RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Volunteering and International Psychiatry Special Interest Group

Newsletter – June 2024

Newsletter Editors team: Professor Nandini Chakraborty,

Dr Ayah Ibrahim and Dr Shamiya Nazir

VIPSIG Newsletter

Contents

Message from the chair

Dear VIPSIG Members,

I hope this message finds you well. I am delighted to share with you the latest edition of our VIPSIG Newsletter. Our dynamic editorial board has put together an excellent collection of articles that highlight the remarkable efforts and achievements of our members in various aspects of volunteering and global mental health.

In this issue, you will find:

- **"The Emperor's New Clothes"** by Dr. Saika Rahuja, which explores the challenges and opportunities in remote teaching in the Occupied Palestinian Territories.
- **"The Future Remains Bright"** by Dr. Ruairi Page, discussing the evolving landscape of digital health and telepsychiatry.
- An insightful interview with Dr. Shakeel Ahmed about his international volunteering experiences in Gambia, conducted by Dr. Musa Sami.
- **"Volunteering to Help Syrian Refugees"** by Dr. Ayah Ibrahim, sharing her experiences in humanitarian crises.
- **"Curiosity Becomes Passion and Passion Becomes a Career"** by Dr. Shamiya Nazir, sharing her journey in to psychiatry through humanitarian work with Rohigya Refugees.
- A report on Leicester's contributions to an international medical conference in Kurdistan.

I am also pleased to announce that my interviews with Prof. Vikram Patel and Prof. Melanie Abas are now available on social media platforms. These interviews, conducted for our VIPSIG annual conference last year, provide valuable insights and directions for our members in novel ways of volunteering. The links for viewing are below:

In Conversation with Prof Vikram Patel

FB:
https://www.facebook.com/share/v/9bV4TLEZX1dzPV2M/

LinkedIn :
https://www.linkedin.com/posts/dranisahmed_in-conversation-with-prof-vikram-patel-i-activity-7205755182507278336-T3fP?utm_source=share&utm_medium=member_desktop

In Conversation with Prof. Melanie Amna Abas.

FB :
https://www.facebook.com/share/v/miPhRP436AzF9WP9/

LinkedIn:
https://www.linkedin.com/posts/dranisahmed_in-conversation-with-prof-melanie-amna-abas-activity-7205759226407743488-HBU4?utm_source=share&utm_medium=member_desktop

Please save the date for our VIPSIG annual conference 2024, which will be held online on Friday, 11 October. This global event will feature speakers joining us from various parts of the world, promising an enriching experience for all attendees.

Additionally, I will be attending the RCPsych International Congress in Edinburgh next week. I look forward to representing VIPSIG at the Fringe SIG Fair and Lunch, which will take place in the Cromdale Room (on level -2 at the venue) between 1.40 pm – 2.40 pm on Tuesday, 18 June.

I would like to extend my heartfelt thanks to our editorial board for their dedication and hard work in creating this outstanding newsletter. If you wish to share your thoughts on volunteering, please submit your article by 3rd November 2024 for Winter Edition of the ViPSiG newsletter, send your write ups *at* '*sigs@rcpsych.ac.uk*' *with 'Article for VIPSIG newsletter' in the subject line*.

I am pleased that our new executive members are bringing novel ideas to the table! We're still on the lookout for passionate individuals to join our dynamic team. If you're interested, please send your CV to sigs@rcpsych.ac.uk.

Can't wait to meet you all in person at the RCPsych International Congress in Edinburgh on Tuesday, 18 June!

Dr Anis Ahmed, VIPSIG Chair

"The Emperor's New Clothes"

Remote Teaching in the Occupied Palestinian Territories

Dr Saika Rahuja, Consultant Psychiatrist

Many are familiar with this folktale from childhood by Hans Christian Anderson, however to most, this is just a mere idiom. The idiom refers to "pluralistic *ignorance*" as described in social psychology. There is evidence that this stance has been adopted widely in society across different cultural and political settings. None more so than in the current world conflict climate. With the recent, ongoing and devastating Israel-Hamas's war in Gaza and escalating difficulties in the occupied West Bank, the overwhelming healthcare needs of the Palestinian people have been met with deafening silence from many worldwide health and academic institutions. World politics and the media seem to have successfully weaponised compassion even among healthcare professionals. On the surface, compassion seems to vary from a position of complete "compassion fatigue" to more carefully and politically targeted pockets of compassion.

