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Title

"UK Mental health professionals volunteering in LMIC-benefits to UK and host countries".

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Supervisor: Prof Graça Cardosa

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Title

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Acknowledgement.

Limitations

This dissertation is based a series of surveys which have had a low response rate. However the survey response is similar if not better than other similar surveys amongst UK Psychiatrists.

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Executive summary

The Royal College of Psychiatrists has had an international volunteering programme since 2005. The interest in UK has grown over the past 15 years with many new projects.

The benefits in various countries has been acknowledged. What has been less clear are the benefits of the experience back in the UK and of the Royal College of Psychiatrists Volunteer Scheme.

The aim of this dissertation is to explore the benefit of volunteering to the NHS focusing mainly, but not exclusively on the Royal College of Psychiatrists Volunteering scheme.

In this dissertation we first look at background information before discussing two large surveys of Psychiatrists and NHS Trusts in UK.

We surveyed all those registered as Volunteers at the Royal College of Psychiatrists and the associated Special Interest Group. We also were able to survey the Medical Directors of all UK Trusts. The Surveys were designed to assess views of UK Volunteers of benefits to hosts in LMIC and back in UK. All 60 NHS Trusts were surveyed to assess the view of Volunteering.

Limitation of the surveys were the low response rate but this was comparable to other College surveys. There is likely to be a bias in response and favour those who are engaged in the Volunteering agenda.

Results showed a strong interest in volunteering and perceived benefits in NHS. These areas included leadership, transcultural, resource management and personal skills. NHS trusts valued volunteering and added value to professional competencies on return. Obstacles to Volunteering at individual and Trust level were mainly practical issues such as getting time off, cover and costs.

Implications of these surveys are that the College volunteering scheme needs strengthening. There needs to be a National advocacy to ensure that this work continues and greater accountability as to benefits in UK and globally.

Key words: Volunteering, mhGAP, Royal College of Psychiatrists, Volunteer Scheme, VIPSIG

Resumen (Portuguese)

O Royal College of Psychiatrists tem um programa de voluntariado internacional desde 2005. O interesse no Reino Unido tem crescido nos últimos 15 anos com muitos projetos novos.

Os benefícios para vários países têm sido reconhecidos. O que está menos claro são os benefícios da experiência para o Reino Unido e do programa de voluntariado do Royal College of Psychiatrists.

O objectivo desta dissertação é explorar os benefícios do voluntariado para o Sistema Nacional de Saúde focando principalmente, mas não exclusivamente, o programa de voluntariado do Royal College of Psychiatrists.

Nesta dissertação abordamos primeiro o contexto antes de discutirmos dois grandes estudos de psiquiatras e hospitais do Sistema Nacional de Saúde no Reino Unido.

Incluimos no estudo todos os psiquiatras registados como Voluntários no Royal College of Psychiatrists e o Grupo de Interesse Especial associado. Foi ainda possível incluir os Diretores Médicos de todos os hospitais do Reino Unido. Os estudos foram desenhados para analisar as opiniões dos Voluntários do Reino Unido sobre os benefícios para os países recetores de baixo e médio rendimento e para o Reino Unido. Todos os 60 hospitais do Sistema Nacional de Saúde foram incluí dos para analisar a opinião sobre Voluntariado.

As limitações dos estudos foram a baixa taxa de resposta, mas esta foi comparável a outros estudos do College. É provável haver um enviezamento de resposta e favorecimento dos que estão envolvidos no Voluntariado.

Os resultados mostraram um interesse forte no voluntariado e benefícios no Sistema Nacional de Saúde, nas. áreas de liderança, transculturalismo, gestão e recursos e capacidades pessoais. Os hospitais do Sistema Nacional de Saúde valorizaram o voluntariado e, em contrapartida, o valor acrescido para competências profissionais. Os obstáculos contra o Voluntariado a nível individual e dos hospitais foram maioritariamente de natureza prática, tais como obter dispensa do trabalho, substituição no trabalho e custos.

As implicações destes estudos são que o programa de voluntariado do College precisa de ser fortalecido. Para assegurar que este trabalho continua é necessário existir uma sensibilização nacional e maior responsabilização sobre os benefícios para o Reino Unido e a nível global.

Resumen (Spanish)

El Royal College of Psychiatrists del Reino Unido (Real Colegio de Psiquiatras) ha venido desarrollando un programa internacional de voluntariado desde el 2005. El interés en este tipo de programas ha crecido significativamente en el Reino Unido en los últimos 15 años.

Los beneficiosos resultados para estos países han sido muy notables. Sin embargo, resulta controvertido si dichos programas aportan además algún beneficio para el Reino Unido, y concretamente para el Royal College of Psychiatrists.

