Volunteering and International Psychiatry Special Interest Group

Newsletter – June 2025

Editing Team: Professor Nandini Chakraborty, Dr Ayah Ibrahim and Dr Shamiya Nazir

Contents

We look forward to receiving articles for future newsletters. Please keep sending us your accounts of volunteering and global mental health experience at 'sigs@rcpsych.ac.uk' *with 'Article for VIPSIG newsletter' in the subject line.*

Farewell Message from the Chair

Dr. Anis Ahmed, Outgoing Chair, VIPSIG

Dear Members,

As I write this final message as Chair of the **Volunteering & International Psychiatry Special Interest Group (VIPSIG)**, I do so with deep gratitude and optimism. It has been a true privilege to serve this vibrant and compassionate community. I am delighted to warmly welcome **Dr. Mostafa Shalaby** as the incoming Chair of VIPSIG. With his experience and vision, I am confident that our shared mission will continue to thrive.

This edition of the newsletter features powerful contributions on caregiver burden, culturally sensitive dementia care, contextualised Psychological First Aid in schools, and the role of diaspora leadership in advancing global psychiatry. Each article illustrates how simple, well-informed actions can drive meaningful change in underserved and complex settings.

🧭 My Continuing Commitments

Though I step down as Chair, I will continue to serve through the **RCPsych Forensic Faculty** and the **Special Committee on Human Rights**, with two key areas remaining close to my heart:

⚖️ Judiciary Mental Health Training
Our initiative to equip judges and legal professionals with trauma-informed and culturally competent training—originally piloted in Bangladesh—is now expanding across regions with interest from across the globe.

🕯️ Enforced Disappearances and mental health
My recent editorial explores the deep mental health toll faced by families affected by enforced disappearances In Medicine, Science and the Law

📎 Read "Mental health challenges of enforced disappearances: A call for research and action" in the link below

https://journals.sagepub.com/doi/10.1177/00258024251349373

We will be exploring this further at the **BBPA Annual Conference**:
📅 *Friday, 29 November 2025*
🎟️ Register via Eventbrite : https://www.eventbrite.co.uk/e/healing-the-unseen-scars-mental-health-responses-to-enforced-disappearance-tickets-1390870283459?utm-campaign=social&utm-content=attendeeshare&utm-medium=discovery&utm-term=listing&utm-source=cp&aff=ebdsshcopyurl

I'm also honoured to share that artwork from a recent Expressive Arts session held in Dhaka—focusing on the experiences of children of victims of enforced disappearances—will be featured in the Digital Art Exhibition at this year's RCPsych International Congress. The session was organised by the Committee for Alternative Development Foundation (CADF), a UK-based charity, in collaboration with local partners and with support from the British Bangladeshi Psychiatric Association (BBPA). It offered a creative and therapeutic outlet for children living with the emotional and psychological impact of absence, silence, and unresolved grief.

Enforced disappearances do not just take individuals—they displace hope and fracture families. Children grow up with unanswered questions and invisible trauma, often denied both recognition and support. Through this exhibition, we hope to honour their stories, affirm their resilience, and highlight the urgent need for trauma-informed, justice-sensitive mental health care.

We are building a **micro-volunteering team** to support this work through small contributions—case examples, translation help, trauma-informed educational content, or just a few hours of advocacy. Please get in touch if you'd like to be part of it.

🎙️ ***Psychiatry Beyond Borders* – Join the Conversation**

Our podcast, *Psychiatry Beyond Borders*, has grown into a platform to amplify stories and insights from colleagues working in global and humanitarian psychiatry.
🎧 Listen to past episodes here:
📎 Psychiatry Beyond Borders – YouTube Playlist : https://www.youtube.com/playlist?list=PLXIFRJ9vzOEaBXGNQj34CEf3Yv0x9V5Gu
💬 If you'd like to be a guest and share your own experiences—whether from the field, research, diaspora work, or reflective practice—please contact me directly at vipsig2011@gmail.com.

