts.

While that case highlighted how clinical decisions can be influenced by cultural and genetic factors, my work with the United Nations showed me how just as much care is needed in the way we communicate and connect across cultures. During my time working for the United Nations, I had the responsibility of offering mental health support to staff members who came from many different parts of the world. This experience taught me how much I needed to adapt not just my words, but also my working style and even my nonverbal communication to fit the cultural backgrounds of the people I was supporting. What might be perceived as supportive and validating in one culture may be experienced differently in another. I remember one incident with a European staff member where I offered a lot of appraisal, validation, and encouragement about how they had achieved their goals from the previous week. Later, they came to me and, very honestly, shared that my feedback made them feel like a child and patronising. This was never my intention—especially as, in the Middle East, I often used the same approach and found that patients deeply appreciated it. That moment highlighted for me the importance of cultural sensitivity in every interaction. It continues to shape the way I approach my clinical work here in the UK, where the communities I support are just as diverse.

Looking back at these experiences and many others along the way, I feel they have shown me how valuable it can be for trainees to broaden their exposure by engaging with different practices and populations internationally. The perspectives gained along the way can stay with us and influence how we approach patient care in the NHS. This is particularly true in the diverse communities we serve. In my opinion, volunteering and international psychiatry could be deeply enriching. Not only can this lead to better clinical development, but it can also lead to more thoughtful and culturally sensitive patient care.

Dr Menna Dakroury
ST5 in General Adult Psychiatry.

HOW ABOUT GLOBAL MENTAL HEALTH: A CASE FOR INCLUSION IN EVERY PSYCHIATRY RESIDENT'S TRAINING?

Our population in the UK is increasingly diverse, and as psychiatrists, we are constantly faced with the effects of geopolitical events on our patients. Whether this is through understanding our patients' personal histories that began outside the UK, or seeing the effect of ongoing conflict and climate change around the world on our patients' current mental states. The skills we have learned through our experience in global health have consistently proved useful in our day-to-day work within the NHS. This article describes how our involvement in global health has made a positive impact on our psychiatry training, and how we propose to incorporate it into psychiatry training formally.

Danni, CT2, Northeast London NHS Foundation Trust:

During my undergraduate degree, I was lucky enough to complete an intercalated BSc in global health at the Human Conflict Resolution Institute in Manchester. This was steered away from the classic infectious diseases understanding of global health and geared toward learning how war, displacement and public/global policy shape health. In particular, how social determinants of health both in the UK and abroad have an enormous impact on mental health. This learning is what first pulled together the threads of mental health and global health for me.

One experience I found particularly transformative was co-founding a healthcare advocacy platform for Manchester's refugee and asylum seeker population. We provided healthcare navigation advice through educational classes and drop-in sessions where people could come with questions - how the NHS works, understanding healthcare rights - and requests for practical help - translating letters, registering with GPs. In this environment, I saw a multitude of socioeconomic and cultural barriers to healthcare in effect.

I have frequently found it useful in my training to remember this learning. This is, for example, when speaking to patients and families whose engagement with services may be limited due to health beliefs, financial constraints, language barriers or healthcare policy itself. I have found that within the busy, overstretched services we work in, understanding these factors is incredibly helpful in maintaining empathy when we feel our patients are not acting in the way we would like them to. These are patients who are often disproportionately affected by mental illness and need services, and individuals who can 'reach out' and engage with them in proactive ways that are not always compatible with 'DNA' policies. Volunteering in marginalised communities in Manchester has given me the tools to feel empowered in advocating for these patients and contributing to the improvement of their care.

As the service grew, we undertook a research on the perspectives of our medical student volunteers in Manchester. We found that volunteering decreased burnout and increased feelings of usefulness and empowerment in working with local communities. This finding could be relevant to core trainees who may often feel they have limited skills to make a difference to health inequity in local services.

The application of global health training also extends to working with colleagues. My other volunteering experience was running medical communication classes for refugees and asylum seekers who had practised as doctors in their home countries and were hoping to get a licence in the UK. Our workforce is incredibly diverse, and the BMA estimates there are around 2000 refugee doctors. Having worked with these doctors and learned from them has helped me to work in a more inclusive and culturally sensitive manner to this day.

