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Foundation paper on the WPA Volunteer Programme

A. The global background

Eighty percent of the world population is living in low and middle income countries (LMIC) but only one third of faculty departments of psychiatry are located in these countries. According to the Mental Health Atlas (2005), 57 countries do not have training in psychiatry. Furthermore, in a recent survey conducted by WPA and the International Federation of Medical Student Associations (2018), psychiatric education in undergraduate medical curriculum ranged from none in some African countries to over 15 weeks in high income countries (HIC). Even for countries with postgraduate psychiatric training, according to the 2017 WPA Survey of Training needs and Provisions in WPA member societies, 20% of the respondent countries had less than 36 months of training in order to be qualified as a psychiatrist. In addition, only 20-30% of LMIC were able to offer subspecialty training for their trainee psychiatrists. Exacerbating the problem of shortage of trained mental health professionals in the LMIC is the continuous brain drain of trained psychiatrists from LMIC to HIC. There is therefore a need to support psychiatric education in LMIC at the levels of undergraduate and postgraduate training. While building the capacity in secondary and tertiary mental health care is important for treating mental health issues with complex needs, the care pathways of patients with mental health problems in many countries suggest that patients are first seen by primary care doctors, community health nurses or workers, or in many LMIC countries, faith healers. Furthermore, many LMIC countries will probably take a very long time to build up an optimal psychiatrist to population ratio. As such, most patients with mental health problems will be taken care of by primary care or community health workers. As such, training of primary care doctors and other health professionals in the community should also be a priority of WPA.

B. A WPA Volunteer Programme

This volunteer programme aims to mobilise psychiatrists from different parts of the world to support countries with training needs in order by delivering training and education to target professionals. Stakeholders like mental health professionals, primary care doctors and even other health professionals might be included.

The current plan is to set up a WPA Volunteer Programme (WPA-VP) in which interested volunteers from the member societies with appropriate expertise can be matched with member societies with identified training and education needs. This programme aims at enhancing the mental health capacities of the host countries in delivering mental health services, and visiting psychiatrists will not be involved in service delivery.

This WPA-VP should lead to setup of different types of training formats. These can vary from training of health professionals in assessment and treatment of depression to assisting medical educators in the development of undergraduate psychiatric programmes in medical school curricula. From training of psychiatric educators in delivering WHO mhGAP intervention guides to undergraduate medical students to online supervision of training psychiatrists in delivery of brief cognitive-behavioural therapy of common mental disorders. From mentoring early career psychiatrists and supervising young psychiatrists in completing a local research project to becoming local trainers in support of this volunteer programme.

C. SWOT analysis

1. Strengths

- a. WPA as a global organization can offer expertise.
Member societies from 142 countries, WPA zonal representatives, WPA Sections and WPA Collaborating Centres can offer expertise in different areas. They can be recruited as potential volunteers.
- b. A 2017 WPA survey identified needs to be addressed.
The 2017 WPA Survey of Training Needs and Provisions identified member societies with particular training needs. They ranged from undergraduate psychiatric education, postgraduate subspecialty training and training of health professionals, to post-graduate career and research mentoring.
- c. The members of the Volunteering Working Group can explore these societies' interest in receiving WPA volunteers through WPA as a global platform.
A central international platform like WPA will add value and efficiency to this system by mobilising precious volunteers to regions with most pressing needs at a national level.
- d. An international platform like WPA minimises the impression that volunteers from the Western countries are patronising the low and middle income countries.
Many senior psychiatrists who are in active practice or have been retired from previous job are volunteering in different parts of the world. WPA can develop appropriate procedures to select and appoint volunteers.
- e. The WPA Section of Early Career Psychiatrists can help to recruit young psychiatrists to pair up with the senior volunteers to provide training to the sites in need.
The idea has been realised by US and UK medical schools through attachment programmes. Evaluation shows that medical students who have completed overseas attachment were more likely to be involved in public health work in low and middle income countries. Receiving units welcome such programmes since these lead to sustainable changes in their clinical practice. Through pairing experiences early career psychiatrists have the opportunity to view senior volunteers as their role models.

2. Opportunities

- a. Internet technology allows the transfer of knowledge and skills without necessarily delivering the training in a face-to-face manner.

- b. In many HIC national psychiatric societies have been providing support to their society members to provide volunteering in host countries with training needs.
- c. Volunteering plans for different medical disciplines currently exist in other international organizations (e.g. United Nations and World Health Organization).
There is a possibility of collaboration and cross-learning with these organizations.
- d. Even in the absence of external agency support, volunteers have been providing help to different countries. These volunteers could support processes before the WPA secretariat (see below) takes care of the final steps in a particular programme.