The current provision for mental healthcare in the combined West Bank and Gaza is around 34 fully trained psychiatrists. This serves a population of 5 million Palestinians. Not surprisingly there are now no functioning psychiatric and community mental health units left in Gaza itself. The mental health needs in these areas have reached catastrophic proportions and mental health effects will endure for generations. Dr Samah Jabr, Consultant Psychiatrist, psychotherapist and writer has been Chair of the Mental Health Unit at the Palestinian Ministry of Health since 2016. She oversees mental healthcare delivery in the West Bank, Gaza, and East Jerusalem.

Following my attendance at a virtual organised meeting in November 2023 to discuss the mental health needs of the Palestinian people by Dr Jabr, the key guest speaker, I became fascinated and inspired by her explanations and views on the "limitations of Western norms," particularly concerning victims of trauma in the occupied territories. It included the use of diagnostic criteria and commonly used "Western" assessment tools that were limited in their relevance and usefulness for the Palestinian population. Having read media articles, listened to podcasts, and attended seminars and meetings focused on the mental health needs and traumas of the Palestinian people, the need to "help" became ever more pressing.

A remote teaching programme, a virtual classroom approach had already been initiated by an organisation in Oxford named OxPal, which has been running since 2012. Since its relaunch in 2018, Oxpal 2.0 has offered additional clinical training to the Occupied Palestinian Territories. This project is being led by Oxford University students with the aim of improving Palestinians' medical education and thus improving patient care. They have developed a successful, scalable, *low-cost model of medical training across borders.*

The provision of supplementary remote teaching has become even more critical

with escalating violence in the West Bank. This has made face-to-face teaching for medical students increasingly dangerous and unpredictable. This coupled with what I suspect is a shortage of educators in Psychiatry had led OxPal 2.0 to recently recruit volunteers nationally to teach various psychiatry topics. This prompted me to volunteer to teach fourth-year medical students at the Arab American University of Palestine (AAUP). This is the first private Palestinian university founded in 2000. I signed up for regular sessions for several weeks. I offered remote presentations using a case-based discussion approach with cases. It was a rewarding, educational, and invaluable experience for me to participate in remote teaching. Tailoring teaching materials and style to students from such a challenging background one could only imagine the daily difficulties they faced in pursuing a seamless medical education. Also, the unpredictable and ongoing violence in the area meant reduced sessions and cancellations at short notice. An IT facilitator was on hand throughout to troubleshoot any technical difficulties.

This led to further volunteering and participation in teaching "Ethics" to year six students from the Al Quds University Medical School via the Al Quds Foundation for Medical Schools in Palestine (FQMS). This is a British founded charity founded in 1997 to advance medical education for Palestinian students. This also was facilitated remotely with an average of 10 students per session. The teaching was based on 5 case studies on medical ethical situations. Materials were provided and prepared by a UK-based GP and established medical educator who has worked tirelessly with others in her team to provide and facilitate these sessions. It was a privilege to be part of the final journey of these students who were only weeks away from graduation. Their knowledge and contributions were impressive.

It has been a tremendously rewarding experience to contribute to the education of future doctors in this conflicted region of the world. In light of this, I have been considering teaching in conflict zones in other countries.

The future remains bright!

Dr Ruairi Page,

Consultant Forensic Psychiatrist, Active Care Group

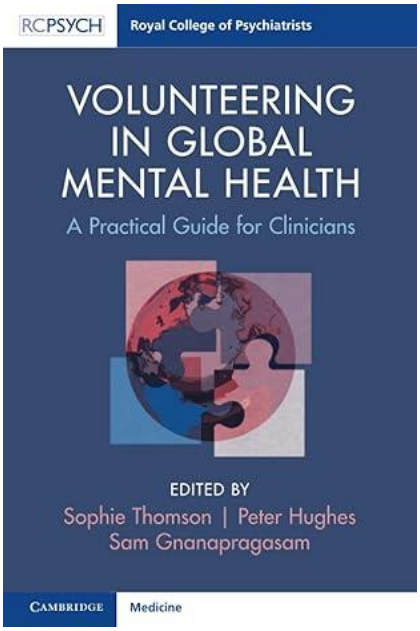
The digital age is a time of rapid technological advancement, which makes us fortunate to live in such a fast-changing world. In my chapter, *Digital Possibilities for the Future* of *Volunteering in Global Mental Health, A Practical Guide for Clinicians* (pp. 193 – 199), I discussed the evolution of internet-based technology in healthcare and medical education because of COVID-19. Since then, healthcare services have continued to incorporate advancing technologies with the further growth of telepsychiatry. This has led to increased technological resources for providing mental services and a greater ability to save money. The field of psychiatry has been transformed by significant technological advances globally since I wrote the chapter,

leveraging digital tools to improve patient care and outcomes.