🌎 **In a World Increasingly in Crisis**

As **wars and conflicts spread across the globe at an alarming rate**, we are not only seeing physical devastation but profound psychological trauma. These are **man-made atrocities**, distinct from natural disasters, and they require **a different kind of response**—rooted in justice, human rights, and community healing.

As psychiatrists and volunteers, we must ask ourselves: What can we do?

- Offer **micro-volunteering** through mentorship, resource-sharing, or training
- Engage in **advocacy and trauma-informed awareness campaigns**
- Contribute to **diaspora collaborations** that reflect cultural strengths and needs

But as we step up, we must also look inward. **Self-care, supervision, and sustainability** must remain at the heart of all we do. Our **VIPSIG supervision workshop** provided a valuable space for reflection and emotional support, and I encourage future sessions to continue nurturing our community's wellbeing.

📅 Meet Us & Get Involved

Come visit the **VIPSIG stand** at the **RCPsych International Congress** on **Tuesday, 24 June 2025** at **ICC Wales (afternoon session in the SIG Zone)**. I along with our Executive Team will be there to welcome you, discuss your ideas, and explore new collaborations.

We're also inviting article submissions for the **next VIPSIG Newsletter**:
📅 **Deadline: 23 May 2025**
📧 **Submit to: sigs@rcpsych.ac.uk**

📅 Save the Dates –Conferences

🕌 BBPA (British Bangladeshi Psychiatric Association)
📅 *Friday, 29 November 2025*
🎟️ Healing the Unseen Scars – Register :https://www.eventbrite.co.uk/e/healing-the-unseen-scars-mental-health-responses-to-enforced-disappearance-tickets-1390870283459?utm-campaign=social&utm-content=attendeeshare&utm-medium=discovery&utm-term=listing&utm-source=cp&aff=ebdsshcopyurl

IN BIPA (British Indian Psychiatric Association)
📅 *Saturday–Sunday, 5–6 July 2025*
🌐 BIPA 2025 Details : https://www.bipa.org.uk/event-details/bipa-annual-conference-2025

PK BPPA (British Pakistani Psychiatrists Association) – Silver Jubilee
📅 *Saturday, 22 November 2025*
🌐 BPPAEvents https://thebppa.org.uk/news-events

🧩 VIPSIG & Transcultural SIG Joint Conference
📅 *Friday, 4 December 2025 : Visit RCPsych Event page*

Thank you for walking alongside me on this journey. Though I step down as Chair, I remain a committed part of the VIPSIG family—as a colleague, contributor, and advocate for mental health equity across borders.

With warmest wishes,
Dr. Anis Ahmed
Outgoing Chair, VIPSIG
Executive Member, RCPsych Forensic Faculty & Special Committee on Human Rights
📧 vipsig2011@gmail.com

A Celebration of Collaboration, Cultural Scholarship, and Clinical Innovation

Dr Hasanen Al-Taiar, Consultant Forensic Psychiatrist

The British Arab Psychiatric Association (BAPA) held its Annual Conference and General Meeting on Saturday, 10 May 2025, at the Holiday Inn in Coventry. The event brought together over 50 psychiatrists, trainees, and mental health professionals from a wide range of countries. These countries included the United Kingdom, several Arab nations, the United States, and other regions. Chaired by Dr Hasanen Al-Taiar, the conference served as a vibrant forum for academic exchange, cross-cultural dialogue, and strategic planning. This year's meeting marked a significant milestone in BAPA's growth. It reflects the organisation's growing role in bridging mental health practices and cultural contexts across borders.

The conference programme underscored BAPA's ethos: that psychiatric practice must not only be clinically sound but culturally attuned. With a rich blend of academic presentations, historical reflections, and technological foresight, the conference showcased BAPA's growing agenda and influence. The gathering also facilitated vital connections between professionals from diverse backgrounds, fostering mutual understanding and collaborative opportunities.

