

## SOUTH ASIAN INTERNATIONAL DIVISION NEWSLETTER

### From the Division Office desk:

Greetings from the South Asian Division of the Royal College of Psychiatrists. This is our inaugural newsletter which is following a feedback that the college obtained from its members through a survey last year. Of the 333 responses, nearly 20% were from our division. There was a felt need that the college and the divisions should improve communication with the members.

In the annual meeting last year, our current college president Dr Wendy Burn reiterated that the purpose of the International divisions was to facilitate the exchange of information and to promote discussion about psychiatry within the region. The South Asian Division includes members who reside in the following twelve countries: Bangladesh, Bhutan, Democratic Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Pakistan, Sri Lanka, Thailand and Timor-Leste.

I relocated from the UK to India about six years ago and struggled initially to unlearn and relearn a few things. I remember an incident during a consultation in my initial days of practise. After introducing myself to an elderly patient of mine and following on from my usual practise in the UK, I asked her, "What would you like to be called?" To my embarrassment, she replied, "You can call me Auntie!" I am now careful with that question. With these kinds of personal experiences and teething problems, a few of us have offered to be informal mentors to psychiatrists relocating to the region. Likewise, if any of you is interested in being a mentor, please contact us and we would be happy to connect you with people relocating to your region.

The newsletter would like to showcase the work done by members in the division. We begin with Dr Manoj Kumar who has done some exemplary work in the field of affordable healthcare through his work in Kerala, India. Dr Kumar was awarded the 'Volunteer Psychiatrist of the Year 2014' by the college. Dr Soumya Krishna is a consultant psychiatrist in the division and is involved in rolling out GMHAT (Global Mental Health Assessment Tool) which helps take mental health to unreached communities. This is a good example of what I call as the meeting of east and west (with due apologies to Mr Rudyard Kipling!).

'Sick doctors' or doctors in distress is an area that has not been well recognized in most parts of the world, especially in the sub-continent. We read of many doctors attempting or committing suicide for various reasons. Medical students go through their own stressors during their training days. One other initiative that the current office bearers are associated with is to help the Indian Medical Association (IMA) to set up a helpline for doctors and medical students with emotional problems. The RCPsych's Psychiatrists' Support Service (PSS) has been helping us with some inputs for this project. The NHS Practitioner Health Programme is an award winning, NHS service for doctors and dentists with issues relating to a mental or physical health concern or addiction problem (<https://php.nhs.uk>). They are also assisting us in this initiative.

One of the ways that the Division can help professional development for its members is by having links with the college in bringing high quality training programmes and events. We have formalised a process by which events organised by members can now be endorsed by the Division. Please see the information in this newsletter and also on the division webpage of the college website.

South-Asian division networking reception will be held during the annual conference of Indian Psychiatric society (ANCIPS 2019) at Lucknow. This networking reception will include a special welcome from Dr Adrian James, RCPsych Registrar. We hope that you can join this event to meet and/or reconnect with members of the South Asian Division. The office bearers would like to thank Ms Elen Cook who is the international affairs manager at the college for all the logistical support and help in ensuring that the work we do happens without any glitches.

Dr Sandip Deshpande, Chair

### In this issue:

- Bursary for trainees
- Prizes for members
- Upcoming events
- Book Review
- MHAT; the evolution of a community mental health service

## Meet the division office bearers

### Dr. Sandip Deshpande

Chair of the South Asian division of the RCPsych

MBBS, M.D. (Psychiatry), DPM (Psychiatry), MRCPsych, CCT (UK), PG Diploma (Sexual & Relationship Psychotherapy)

Dr. Deshpande is a Consultant Psychiatrist, Sexual & Relationship Therapist. He is in independent private practice and is one of the founding directors of People Tree Maarga, a mental health unit in Bengaluru.



Email: [docsandypande@gmail.com](mailto:docsandypande@gmail.com)

### Dr. Divya Ganesh Nallur

Vice Chair of the South Asian Division of the RCPsych

MBBS, MRCPsych, MSc (Psychiatry), PG Dip in CBT, CCT (UK)

Dr Nallur is a Consultant Psychiatrist and Addictions Specialist. She practices at People Tree Maarga where she is the administrative and clinical lead.



Email: [drdivyag13@gmail.com](mailto:drdivyag13@gmail.com)

### Dr. Ashlesha Bagadia

Finance Officer of the South Asian Division of the RCPsych

MBBS, MRCPsych (UK), FRANZCP, PG Dip in Family Systems Therapy, CCT-Psychotherapy (Australia), Fellowship in Perinatal Psychiatry & Women's Mental Health, University of Toronto (Canada)



Dr. Bagadia is a consultant Perinatal Psychiatrist in north Bangalore. She runs a psychotherapy training centre, TheParc in Bangalore and conducts supervision groups for psychotherapists.