El objetivo de esta disertación es investigar el beneficio de estos programas de voluntariado para el NHS (Sistema Nacional de Salud del Reino Unido), centrándonos de forma más específica, aunque no exclusiva, en el Royal College of Psychiatrists.

En esta disertación examinamos en primer lugar la información de programas previos para a continuación presentar y discutir los resultados de dos encuestas realizadas a psiquiatras y hospitales del NHS.

Incluimos en la encuesta todos aquellos miembros del Royal College of Psychaitrists registrados como 'voluntarios' y al Grupo de Especial Interés, asociado al anterior. Además, conseguimos incluir en la encuesta a los directores médicos de todos los hospitales del Reino Unido. Los cuestionarios fueron diseñados para evaluar las opiniones de los adscritos a estos programas de voluntariado en el Reino Unido en relación a los beneficios tanto para los países en vías de desarrollo donde implementaron dichos programas como para el Reino Unido.

Una limitación de las encuestas fue la escasa tasa de respondedores aunque ésta resultó comparable a otras encuestas del College. Por tanto, es posible que haya un sesgo que favorecería aquellos que están participando más activamente en voluntariado.

Los resultados mostraron un fuerte interés en el voluntariado y los beneficios percibidos en el NHS (Sistema Nacional de Salud del Reino Unido). Los hospitales del NHS reconocieron el valor del voluntariado y su repercusión en formación continuada para estos profesionales a su regreso. Los grandes obstáculos para realizar voluntariado tanto desde el punto de vista individual como de los hospitales fueron cuestiones más prácticas como lograr excedencias laborales y los costes derivados del viaje y estancia.

Las implicaciones de estas encuestas son que estos programas de voluntariado liderados por el College precisan dotarse de una mejor infraestructura. En concreto, es preciso una programación a nivel nacional para asegurar que este valioso trabajo continúa y una mayor comprensión de sus beneficios tanto en el Reino Unido como a nivel global.

Abbreviations

B.I.A.	Board of International Affairs
B.M.A.	British Medical Association
C.W.W.	Challenges Worldwide NGO
C.P.D.	Continuous Professional Development
C.R.P.D.	Convention of the Rights of the Person with Disabilities
C.T.	Core Trainee CT1-3
DFID	Department for International Development
E.U.	European Union
F.G.M.	Female Genital Mutilation
H.R.	Human resources.
I.A.C.	International Advisory Committee
L.M.I.C.	Low and middle-income countries
M and E	Monitoring and Evaluation
M.D.G.s	Millennium Development Goals
M.D.T	Multi-disciplinary team
Medical Assistant	Nurses with extra training in mental health -Ghana
mhGAP	Mental health Gap –Mental health Global action programme
N.C.D.	Non communicable disease
N.H.S.	National Health Service
N.H.S. Trusts	National Health Service Units
N.I.C.E	National Institute of Clinical Excellence
R.C.Psych	Royal College of Psychiatrists UK
S.D.G.s	Sustainable Development Goals
S.T.	Higher specialist trainee –ST4-6
T.H.E.T.	Tropical Health education Trust
T.T.W.U.D.	Turning the world Upside down
UK MED	UK disaster response organisation
VIPSIG	Volunteering and International Psychiatry Special Interest Group
V.S.O.	VSO volunteer service overseas
W.H.O.	World Health Organization

PART 1

Introduction.

10% of world population[4] will suffer from a mental health problem at any one time. These include schizophrenia, depression, Substance abuse, dementia and others. Mental illness is one of the top 5 leading causes of NCD.[10] In US alone the cost of health care for mental illness is $2.5 trillion dollars.[10] Mental health is systematically underinvested and neglected worldwide. [10]There is effective evidence based, cost effective interventions in mental health that can be used in LMIC and a lot to be learned in UK in a time of austerity.

Worldwide there is a huge shortfall of mental health professionals in LMIC.[10] We know that in many countries there are few if any Psychiatrists. Where there are Psychiatrists they tend to be in the large urban centres leading to a relative paucity in rural areas.

WHO has led on the mhGAP programme[14] in order to integrate mental health into primary care through task shifting/sharing measures.

One of the ways of capacity building is for mental health professionals from UK to support capacity building by volunteering to travel to a LMIC.[4]

In the UK there are some schemes of volunteering by several organizations. VSO[v] and THET[q] to name two. VSO has less focus on mental health.

THET works by a partnership model between UK and Institutional links in LMIC. There is a small number of mental health links amongst these.