Some of the key developments are as follows:

Mobile Health Apps

There has been a surge in mobile phone applications designed to support mental health conditions. These apps enable users to track their mood, symptoms, and activities in real time, often using validated measures. Moreover, they have options for reminding patients of medications and appointments. Some apps even offer motivational messages.



Telepsychiatry

Telemedicine has been continuing to expand since the COVID-19 pandemic. It allows patients to receive psychiatric care from a distance making it more accessible for those in remote areas or with mobility issues. This mode of care has proven effective for a variety of conditions, including depression, anxiety and ADHD. Within the UK, the use of online video platforms such as Microsoft Teams is now embedded into daily psychiatric care provision, with colleagues and family members able to join in reviews and ward rounds remotely to save on travel times and ease continuity of care, in particular when patients are admitted significant distances from their homes.

Wearable Technology

These days, electronic devices such as smartwatches and fitness trackers monitor physical and mental health indicators. These wearables track sleep patterns, physical activity, and physiological responses. This provides data that can aid clinicians in early detection of mental health issues like depression and bipolar disorder. Mindfulness apps on smartwatches are becoming increasingly popular.

Affective Computing

This technology is in its early stages and involves the automated assessment of a person's mood by analysing facial expressions, speech, and other non-verbal cues. Such tools are being developed to augment clinical assessments, potentially providing more objective data to support diagnoses and monitor treatment progress. Watch this space…

The role of artificial intelligence (AI) in psychiatry is still to be discovered in the hope that it can facilitate more personalised and precise treatments. AI can analyse vast amounts of data from electronic health records, genetic information, and other sources to identify patterns and predict outcomes. This could lead to more accurate diagnoses and tailored treatment plans.

In conclusion, the future seems even brighter for us within psychiatric healthcare with ever-advancing technological advancements improving the accessibility and quality of psychiatric care but also enabling more proactive and personalised approaches to treatment. However, challenges such as data privacy and digital literacy remain. Ensuring the efficacy of

these tools remains a critical area to address as technologies evolve.

I am off to join a virtual meeting on my work smartphone. Stay tuned for another interesting topic in the future.

Dr Musa Sami (Treasurer elect VIPSIG) speaks to Dr Shakeel Ahmad (Consultant Psychiatrist) about his international volunteering experiences

Tell me about your current role as a psychiatrist in the UK.

I've got 2 or 3 different responsibilities at the moment. I work as a consultant psychiatrist with the CMHT in southwest London, I also work as a visiting consultant with one of the independent firms in a Priory and I work in the Ministry of Justice Mental Health Tribunals as a psychiatrist on the panel. Additionally, I work in our mosque community related - psycho education or informal advice to people who may need some kind of guidance helping them if they have a mental health issue.

For the purpose of this interview we'll just think about international psychiatry. Tell me a little bit about that, where have you been?

I've visited mainly West African countries, so I've been to Ghana and Gambia a number of times but I've also been to Pakistan and India. I've been part of the community's related visits and also for a charity Humanity First.

We go to developing countries to help with teaching programs. It's gradually turned from clinical to teaching. But practically we visit mental health institutions, see patients and then discuss them.

Can you tell me more about one of your most special experiences that you've had while volunteering.

It was related to volunteering even though it wasn't directly mental health related. I was visiting as a part of a mental health team. They had a program called Feed the Family, they visit villages weekly to give rations out. I could also advise them regarding mental health during the visit. So I joined one day. I remember visiting a family home from Banjul, which is the capital of the Gambia. When we arrived at their house, it was a single room only. Pretty tidy and clean, but just one bed. The people that lived in that house are grandfather, his 2 sons, their wives, their children. Everybody else sleeps on the floor except the granddad. He's old and elderly and he gets the bed. When it is their meal time. the meal is in a big wooden bowl, It is some goat milk with some porridge and oat mixed up. This would be the only meal that family would have that day. They would just take sips and rotate it around. All the family sits and cycles and we were made to sit in the circle as the family was being welcoming to us and they wanted us to start the meal. Now that was a very touching experience for me because I looked at their simplicity but also their hospitality and warmth and kindness to us. Of course, we provided them with the rations and whatever we had brought for them. But I still remember this moment and in in that family. I offered that I could help them with any mental health issues they did not come up with any.