Lindsay, ST5, East London NHS Foundation Trust:

After finishing my core training in psychiatry, I spent three years working as a psychiatrist for Médecins Sans Frontières in Greece, Kenya and Latin America. It was no surprise to find that my work abroad in psychiatry gave me new perspectives on the influence of culture and context on mental health, but what I hadn't expected was the huge boost that my non-clinical skills would receive.

In Latin America, I delivered several MhGAP training courses to local clinicians and supervised and supported them as they started their clinical practice. On returning to the NHS and starting as a higher trainee, discussing cases with core trainees during on-call felt like a very familiar experience.

In Honduras, I was tasked with meeting with government officials and directors of primary healthcare centres to propose a programme of support for implementing community mental health care via MhGAP. What had seemed like a relatively straightforward task revealed itself to be much more complex, with reservations such as whether psychiatric medication could be managed in primary care, how clinicians would have time to deal with mental health patients, and who would officially endorse the training and the programme. Now, back in the NHS, in a project piloting a novel model of community care, I remember how much work and energy have gone into convincing others that a new way of working is possible and beneficial for service users and clinicians alike.

In Guatemala, the challenge was to figure out whether we could offer psychiatric care to people on the move who stopped briefly to change buses. My initial reaction was "absolutely not", but through a discussion with service users and staff, we concluded that in many cases, providing no care was more risky than giving less-than-ideal care.

We developed a “travel medicine kit” for those cases, providing them with written information on their diagnosis and treatment, crisis plans, and a map of places they could continue their care en route. With the pressure on services now in the NHS, we’re having to work in more creative ways, throwing out our long-held and perhaps rigid views on how to deliver mental healthcare, and I’m certain that my experience in Guatemala helped me see things from a different perspective.

Lastly, my career in the NHS so far has not given me any insight into how to evaluate a healthcare intervention. In Mexico, I jointly worked to design a study that would use implementation science to evaluate whether our mhGAP programme in local health centres was acceptable, appropriate, effective, feasible, sustainable and cost-effective. At my current level in the NHS, the pilot project is undergoing evaluation, and my experience in Mexico provides me with a much better idea of how this might be done, as well as all the important factors to consider.

Conclusion:
It’s clear to us that volunteering and working internationally have huge benefits for psychiatric training, giving residents not only new perspectives on the cultural and contextual factors in mental healthcare but also skills and experiences that will equip us to work as consultant psychiatrists in an increasingly multicultural world with dynamic mental health needs and challenges.

We would advocate for more practical training in global health and its application to our patients in the UK. This could be done through simulation sessions, enabling residents to practice culturally sensitive communication. Empowering resident doctors to acknowledge geopolitical events and relate them to patients’ situations would foster more effective communication and understanding. We call for the RCPsych to formally recognise this by expanding HLO (High Level Outcome) 2.1 of its core psychiatry curriculum (which touches on having an inclusive approach by considering all aspects of ethnic, social and cultural context) to include a specific understanding of the global social determinants of health both here and overseas that have a huge impact on our patients’ and colleagues’ well-being.

In addition, we propose that VIPSIG consider designing a special interest programme and/or OOPE for residents who would like to enrich their training through a global mental health lens.

Dr Lindsay Solera-Deuchar (she/her),
ST5 general adult psychiatry,
East London NHS Foundation Trust
&
Dr Danielle Hartland, CT2,
North East London NHS Foundation Trust.

PSYCHIATRY RESIDENTS AND TRAINEES SHOULD ENGAGE IN VOLUNTARY SERVICE AND INTERNATIONAL ENGAGEMENT, BUT WHY?

When I look back on my psychiatric training, some of the most formative moments did not happen within the clinic walls, but through volunteering and international engagement. These opportunities challenged me, shaped me and helped me not only grow as a psychiatrist but also as a person.

I still remember the first time I presented a poster at the American Psychiatric Association (APA) annual meeting. Standing by my work, I found myself speaking with colleagues from countries I had never visited. Their questions and perspectives helped me to see my own research from a fresh perspective. It was both intimidating and inspiring, but more importantly, it gave me confidence that I had a place in the wider conversation about psychiatry. That moment encouraged me to pursue more international opportunities.

