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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.

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.

Seeing the global mental health burden

The global mental health burden 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.

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
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 km². 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 on 19 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, had 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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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.

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.

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