It sounds like very special. Tell me about the challenges. One or two that particularly come to mind.

Of course, one of the things is the lack of resources in these countries. I mean, talking about the Gambia. The whole country has three psychiatrists. And all those three psychiatrists are Cubans. And out of those Cubans psychiatrists not everybody speaks English. So when the patient comes to their clinic speaking West African, They first translate into English. And then one of the nurses that speaks a little bit of Spanish translates that from English to the psychiatrist and the psychiatrist then advises whatever they need to advise. And for a number of months of the years, these Cuban psychiatrists go back to Cuba as a holiday.

So it is the lack of resources, the lack of 2nd and 3rd generation medication. They're very limited. So one of the challenges is to how to help them within what they have. Then there is the lack of an organized infrastructure about psychiatric specialty training to the nurses or the doctors - even some basic training needs to be provided and we only do it for a week or 10 days when we go and visit. And at the most there are 2 such visits in a year in a country that is on our list.

So, there is that issue of the lack of infrastructure. Inpatient bed resources and all those things. for example, the patients firstly don't have any money. They come from a very poor background, but then the hospital cannot provide them with basic toiletries. But the most significant to me was is that the maximum focus that the government hospitals can prescribe is drained by the major specialties - trauma or abdominal surgery. Even other finer specialties of surgery don't get any attention and there are not many trained people. Psychiatry doesn't get a lot of attention either. So there's not a lot of thinking of how we can utilize whatever little bit we have.

So as volunteers do we take on some kind of leadership role in developing that or is that dangerous to be going in with kind of Western mind-set

Well, I think you've asked a good question, but you answered it too. We've got to do something about it. We cannot observe this and not think about it. The reason why we are involved is because we want to bring the change and we want to help the local people who are suffering because of these challenges. So we try to establish contact with people who can make an influence, the hospital medical director, the health minister or whoever we can make contact with and they are open to it, because they see these charity organizations visiting their country in good light.

I've come across very intelligent people from their end, who go into the depth about whatever we may be suggesting. The difficult side is that sometimes that discussion then does not translate into action at the local end as much as it should.

So that's a kind of frustrating. We've got to learn to bear it. Live with it too because after all it's not just a light switch where you switch it on and everything would be fine after that.

We're going to have a conference in October which I think will be very well attended, but many people don't make the transition to doing something right so what advice would you give those people who are in that preconception stage?

Firstly, I would say that there is a lot of world population that is sitting there and needs help. We as professionals with professional education, knowledge and experience. But also have been fortunate enough to have the resources to give some of our time and energy for the betterment of fellow human beings. So I think we should start thinking of this as our responsibility. But then also we should take that the satisfaction that you get from having done some work is of a very profound nature.

So sometimes in front of your eyes, those things begin to change. And that has a huge impact on not just the patient. But on the whole family system and the local village. And that sense of satisfaction that I was able to contribute to the betterment of this set of people in this part of the world. It's very beautiful. And those who think of it at a different level, it has spiritual rewards too.

Any last thoughts that you just want to share?

You do this and you realize that there is so much more to do and you just put a drop in the ocean and you want to do more of it. You also realize that the 10 pounds that we spend on a fast food evening snack gives a family meal for many days in that part of the world. So we should contribute financially, we should give our time and our knowledge for them.

There is one last thought I have. The first time I did this, I contacted you - you gave me one very simple piece of advice. I was thinking about how will I begin to tackle this. You said look for the biological symptoms of depression - this kind of opens things up and it did to be honest, you know, so I want to thank you for that piece of advice.

Volunteering to help Syrian Refugees in humanitarian crises while gaining supervision and leadership experience – *winner of best ViPSiG essay*

Dr Ayah Ibrahim,
CT2 Psych trainee

This essay is about the two most interesting fields to me, volunteering to help Refugees and Psychiatry. It includes my current experience in a research called Caring for the carers. However, I thought to start by giving you a context from which I developed this interest in helping Refugees.