Email: [ashlesha.bagadia@gmail.com](mailto:ashlesha.bagadia@gmail.com)

### Mrs Elen Cook

International Affairs Manager,

Royal College of Psychiatrists, London

Elen has been working at the RCPsych in London for over 15 years and has been the international manager for 9 years.



**Weblink:** <https://www.rcpsych.ac.uk/members/international-members/international-divisions/south-asian-international-division>

Email: [elen.cook@rcpsych.ac.uk](mailto:elen.cook@rcpsych.ac.uk)

**Did you know you can get Athens account with your RCPsych membership?** You can access RCPsych Library resources. To get your Athens account details, please write to [In-  
foservices@rcpsych.ac.uk](mailto:foservices@rcpsych.ac.uk) with your RCPsych membership number.

**Interested in being a mentor to someone relocating to the South Asian Division?** If yes, the division can connect you informally with a prospective Psychiatrist who may be relocating to your city/province or a trainee who might be going to the UK from your region. Please express your interest by an email to any of the division officers.

## West-to-East:

### Highlights of activities undertaken by the division members or by other members in South Asia

#### MHAT - (MHAT) the evolution of a community mental health service



More than 10 years ago, I left my job in the NHS and life in the UK and along with friends, embarked on an adventure in community psychiatry which has

evolved into a distinctive model of mental health care delivery for the underprivileged. The reach of our work has grown beyond our wildest imagination, reaching out to more than 4000 people with severe mental illnesses, all of whom are from the economically poorest sections of the society. We now have a presence in 8 districts of the Southern state of Kerala, India through a network of 54 community partners, all of whom work with us in providing community mental health care.

We started out with a simple question – is it possible to provide good quality, comprehensive, free mental health care to the poorest people with severe mental illnesses? The shortcomings of the existing services were clear – an underfunded and inadequate public psychiatric service and unaffordable private sector services. In both systems, the numbers of trained professionals were low and the treatment consisted mostly of medications alone. Provisions for psychosocial interventions and rehabilitation were lacking.

What have been the ingredients of MHAT's success so far? Many of the principles underlying our work will be familiar to British Psychiatrists and have been elaborated elsewhere: (Indian Journal of Social Psychiatry: 34:4, 292-295, 2018). The challenge was to deliver the level of care envisioned in these principles but without the huge machinery of the NHS and Social services as exists in the UK.

It goes without saying that the principles of community mental health care can be put to practice in diverse, universal settings only if they can be fitted into local frameworks. As in many countries of the global south, in India too we have a large number of potential mental health workers but without the requisite 'professional' training. Once we accept the, originally WHO proposed, model of 'task shifting/task sharing' we can begin to glimpse how good quality mental health care can be provided in resource-scarce settings by 'non-professionals'.

To be able to accept task sharing/task shifting (task sharing is the process of enabling lay and mid-level healthcare professionals – such as nurses, midwives, clinical officers, and community health workers – to provide clinical services and procedures, that would otherwise be restricted to higher level cadres, safely) as a legitimate mental health care delivery strategy is to embark on a leap of faith, a departure from the profes-

sional frameworks. This is the crux of understanding the MHAT model.

Mental health care is delivered in community settings in a decentralised fashion. Each of the 54 centres are autonomous and run by local communities, and except in the government health centres, volunteer-led. Volunteers with varying degrees of training take on specific roles in this parallel system of mental health care delivery.

Outpatient clinics run weekly in premises arranged by local partners where people with severe mental health problems are invited to attend after a screening process to ascertain their economic status. Once selected, based on the economic criteria of poverty, the quality indices kick in. A detailed assessment is followed by the planning of comprehensive psychosocial care using trained volunteers. The MHAT team consists of professionals and non-professional mental health workers who have received training to work using the task sharing model. This team works with a much larger group of volunteers who have received varying levels of training. Since most of the clientele suffer with severe mental illnesses, proper diagnosis and pharmacological management by the professionals is crucial to recovery. Further aspects of recovery such as psychosocial interventions, rehabilitation and day care are provided through non-professionals with training and supervision provided by professionals. The entire process happens in the community without recourse to inpatient facilities.

Good use is made of modern technology with videoconferencing (tele psychiatry), use of mobile phones and an electronic database.

