

WPA Volunteer Programme

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Background

80% of people 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 another recent survey conducted by WPA and International Federation of Medical Student Associations (2018), psychiatric education in undergraduate medical curriculum ranged from none in some African countries to 12 weeks in the high income countries (HIC) like the UK. 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.

Given the availability of expertise in HIC and the advent of internet technology, there is a possibility that experts in HIC can deliver training and supervision as well as offer service delivery consultation to undergraduate and postgraduate students, primary care doctors and health professionals in LMIC. The current plan is to set up a WPA Volunteer Programme in which interested volunteers from the member societies with appropriate expertise can be matched with member societies with identified training needs. Such matching would then lead to setup of different types of training programmes, varying from training of health professionals in identification and treatment of depression, training of psychiatric educators in delivering WHO mhGAP intervention guides to undergraduate medical students, online supervision of training psychiatrists in delivery of brief cognitive-behavioural therapy of common mental disorders, to mentoring early career psychiatrists and supervising young psychiatrists in completing a local research project or becoming local trainers in support of this volunteer programme.

Challenges and opportunities

WPA is a world organization with over 138 countries as member societies. Through WPA zonal representatives, WPA Sections and member societies, expertise in different areas can be approached and recruited as potential volunteers. Based on the 2017 WPA Survey of Training Needs and Provisions, those member societies with particular training needs, ranging from undergraduate psychiatric education, postgraduate subspecialty training, training of health professionals, to post-

graduate career and research mentoring, can be identified and explored for interests in receiving these volunteers. With the involvement of the WPA Section of Early Career Psychiatrists, young psychiatrists can also be recruited to pair up with the expert volunteers to provide training to the sites in need. This idea is actually not new but has been materialised in medical school overseas attachment programmes in the US and in the UK. 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. Previous experience in the UK Royal College Volunteer Section also suggests that such programmes are welcomed by the receiving units and lead to sustainable changes in clinical practice in receiving units.

The major challenge is mainly related to the lack of funding to support administrative staff to coordinate and manage the project, as well as to support travel and daily expenses for volunteers interested to deliver on-site training and supervision to the professionals and students in the receiving member countries. 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, which might lead to delay in implementation of the pilot projects. As such volunteer programme may involve time-limited training for up to 12-18 months, the availability of secure and stable internet communication and equipment will also be required on both the volunteering and the recipient ends.

Strategic plan

1. To enlist support from WPA zonal representatives, WPA Section Heads, and WPA member societies, as well as academic departments of psychiatry to invite interested experts in different fields to be registered in the list of WPA volunteers. These volunteers can be approached individually or through the member societies if they have an interest group dedicated to volunteering work.
2. To have the list of volunteers available to member societies and to proactively approach those member societies with identified training needs in the 2017 WPA training needs survey
3. To facilitate the volunteer programme through WPA platform in terms of matching of training needs and expertise, developing an agreed training plan with specified time duration, mode of training, and specific outcome indicators, and ensuring proper care and support to the volunteers by the receiving units. The volunteer training programme can be preceded or followed up through internet support by the expert volunteers
4. The content of training may include the following:
 - Undergraduate psychiatric education and training
 - Postgraduate psychiatric sub-specialties training
 - 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
 - Public health aspects aligned to Sustainable Development Goals and WHO World Mental Health Action Plan
 - Culturally appropriate interventions /orientations
 - Ethical approach and human rights based approach to mental health especially for people displaced by wars, natural or man-made disasters and other adversities

5. To evaluate the training impact of the volunteer programmes for the receiving units, the expert and early career volunteers, as well as their satisfaction with the support provided by WPA.
6. Following such volunteer visits from HIC to LMIC, suitable candidates from the LMIC may be facilitated to have reciprocal visit to the HIC training centres with a mutual understanding that the visiting scholars from LMIC will continue to serve their own respective countries after the reciprocal visit.

Enablers

1. A workgroup on WPA Volunteer Programme will be formed with WPA zonal representatives, leaders with prior experience of providing volunteering services to LMIC, leaders currently involving in organizing and managing volunteer programmes in member societies, WPA early career psychiatrists, as well as psychiatrists with past experience of receiving and benefiting from such volunteer programmes offered by other organizations.
2. A guideline on the process of identifying volunteers and recipients, developing the training programmes and their evaluation will be developed to ensure that the selection of WPA volunteers and the delivery of WPA training programmes can be standardised, transparent and acceptable to both volunteers and recipients.
3. Involvement of certain member societies in the selection and co-management of the volunteering work will enhance governance and possibly provide possible travel and daily expense support for the volunteers (e.g. Royal College of Psychiatrists; Hong Kong College of Psychiatrists etc.)

Implementation plan

1. Setup of a workgroup with a guideline being developed (Jan 2019)
2. Enlisting the first batch of WPA volunteers (June 2019)
3. Identifying four member societies with training needs and exploration of their interest and readiness of receiving volunteers in four different continents. This will be a joint project with the WPA undergraduate education programme so that the first project will focus on teaching undergraduate medical students on psychiatric education (December 2019)
4. Liaising with the relevant member societies and zonal representatives as appropriate to arrange such volunteer programmes with specified process and outcome indicators (June 2019)
5. Evaluating the results of the four pilot sites with reports to WPA EC, possible research publications and dissemination in WPA conferences (May 2021)

Potential impact

1. Benefits to the receiving units in terms of training and educational needs appropriate for their specific situations with possible impact on recruitment of psychiatrists and other health professionals, enhancing competence of mental health professionals and patient care service availability and quality
2. Benefits to the expert volunteers in terms of self-fulfilment of a sense of mission to contributing to world psychiatry and building new friendships and personal network

3. Benefits to the early career psychiatrists in terms of role-modelling of teaching and mentoring skills from expert volunteering partners in the WPA volunteer training programmes
4. Reciprocal learning 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 between WPA and member societies through identification of volunteering and recipient personnel and units and consolidation of concrete training programmes