VIPSIG NEWSLETTER

MARCH EDITION

What's New

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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'.

Message from the Chair – Spring 2025

by Dr Anis Ahmed

Dear members

As we enter Spring 2025, I'm pleased to share this edition of the VIPSIG newsletter, highlighting global mental health and volunteering efforts. With a new Chair taking over this summer, I encourage you to stay engaged and contribute to the upcoming summer edition, which will be my penultimate one.

This edition celebrates VIPSIG's founder, Dr. Peter Hughes, whose pioneering work in over 40 countries has shaped the landscape of global mental health volunteering. Dr. Lachlan Fotheringham highlights the mhGAP-IG training program, a crucial initiative addressing mental health care gaps in low-resource settings, with the next training session scheduled for mid-2025.

Professor Nandini Chakraborty shares insights from the Hearth Summit in Bangladesh, where mental health advocates and community leaders explored the power of cultural resilience and grassroots mental health solutions. Meanwhile, the Managed Education Partnerships (MEPs) in Ghana provide UK psychiatrists with an exciting opportunity to engage in observer-ships, training, and mentorship, strengthening mental health services in the region.

This edition also features Dr. Waheed Arian's extraordinary journey from war-torn Afghanistan to becoming an NHS doctor and founder of Telehealth International. His work in telemedicine and trauma-informed care highlights yet another volunteering opportunity for VIPSIG members to support vulnerable communities both in the UK and internationally.

I'm excited to announce that my podcast, Psychiatry Beyond Borders, has surpassed 300 views! It explores global mental health challenges and psychiatry's role in volunteering. Recent guests include:

- Dr. Peter Hughes, Founder of ViPSiG, who discussed global mental health and volunteering.
- Dr. Anusha Lachman from Stellenbosch University, President of the South African Society of Psychiatrists, Chair of the Clinical Care Workgroup at the African Global Mental Health Institute, and Executive at Large for the World Association for Infant Mental Health.

Check out the link below,

HTTPS://WWW.YOUTUBE.COM/PLAYLIST?LIST=PLXIFRJ9VZOEABXGNQJ34CEF3YV0X9V5GU

if you'd like to join as a guest, email me at vipsig2011@gmail.com.

Conferences are catalysts for action, uniting local stakeholders to drive change. A prime example is the BBPA Annual Conference last November, where discussions on community engagement and mental health awareness sparked the launch of a Mental Health Literacy Bus in Birmingham this summer, in collaboration with a local charity.

This mobile unit will engage minority ethnic groups to raise mental health awareness. It will feature multimedia facilities for educational videos, interactive discussions, and mental health resources in multiple languages. A confidential space for consultations will provide a safe environment for individuals seeking guidance

This project demonstrates how diaspora groups can create sustainable, community-based solutions through volunteering. We need your help! This is an excellent opportunity for micro-volunteering, where you can contribute just a few hours by:

- Sharing insights on effective community engagement or lessons from past initiatives.
- Recommending non-English language films to foster meaningful conversations about mental health.
- Offering expertise in Learning Disability and CAMHS to raise awareness of neurodiversity and available services.

If you'd like to get involved, please reach out—I'd love for VIPSIG members to help shape this initiative.

We are inviting article submissions for our special edition of the VIPSIG newsletter, which will be released for the RCPsych International Congress in Wales. If you are interested in contributing, please submit your article by 23rd May 2025 to sigs@rcpsych.ac.uk

DR. ANIS AHMED
CHAIR, VIPSIG

An overview of the biography of the founder of VIPSIG, Consultant Psychiatrist Dr Peter Hughes

by Dr Shamiya Nazir

How did it start?