Service users in the community are supervised on an individual basis by named community volunteers who supervise medications and ensure attendance in the clinics. Early detection of relapses, often within hours or a day or two after the emergence of warning symptoms, through the network of volunteers is key to ensuring clinical stability. The volunteers also arrange for treatment of physical disorders and provide socio-economic support for the families, so that in reality the mental health care happens in the context of community development. The underlying philosophy is the belief in social justice.

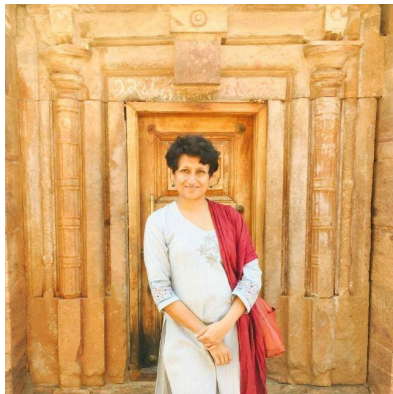
Apart from providing community based mental health care, MHAT provides training in various aspects of community mental health care and is involved in research also. At its headquarters, a Centre for Psychotherapy and a mental health café (called Mann) operate. These form part of a Centre for Urban Engagement, the purpose of which is to engage with the public on wider issues in mental health. Art, music, lectures and movies are used to engage with the wider population.

Dr T Manoj Kumar,  
DPM, MD, FRCPsych

Director, MHAT



## GMHAT – Global Mental Health Assessment Tool; an innovative way of taking mental health to communities ([www.gmhat.org](http://www.gmhat.org))



Dr Sowmya Krishna, MBBS, MRCPsych, CCT (General Adult Psychiatry)

Private and Independent Consultant Psychiatrist, Bangalore, India

Lead Psychiatrist - Hank Nunn Institute, Bangalore, India

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Having spent more than a decade in the UK, I decided to return to India to embark on a new journey of delivering healthcare in a large and under-resourced setting. My association with GMHAT began in my early years of training in the UK when I was working with Professor Vimal Sharma. GMHAT is a computer assisted clinical interview to be used in routine clinical practice to detect and manage mental disorders in most settings. The main purpose of developing GMHAT was to help people in bringing relief from the sufferings of their mental disorders. This is more relevant in countries like ours where there isn't an adequate service due to shortages of trained staff or geographical constraints.

GMHAT was developed by Professor Vimal Sharma and Professor John Copeland over the last 20 years. There are two versions of GMHAT – a primary care version which takes about 15 minutes to administer and a secondary care version which takes about 45-60 minutes; both versions have been validated. GMHAT is also available as a mobile application which adds to its value especially in remote settings. GMHAT is translated in various languages such as Spanish, Arabic and Hindi. There are care pathways attached to it, which makes it easier for healthcare delivery, especially in places where access to mental healthcare professionals is limited.

How can one use GMHAT? It can be accessed through a computer, a tablet or mobile phone. People using GMHAT need basic literacy skills. So far, various professionals including nurses, ASHA (Accredited Social Health Activists) workers, psychologists, doctors and social workers have used GMHAT in different settings in different parts of the world.

GMHAT has been used in various settings in India including the Border Security Force, Government of Madhya Pradesh and primary care agencies in rural parts of Rajasthan and Maharashtra. The Border Security Force has incorporated GMHAT as part of their health and wellbeing assessments over the last 2 years. An epidemiological study was conducted using GMHAT was conducted by Atal Bihari Vajpayee Institute of Good Governance and Policy Analysis in Bhopal to understand the wellbeing of government employees in different agencies like the bank, police, schools and hospitals. GMHAT has been used in primary care and secondary care settings in Maharashtra.

In addition to its use in clinical settings, GMHAT is being increasingly used in universities, especially in Maharashtra, as part of training program for various healthcare professionals including doctors. Apart from use in delivering healthcare, GMHAT is also being used for research.

We hope that the use of technology creatively, through means like GMHAT, will help people access services in a timely manner and reduce the disease burden.

**Do you want to highlight any activities that you have undertaken in the last one year? If it is of interest to the others, please do share it with us.**

### Bursary for Psychiatry trainees from South Asian Division to attend the Royal College International Congress 2019 at London (1<sup>st</sup> – 4<sup>th</sup> July)

#### Prize

A bursary to enable a psychiatry trainee from the South Asian Division to attend the Royal College International Congress 2019 at London (1st – 4th July 2019) to give an oral or poster presentation, or deliver a workshop. The bursary is up to a maximum of £1,000.

