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SPECIAL PAPER

Postgraduate psychiatry training for global mental health: a Canadian experience

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As globalisation has diminished the distance between the developed and developing worlds, it has highlighted the impact of global health issues on domestic health concerns and has underscored the reality of global health disparities. In the Canadian context, there is a need for Canadian physicians to have an understanding of medicine from a global perspective and to appreciate and understand the impact of global health issues on both international and domestic health care. Consequently, there is a need to create and incorporate a global or international health curriculum into general as well as specialty physician training programmes. This will provide future physicians with the skills, knowledge and understanding necessary to provide globally informed practice in domestic as well as international health.

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The global mental health burden

Training in and understanding of health issues from a global perspective is particularly relevant in the area of mental health. As the global burden of communicable diseases has decreased, mental illness has become one of the most common types of disabling disease worldwide (World Health Organization, 2001). Mental disorders are now estimated to account for 12.3% of the global burden of disease and this is predicted to reach 15% by 2020 (Desjarlais *et al*, 1995; World Health Organization, 2001).

Advances in the understanding of biological, social and epidemiological determinants of mental disorders, the development of effective treatments and service delivery models, and the implementation of mental health legislation and policy protecting the rights of people with a mental illness in the developed world have not to date been translated into applications which can be used by the majority of the world's population. In low- and middle-income countries (LMIC) there continues to be a dearth of effective mental health services, insufficient dedicated resources and an absence of effective mental health legislation for, as well as stigmatisation, discrimination and human rights abuses of, people with mental illness (Desjarlais *et al*, 1995).

Over the past decade, international agencies, including the World Health Organization and the World Bank, have increasingly recognised the need to make global mental health an international priority. The focus of the 2001 World Health Day celebration and the 2001 *World Health Report* on global mental health is an example of the commitment to highlight the global significance of mental disorders and to promote mental health reform worldwide (World Health Organization, 2001).

A Canadian initiative

Canadian health training institutions have not kept pace with the increasing activities pertaining to global mental health. For example, in terms of physician training, there is currently no developed curriculum specifically focused on international mental health in Canadian postgraduate psychiatry training programmes. The growth of cultural diversity within the Canadian population has precipitated the development of a cultural psychiatry curriculum, which psychiatry residency training programmes across the

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country have begun to use. However, this does not afford postgraduate trainees the knowledge or experience necessary to appreciate mental health in a global context. For this, a different model is needed.

In response to this gap in postgraduate training, the Dalhousie University Department of Psychiatry has created a programme entitled 'Living and Working in an LMIC' for senior psychiatry residents in Canadian universities. It is designed to facilitate physician understanding of mental health issues from a global perspective, by providing opportunities for residents to practise in an LMIC.

The programme began as a 3- to 6-month clinical elective experience in the Caribbean state of Saint Kitts and Nevis for Canadian senior psychiatric residents. Residents provided: clinical services in both in-patient and out-patient settings; mental health educational seminars for health professionals; and both mentoring and on-site teaching for mental health care staff. The goals of the programme for the residents who take part include the following:

- to gain an appreciation of the cultural beliefs, values and behaviours related to mental illness and emotional suffering
- to experience issues related to mental health within the context of a developing country
- to have exposure to psychiatry in an international context, which will create opportunities for the resident to become acquainted with mental health systems in LMICs
- to gain an appreciation of the global mental health issues faced in a different socio-cultural environment, such as the profound impact of stigmatisation and lack of mental health awareness on the provision of clinical care
- to gain an appreciation of the relationship between poverty and mental health
- to see the effect of the limited availability of resources on care for people with a mental illness.

The partnership between the Dalhousie Department of Psychiatry and the government of Saint Kitts and Nevis arose within the context of a long-standing relationship between the Dalhousie Faculty of Medicine and this eastern Caribbean nation. Since the inception of this relationship in 1999, the Dalhousie Department of Psychiatry has assisted the government in addressing mental health service needs for the islands. In this capacity, the department has performed a national mental health systems review, has developed and delivered a training programme in acute care psychiatric nursing and has established the 'Living and Working in an LMIC' programme for senior residents.

Saint Kitts and Nevis

Saint Kitts and Nevis are twin volcanic islands located in the northern part of the Leeward Islands in the eastern Caribbean. They encompass a total area of 269 km^2. The climate is tropical and the topography is generally mountainous. The population of about 42 000 is predominately of African or Euro-African descent, although a small minority is of British, Portuguese or Lebanese origin (Pan American Health Organization, 2002).

Saint Kitts was one of the last of the eastern Caribbean economies to be predicated on sugar production. Today, tourism, construction and agricultural sectors all contribute to the economy, which remains vulnerable to external international market factors. The twin island federation, which gained full political independence from Britain on19 September 1983, is governed by a democratic British parliamentary system (Pan American Health Organization, 2002).