It started in 2004. I volunteered to teach mental health in Northern Malawi and returned there over the next few years. As part of a King's College project, I taught mental health each year for several years in Somaliland. I wanted to do more of this type of volunteering. I contacted the Royal College of Psychiatrists (RCPsych). I got a letter back from the President of the College about their new global volunteering database. This was the beginning of my RCPsych journey. I became a member of the RCPsych Global committee. From this and from my other work as a Training Programme director I knew there was a real interest in global volunteering by UK psychiatrists. This interest drove me to found the Volunteering and Special Interest group in 2011. This was warmly supported by the College then and since. Then I acted as finance officer and chair. It was a great platform to generate some global projects. One that I was particularly proud to support was our Ghana project. This involved the sending of UK psychiatry trainees for 3 months to Ghana. This was approved for training. Distance supervision was provided and trainees were encouraged to use their skills back in the NHS on return. Therefore, I can say that everything started by chance, goodwill of the College which led to a remarkable journey for myself and many others.

Countries in which I have worked so far!

I believe I have been involved in work in over 40 countries now and with online support even more along with my VIPSIG colleagues. Through the volunteering database we have set up projects of longer-term support for Sudan, Kashmir (India) and Myanmar to mention a few.

The field of my expertise is mhGAP and integrated metal health care in primary care. This is a tool that supports primary care workers in delivering mental health care where there are no psychiatrists available. Personally, the college has been a platform for me to get my own experiences in Darfur, Sierra Leone in the time of Ebola, working with the Rohingya in Bangladesh, Gaza, Armenia, Afghanistan to name a few. I have been blessed with the opportunities that have opened up. Afghanistan and Sudan were two very special places for me. It is painful to see what is happening to them and to have seen all the suffering around the world.

The most recent experience:

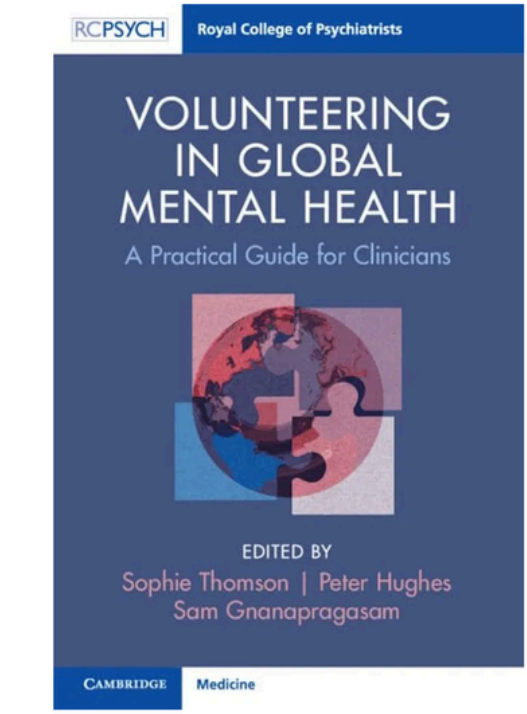
I worked in Syria from Feb 2024 to Oct 2024. I was the sole psychiatrist for a camp for displaced people in North East Syria. This was where the remnants of the terrorist group Islamic State were held after the last battle of Baghuz. The camp comprises around 50,000 people, most of whom are women and children. The London girl Shamima Begum, who fled to Syria at the age of 15 in order to join the Islamic State (IS), was also detained there. Later she was moved to another refugee camp. I expected that it would be difficult to work with “religious fanatics” and “terrorists”. Instead, I found I was working with children caught up in the war and now stuck in this horrible camp. I worked with the mothers who always showed me respect and appreciation. I realised that there is a common humanity even in the most extreme circumstances. One might wonder about the language barrier as it is crucial to provide psychiatric care. I had translation support, and I could also communicate in Arabic to an extent. A team of psychologists also worked in the camp. Patients used to come to our mental health base. I could provide mental health care confidentially along with my psychology colleagues. Many of the cases I have seen are related to grief, high stress and anxiety, depression, as well as post-traumatic stress disorder (PTSD). Many women lost their husbands and family members during the war. I also provided psychiatric care to children, who mostly had anger issues. Several of them witnessed their family members being killed in front of them. The children were frustrated living a restrictive environment in the camp. This can explain perhaps why they had anger issues. I could prescribe medications but mainly psycho-social support. The psychologist team could provide counseling and PTSD focused talking therapy.