I was born in Iraq, and when I was only 2 years old, my family and I had to leave the country due to the economical and safety circumstances at that time. This was way before the 2003 war. We moved between many different countries in the Middle East, and I got to grow up in different cultures meeting people from different backgrounds.

In 2003, with the war in Iraq, many people flee the country as refugees to other nearby countries where I was. In the years following that, many conflicts happened in different countries in the region of Middle East. The refugees' population expanded more and more. These people included friends and family members. I grew up

watching this happening around us, feeling sad for all of the people who had to suddenly leave their homes, jobs and everything they built, to save their lives. They would then be hosted in other countries, however, due to variable reasons and restricted resources, they would not have the rights or entitlements they had back in their countries, which left them with tremendous stress of not only leaving everything behind but also not being able to start a proper life in that new place.

I completed my medical degree in Jordan, at that time, the war started in Syria. I joined an organization to help out Syrian refugees and local residents who do not have access to medical care. We helped in providing medications, surgeries and medical appointments to them. As you can imagine, It is difficult for refugees who left everything behind and currently live in so much stress, to care about their own health or think about putting the few cash they own on it, while they cannot even provide basic needs like food for their children. That was when my interest of helping out refugees grew more and more and I got to see the impact of helping and the happiness in their faces when they feel they are not left alone and that others care and feel for them.

Earlier this year, I joined this research called: *Caring for the carers: A virtual psychosocial supervision intervention to improve the quality and sustainability of mental health and psychosocial support in humanitarian contexts*. This research is carried by researchers in the Faculty of Medicine and Health, New South Wales in Australia. It is held for the Syrian refugees who are living in Syria and Turkey, where local mental health and psychosocial support (*MHPSS*) practitioners -who completed tertiary training in clinical psychology, social work or counselling- offer them support relating to their trauma. Overtime they have noticed that these practitioners are at risk to develop secondary traumatisation, compassion fatigue and occupational burnout. Therefore, the research was conducted to see the impact of running regular supervision sessions to these workers, and whether this would ultimately also improve the mental health support given to refugees in the first place.

The researchers recruited international supervisors as volunteers to run fortnightly supervision session in each 8 month supervision semester. Sessions run in groups of 4-6 practitioners who will meet for 90 minutes to discuss clinical work with two co-supervisors leading this discussion and supervising it. Something somehow similar to what we call Balint group in our core psychiatry training in UK, however it is more about discussing the clinical aspects of work and providing solutions when a practitioner feels stuck.

I was one of the volunteered supervisors. It is a very interesting experience to be in the other side providing supervision and getting to be in my clinical and educational supervisors' shoes. Initially, I was in doubt whether it is early for me as CT2 to become a supervisor, discussing this with the research leaders, they assured me and suggested to put me with another co-supervisor who has been running supervision sessions in the research for a while. Also the research has a great structure of offering resources like training, induction and supervision to the supervisors too. The program provided us with a book they authored named: Integrated model for supervision, which

was very informative prior to starting the sessions.

This experience is making me think about what my own supervisors are offering within my core training and how that is helping me in ways I was not recognising before. I appreciate this more now. The job of a supervisor is much deeper that what it looks like. For instance, as part of my role as a supervisor, I would need to watch out for signs of mental health struggles in practitioners themselves and be aware to re-direct them to further support if needed. Also to be careful of the situations in which confidentiality might need to be broken.

This experience also drew my attention to things I would have never thought about. Like the kind of supervisor that I would want to be. The research encourages us to work in non-hierarchical collaborative model to build a good relationship with the supervisee, and to give the supervisee the sense that the supervisor is more like a friend rather than a higher authority. It encourages supervisors to be open to learn, as not only supervisee would learn from supervisors but vice versa too, which is totally my experience especially from the practitioners' practice having some different approaches and being based in a different system than the one I work in.

I also learnt a lot about supervision, for instance, the different format of supervision that could be offered (i.e. individual, group or peer supervision) and how to make that decision based on resources and time that can be offered. Bearing in mind other factors in humanitarian crises setting, like how safe it is to have a face to face supervision and whether a group supervision could be though as a terroristic gathering. Something you would never think about in normal setting. So it is about the flexibility that you need to have while working in such crisis.

The other hidden side of supervision is learning how to manage your own wellbeing especially while working in such circumstances. To identify that ourselves could need help and seek it when needed. You would need to sign a consent form at the beginning and you would be provided with the following information: 'if you become upset or distressed as a result of your participation in the research project, the research team will provide you with referrals to counselling or other appropriate support' and you will have the right to withdraw from the research at any time.