3. *Challenges*

- a. The overall governance of the programme will fall into the role of WPA Secretary for Education with administrative support from the WPA secretariat. Lack of dedicated administrative support in WPA to coordinate the selection and matching of volunteers and host countries, as well as monitoring the volunteering process and evaluating the outcomes of the volunteering activities.
- b. The success of this project will depend of WPA member societies' help in identifying suitable senior and early career psychiatrists to join this programme. Right fit of volunteers and host countries is not just about expert knowledge and skills.
- c. The success will also depend of a prudent selection of volunteers. Factors including personality, cultural sensitivity, language of instruction, educational styles and professional ethics also determine the rightness of fit. These aspects cannot be easily evaluated.
- d. WPA lacks the financial means to provide financial support to volunteers who require such support for volunteering activities, especially for early career psychiatrists. It is hoped that the WPA member societies can provide some funding. However, it's not clear if member societies have the interest or the resources to provide the required support to cover - at least part of - the costs entailed by the volunteer work of the senior and early career psychiatrists coming from their countries.
- e. Host countries may experience difficulties in transforming volunteering work into sustainable benefit in their education and training curricula. The mobility of staff across different institutions across the host country may lead to interruption of education and training required for adequate acquisition of skills to bring about sustainable benefits in clinical care in the country.
- f. Registration with local authorities may be required in some countries even for teaching and training of professional staff, especially when live demonstration with real patients is used as a teaching method.
- g. The programme duration may hamper a commitment for busy senior psychiatrists or burgeoning early career psychiatrists. Volunteers will need to commit to a programme for a relevant period of time (e.g. around one to three months) in order to bring about some lasting changes to the host countries.
Further extension of support to the host countries can be provided in the form of professional training, education and supervision on the internet.
- h. Volunteers must give proof of their cultural sensitivity, show respect for local beliefs and religion. Volunteer selection processes need to take such aspects into consideration when preparing training of local staff and workers in host countries.

- i. Introducing changes to the medical school or postgraduate training curricula might require tedious process of approval from the national medical councils or professional regulatory bodies. Some volunteers interested in getting involved in the preparation and training of staff in developing a psychiatric curriculum for medical schools in a low or middle income country might see themselves faced with a delay in implementation of suggested changes.
- j. The availability of a stable internet communication and secure equipment is required on both the volunteering and the recipient end. This may not be possible for all host countries.

4. *Threats*

- a. Insurance and security are factors partly beyond the grasp of WPA, providing and host member associations participating in a particular programme. With respect to these aspects, it might be that WPA is confronted with insurmountable difficulties.
- b. Contingency support to the volunteers in case of emergencies or disasters in host countries might unexpectedly show up.
- c. Unforeseeable situations may bring cultural and religious issues to the fore. Although the selection procedure of volunteers should clarify these aspects, it might be that serious difficulties arise during a running programme. If mediation cannot resolve these issues, this can lead to the cancellation of a programme.
- d. Secure accommodation may not be available in the host countries with respect to the physical and mental health needs of the volunteers. This can lead to a premature interruption of a programme.
- e. Local volunteer support points may not always be available (e.g. zonal representatives or WPA collaborating centres). These potential support resources may sometimes not be based in the host countries.

D. Scope of the programme

The content of programme/training may include but is not limited to the following:

1. Undergraduate psychiatric education and training.
2. Postgraduate psychiatric sub-specialties training.
3. Training of family doctors, mental health professionals, other health professionals involving in mental health care, community health workers, or even lay health workers/peer support workers or carers/faith healers involved in mental health care.
4. Public health aspects aligned to Sustainable Development Goals and WHO World Mental Health Action Plan.
5. Culturally appropriate interventions /orientations.
6. Ethical approach and human rights based approach to mental health especially for people displaced by wars, natural or man-made disasters and other adversities.

E. Potential impact

1. Receiving countries might benefit from volunteer programmes when training and educational needs appropriate for their specific situations are met. They might experience a positive impact on recruitment of psychiatrists and other health professionals, on the competence of mental health professionals and patient care services' availability, accessibility and quality.
2. Senior psychiatrists might benefit while experiencing self-fulfilment through a sense of mission to contribute to world psychiatry and build new friendships and a larger personal network.
3. Early career psychiatrists joining senior volunteers might encounter a role-model of teaching and mentoring skills and at the same time gaining experience in these skills when they are given tasks form an entrusted professional activities perspective.
4. Reciprocal learning might grow between the hosts and the volunteers in terms of training expertise, management of volunteer visits, and culturally relevant innovative service interventions.
5. Fostering collaborative relationships might develop between WPA and member societies through identification of volunteering and recipient colleagues, personnel and units, the further consolidation of concrete training programmes