Would it be advisable for more psychiatrists, trainees and non-trainees to get involved in global volunteerism?

Absolutely! Do it! You won't regret it. Starting somewhere easier would be a good idea. For humanitarian emergencies more experience would be better. These emergency situations are demanding professionally and personally. Furthermore, security issues may arise. The Psychiatrist in such situations needs security advice and to follow safe practice. In spite of all obstacles, junior and middle grade doctors (trainees and non-trainees) should be encouraged to get involved in global volunteerism. It is because these experiences will enable them to be culturally sensitive, open-minded to new ideas, resource sensitive and help them become a better psychiatrist and learn about themselves as a person. Eventually, they will bring these skills back to the NHS, benefiting patients as a result and not to mention personal growth.

This is how I see the future

Resources and funding are always an issue but particularly now. This can be an opportunity for volunteers from UK to have extra value. There is a huge interest in global volunteering amongst UK psychiatrists. Where there is such an interest, we can move forward on partnerships with other countries who would benefit from our skills. The NHS and other employers need to value this work and be flexible in enabling us to get this valuable experience. It will make the NHS better. VIPSIG have released a book to help volunteers called "volunteering in global mental health: a practical guide for clinicians". We hope this will help people on this journey.



The wish I have

I hope that other psychiatrists can be blessed with the privilege and opportunity of working in different communities and settings as I have. I wish that we can share the benefits of our high standard training in a partnership model where we learn as much as we share. I wish that volunteers will have this experience and enjoy it.

Having spent most of 2024 in Syria, I hope that country has some optimism and hope for better times.

I wish that we can get more resources for expanding the work and opportunities.

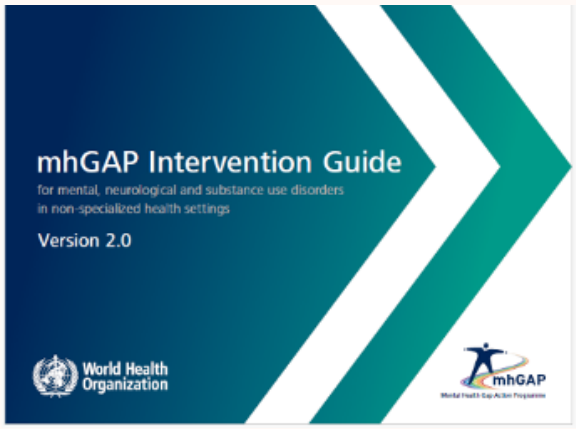
Mental Health Gap Action Programme – Intervention Guide (mhGAP-IG) training with VIPSIG

By Dr Lachlan Fotheringham

VIPSIG aims to promote volunteer work overseas as well as in the UK and expand the population of people interested in this work (RCPsych, 2024). The mhGAP-IG training is a key vehicle for this. It is a well-established tool for helping to scale up mental health services in low- and middle-income countries (LMICs). It has a robust evidence base with a growing body of literature supporting its use (Keynejad et al, 2021). Crucially for VIPSIG members and affiliates, it provides a practical and accessible means to get involved in volunteering and global mental health. You can learn how to contribute by attending a 1 day training the trainer workshop. The next is due in mid-2025, so watch this space.

What is the problem mhGAP is addressing

There is a huge "treatment gap" between those who would benefit from mental health care, and those who get it. The sparse provision of mental health care in LMICs largely accounts for this (Saxen et al, 2007). It has been estimated that only 25% of people who need mental health care get it (Demyttenaere et al, 2004), although with an expanding population particularly in LMICs, this may have fallen further. Lack of a trained workforce ready to deliver this care poses a substantial problem, requiring innovative solutions. Task shifting and task sharing, where existing healthcare workers are trained to provide mental health care or administer treatments. The mhGAP Intervention Guide (mhGAP-IG) sets out how this might be achieved as a 2-5 day training workshop.