We have to be aware that it is not easy to be the local practitioner nor the international supervisor. Due to complexity of presentation you would hear different kinds of stories from those who are suffering the most; You would encounter direct trauma from war, secondary unemployment, disabilities, bereavements, poverty, victims of PTSD and many other issues. It is not only the symptoms refugees present with, there are many different social contributing factors that surround them; some flee their homes and live in camps, some are not allowed to work anymore with the degrees they had, some lost their family members and other lost their money. It is not straight forward, the complexity of the trauma that these people go through is sometimes really difficult to comprehend and deal with.

On the other hand, the experience helps me to see how psychiatric disorders present in different cultures, it requires

awareness of the culture to know how to treat those patients in each country, to understand the context and the background. I have already encountered some Syrian refuges during my work in Psychiatry in Jordan after graduation, however, others who wouldn't have previous encounter, would need some time to understand this culture and adjust their understanding to it.

I believe my family and I were lucky to be able to leave the country without seeking refugee status at that time. However, not everyone was. This gives me the motive to help out refugees. In addition to the satisfaction that you get out of putting your own time and efforts in something just to help out others rather than for a materialistic goal. Although superficially it might sound like you are not getting much back with Volunteering, but the internal feelings that you get is better than what material can provide.

Curiosity becomes passion, and passion becomes a career

- runner up for the best ViPSiG essay

Dr Shamiya Nazir

Introduction

As a person I have always been curious and always asked questions. At times, this nature gave me troublesome experiences but also led me to my destiny. The time I was doing my internship after finishing MBBS in Bangladesh in 2016, everyone I knew was almost certain about which speciality they wanted to pursue. Meanwhile I wanted to know what was out there. Hence, I travelled to Nottingham all the way from Dhaka to pursue my Masters in Public Health at the University of Nottingham. What I learned this year went beyond the academic element. I realised that in our Bangladeshi culture, we are encouraged not to ask questions, not to critique. This is why Bangladesh's social changes are very slow, and health services are not up to standard as well.

After completing my master's degree, I returned home. I started working as an honorary medical officer at the internal medicine department at Dhaka Medical College in January 2018. Later in the year, I was selected to participate in a Cambridge Advanced Short Course on Chronic Non-Communicable Disease Epidemiology organised by the University of Cambridge and the Institute of Epidemiology, Disease Control and Research (IEDCR). My experience in this course convinced me that I want to work for the hard-to-reach community, for challenging populations, and live outside my comfort zone. Hence, I joined the International Rescue Committee (IRC) for Rohingya displaced populations at Cox's Bazar in Bangladesh as a Sexual and Reproductive Health Manager. In the course of this essay, I will show how working as a humanitarian has led me to psychiatry and why clinicians from this specialty need the willingness to volunteer even on a small scale for the community. Because taking a small and collective approach can make a huge difference to people's lives.

Life as a Humanitarian

The day I started going to Rohingya camps, I felt how blessed I am to be free. Large families lived in a confined space that was not very secure. They were in terror: terrified about what happened to their family and friends in Myanmar, terrified about the changing culture, scared of losing their language and their own culture. Working with this population was a big challenge for me because gaining their trust was not easy. Under the United Nations

Population Fund (UNFP) fund, we, IRC provided holistic sexual and reproductive health (SRH) services to the reproductive age group of Rohingya girls and women and also host women at Women Friendly Spaces (WFSs). To do that we partnered up with MUKTI, which is a local non-profit organization (NGO) in Cox's Bazar.

Historically, the Rohingya women who visited WFSs were not there only to receive family planning or to receive treatment for sexually transmitted diseases (STDs), but also to relax, to have a break from their tiny home, and to share their feelings and thoughts with one another. I saw women reading the holy book, the Quran; some were doing handicrafts, some were just sitting in a corner, some were waiting to get SRH services, and some were there to seek psychosocial support. We were aware of cases of domestic abuse, as well as sexual abuse. There is no doubt that life can be very challenging for a woman or child living in a conflict zone or in a refugee camp. It can also be found from several research that women in refugee camps and conflict zones are more likely to suffer from harm, unsafe environments, and lack of access to health care (Donnelly and Muthiah, no date). There was, however, one thing that was incredibly interesting. In my service as a humanitarian worker over the course of a year, I came across a client who had attempted suicide or self-harm, and I find this to be a fascinating finding. There is growing evidence to suggest that people living in war- and conflict-affected areas have a high prevalence of depression, anxiety, and post-traumatic stress disorder (PTSD) (Charlson et al., 2016; Lim et al., 2022). Moreover, women are more likely to attempt suicide and self-harm than men (Bommersbach et al., 2022). This made me think about how they coped with it and how beautiful the human mind is! This is when I was certain I wanted to build a career in psychiatry.

