

## Volunteering and International Psychiatry Essay Prize

The College Volunteering and International Psychiatry Special Interest Group (VIPSIG) has established an annual prize to promote interest and encourage excellence in volunteering (UK or abroad) and international psychiatry. Entrants are invited to submit an original essay of their choice. Submissions may include: a description of a clinical or charitable experience or project; elective report; reflective essay; editorial; research; audit; or literature review. Entrants who are uncertain whether their essay is suitable for submission may contact the VIPSIG directly.

Entry is open to medical students, foundation trainees, psychiatry trainees (CT1–ST6), staff grades and associate specialists. A project involving collaboration with psychiatrists or any other discipline may be submitted, but the prize will be awarded to a single entrant. Where collaborative work is submitted, there should be a clear indication of the contribution by entrant and collaborator(s).

Notice of the award will be sent out annually in September and displayed on the VIPSIG section of the College website. The essay must be the entrant's own work and no more than 3000 words. Essays will be judged on their overall quality and relevance. Consideration will be given to an entrant's seniority and expected level of experience. The winner will receive a trophy and a certificate.

For further details see <http://www.rcpsych.ac.uk/workinpsychiatry/specialinterestgroups/volunteeringandinternational/vipsigprizes.aspx>

## Mental Health Gap Action Programme in Iraq

'An introduction of the mhGAP curriculum for local health departments' was a training programme I delivered along with my dear colleague Sherese Ali, who is now working with Syrian displaced people. The programme was organised by the Ministry of Health in Iraq and the Ministry of Health in the Kurdistan Region in collaboration with the World Health Organization (WHO), Sulaimaniya, Iraq, 26–31 August 2013. It was on the introduction of the WHO Mental Health Gap Action Programme (mhGAP) curriculum for local health departments.

I have been a member of the Iraq Sub-committee of the College for some years but had not visited Iraq. We were in the Kurdish region, which is separate from the rest of Iraq, although not completely independent. It was a humbling experience to deliver a mental health training programme to mental health practitioners from throughout Iraq. It was the bloodiest week in Iraq over the year, with over 20 bombings, and it was ironic that we were asked to deliver an mhGAP implementation guide



Dr Peter Hughes (second right) with WHO staff Mr Revan Nafaa Yakoub (left), Miss Raghad Al-Khafaji (second left), Dr Sherese Ali (centre) and Dr Abdul Hameed S. Ali (far right), in Sulaymانيyah, Iraq, August 2013, at training

for a new stress module. It was an opportunity to discuss post-traumatic stress disorder (PTSD) and the probably erroneous belief that it is inevitably high after a traumatic event. Through the training on the stress module we were able to learn about careful and judicious case identification of PTSD. We discussed normal stress reactions and the need to avoid pathologising normal distress and grief. During the training we heard that critical-incident debriefing was still practised in Iraq. Among this group, we were able to end this.

It was fortuitous as well for us to be present in Sulaymانيyah when there was a large conference on national health strategy. We met many of the drivers of health in Iraq and in some way I hope we raised the flag for mental health. In Iraq, the focus is shifting to family medicine and this fits perfectly with the mhGAP model of capacity building in primary care to cover mental health, with a clear referral system to secondary care for more complex cases. In primary care they see many cases of somatoform disorders, anxiety and depression, as well as drug use. The average consultation lasts about 5 minutes, so during our training we emphasised identification and psychosocial treatments that can fit into this period.

Training was conducted in English. There were some participants (social workers and psychologists) who did not speak English well, but their examination scores were impressive even with this language limitation.

In the future we hope that this training can be rolled out among all governates of Iraq.

*Peter Hughes, Consultant Psychiatrist*