What is mhGAP-IG and how does it work

The intervention guide – now on its second version – is a manualised and scripted training course on the recognition and treatment of mental and neurological disorders. It is modular, providing scope to adapt the material to the needs of a local context. It also provides simple psychosocial interventions as well as medication advice, aiming to be more than just a prescribing guide. It exists in many languages, facilitating delivery wherever it is needed. It aims to be context and culture neutral, however this will necessarily rely on the skill and experience of facilitators to help connect with local practitioners. Some cultural adaptation will always be required. It can also be delivered as a hybrid model (Al-Uzri et al, 2024).

There is an interesting debate on the role that this guide may play in the promotion of top-down interventions, uniformity and the medicalisation of distress, (Mills & Lacroix, 2019). There is a tension between the value of global standardization of evidence-based interventions and local adaptations to suit the needs of diverse communities (ibid). Nonetheless there is a growing evidence base to support mhGAP-IG as a tool to improve knowledge, attitudes and confidence in mental healthcare, including a range of measures of real-world clinic impact (Keynejad et al, 2021). However, there is clearly a limitation in relying on a one off teaching session to improve whole systems of mental health care. Supervision and support post-training are crucial in transforming practice as well as learning (Mills & Lacroix, 2019).

How can I get involved?

VIPSIG aims to run a yearly training the trainer course. The 2022 edition was held over one day in Newcastle – jointly hosted by Gateshead Health and Cumbria, Northumberland, Tyne and Wear NHS Foundation Trusts. This session aims to equip mental health specialists in the UK to deliver a mhGAP training workshop themselves using standardised materials.

The vast majority of attendees were very satisfied with the course, and particularly enjoyed the introduction to how they could volunteer from a practical point of view, with an opportunity to network and make connections with other interested individuals and those with practical experience in the field.

We are more than happy to respond to member demand regarding the location of future courses. Please contact sigs@rcpsych.ac.uk to express your interest.

Dr. Lachlan Fotheringham, ST4 in Old Age Psychiatry
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

mhGAP in Brimingham Oct 2024

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Hearth Summit Bangladesh - Dhaka, 22 February 2025

By Professor Nandini Chakraborty

On the 22nd of February 2025, the Innovation for Wellbeing Foundation (IWF), in collaboration with The Wellbeing Project, hosted the Hearth Summit Bangladesh at BRAC University to raise awareness about mental health and wellbeing.

The summit was co-hosted by BRAC Institute of Educational Development (BRAC IED) and supported by the British Council. A number of other stakeholders also joined in a day of networking, art, music, dance and positivity. With more than 400 registered delegates, the venue throbbed with energy, hope, and healing.

Hearth is a beautiful word. It incorporates heart, earth, hear, and art within its embrace.

It was on 16 December 2024, that I was contacted for the first time by Monira Rahman, an inspirational woman. She is Ashoka Fellow and a Commonwealth alumnus. Her role in tackling acid attacks on women in Bangladesh has been recognized globally. Her efforts have seen the number of acid attacks in Bangladesh drop from 500 in 2002 to below 100 in 2013. She established the Innovation for Wellbeing Foundation (IWF) in 2014 to promote mental health equity for sustainable development. She is currently the country lead for Mental Health First Aid Bangladesh and executive director of Innovation for Wellbeing Foundation in Bangladesh. To be invited to the Hearth Summit by her was an honour and privilege.

It was a rewarding experience to listen to stories of struggle, success, indomitable hope, and boundless energy. The venue was a burst of colour, creativity, music, and movement. One moment the music could be rhythmic, energetic, or loud; another it could be soothing, reflective, or meditative. There was a special life-size Ludo game.