A year of humanitarian service gave me a lot. It provided me with a sense of purpose. It made me empathic, gave me the skills to implement health services according to the needs of the target community. It also taught me how to engage with challenging populations. As well as this, I was honoured to be the author of the WHO/IBP Network and Knowledge Success Implementation Stories - Why Men Should Be Included in Voluntary Family Planning: A Success Story from Rohingya Refugee Camps, Cox's Bazar, Bangladesh. This paper can be accessed by clicking the following link: https://d1c2gz5q23tkk0.cloudfront.net/assets/uploads/3084328/asset/IRC_Bangladesh_HighRes.pdf?1618934960.

The aftermath of the humanitarian service

In January 2020, I began working as an honorary medical officer in the Psychiatry department at Bangabandhu Sheikh Mujib Medical University (BSMMU). During that time, I was contacted by a youth-led organisation, Light to Life, where I was invited to give a presentation to their targeted audience, young adults. In response to that opportunity, I offered my voluntary support and delivered a presentation on Stress Management & Suicide Prevention. The Facebook link to this presentation is below: https://www.facebook.com/Lighttolife.org/videos/723317348468993/?app=fbl.

Aside from that, I volunteered to serve as a moderator on the Facebook page of 'Moner Khabor'.

'Moner Khabor' is a monthly mental health magazine in Bangladesh. It is an easy way for anyone who works in the mental health sector or for organizations that are dedicated to mental health to advertise their services. Social media is also effective for raising awareness of mental health

issues (Latha et al., 2020). Please visit this link to learn more: https://www.facebook.com/groups/1434465913456320.

This volunteer experience provided valuable insight into the idea of conducting a research project. I am a co-author of a journal titled 'Attitudes of mental healthcare professionals and media professionals towards each other in reducing social stigma.' You can access the journal at: https://onlinelibrary.wiley.com/doi/10.1002/jcop.22823.

After working at BSMMU for six months, I came to Manchester to pursue my second master's degree, Clinical Skills in Integrative Psychotherapy at Manchester Metropolitan University. Unfortunately, I witnessed a national lockdown due to Coronavirus disease (COVID-19) in the United Kingdom (UK). It was difficult for me and everyone I knew. In this regard, when I was given the opportunity to choose my dissertation topic for my master's degree, I decided to focus on the mental health of a marginalised and challenging group of people. And I chose undocumented migrants as my research audience. At the moment, I am working on getting my dissertation published in a peer-reviewed journal.

As I studied at Manchester Metropolitan University, I started working as a Diverse Communities Engagement Officer (part-time) at Trafford Carers Centre. I continued in this job role until December 2022, while taking the Professional and Linguistic Assessments Board (PLAB) exams. By working with the Black, Asian and minority ethnic (BAME) carers in the Trafford municipality, I became familiar with how their struggles, experiences and needs differ from those of the White population. Now that I have completed my PLAB journey and got GMC registration, and am in the process of clinical attachment at Pennie Care NHS Foundation Trust, this community experience will help me understand patients from their perspective.

The question now is, how can I contribute voluntarily without affiliation with an organisation? Recently, I educated an individual who was posting a Facebook post about supernatural phenomena of "Jinn". He/she claimed to have witnessed the Jinn experience of an employee's wife. Many comments suggested recording these events to spread the Islamic message. As part of my response, I explained that this might be a case of a mental health crisis. I also explained that taking the patient to a traditional healer like 'Ojha' instead of a hospital can have serious adverse effects. Ultimately, the person who posted the Facebook post took my opinion into consideration and was convinced to speak with the woman's family. As such, I believe it is possible to volunteer while working towards career goals even when not affiliated with an organisation. Volunteerism is best described as a free, non-profit activity that serves the greater good (Güntert et al., 2022). Thus, we can always contribute from our level of knowledge and experience which can be useful to others.

