RESEARCH PAPER

Retention factors affecting migrant psychiatrists from low- and middle-income countries

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A major barrier to the large treatment gap in mental healthcare in low- and middle-income countries is the shortage of psychiatrists, partly caused by a brain drain. This qualitative study aimed to gain an in-depth understanding of the motivations and experiences of migrant psychiatrists in order to address retention factors. We interviewed a convenience sample of 11 psychiatrists from Afghanistan, Iraq, South Asia and Africa. Interviews were semi-structured and based on questions about the participants' reasons for emigrating, their expectations and experiences of the move, their views of psychiatry as a profession in their country of origin and whether any incentives would persuade them to return. Prevention of emigration appears to be far more effective than encouraging expatriates to return; an improvement in training and job opportunities could have a drastic impact on retention. Almost all the psychiatrists interviewed intended to contribute to training and raising the profile of psychiatry in their country of origin, and therefore their emigration may have long-term benefits. It could potentially break the cycle between lack of understanding, lack of demand for mental health services and lack of training. It should therefore be an ethical obligation of UK employers to offer migrant psychiatrists time and support to facilitate these contributions.

There is a large treatment gap in mental healthcare in low- and middle-income countries due to the scarcity of mental health services (Kohn *et al*, 2004). However, improvements to services are hindered by a shortage of mental health specialists (Saraceno *et al*, 2007). A brain drain has resulted in estimations that over half of psychiatrists trained in low- and middle-income countries now work abroad. Furthermore, the UK is one of the main recipients, employing over 2500 psychiatrists who trained overseas (Jenkins *et al*, 2010), despite having about 40 psychiatrists per million population, while India has only about 4 and parts of sub-Saharan Africa have less than 1 per million (World Health Organization, 2001). Although a number of alternative strategies are being developed to overcome shortages, such as training primary care staff or lay people to deliver community-based care (Goldberg & Gater, 1996; Chatterjee *et al*, 2011), psychiatrists remain necessary in order to provide specialist services and supervision. It is therefore important to understand the motivations and experiences of migrant psychiatrists in order to address retention factors and thereby improve mental health services. Research in the form of questionnaires has explored the topic previously (Gureje *et al*, 2009); the present qualitative study aimed to gain a more in-depth understanding of the complex and sensitive issues.

Method

We interviewed a convenience sample of 11 psychiatrists (5 women, 6 men) from Afghanistan, Bangladesh, India, Iraq, Nigeria (although the participant had trained in Cuba), Pakistan and South Africa. Two participants had moved to the UK after starting their psychiatry training, while the remainder began their specialty training in the UK. Participants were currently employed in psychiatry and were drawn from across Yorkshire (although many had previously worked in different regions of the UK). Interviews were conducted in the workplace of the participant and lasted 25–40 minutes. Audio recordings were made which were then transcribed, coded and grouped into emergent themes. Interviews were semi-structured and based on questions about the participants' reasons for emigrating, their expectations and experiences of the move, their views of psychiatry as a profession in their country of origin and whether any incentives would persuade them to return there. After the initial interviews, subsequent questions were adapted based on the emerging themes.

Approval for the research was granted by the Newcastle & North Tyneside 2 Research Ethics Committee and all respondents provided written informed consent before their interview.

Results

Emigration to the UK

Five participants moved to the UK due to family circumstances; five cited the quality of training and career structure and opportunities as their main reasons. Participants from India mentioned the lack of subspecialty training, while a number of participants from South Asia stated that despite the shortage of psychiatrists throughout the country, the unequal distribution between cities and rural areas meant it was often extremely difficult to get a job or training position. Many of those interviewed believed that the differences in culture and lifestyle between different parts of their country of origin

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were greater than between the UK and the areas in which they had trained or been raised. Consequently, they felt more comfortable moving to the UK than working in a rural area. However, one participant from South Africa stated that although there were countless incentives to remain, such as family, weather, lifestyle and good-quality training, a basic desire to travel motivated both this particular psychiatrist to work abroad as well as a number of classmates.

All participants began to consider the possibility of emigrating only after graduating. The idea therefore appears not to be deep-rooted, making it easier to address. However, most participants found the first few years a struggle, since they were required to move to the UK before they could complete conversion examinations and find a job. One psychiatrist commented, 'When I arrived I first had to live in East Ham, quite a deprived area … there were ten doctors in one house with three in each bedroom, it was quite a shock' (participant 2, India). Another said, 'You were constantly counting money … you had no computer or internet and so you had to decide whether to spend the little you had in an internet cafe or risk waiting another day but then missing out on jobs' (participant 5, India). One psychiatrist pointed out that the effort required to move made it understandable that many would be reluctant to leave.

A couple of psychiatrists found alternative routes into the UK. One gained sponsorship through the British Council, which allowed her to bypass the conversion examinations, while another was able to sign up to an agency in South Africa which arranged a job in the private sector and organised the contract, visa and flights.

A number of psychiatrists stated that their interest in the specialty developed only while in the UK, since placements where they trained were limited to extreme cases, often due to a lack of comprehensive services. One participant commented, 'It was all hospital-based … it was 8 weeks of ECT … if that was what everybody saw at medical school I wouldn't think a lot of people would be keen on going into psychiatry' (participant 8, Cuba). Another psychiatrist had prepared for civil service examinations after graduating in India since he felt unable to practise in a corrupt environment. This participant considered continuing to practise medicine only after emigrating to the UK. Consequently, if these participants contribute to psychiatry in their country of origin, this may be more beneficial to the specialty than if they had not emigrated.