There was a special life-size Ludo game. Knowing about mental health took one up a ladder; myths and stigma around mental health took one down snake jaws. A plenary session at the beginning, led by leaders in psychological and social health in Bangladesh, gave space to a young crowd healing from traumatic experiences. While there were difficult stories, there was also a desire to face the future with hope and optimism.

I shared my breakout session on physical health, sports, and wellbeing with the amazing Munni Monalisa, a women's football coach from Tangail. She spoke about encouraging young women to invest in sport, gain international victories and use sport as a weapon against child marriage.

My days in Dhaka were also marked by Omor Ekushey (eternal twenty first), on the 21st of February at Shahid Minar. This is the day Bangladesh honours 1952 language martyrs. The significance of the day is recognised internationally as the international mother language day and 2025 was the silver anniversary of the UNESCO declaration

Bengali language is a huge part of Bangladesh's identity. The recent movement has left the city walls flowing with heartfelt murals and the emotions of an entire generation looking to rebuild their country.
Visiting a country at a time of upheaval and hope in equal measure, is unforgettable. I will never forget being in Dhaka on the first 21st of February following the 36th of July 2024. And that is not a typo. The Hearth Summit captured the spirit of youth in the most effective way possible.

Professor Nandini Chakraborty
Consultant Psychiatrist
Leicester Partnership NHS Trust and the Associate Dean for Equivalence here at RCPsych

Managed Education Partnerships Ghana Opportunity

by Clare Kerswill

NHS England has developed the Managed Education Partnership (MEPs) approach to bring together individuals, organisations and systems across the globe.
Here we set out the general approach and note a current live opportunity for mental health trusts to participate in an MEPs with partners in Ghana.

Background

Managed Education Partnerships (MEPs) are a serious attempt to create enduring co-developed collaborations between the NHS in England and overseas healthcare systems across the globe. MEPs seek to develop broad and systemic relationships that involve multiple healthcare professionals and organisations. They focus on a strategic healthcare priority or service area. These collaborations aim to offer professional development opportunities to the workforce and improve health outcomes for communities in England and overseas. They are distinct from professional-to-professional partnerships which focus on the development of single roles, or from institutional-to-institutional which focuses on the needs of partner organisations.
MEPs typically involve an NHS organisation or organisations partnering with an institution or group of institutions in another country. They focus on mutually co-creating and sustaining beneficial learning and development outcomes for individuals, organisations and systems in partner countries. There are many activities possible as part of MEPs.

Such partnerships often engage in multi-directional knowledge and skills exchange through placements, observer-ships or blended approaches using technology in each country. For instance, MEPs have been established in Thailand, Saint Vincent and the Grenadines, and Montserrat, but none are focused on mental health.
Managed Education Partnerships with Ghana

Managed Education Partnership with Ghana

Funded by NHS England and the Foreign, Commonwealth and Development Office (FCDO) in Ghana, MEPs will offer grants to one NHS Trust or consortium to collaborate on health systems and health worker capacity development between England and Ghana on the theme of mental health.
Discussions around establishing MEPs in Ghana have been ongoing for years. In 2023 following consultation and meetings with a series of Ghanaian stakeholders, it was agreed that the focus would be on the de-centralisation of training and education in mental health outside the two biggest Ghanaian cities of Accra and Kumasi.

A technical scoping visit in July 2024 clarified the nature of the MEPs between relevant Ghanaian stakeholders and those in England. The intention is to involve Ghanaian participants from the following four organisations:

- Ankaful Psychiatric Hospital at Cape Coast and allied primary health care services
- Cape Coast Teaching Hospital and allied primary health care services
- Ho Teaching Hospital and allied primary health care services
- Tamale Teaching Hospital and allied primary health care services

Coordination and strategic oversight will be provided by the Ghanaian Mental Health Authority under the Ghanaian Ministry of Health. This will ensure alignment with relevant healthcare strategies and emerging priorities as well as genuine multi-disciplinary participation in the MEPs.

