NHS links: achievements of a scheme between one London mental health trust and Uganda

SUMMARY
This paper describes a link between a mental health trust (the East London Foundation Trust (ELFT)) in the UK and mental health services in Uganda which has developed since 2004. The aim of the link was to help support the development of mental health services in Uganda by establishing an educational partnership. During the first 3 years, nine staff from ELFT and nine staff from Butabika, from a variety of disciplines, have made short-term exchange visits.

Evaluation of the link has demonstrated that benefits have been experienced in both London and Uganda. Such links can provide one way of strategically supporting and strengthening existing health services in low- and middle-income countries.

Mental health problems in low- and middle-income countries, such as Uganda, form a significant proportion of the global burden of disease and there is a need to find strategies to tackle them. In many of these countries there is a shortage of mental health professionals, which can be partly explained by recruitment of staff to the UK and other wealthy nations. This has led to demands for high-income countries to support the development of mental health capacity in low- and middle-income countries. Although some commendable individual efforts have been made, more formal partnerships, or links, between UK institutions (such as National Health Service (NHS) trusts and universities) and health institutions in low- and middle-income countries are required that would provide a more long-term and sustainable impact on healthcare development.

There is already a momentum of commitment to support the development of international partnerships to increase national mental health capacity which was strengthened by the recent Crisp Report, where ‘ways in which UK experience and expertise in health can contribute practically and strategically to health in developing countries’ were discussed. Here we describe the experiences of a link that has developed since 2004.

Formation of the link
The aim was to establish an educational partnership between the East London Foundation Trust (ELFT) and Butabika Hospital, the main psychiatric teaching and referral hospital in Uganda, which would be founded upon targeted, short-term exchange visits by staff. The link was to be collaborative and mutually beneficial, to involve all professional disciplines and to be guided by an agreed set of goals to support the development of:

- alcohol and drug services;
- child and adolescent services;
- post-traumatic stress disorder (PTSD) services;
- community mental health services;
- acute in-patient services;
- particular professional groups – psychiatric clinical officers, occupational therapists, psychologists and social workers.

In setting these goals we aimed to harness the specific experience and expertise that existed in ELFT to support and strengthen professional initiatives already instigated at Butabika.

The link was set up with the help of the Tropical Health and Education Trust (THET), a voluntary agency that aims to strengthen the training of frontline health workers in less developed countries by establishing links for their hospitals/training schools with their counterparts in the UK. THET had already supported the work at Butabika Hospital since the mid-1990s. In 2004, THET approached ELFT to develop links with Butabika. Over the next year, staff from ELFT and Butabika made exchange visits to assess the viability of joint working and a link was formalised by the boards of both institutions. Link committees were set up, and included the chair of the East London Foundation Trust, who has been a strong advocate for the link within the Trust. The development of the link was supported by a consultant psychiatrist from another trust, who had previous experience of Ugandan mental health services, and a programme coordinator from THET, who knew Butabika well.

Mental health services in Uganda
Only 0.7% of the health budget in Uganda is spent on mental health compared with 10% in the UK, and there
are 1.6 psychiatrists per 100,000 population compared with 11 per 100,000 in the UK.11 Services in Uganda have been described by Boardman & Ovuga12 and updated by Kigozi.13 The main psychiatric hospital is at Butabika on the outskirts of the capital, Kampala. This hospital has recently been renovated with a rebuilding programme and has begun to devolve services into the community and to develop new specialist services for children and adolescents, and people with drug and alcohol problems and PTSD. Most psychiatrists work in Kampala, but there are services in the districts of Uganda that are mainly run by a new cadre of health professional, psychiatric clinical officers, middle-grade health workers many of whom have had psychiatric nurse training and can prescribe a limited number of drugs. Some of these psychiatric clinical officers are supported by a few local psychiatrists and staff in local hospitals. After training in Kampala, the psychiatric clinical officers are deployed throughout the country where they have little access to postgraduate training visits). Each visit is tightly defined to meet specific objectives, agreed before the visit by both institutions. Exchange visitors from both institutions are recruited through internal advertisement and appointed according to the needs of the link. Visits have been undertaken by a variety of disciplines (including nursing staff, occupational therapists, psychiatrists and a psychiatric clinical officer) specialised in those areas that were agreed in the initial objectives. Visits from Butabika have ranged from 4 weeks to 6 months, whereas visits to Butabika have been for 2 weeks. Funding for the link has been secured by a variety of methods, including seedcorn funding from the Health Foundation to support the development of the link, Commonwealth fellowship funding for specific exchange visits to ELFT, payroll giving, and fundraising events in London. Articles in local newspapers, professional journals and Trust publications, as well as themed seminars, have raised awareness of both the link and of global inequalities in mental health. The link has also been involved in liaising with other NHS providers in London and in Uganda and are often felt at all three levels. Examples of these are given in the section above.