Methods of contribution

Many participants had become settled after their move to the UK and cited family circumstances as a reason not to return. A number felt that they were better able to help patients because they had experienced working in an environment with greater availability of resources and more hospital infrastructure. Many also enjoyed working in a diverse setting and felt that the high proportion of international psychiatrists made the specialty more broad-minded. Out of the psychiatrists from politically stable countries, only three felt that returning to their country of origin was a possibility, but they pointed out that they would need to complete their training in the UK for it to be recognised abroad. One participant from Bangladesh had made definite plans to return, for a number of reasons, including altruism, opportunities available and family and friends. However, this psychiatrist considered the ability to 'take a risk' and return a luxury that many of his colleagues could not afford, due to factors such as financial responsibility.

When asked about other ways of contributing to the specialty, one psychiatrist commented, 'What I know of psychiatry in South Africa … really proves that … in-reach is not needed; in fact, it would be big-headed … to go there' (participant 2, South Africa). However, almost all other participants felt they would like to contribute. Although many recognised that at present mental health is a low priority, while the focus is on basic needs, they felt the large mental health burden should not be ignored. Two psychiatrists, from Nigeria and India, believed a top-down approach and an end to corruption were necessary before anything could be done personally. Those from Iraq and Afghanistan also felt it was difficult to translate their desire into action because colleagues and family in their home countries had been kidnapped or killed. However, a participant from Afghanistan still felt that improvements could be made using the internet and by sending books. Most participants were able to identify particular areas of psychiatry that they would like to introduce to their country of origin; these included risk assessments, critical appraisals and psychotherapy. Participants from South Asia appeared to feel most able to contribute. A number often travelled back and gave presentations and lectures, discussed ideas and formed collaborations while there. These were initially informal visits but had now become organised more formally through psychiatric societies and alumni groups. Participants felt limited in making these contributions by leave restrictions; however, they felt that sharing ideas was very valuable to both countries and a major positive aspect of emigration.

Prospects for psychiatry

Although a few psychiatrists from Nigeria, Afghanistan, India and Iraq were pessimistic about the prospects for an improvement in psychiatry due to ongoing factors such as corruption and political instability, almost all psychiatrists from South Asia felt more positive. One psychiatrist commented, 'The direction in which healthcare is going in this country, it's not inviting … whereas talking to psychiatrists in Bangladesh you see the scope for expanding is almost infinite…. In the UK at the moment all you hear about is shrinking, how you're going to get less and how you're going to have to do more' (participant 9, Bangladesh). After a number

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of international initiatives, both the government and the private sector in Bangladesh have become keen to invest in the specialty. A psychiatrist from India mentioned the possibility of a reverse brain drain due to changes in the visa process making migration to the UK more difficult, improvements in postgraduate training and increases in salary. However, this psychiatrist acknowledged that the caveat to growth and improvement was unequal distribution.

Conclusion

Although relatively few participants were involved in the study, theoretical saturation was achieved. It could be that different issues might arise in other regions, although it does not seem likely that these findings could be influenced by geographical context.

For low- and middle-income countries to retain psychiatrists, prevention of emigration appears to be far more effective than encouraging expatriates to return. Since there are a number of inherent incentives for psychiatrists to remain in their own country, and the idea to emigrate generally starts to develop only after graduation, an improvement in training and job opportunities could have a drastic impact on retention. Although in a number of countries this is complex and reliant on numerous external factors, this study highlighted many positive findings. Almost all psychiatrists intended to contribute to psychiatric training and raising the profile of psychiatry in their country of origin, and therefore their emigration may have long-term benefits. It could even help break the cycle between a lack of understanding, lack of demand for mental health services and a lack of training. Consequently, emigration could encourage funding to train allied mental health specialists, to build psychiatric hospitals and to campaign to raise public awareness of mental health. It should therefore be an ethical obligation of UK employers to facilitate this approach further through formal contractual agreements offering migrant psychiatrists time and support to continue to contribute.

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RESEARCH PAPER

Psychological support and recovery in the aftermath of natural disaster

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Natural disasters can result in a range of mental health outcomes among the affected population. Appropriate mental health interventions are required to promote recovery. In the aftermath of the 2009 bushfires in Victoria, Australia, a collaboration of trauma experts, the Australian and Victorian state governments and health professional associations developed an evidence-informed three-level framework outlining recommended levels of care. The framework was underpinned by an education and training agenda for mental health professionals. This framework has been successfully applied after further natural disasters in Australia. This paper outlines the steps included in each of the levels.

Disasters involving widespread loss of life and property may result in a range of mental health outcomes among the affected population (Norris *et al*, 2002). A proportion will show a 'resistant' trajectory of recovery, reporting few or no clinically significant symptoms, while a small minority will develop persistent diagnosable psychiatric conditions. Between these extremes, a large group of survivors are likely to develop mild to moderate clinically significant symptoms (Galea *et al*, 2002; Norris *et al*, 2002). It is incumbent upon response agencies to ensure, for reasons of both economic impact and human suffering, that appropriate mental health interventions are provided to promote psychological recovery for this significant proportion of disaster survivors.

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