Like many countries, Ghana faces a pressing need for mental health training to address an increase in demand for mental health care. The World Health Organization (WHO) estimates that, out of 28 million Ghanaians, around 2.3 million people live with a mental health condition and need mental health care. However, only 2% of them receive treatment, and support in psychiatric services (Mental health atlas 2017 country profile: Ghana, n.d.).

During the three-year MEPs programme, NHS England anticipates that

- Up to 60 Ghanaian participants from multi-professional backgrounds will complete 6–8-week observer-ships with an identified mental health partner in England. There is the possibility of identifying appropriate academic qualifications, e.g., online or blended masters in a relevant subject from a UK Higher Education Institute alongside the observer-ships.
- Up to 10 NHS employees from the identified NHS mental health partner will undertake 6-month fellowships in Ghana. They will work on quality improvement projects relating to clinical and non-clinical priorities collaboratively identified by in-country supervisors and UK-based mentors.

There will also be benefits for several participants from Ghanaian institutes and identified NHS mental health partners through different measures. These options could include Communities of Practice, blended or online learning, virtual grand ward rounds, professional networking, knowledge exchange and opportunities for research collaborations between Ghana and England.

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Clare Kerswill
Senior Policy Manager, Technical Collaboration and Consultancy, Global Health Partnerships
NHS England

VIP SIG Interview – Dr Waheed Arian

By Dr Ayah Ibrahim

Q. Hello Dr Arian, thank you for agreeing to this interview. Firstly, can you tell us about your current role as a doctor in the UK and any other roles you have

I am working as A&E doctor in the NHS since I qualified as a doctor in 2010. My second role is working with NHS England Enovation as a mentor. Thirdly, I am the founder of Tele- heal international charity that links clinicians from around the world and UK to provide emergency support to clinicians in low resource countries. It works in partnership with World Health Organization, in that capacity, I advise the WHO as well. My final and new role is the founder of Arian wellbeing, which is new digital mental health initiative, that provides culturally sensitive and trauma informed mental health support to the clinicians and the public in the UK.

Q. You wrote down the book 'In the wars', which is an autobiography that includes your experience as a kid growing up in conflict zone, can you tell us more about what you had to go through as a child

It is a snapshot of what people like me have to go through when they are caught in wars and displacement. 15 years of my life as a child, before I came to UK as asylum seeker, was all consistent of dodging bombs and bullets in a basement, and hiding from deadly rockets, soldiers and the tanks outside as well as the helicopters and the jets in the sky.

Majority of the time we were hugging each other in the basement fearing that the next rocket will fall on us, in constant state of high alertness, even when we were out we were fleeting from an area that was caught in heightened war to an area of less war, so choosing between two evils. The rest of the childhood during those war times, was sitting with family members when there is no bombs, thinking about where we can find some food and some clean water and work as a family including my little sisters and my young brothers. Going hungry for 2-3 days in a row. It was a constant state of survival. A year after year. Then migrating to Pakistan as refugees, where we stayed in a refugee camp surviving malaria, tuberculosis, malnutrition. Then coming back to Afghanistan, going through the Afghan civil conflict in the mid-eighties, up until the 1999 when I left as an asylum seeker.

Q. You also mentioned in the book that when you arrived to UK you had only 100USD in your bucket, what made it possible to go from that, to studying medicine at Cambridge University?

When I arrived, I was an asylum seeker. I was first arrested for not having the right documents then released. I did not have family support, not much of formal education (most of my education happened by self-studying, only 2-4 years of formal education if any) but at the same time I came with a lot of determination to succeed to study, I never had the opportunity to go to school. I was always dreaming about being able to study like other children. For me, that dream was becoming a reality. I combined three jobs working during the day and studying at night time. Because I had the responsibility to support my family as well. It took determination from my side but also people who supported me, that included the shop keepers who gave me my first jobs and were flexible with the timing, the teachers who were trying to write personal statement for me who never knew me and other refuges who allowed me to sleep on their sofa when I was homeless and didn't have anywhere to sleep. So it was combination of the two, kindness of the people and my own determination.

