

health rarely extends beyond paying lip service to its importance. SUD World Project is keen to develop a reciprocal exchange programme with trainees in the UK and Ireland.

Mark Roberts and his fellow contributors discuss the shocking fact that until recently only 2% of people with a mental illness in Ghana, one of the best-governed countries in the region, received assessment or treatment by health services. The Kintampo Project is a partnership between a UK National Health Service trust and the College of Health and Wellbeing in the Kintampo region, in central Ghana. Established in 2007, the project has concentrated on increasing the number of community mental health workers, and has almost doubled

this since 2011. Their training is supported by a UK team which aims to set up an infrastructure that will enable the development of local services to be self-sustaining within the next 3 years.

Finally, the contribution from Parameshvara Deva informs us about recent events in Fiji, where, despite periods of political instability, there remains a legacy of British administration in terms of its health services. It is gratifying to hear that a modest financial contribution from the Royal College of Psychiatrists has helped to establish a centre for psychiatric day-care services there. Yet it is disturbing to learn that so many local staff still hold views about people who are mentally ill that would not have seemed out of place a century ago.

THEMATIC PAPER

Mental health training and education in South America: SUD World Project

Christopher Symeon,¹ Dewi Pritchard,² Lucienne Aguirre³ and David Jimenez⁴

¹Specialty Registrar in Psychiatry, South London and Maudsley NHS Trust, London, UK, and SUD World Project

²Consultant, East London NHS Foundation Trust, London, UK, and SUD World Project

³Core Trainee, South West London and St George's NHS Trust, London, UK, and SUD World Project

⁴Specialty Registrar in Psychiatry, South London and Maudsley NHS Trust, London, UK, and SUD World Project, email drdavidjimenezleiva@gmail.com

There is a clear interest in many countries in improving education, training and academic opportunities in mental health. The goal of SUD World Project is to create links between South America and Europe that will actively enhance education and training in mental health.

SUD World Project is an international charity that is based in the UK and run by a team of volunteers who include doctors, psychologists and public health experts. The word *sud* – ‘south’ in Spanish – refers to the South American continent. SUD World Project’s focus is to build links between Latin America and Europe with the aim of collaboratively improving training and education for mental health professionals. The charity was set up in spring 2013.

South America has been changing rapidly since the continent moved from military dictatorships to democratic systems. There is economic growth and an expanding middle class. Interest in human rights and, as a result, in the treatment of psychiatric patients is high. The initial focus of our work has been on Peru and Ecuador, as SUD World Project had already established contacts in psychiatric centres there. We are working on a number of initiatives and, once our efforts have proved successful, we hope to replicate our model within other South American countries. We describe two of our projects here, one in Peru, the

other in Ecuador, after first providing some background to SUD World Project.

Psychiatry in South America

Despite the high burden of psychiatric illness in South America, the majority of countries in the region devote less than 2% of their health budget to mental health. This has resulted in services that are extremely limited, with an estimated 3.3 psychiatric beds per 10000 inhabitants. Mental healthcare is usually restricted to urban areas, remaining inaccessible to much of the population in need (Alarcón, 2002). In addition, psychiatric services are mainly hospital based; there are few community resources. On the other hand, mental health law has been developing quickly, as countries have evolved from military dictatorships into modern democracies. Most of this progress took place in direct response to the Caracas Declaration, issued at the Regional Conference for the Restructuring of Psychiatric Care in Latin America, held in Caracas, Venezuela, in November 1990 (Levav *et al*, 1994).

Psychiatric trainees in lower-income countries often have lower levels of psychotherapy supervision, poor access to training tools such as visual aids and limited access to medical journals (World Health Organization, 2011a). In addition, they are subject to a heavy workload and those outside large urban centres have few academic opportunities. This has led to a situation in which there is

little availability of continuing professional development after training, and this is associated with early burnout.

Research

There are deficiencies in mental and neurological health research in South America. The reasons for these deficiencies are multifactorial, but the lack of research is mainly due to a lack of provision and funding from government agencies. Fortunately, there is now a drive to increase the training in psychiatric research, as well as greater recognition of local research, which has led to publication and implementation of results (Fiestas *et al.*, 2008).