#### Who can enter

A psychiatry trainee from the South Asian Division (Bangladesh, Bhutan, Democratic Republic of Korea, India, Indonesia, Maldives, Myanmar, Nepal, Pakistan, Sri Lanka, Thailand, Timor-Leste)

#### Rules

- Must be a Trainee in Psychiatry (either a Junior Resident /Core Training or a Higher Specialist Trainee/ Senior Resident)
- Must have submitted a proposal for an oral or poster presentation, or to deliver a workshop at the Royal College [International Congress 2019](#) at London
- Submit a copy of your abstract, a brief CV and a letter from the head of the training department
- A decision-making panel of our Division will make the award against an agreed set of criteria
- The successful candidate will be required to submit an article giving their feedback on the congress and their plans for disseminating their learning in their home country. If appropriate, the article (or extracts thereof) will be published in our newsletter.

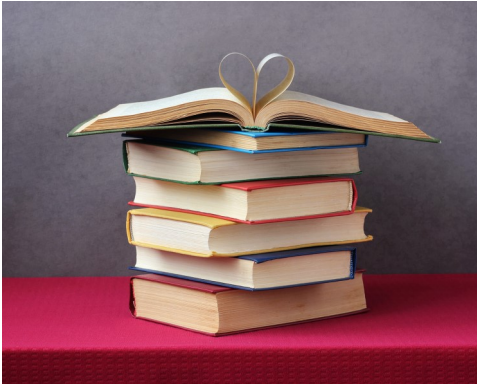
We reserve the right not to award the bursary if applications received are not of a sufficient standard.

#### How to enter

Please email your abstract by **31<sup>st</sup> March 2019** to [docsandypande@gmail.com](mailto:docsandypande@gmail.com) and

[southasiadivision@rcpsych.ac.uk](mailto:southasiadivision@rcpsych.ac.uk)

## Book review



by Dr Ashlesha Bagadia

### Em and the big Hoom by Jerry Pinto

*[I grew up being told that my mother had a nervous problem. Later, I was told it was a nervous breakdown. Then we had a diagnosis, for a brief while, she was said to be schizophrenic and was treated as one. And finally, everyone settled down to calling her manic depressive. Through it all, she had only one word for herself: mad.*

*Mad?*

*Mad is an everyday, ordinary word. It is compact. It fits into songs. As the old Hindi film song had it, M-A-D mane paagal. It can become a phrase, "Maddaw-what?" which began life as "Are you mad or what?". It can be everything you choose it to be: a mad whirl, a mad idea, a mad March day, a mad heiress, a mad mad mad mad world, a mad passion, a mad hatter, a mad dog...*

*But it is different when you have a mad mother. Then the word wakes up from time to time and blinks at you, eyes of fire. But only sometimes for we used the word casually ourselves, children of a mad mother. There is no automatic gift that arises out of such a circumstance. If sensitivity or gentleness came with such a genetic load, there would be no old people in mental homes.]*

Written with a brutal honesty that can only come from someone with an inside view, *Em and the big Hoom* is loosely based on the author's own experience of living with a mother with a severe mental illness.

"Em" is the family's name for the protagonist, who's wild manic episodes that plunge into dark depressive phases, are complemented by the steady, silent and supportive resilience of her husband, called the big "Hoom" affectionately by their children. Em & Hoom have a daughter Susan and a son, the un-named narrator of the book. The non-linear narrative takes some getting used to, but as you delve deeper into his world, it gives you a sense of what it must be like for that little boy, growing up with an unpredictable, often violent, at times suicidal mother.... how much would he remember, how much would he like to forget? The memories would have to unfold in anything but a linear fashion, in his now adult mind, with a blurring and crowding of emotions, flashes of painful incidents and the numbness that follows in its aftermath.

The tenacious love shared by the family is evident in the way they handle Em's episodes, struggling to find peace in the chaos created by the illness, and yet quietly ac-

cepting their roles as carers. They marvel at the brilliance and honesty that they glimpse during Em's manic phases, and tiptoe nervously around her sudden withdrawal that can unpredictably lead to suicide attempts. The narrative also explores her life before the illness, which the son learns of through letters exchanged between his parents during their courtship years. It seems that her delightful charm and stubbornly fierce independence is what made the big Hoom fall in love with her, and is still visible when she's well.