Although I succeeded in getting into Cambridge University, I did face many challenges. In not being able to integrate well, in having financial problems and in being away from family.. and the fact that I succeeded does not take away an important point that I had PTSD like so many other people.

I didn't know what the signs and symptoms are. For example, my fist will be clinched most of the time. I would be sweating even in normal situations. If I were in a tube station, the sound of a tube will make me jump, thinking it was a rocket. I did not know what these were. And sadly they carried on with me for a long time, even at university. That really impacted my social relationships, my wellbeing and my academic performance. The journey, even though it looks very inspirational from the outside, from the inside, it was full of challenges.

Q. You also founded a telemedicine charity called Arian Tele-heal, which you mentioned earlier, can you tell us more about it

After graduating as a doctor in 2010, I kept going back and forth to Afghanistan to help with what I could. I was visiting Kabul to see my family, but also to visit hospitals and contribute. I made a lot of relationships and network with the clinicians and the government help authorities. However, on my own I realised, after 3-4 years that my personal support is pretty negligible. I was not in a position to make huge impact on my own and whenever I was talking about my trips in the NHS, colleagues would ask me: is there something we can help with in the NHS? And I saw that actually that there are so many people who want to help but don't know how to take their expertise and help to low resource countries. So for me a problem became apparent, there is lack of expertise in low resource countries and there are lots of expertise here in the UK, so how to connect the two. That's how tele-heal was born, to become a charity that connects clinicians with compassion and expertise to clinicians in low resource countries, who don't have the education that we have, but are equally talented, hardworking and sacrificing so much.

Q. Going from that, could you tell us about some of your other experiences in volunteering to support mental health

During COVID time, it was stressful to everyone, so we started adding mental health support to the initial emergency support too. So that was internationally, but then officially we started providing mental health support through Arian wellbeing, which we started with a pilot last year with Cheshire council, we were commissioned to provide culture sensitive trauma informed support to refugees in hotels.

That pilot was very successful, and showed 100% engagement due to providing cultural sensitive support, that was followed on with group psychoeducation for adults, parents and children, with 1 to 1 support for high risk individual following screening.

Q. So what opportunities are there for volunteering with you, if some of the readers wish to support?

There are two ways to support, one is internationally to provide support to low resource countries. We partnered with World Health Organization and other organizations like UNICEF and action against hunger in providing MHPSS (Mental health and psychosocial support), people are welcome to join in this. Second, through Arian wellbeing, the mental health initiative in the UK, we are supporting vulnerable patients including homeless and refugees. So we are welcoming any psychiatrist, any therapist and also psychiatry doctors in training.

Q. I am sure they will be lots of people interested to help. Moving on to next question, You won a number of awards for your innovation and humanitarian work, tell us about your most precious award you won and what was the work behind it

The awards were really for our collective teamwork. Including united nation's award, Prime Minister Award and the times person of the year. The latest recognition was last year by the University of Cambridge, I was given honorary fellowship, and that meant more to me. Nearly 20 years ago, I was admitted to Cambridge that was a dream come true. When I was walking around, I was remembering all these people from Cambridge and the contribution they made to society. I was just so happy and over the moon to be there, I never thought I would be recognised by Cambridge with the honorary fellowship. I had struggled mentally, financially and socially, despite that, I am recognised for pioneering work in medicine and charity in the NHS. I hope this is inspiring to others so they don't give up and reach their dream

Q. Congratulations doctor you did definitely deserve it. Finally, many children in conflict zones like Palestine, Lebanon and other areas, were recently going though similar situation to what you had to go through, as a kid, do you have any last words you wish to write for them?

For children anywhere in the world, who are caught in conflicts and are running from prosecution, my heart goes out to them. I don't know what they are going through because every journey is different, but they have my full sympathy. Survival is something they are after. I don't have an advice for them, I just want to tell them that giving up on hope is not possible. Hope is very crucial for survival and it is something that kept my alive.