The benefits of the link are evident at individual, institutional and national levels (Table 2) in London and in Uganda and are often felt at all three levels. Examples of these are given in the section above.

As the link has achieved so much, the ELFT Board have acknowledged its success and value by funding a dedicated administrator for 1 year who will apply for grants for larger projects and will coordinate the expanding number of individuals involved. The link has also been consulted by the Department of Health as it clarifies the practical and financial implications of the Crisp Report.

The future of the link

In 3 years, the foundations of the link have been laid, but it aims to be a long-term relationship. As new services...
are being developed, and new skills exploited, Butabika and ELFT staff are assessing what needs to be done and are creating plans as to how this can be achieved. The period of external funding is drawing to a close and the link needs more regular and predictable funding to ensure sustainability. Innovative ways of joint working such as e-learning, teletraining or distance supervision can be built on a foundation of exchange visits. So far, evaluation has focused on recording the numbers of staff involved in exchanges and training and numbers of patients seen by the new units in Uganda, but in future it will assess the impact of the associated link activity on patient clinical outcomes.

A variety of factors have helped to make the link successful. Butabika had previous experience of being in a link and so embarked with realistic expectations. The goals were set by Butabika Hospital, within the policy of the Ugandan government: ideas were not imposed upon the overseas partner but existing systems were strengthened. The programme began with requests from the Ugandan government: ideas were not imposed upon existing systems. The programme began.

The ELFT–Butabika link has followed the recommendations for establishing a successful link and illustrates the principles set out in the Crisp Report. We have shown that an NHS trust can have a distinctive role to play in international development, and that a link can achieve significant results in a relatively short period.
Our link offers a framework that supports NHS staff who wish to get involved in overseas work and share their skills, and our Trust has shown that it recognises the value of these experiences for their work within the NHS. The relationship between link partners is mutually beneficial: it not only fulfils the obligation of the UK to repay a little of what it owes to low- and middle-income countries, but also helps the UK public health system by developing its staff to be more flexible, motivated, engaged and culturally aware in an NHS that is, for its part, culturally enhanced and more globally aware. The link improves knowledge and skills of middle-grade health workers in low- and middle-income countries who deliver the services to the people who need it the most. In this way, international links can make a significant impact on the mental health of some of the poorest people in the world.

### Table 2. Benefits derived by both the UK and Uganda from East London and City Mental Health Trust (ELCMHT)-Butabika link programme