Academic content was both diverse and stimulating. The day began with a keynote address by Professor Mohammed Al Uzri, who provided a strategic overview of the Royal College of Psychiatrists' international mission, emphasising the College's role in fostering global partnerships, capacity building, and professional exchange. This was followed by Dr Riadh Abed's thought-provoking presentation on *Evolutionary Psychiatry*. This offered a culturally sensitive lens for interpreting mental disorders through the framework of human adaptation and biological heritage.

Professor Keith Humphreys contributed a powerful global perspective with his session on the opioid epidemic, drawing on his involvement with the *Lancet Commission* to explore the crisis's international implications and the role of psychiatry in harm reduction and recovery. Dr Cyrus Abbasian's session on telepsychiatry focused on the promise and perils of remote care, particularly in diagnosing and managing conditions such as ADHD in underserved populations. This is a topic of growing relevance both in the UK and the Arab world.

In a deeply resonant session, Dr Lotfy El Sherbiny reflected on the rich intellectual heritage of Arab medicine and its contributions to the history of psychiatry. His presentation served as a reminder of the enduring relevance of historical scholarship to modern clinical practice and the importance of reclaiming narratives that have too often been marginalised. The clinical dimension of the conference was further strengthened by Professor Oliver Howes's presentation. He provided a state-of-the-art review of psychopharmacology and its application in treating schizophrenia, with an emphasis on the mechanisms of action of antipsychotics.

Rounding out the academic programme were two sessions that looked at the future. To illustrate, Dr Anis Ahmed presented on the challenges and innovations involved in training mental health professionals to work within the Arab countries' judicial systems, where forensic psychiatry, legal reform, and cultural competence intersect. Dr Mohammed Mazin then introduced the audience to artificial intelligence's (AI) transformative possibilities in psychiatry. He examined AI's potential applications in

diagnostics, research, and personalised care.

In addition to formal presentations, the conference featured a well-attended poster session, which showcased research and service evaluations on a range of culturally and clinically relevant topics. Themes included culturally adapted inpatient pathways, the management of overdose risk in psychiatric settings, and community outreach models tailored to Diasporic Arab populations. The poster session encouraged open dialogue, critical feedback, and professional mentoring—hallmarks of BAPA's collaborative ethos.

Following the academic sessions, the Annual General Meeting provided a platform for discussing the organisation's achievements and charting its strategic direction. Members reviewed progress on educational initiatives, international collaborations, and mentoring schemes for early-career psychiatrists. The meeting concluded with a renewed commitment to expanding BAPA's outreach and deepening its role in shaping culturally competent psychiatric practice in an increasingly interconnected world.

BAPA continues to flourish as a vital bridge between cultural identity and psychiatric care. The 2025 conference affirmed its role as not only a professional society but as a dynamic, values-driven community grounded in academic rigour, cultural humility, and a shared vision for global mental health.

Dr Hasanen Al-Taiar
Consultant Forensic Psychiatrist

Medical Member HM Tribunal Service
The Oxford Clinic, Littlemore Mental Health Centre

BAPA Secretary

The Other Side of the Couch: Illuminating Caregiver Burden in Chronic Mental Illness

By Dr. Zainab Panwala, DNB Resident, Hospital for Mental Health, Vadodara

Introduction

In global mental health conversations, patients are at the centre—as they should be. Yet, too often, the vital role of family caregivers is overshadowed. In low-resource settings like India, where up to 90% of mental health care is delivered at home, the unseen burden borne by caregivers—mothers, spouses, children, and siblings—can be profound and enduring.

My recent study, "Illuminating the Care Journey," conducted at the Hospital for Mental Health, Vadodara, sought to explore the intersections between caregiver burden, psychological distress (depression and anxiety), and quality of life among 100 caregivers of individuals with chronic mental illness (CMI).

What We Found

Caregivers in our study weren't just supporting their loved ones—they were silently struggling.

- 52% experienced severe caregiver burden (Zarit scores >40).
- 45% showed moderate-to-severe depression, and 38% had significant anxiety.
- Average quality of life (QoL) scores were significantly reduced, particularly in caregivers with high distress.