Conclusion

As for me, I still have a long way to go. I found my passion through the humanitarian service and am working towards it. My current goal is to enter core psychiatry training in the UK.

In the future, I want to work for humanitarian organisations. There is a saying that once a humanitarian, always a humanitarian. I am looking forward to the journey ahead. During this time,

I would like to continue volunteering on a smaller scale, either as part of an organisation or individually. As a matter of fact, I truly believe that small, collective

steps can make a huge difference in our world.

References

Bommersbach, T. J. *et al.* (2022) 'Why are women more likely to attempt suicide than men? Analysis of lifetime suicide attempts among US adults in a nationally representative sample', *Journal of affective disorders*, 311, pp. 157–164. doi: 10.1016/j.jad.2022.05.096.

Charlson, F. J. *et al.* (2016) 'Post-traumatic stress disorder and major depression in conflictaffected populations: an epidemiological model and predictor analysis', *Global mental health (Cambridge, England)*, 3(e4). doi: 10.1017/gmh.2015.26.

Donnelly, E. R. and Muthiah, V. (no date) *PROTECTING WOMEN AND GIRLS IN REFUGEE CAMPS*, *Lse.ac.uk*. Available at: http://eprints.lse.ac.uk/110299/1/Muthiah_protecting_women_and_girls_published.pdf (Accessed: 19 October 2023).

Güntert, S. T., Wehner, T. and Mieg, H. A. (2022) 'Definition of volunteer work and a model of volunteer activity', in *Organizational, Motivational, and Cultural Contexts of Volunteering*. Cham: Springer International Publishing, pp. 1–10.

Latha, K. *et al.* (2020) 'Effective use of social media platforms for promotion of mental health awareness', *Journal of education and health promotion*, 9(1), p. 124. doi: 10.4103/jehp.jehp_90_20.

Lim, I. C. Z. Y. *et al.* (2022) 'Prevalence of depression, anxiety and post-traumatic stress in warand conflict-afflicted areas: A meta-analysis', *Frontiers in psychiatry*, 13. doi: 10.3389/fpsyt.2022.978703.

Leicester contribues to international medical conference in Kurdistan

The University of Kurdistan Hewler (UKH) held the 2nd Kurdistan Medical Conference and Exhibition between 28th February to 1st March. An excellent array of international speakers presented a wide range of topics on a variety of medical specialties and medical education, in the sparkling venue of Hotel Rotana. Erbil is a beautifully presented city with a history of human habitation going back 7000 years and a colourful vibrant market thronged by a lively crowd.

Within speakers who ranged from the US, Sweden, Italy, Republic of Ireland, Iran and Iraq, there was a substantial representation from the UK. And within the UK specialists, there was a significant contribution from Leicester University and Leicestershire

Partnership NHS Trust.

In the picture from left to right we have:

Dr Karzan Karim, geneticist, who did his bachelor's, masters and PhD from University of Leicester, currently Senior Advisor to the Prime Minister of Kurdistan, for Education and Higher Education.

Dr Naz Omar, consultant psychiatrist, completed her CCT in old age psychiatry from Leicestershire Partnership NHS Trust and still maintains close clinical contact. She holds important roles in clinical psychiatry and medical education in Kurdistan and was within the core organising committee for the conference.

She also conducted a workshop on stress management for clinicians.

Prof Nandini Chakraborty is consultant psychiatrist in early intervention in psychosis (PIER) in LPT and an honorary professor in University of Leicester. She did her presentation on the WHO instrument, Schedules for Clinical assessment in Neuropsychiatry. (SCAN)

Dr Debasish Das is an associate professor for University of Leicester and honorary consultant hepatologist in Kettering General Hospital. He presented on personal tutoring for medical students.

Prof Mohammed Al-Uzri, consultant psychiatrist at assertive outreach in LPT and honorary professor for University of Leicester, presented his thoughts on how to help medical students. Prof Al-Uzri is also Presidential Lead for International Affairs at the Royal College of Psychiatrists in the UK.

It was an inspiring meeting. There are several clinicians in Leicester who contribute to the international scenario for education and mental health. The 2nd Kurdistan Medical Conference was an example of the wide reach of the medical work and education done by Leicester clinicians.

We look forward to receiving articles for future newsletters. Please keep sending us your accounts of volunteering and global mental health experience at 'sigs@rcpsych.ac.uk' with 'Article for VIPSIG newsletter' in the subject line. The deadline for winter edition is 3rd November 2024.