Research in South America happens mostly in urban centres. Any shift in the direction of delivery from hospital to community-based services presents a challenge to the academic community. Consequently, many academics have not wholeheartedly supported the shift to community services, as they are perceived to be less than ideal environments for research (Brazilian Ministry of Health, 2005). As our work develops, we hope to build links with European academic institutions involved in facilitating community-based research.

Country profile: Peru

In Peru, neuropsychiatric disorders are estimated to contribute 21.8% of the burden of disease. There is a current mental health policy outlining the main priorities, including a shift of services and resources from mental hospitals to community mental health facilities, and integration of mental health services into primary care (World Health Organization, 2011b).

The key institute associated with psychiatric training in Peru is the Colegio Medico del Peru. This organisation has a structured syllabus for psychiatric trainees (called the Peruvian National Residency Syllabus, published by the Comité Nacional De Residentado Médico in May 2002).

Medical students in Peru spend 10% of their training hours on psychiatry and nurses have on average 6% of their curriculum dedicated to mental health. The Hospital Víctor Larco Herrera is the main teaching place and Hospital Hermilio Valdizán has a basic research department but it is mainly dedicated to qualitative studies.

Country profile: Ecuador

In Ecuador, there are 8 mental health professionals per 100 000 habitants, of whom 2.1 are psychiatrists and 0.5 are psychiatric nurses (the remaining staff include social workers and psychologists). There are 24 523 physicians in Ecuador, but only 1.4% are psychiatrists, 44% of whom work for the public National Health Service.

The psychiatric training pathways in Ecuador are regulated by the different universities, especially in the cities of Quito and Guayaquil. There are six main universities that provide postgraduate training programmes in medicine, including psychiatry. Each university is linked to a different hospital. Each university provides its own syllabus,

which is evaluated and approved by the Ministry of Health. Psychiatric training takes 3–4 years. The Universidad Central del Ecuador, the biggest and oldest university, in Quito, has programmes in a wide variety of specialties, including psychiatry. The psychiatric training programme is not run every year because there is a minimum intake requirement of ten trainees; consequently, entry to training can be delayed until the minimum number is reached.

In Guayaquil, the Instituto de Neurociencias, the largest psychiatric hospital in Ecuador, provides care for 60% of the country's psychiatric patients. It has recently initiated a new postgraduate training programme, which is currently under evaluation by the Ministry of Education.

Establishing exchange programmes

In 2003, in the first phase of SUD World Project, links were established with psychiatric centres in Peru and Ecuador, and members of the project visited teams there, including at the Hospital Víctor Larco Herrera, the Ministry of Health, ESALUD (in the private sector) and ALAMO (an association of service users and relatives).

The participating hospitals have expressed interest in developing a reciprocal exchange programme. We have now successfully facilitated the placement in Lima (Peru) of a trainee from Ireland with an interest in transcultural psychiatry. The programme will enable those placed in South America to explore and experience how the healthcare system functions in the host country. In particular, we are interested in learning about the experiences of people with a mental illness in a resource-poor service, and how spirituality and cultural traditions and social norms interplay with the presentation and management of psychiatric patients.

At a time when funding for mental health services is being cut in many countries, and efficiency of delivery is key, we are keen to learn how to offer a flexible and high-quality services in a low-resource environment. The aim of SUD World Project is to give professionals in the host countries the opportunity to learn about the UK healthcare delivery system and healthcare models. We expect those on placement to participate in educational and academic activities and to act as a bridge. We want to enable the host country to develop links with Europe and to facilitate further exchanges. Although we envisage that it is psychiatric trainees who will be best placed to take up placements, there is a need at non-training levels for continuing professional development in this area. It is our hope, as our organisation grows, to facilitate exchanges of other professionals allied to medicine too.