Mental health services in Saint Kitts are delivered in both hospital and community settings (Pan American Health Organization, 2002). Acute care is provided by a 12-bed psychiatric unit, within the general hospital, which is staffed by a small number of acute care nurses, many of whom, until recently, have had little formal training in psychiatric nursing. Community services are provided by five health clinics, the majority of which are located in rural areas. Clinical psychiatric services are provided by one full-time psychiatrist and two trained community psychiatric nurses.

The 'Living and Working in an LMIC' programme

Four senior Dalhousie psychiatry residents (two men, two women) have taken part in the international elective experience in Saint Kitts and Nevis since the inception of the programme. All four had demonstrated initiative in their residency programmes and all four shared prior interest in cultural issues pertaining to mental health, travel and working abroad.

All four residents rated the experience very highly overall, although most struggled with the limited infrastructure and human resources, with the limited availability of medications, medical technologies and mental health services, as well as with socio-cultural issues pertaining to the expression, management and acceptance of mental disorders. The elective provided the residents with opportunities to learn about LMIC mental health care first-hand, as they were exposed to a rich diversity of clinical and personal experiences. This facilitated their understanding of the socio-cultural and political issues related to care provision and illness presentation in that setting.

Through this exposure, residents grew to appreciate the effect of social, cultural, spiritual and historical factors in the creation of the local idioms for mental disorders that continue to perpetuate fear about and stigmatisation of those with a mental illness. For example, the widely held belief that mental disorders are related to malevolent spiritual forces and the general acceptance of mental illness as a permanent and untreatable condition interfered with care for the mentally ill and impeded understanding and advocacy on the part of the patient, family and health professionals. Residents saw how stigma led to the displacement of the person with mental illness from both family and community, as well as sectors such as government and health care. They experienced in their

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caring for patients the consequences of the inequities in terms of human rights policy and legislation, available health services, access to effective treatments, and availability of skilled mental health professionals.

Mental health services on the island were constrained by the limited availability and allocation of resources to mental health, which greatly affected provision of mental health care. Residents were challenged to create innovative strategies and solutions to problems, in a manner which optimised the use of the few available resources.

Many of the residents invested time in the education of mental health care providers:

- they provided information on the diagnosis and management of the common mental disorders
- they offered instruction on basic behavioural techniques to control disruptive or dysfunctional behaviours of severely mentally ill patients in the institutional or community setting
- they helped dispel myths about mental illness, by exposing mental health care providers to the benefits of successful interventions and positive patient outcomes.

Others became involved in community outreach interventions, including dissemination of basic psychoeducation to youth groups, participation in health information radio programmes, and facilitation of advocacy and promotion of mental health by community organisations.

Response to the 'Living and Working in a LMIC' programme by the government, health care professionals, mental health consumers, families and community in Saint Kitts and Nevis has been overwhelmingly positive. Each resident has sequentially contributed to increasing the local capacity to provide appropriate mental health care. Through teaching and mentoring of mental health care providers, such as nurses, they have assisted in the enhancement of professional mental health skills. Consequently, mental health care providers are better equipped to improve patient care and are able to witness the benefits of their psychiatric interventions. This has led to increased commitment and investment in patient care and patient advocacy among mental health professionals.

Through their interactions with other medical disciplines in their capacity as consultants to medical wards and the emergency department, the residents were able to make significant headway in the promotion of mental health by increasing the mental health knowledge of health care professionals. As a result of these interactions, health care professionals have obtained a better understanding of mental illness, and this has led to decreased stigmatisation and improved physical health care of the mentally ill. Additionally, through the basic psychoeducation of patients and families, the residents have assisted in the dissemination of mental health awareness to communities. Consequently, locally held idioms of mental disorders which have propagated the stigmatisation and discrimination of people with a mental illness are being challenged at all levels of the mental health care system.

The future

The 'Living and Working in an LMIC' programme appears to have met its intended goals of increasing awareness of and interest in global mental health issues on the part of participants. Within the resident body of the Dalhousie Department of Psychiatry, the programme has stimulated both interest and awareness among all trainees and fostered a desire to learn about and participate in global mental health initiatives. Future work on the programme will include:

- comprehensive evaluation
- expansion to include other LMICs (i.e. Trinidad and Tobago)
- inclusion of resident participation from other Canadian universities
- creation of an international psychiatry curriculum
- dissemination of programme information to encourage the development of similar training programmes at other universities.

It is hoped that introduction of curriculum and clinical opportunities in international psychiatry/global mental health will enable Canadian psychiatry residents to view mental health issues from a global perspective. This will facilitate globally informed practice and provide future Canadian psychiatrists with the skills necessary to make meaningful contributions to global mental health. In addition, it will assist in enhancing Canadian capacity for international collaboration and partnership designed to promote global mental health.

It is hoped that introduction of curriculum and clinical opportunities in international psychiatry/global mental health will create a future for Canada in global mental health by enabling Canadian psychiatry residents to view mental health issues from a global perspective.

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