| Level of benefit | Benefits to UK | Benefits to Uganda |
|------------------|----------------|-------------------|
| **At an individual level**<br>(staff who have undertaken exchange visits, hosted visitors plus impact on service users) | Cross-cultural awareness – opportunity to work overseas and gain experience of diversity and practising in a different culture; fresh perspective of our service and culture when hosting visitors; translating this into more culturally sensitive practice; advocacy for international mental health. General – improved adaptability, flexibility and communication. Education skills – increased confidence in education, teaching and training in novel settings. Management skills – improved leadership and management skills; working with limited resources; knowledge of service development; improved teamwork and liaison skills with other professional groups; stimulus to develop specific innovative practices. Motivation – improved relationships with colleagues and Trust management upon return; sense of pride in the Trust for its international social responsibility. | Knowledge – increased knowledge around assessment/management/medication/care planning; exposure to alternative strategies for managing patients; support in developing new protocols/guidelines around care; increased opportunities to specialise. Skills – increased skills in areas of defined need. Patient centredness – awareness of the importance of spending more time talking to patients; increased understanding of patients’ needs and experience; greater range of services catering to patients’ needs are now being developed. Friendships. Cultural awareness. Motivation. |
| **At an institutional level**<br>(ELCMHT/Butabika) | Workforce development – development of workforce (skills and knowledge base, cultural awareness, teaching and training skills, management and organisational skills; responsibility and adaptability). Staff retention – retain staff interested in international health and benefit from their return to work with renewed vigour and enthusiasm. Globally responsible – contributing to international development through addressing global inequalities in health, thus demonstrating international social responsibility. | Training – provision of quality training of different disciplines (nurses, OTs, PCOs) and in specialist areas; access to mental health providers in a high-income country leading to opportunities to gain knowledge, skills, etc; improved care to patients – less use of seclusion, specialist services; benefit from boost to staff morale. Support – dissemination of specialist skills by specialist leads; support in the planning and development of specialist services (specifically drug and alcohol unit, psychotrauma unit, child and adolescent unit, and community services) and their evaluation. Enhanced critical atmosphere – where staff now hungry for knowledge; eager to show they have learnt something new; ready to critically evaluate current practice; management now prepared to develop governance and to recruit. Funding of specific projects – to build pigsty for occupational rehabilitation, PCO projects to strengthen community services. |
| **At a national level**<br>(Ukandish national health services) | Improved functioning – increased cultural awareness, allowing the NHS to be more responsive to the diverse communities it serves; stimulus to social cohesion; expansion of role in teaching and development. Opportunity to address global health inequalities – repay the debt it owes to low- and middle-income countries, given its role in the brain drain. Opportunity to learn from other healthcare systems. | Enhanced mental health services nationally – role of teaching hospital in providing excellence in care and modelling attitudes towards the mentally ill to all Ugandan health workers who are trained at Butabika. Raising profile of the mentally ill – advocacy for vulnerable groups (mentally ill, learning difficulties, child and adolescents); sensitisation and raising awareness through publicity that mental illness can be treated. Reinforcement of principles of patient and carer involvement. |

NHS, National Health Service; OTs, occupational therapists; PCOs, psychiatric clinical officers.
Research as part of the career of a psychiatrist entering clinical practice†

SUMMARY
This article reviews the literature on research as part of the career of a psychiatrist. Many of the reviewed articles emphasised an interest among psychiatry trainees for conducting psychiatric research. A number of reviewed articles discussed the aspects of research training experiences that lead to a career with a major research emphasis. A few articles described the percentage of time dedicated to research by academic psychiatrists. For those trainees completing their training and who plan to pursue a career as a clinician, there are still ways to incorporate research into clinical practice and continue to maintain some of the research skills that were learned as a psychiatry trainee.

Psychiatry is a rich and interesting discipline that offers individuals many areas in which one can specialise. Also, even within a particular subspecialty, there are often different ways that one can offer treatment. A recent survey of 72 consultant psychiatrists in London in the UK asked about the reasons for their career choice of specialising in psychiatry. The top four reasons for choosing psychiatry were: their empathy for individuals with a mental disorder (36.1%); the interface of psychiatry with neuroscience (25.0%); the better working conditions in psychiatry than in other medical specialties (20.8%); and that the psychiatric teaching received as a medical student influenced them to choose psychiatry (19.4%).

As with any discipline, tradition is important. However, assessment and treatment should be guided by some type of research evidence rather than exclusively on tradition or anecdotal evidence. Research and appropriate research training is very necessary to help determine this evidence. Over 25 years ago in 1982, the National Academy of Sciences in the USA found that 34% of medical faculty members from a number of medical specialties had at least 1 year of postdoctoral research training, whereas only 12% of psychiatry faculty members had at least 1 year of postdoctoral research training. It was suggested by the authors quoting that report that there may be a greater focus on clinical services in psychiatry fellowships as compared with other medical disciplines. They also wrote that a focus on pressure for clinical services exists in many academic psychiatry departments in both the USA and UK and research becomes neglected. Over 20 years later, in 2003, a report by the Institute of Medicine in the USA concluded...