We have arranged for trainees to visit the UK, starting with a placement programme in London, where SUD World Project is based, with opportunities to attend various clinical settings, both community and in-patient, in different specialist services. These programmes can be tailored to the trainee's needs, from 2-week 'taster'-type

placements up to 6 months. If the exchange trainee wants to be involved with research, links have been established with the Institute of Psychiatry and the Royal College of Psychiatrists. These projects can form the basis of continuing links between the UK and Latin America.

Towards developing community working

We are formulating a project for the development of community workers in Ecuador. We aim to train staff to monitor and follow up patients in the community. The longer-term objective is to support, train and supervise past service users so that they can become leaders of the rehabilitation process. They will lead the next group of service users in their passage of integration into the community. We would hope to use this process as a way to promote equality and tackle stigma, involving carers, family and workers as far as possible. Our goal is improved quality and autonomy of life for individuals with mental illness. There are five elements to the proposed community rehabilitation service:

- Using the new 'attention' model of rehabilitation, patients will receive a psychosocial diagnosis of their rehabilitation potential after 3 months of contact with the service.
- The service users will be provided with detailed multidisciplinary rehabilitation plans.
- Goals will be determined and set for short-, medium- and long-term rehabilitation. This will enable the selection of the appropriate candidates for integration into pre-employment, employment and supported accommodation.
- Our main intervention will be at the level of training professionals to determine when

service users are ready to be reintegrated into the community, using evidence-based assessments that will predict the outcome of the rehabilitation process. We will create a training programme for workers, who will include nurses, assistants and social workers, to help them to monitor the progress of service users in the community and to build the new 'attention' model of rehabilitation, one that is not currently available in Ecuador.

- We will include psychoeducation and family interventions in the multidisciplinary rehabilitation system.

Conclusion

Our goal is that the links we create will actively enhance high-quality education and training in mental health in both South America and Europe.

References

- Alarcón, R. D. (2002) Salud mental en América Latina, circa 2001–2002. [Mental health in Latin America, circa 2001–2002.] In *Salud panamericana en el siglo XXI: fortalecimiento de la cooperación internacional y desarrollo de capital humano* (ed. J. Sepúlveda), pp. 114–126. Instituto Nacional de Salud Pública.
- Brazilian Ministry of Health (2005) *Reforma Psiquiátrica e Política de Saude Mental no Brasil*. Ministerio de Saude.
- Fiestas, F., Gallo, C. & Poletti, G. (2008) What challenges does mental and neurological health research face in Latin American countries? *Revista Brasileira de Psiquiatria*, 30, 328–336.
- Levav, I., Restrepo, H. & Guerra de Macedo, C. (1994) The restructuring of psychiatric care in Latin America: a new policy for mental health services. *Journal of Public Health Policy*, 15, 71–85.
- World Health Organization (2011a) *Atlas – Psychiatric Training and Education Across the World*. WHO.
- World Health Organization (2011b) *Mental Health Atlas*. Department of Mental Health and Substance Abuse, WHO.



Innovations in mental health training – the Kintampo Project, Ghana

Mark Roberts,¹ Emmanuel Teye Adjase² and Jim Crabb³

¹Consultant Psychiatrist, Kintampo Project Lead (UK), Southern Health NHS Foundation Trust, UK

²Kintampo Project Lead (Ghana), Director of the Kintampo Rural Health Training School

³Consultant Psychiatrist and Honorary Senior Clinical Lecturer, Institute of Health & Wellbeing, University of Glasgow, UK, email enquiries@thekintampotruster.org

The landscape of some low- and middle-income countries is sadly all too often littered with the remains of well intentioned health development projects that have failed. The Kintampo Project in Ghana is an education intervention that is set to achieve the most elusive of outcomes in development work, namely genuine sustainability. This article focuses on the challenges faced by the project and the factors that have allowed it to reach its targets.

Background

Until recently only 2% of people with a mental illness in Ghana, West Africa, received treatment or assessment by health services, as there were only around 18 psychiatrists and 1177 other trained mental health workers for the whole country of 24 million people (Roberts *et al.*, 2013). A high-income country (e.g. the UK) would expect nearer 24000 such workers for 24 million people. Ghana now has a growing health budget but has nevertheless experienced a doctor and nurse 'brain drain'.