Importantly, the mental health of caregivers was strongly and inversely correlated with their quality of life—meaning the more depressed and anxious they felt, the worse their life satisfaction across physical, emotional, and social domains.

Who Is Most Affected

Caregiving burden wasn't distributed evenly.
- Female caregivers, especially mothers, reported significantly higher burden and worse mental health outcomes than male caregivers.
- Younger caregivers—often adult children caring for a parent—were more vulnerable to anxiety and depressive symptoms.
- Among all types, parent caregivers (especially mothers caring for an adult child with chronic mental illness) reported the highest burden and lowest QoL.

Why This Matters Globally

This study resonates strongly with humanitarian mental health settings and LMICs. In India—as in many low-resource countries—formal mental health services are scarce. Families are the de facto care system, often with no training, financial help, or psychosocial support.

Caregivers may silently carry the weight of stigma, financial hardship, and emotional exhaustion—a combination that often leads to burnout, poor health, and social isolation.

This becomes not just a personal or family issue, but a public health issue. If we don't support caregivers, the care provided to patients is also compromised.

From Research to Action

Our findings underscore the need for a paradigm shift in psychiatric care—one that includes caregivers as central figures in the treatment ecosystem.

We recommend:
- Routine screening of caregivers for burden, depression, and anxiety.
- Integration of caregiver psychoeducation and support programs into routine mental health services.
- Policy-level interventions including respite services and caregiver-specific support schemes.
- Special attention to high-risk subgroups—especially women, young caregivers, and parents.

Why I'm Sharing This

As a resident psychiatrist, I've seen caregivers arrive at our clinic more distressed than the patients themselves. This study was born out of a desire to give voice to their experiences—often overlooked but always essential.

I've also been privileged to collaborate with MedPsychKH, where mental health meets humanitarian care. Initiatives like these reaffirm that psychiatry isn't just about treating individuals—it's about healing communities.

About the Author

Dr. Zainab Panwala is a DNB Psychiatry Resident at the Hospital for Mental Health, Vadodara. She is passionate about humanitarian psychiatry, caregiver-centered interventions, and global mental health equity. She has contributed to MedPsychKH and peer-led psychiatry learning initiatives.

Reflections on Ageing and Memory Care in Different Cultures Including the Middle East and the UK

Dr. Alaa ElAssi, Specialty Doctor in Community Psychiatry.

Understanding dementia was something I learned before becoming a psychiatrist. It happened gradually at my grandmother's home, where her stories faded, names were exchanged, and her usual prayers were

unclear. It was not known as dementia at the time. We had just pointed out how old she was getting. Growing up in the Middle East, we didn't consider memory loss among older people a medical issue. Forgetting things was seen as a normal part of growing old, not a problem. It wasn't until I started my psychiatric training that I understood my grandmother's condition and many others as a long, painful and irreversible neurodegeneration.

There is a stigma attached to dementia in the Middle East. For instance, people sometimes feel ashamed when diagnosed with dementia. People and their family members are afraid of all social prejudice and what others might think. Hence, they do not seek help; shame dominates here. It's usually the closeness of families that compensates for a lack of formal support from healthcare systems. To us, the value of a family unit is extremely high. For example, many elderly people live with their children and grandchildren. It is both meaningful and challenging for family members. I see a huge difference in the UK, where I work in a CMHT for older adults.

In the UK, there is a well-defined memory services framework. Various assessment tools, such as ACE-III, cognitive stimulation therapy and neuroimaging, help us identify the disease earlier. The use of medications such as donepezil and memantine is widely available. We take a multidisciplinary approach to managing risk, assisting daily functions, and improving well-being. Despite all the organisation's effort and efficiency, a part of me noticed that the home's friendly, comfortable feeling was missing in the UK. Most older adults living here live alone. Some elderly people receive care through their care package and may reside in a care home. Although it ensures adequate care, relationships might lack a personal touch because staff are paid care workers, not family members. There is safety and clarity in the system, but it may seem less emotional.