Soon after, I joined the European Psychiatric Association (EPA) Summer School and became part of the Early Career Psychiatrists (ECP) network. The experience was eye-opening. I learned that psychiatrists in training across Europe shared many of the same challenges — whether in clinical pressures, research struggles or balancing personal well-being. What made it special was that we were from different countries and health systems, but we spoke the common language of psychiatry. It reminded me that connection and solidarity can be as important as academic exchange.

One of the most transformative experiences for me was attending the International Course on Leadership and Professional Skills for Early Career Psychiatrists in Zagreb. This course gathered doctors from all over Europe. The discussion was intense and personal. We discussed leadership, resilience and identity as psychiatrists. Listening to colleagues share their stories of resource limitations, political pressures, or stigma in their countries, I realised how much resilience our profession demands. At the same time, I also saw the importance of adaptability of learning to adjust one's approach to different systems, cultures and patient needs.

My journey has also been enriched by serving as Communications Coordinator for the World Psychiatric Association Early Career Psychiatrists Section. This role allowed me to connect with global networks, contribute to collaborative projects and advocate for early career voices in psychiatry. Through them, I developed skills in communication, organisation and leadership that complemented my clinical training in ways I could never have gained from ward work alone.

On a personal level, these experiences have taught me resilience. International projects are not without challenges in time zones, language barriers and cultural differences. At first, I found these obstacles daunting. But over time, I learned how to navigate them with patience, creativity and flexibility. I became more adaptable, more open to new perspectives and more confident in my ability to handle uncertainty.

Most of all, volunteering and international engagement have given me a sense of belonging. They reminded me that psychiatry is not just about my patients or my service, but about being part of a global community striving for better mental health. For residents and trainees, I believe, these experiences are transformative. They help us grow into not only better doctors, but also more compassionate, resilient and globally minded individuals.

Dr Fatma Swilem

SCOTLAND - MALAWI MENTAL HEALTH EDUCATION PROJECT (SMMHEP) CLINICAL LECTURER IN MALAWI

We are seeking a resourceful and qualified psychiatrist to work in Malawi, helping to coordinate and deliver the postgraduate training program alongside our colleagues at Kumuzu University of Health Sciences in Blantyre. This is a six-month post starting as soon as we can recruit and will be for a minimum of six months (preferably longer).

The post would be ideal for a recently retired psychiatrist or one who has just completed specialist training. The postholder must have an MRCPsych or equivalent and have experience in training and teaching in psychiatry. This time round, we are particularly interested in applicants with experience in child and adolescent mental health, but those with experience in general, rehabilitation or forensic psychiatry can also apply.
The post receives a bursary as well as living expenses, accommodation and the use of a car.

Malawi, in southeast Africa, has a population of 19 million and now has four full-time consultant psychiatrists. With funding from the Scottish government SMMHEP (the Scotland Malawi Mental Health Project) has been working with colleagues in Malawi for nearly twenty years training and supporting medical students and trainees in psychiatry, including the current group of consultants. (www.smmhep.org.uk)

The success of the work to date now means that there are enough staff locally to deliver the undergraduate programme, and the project is now in a new phase of focusing on support and training in postgraduate psychiatry. There are currently 7 trainees, with rotations to South Africa for specialist areas, and plans are to recruit 5 more trainees over the next few months.

If you take on this role, you will have the chance to experience working in a low-income country which is making exciting progress in developing core and specialist mental health services. You will be affiliated with the university and locally accountable to the Head of the Department of Psychiatry, Dr Kaz Kulisewa. You will have staff, student and patient contact. You will need to be well motivated, good at relating, organised, conscientious and flexible.

If you are interested and looking for further information, please get in touch with Dr David Crossley (davidcrossley@doctors.org) or Dr Sarah Leslie (sarahleslie.smmhep@gmail.com).

Dr David Crossley &
Dr Sarah Leslie,
SMMHEP

We'd love to feature your work. You can send your experiences or ideas to sigs@rcpsych.ac.uk with the subject line 'article for VIPSIG newsletter'.

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Professor Nandini Chakraborty

Dr Shamiya Nazir

Dr Ayah Ibrahim