Some of the most captivating passages are the conversations between the mother and son, one of which, outlined below poignantly depicts the mind of a troubled woman in the postnatal period:

***[After you were born, someone turned on a tap. At first it was only a drip, a black drip, and I felt it as sadness. I had felt sad before . . . who hasn't? I knew what it was like. But I didn't know that it would come like that, for no reason. I lived with it for weeks.]***

***'Was there a drain?'***

***'No. There was no drain. There isn't one even now.'***

***She was quiet for a bit.***

***'It's like oil. Like molasses, slow at first. Then one morning I woke up and it was flowing free and fast. I thought I would drown in it. I thought it would drown little you, and Susan. So I got up and got dressed and went out onto the road and tried to jump in front of a bus. I thought it would be a final thing, quick, like a bang. Only, it wasn't.'***

The narrative also explores the dilemma and frustration of a middle class family dealing with a mental illness in India in the seventies and the limited knowledge or resources available to them, a problem which still exists in many parts of the country.

Jerry Pinto, a journalist and novelist of Goan origin, now based in Mumbai, India, has also written children's fiction and poetry. But his depiction of mental illness has won him the most recognition, where his talent for poetry and prose merge together in a melancholic exploration of madness. He was awarded the 2013 Crossword Book Award and the Hindu Literary Award for *Em and the big Hoom*.

**Em and the big Hoom** by Jerry Pinto, 240 pages, Publisher: Aleph Book Company (11 February 2013), Language: English, ISBN-10: 9789382277316

**Mental health & media:** In every issue we would like to highlight the depiction of mental illness or wellness in books, movies, poetry or other art forms, from the South Asian region. Division members are encouraged to send their entries to [ashlesha.bagadia@gmail.com](mailto:ashlesha.bagadia@gmail.com).

## Upcoming Events

### Joint RCPsych South Asian Division conference with PARC

Mentalisation Based Treatment with Professor Anthony Bateman



30 August —1 September 2019, Bangalore

Mentalisation Based Treatment, a psychotherapy framework, originally developed by UK based Professors Anthony Bateman and Peter Fonagy for the management of Personality Disorder, now has wide application in many mental disorders.

This 3 day basic course will give clinicians a unique opportunity to learn from the eminent professor himself. It will include didactic seminars, videos and small group experiential learning. Suitable for all mental health clinicians, including trainees.

#### Fees:

- Full rate: ₹35,000/-
- Early bird (before 30.04.19) : ₹28,000/-
- Trainees: ₹25,000/-
- Trainees early bird: ₹20,000/-
- EMI option available for payment.
- Scholarship available for limited candidates on successful application.

LIMITED PLACES ONLY To register email [info@theparc.in](mailto:info@theparc.in)

### Endorsements of Academic activities by the South Asian International Division of the Royal College of Psychiatrists

Academic activities proposed by a member of the Division (e.g. symposium, workshop) can be endorsed by the South Asian International Division of the Royal College of Psychiatrists. To be eligible for this endorsement, one of the chairs and at least one of the speakers should be a member of the Division

The following documentation is required:

- A brief (less than 250 words) description of the activity that should include the format (e.g. workshop, symposium, etc.) of the activity;
- details of the conference submitted to;
- List of participating speakers with their affiliations;

Timeline: the documentation should reach the division at least 4 weeks before the planned event. The Division will respond within 10 working days from receipt.

All submission and pre-submission queries should be addressed to [southasiandivision@rcpsych.ac.uk](mailto:southasiandivision@rcpsych.ac.uk) and [docsandypande@gmail.com](mailto:docsandypande@gmail.com)

**Please note:** The organizers are not permitted to use the RCPsych logo for events that are endorsed by the South Asian International Division of the Royal College of Psychiatrists

## RCPsych Prizes Open to Division Members

### **Forensic Psychiatry Faculty:**

Research Prize

<https://www.rcpsych.ac.uk/specialties/faculties/forensic/faculty/prizesandbursaries.aspx#researchprize>

### **Intellectual Disability Faculty:**

The Brian Oliver prize

Bursary for Psychiatrists from Developing Countries

<https://www.rcpsych.ac.uk/workinpsychiatry/faculties/intellectualdisability/prizesandbursaries.aspx>

### **Old Age Faculty:**

Felix Poster Prize

Lifetime Achievement Award

Education Bursary

Bursary for psychiatrists from developing countries

<https://www.rcpsych.ac.uk/workinpsychiatry/faculties/oldagepsychiatry/prizesandbursaries.aspx>

### **Rehabilitation and Social Psychiatry Faculty:**

International bursary

Lifetime achievement award

Douglas Bennett Prize

<https://www.rcpsych.ac.uk/workinpsychiatry/faculties/rehabilitationandsocial/prizesandbursaries.aspx>

**We hope you enjoyed the first RCPsych South Asian Division newsletter! If you have any feedback then please get in touch!**

**[southasiadivision@rcpsych.ac.uk](mailto:southasiadivision@rcpsych.ac.uk)**