How we relate to care homes is one of the major cultural differences. Admitting a parent to a care home in the Middle East is seen as a betrayal. Families experience this in silence, and it tells them that they have failed in their moral and religious duties. In contrast, care homes are a usual part of the support system in the UK, even if there is sometimes guilt involved. In general, care homes provide routine care, observe risks closely, hold numerous meetings with experts, and offer multiple activities. I often imagine how my grandmother might have reacted if we took her to a theme park!

Now that I am a psychiatrist in the UK, I always try to let both worlds influence the care I give. I employ techniques I've learned over the years. But I still understand what it means to be a granddaughter - to realise that memories are fading and wish nothing else but love could stop the process. I believe in culturally appropriate care since memory is always influenced by family, religious beliefs, and personal experiences. The memory problem caused by dementia does not erase relationships. The most excellent quality of care still focuses on the person, even when they've forgotten who they are.

Creating Space: Teaching Contextualised Psychological First Aid to School Teachers in Assam, India

Dr. Praveen Kumar, MRCPsych, DTMH

Child and Adolescent Psychiatry Registrar, Aberdeen, NHS Scotland; Co-founder,

MedPsychKH

Dr. Sridevi Shanmugam, MRCPsych

General Adult Psychiatry Registrar, Department of Psychiatry Essex Partnership

University NHS Foundation trust, Essex.

Rayna Ganesarajah, LLB

Law Final Year Student, University of Manchester.

In regions where mental health is often under-discussed, simply creating space for dialogue can be transformative. This was the driving force behind our recent project in Assam, India, where we delivered contextualised Psychological First Aid (PFA) training to 75 school teachers at Budding Buds Senior Secondary School, Tinsukia.

Assam is culturally rich but faces persistent stigma around mental health, particularly among children and adolescents. Our initiative—a collaboration between MedPsychKH, the Vartamaan Care Network Foundation, and a mentor from Sangath—aimed to build capacity within schools by training teachers to identify distress, offer immediate support, and connect students with appropriate services.

Contextualising PFA for Assam's Schools

Recognising that a one-size-fits-all approach is insufficient, we began by sending surveys and conducting focus groups with teachers to understand their unique challenges in communicating with and supporting students, especially those with mental health issues or externalising behaviours.

Simultaneously, we surveyed students to capture their perspectives on mental health and their experiences with teachers. These insights allowed us to adapt the standard WHO PFA modules, integrating local cultural values (such as the importance of teacher authority in student discipline), educational dynamics (like rigid classroom hierarchies), and the developmental needs of children and young adults (including culturally influenced understandings of distress and resilience). This process of contextualisation—critical for effective PFA—ensured the training was relevant and resonant for both staff and students.

What We Found

Our mixed-methods evaluation, using pre- and post-training surveys with teachers and a separate student survey, revealed that while shifts in teacher knowledge and attitudes were modest, a more meaningful secondary outcome emerged: a marked increase in student self-referrals to the school counsellor after the intervention. Notably, the student survey—originally intended as a baseline tool—acted as a catalyst. By reflecting on their emotional wellbeing, students began recognising their struggles and felt empowered to seek help. Teachers engaged more actively with the school counsellor post-training, signalling a broader cultural shift within the school environment. These findings align with youth-driven and participatory mental health approaches promoted by WHO and the UN. Involving young people directly, even through simple tools like surveys, can reduce stigma and foster a sense of psychological safety.

Limitations and Next Steps

This was a single-site study, so findings may not generalise to all settings. However, the process of contextualisation—grounded in the voices of teachers and students—offers a replicable model for other regions. We are now working on follow-up initiatives, including bi-monthly check-ins, student mental health forums, and a train-the-trainer model for local psychologists to sustain and scale the programme.

A Call to Action

If you are interested in collaborating, adapting this contextualised PFA model for your setting, or sharing resources, please get in touch. Together, we can create more spaces where participation itself becomes intervention—and where every school can be a safe haven for mental health.

References:

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