It is clear that longer term volunteering is the ideal. Volunteers role is ideally a training and educational role. Longer-term placements may accommodate direct clinical care.

The Royal College of Psychiatrists[a] has had an International Volunteering programme[d] since 2005.

There has been an increasing interest in the area of volunteering by NHS staff in Low-income countries. There has been an interest group in the Royal College of Psychiatrists (VIPSIG)[aw], a web site, conferences and other activities. There is no similar structure in other World Psychiatry colleges.

The College has by default focused on shorter-term placements against the grain of usual recommendations by organization such as THET[q]. Psychiatrists have been unable or unwilling to volunteer for longer periods of time. There has also been considerable online work.[22]

There has been a clear appreciation of the volunteering work and ongoing commitment in host countries[10,11,12,18,19,22]

What has been less clear is the benefit to the volunteer of the experience back in the UK.

The aim of this dissertation is to explore the benefit of volunteering to UK health service and to host countries focusing on the Royal College of Psychiatrists Volunteering scheme.

The assumption is that it is of value but the questions will expand on this.

Background to Global Volunteering

There has been no doubt in the interest psychiatrists have in working in Low Income country. The barrier is almost always available time and opportunity. The Volunteering and International Psychiatry Special Interest Group[aw] is now the largest of the 11 and the most visited webpage (personal communication).

There have been various strands of development of this interest, which will be explored

- Royal College of Psychiatrists[a]
- THET[q] –tropical health education trust – This is an organization that runs several mental health links between UK and LMIC. The author is mental health lead for 2 specific links with Somaliland and Sierra Leone
- VSO[v]- VSO has had some mental health volunteers but rarely amongst psychiatrists or mental health workers
- Scotland Malawi partnership[t]

Royal College of Psychiatrists[a]

The Royal college of Psychiatrists is the UK professional body for psychiatrists. Its role is to support psychiatrists career long. It has an important role in quality standards for mental health care in UK. It has a role with patients, carers, other colleges and organizations. The College has a recognized expertise in Psychiatry at government levels and speaks for the profession. There are over 15,000 psychiatrists in the UK and internationally. The college had its first form in 1841. It got a royal charter in 1926. It formally became the Royal College of Psychiatrists in 1971.[b]

The International Affairs Unit of the Royal College of Psychiatrists [c] is one small area of College work, which has its aim to promote education and research to promote global mental health across cultures with UK and global partners. It has its origin in the Board of International Affairs created by Prof Hamid Ghodse. It has since been reorganised into the International Affairs committee.

The Volunteer scheme of the Royal College of Psychiatrists.[d]

The idea was first conceived by Professor Andrew Sims – past President of the College, who presented his ideas below to the then BIA of the College in December 2002.

This was a response to the acute shortage of Psychiatrists globally.[10]

The aim was to facilitate links between UK and hospitals, clinics, projects and communities that need psychiatric expertise globally.

Support is by actual visits and online.

The programme has been a conduit for NGOs seeking psychiatrists as well as Government requests.

By default the scheme has found a niche in looking particularly at short-term assignments and ensuring that this can be incorporated into a sustainable model.

The plan was to utilise human resources available in the UK and transfer these to low income countries, where there was a great need for help, e.g. curriculum development, teaching, examining, service development, clinical governance, administration, specific research, research training, etc. These are areas where UK is strong.[10]

- College to provide a vital link between members in the UK, willing to offer help and overseas members who needed it.

- Database of relevant information to be exchanged between interested parties.

- Confirm College's commitment to help its overseas members and fellows.

Volunteers' scheme[j] formed soon afterwards 2003. The aims and objectives are as follows

- Capacity building in LMIC

- Benefits to volunteer and the Trust – chance to take a placement in a country relevant to the volunteer's Trust.

- Opportunity for professional development.

- Get the opportunity to teach either formally or through transference of skills.

- Have interaction with local Health Care staff.

The Scheme is targeted to UK Psychiatrists of various grades.

The college provides a matching facility from host request to volunteer.

The College has a small budget from fundraising that provides support financially e.g. air ticket.

There is limited administration support. The International department can manage a small number of Volunteers per year.

- Each volunteer or group lead of a multiple trip is expected to provide a report to the college, which goes to the International Advisory Committee.

Of note there are now some international work streams of different colleges in UK such as Nursing, the Academy of Royal Colleges. However there is no complimentary structure in other international Colleges such as the American Psychiatric Association.[e]

Role of Dir. Peter Hughes –author

He has been involved directly in the College structures since 2007 having been a member of the Board of International Affairs and now international Advisory Committee (chaired by the President of the Royal College of Psychiatrists). He has been a prominent lead for several volunteering projects and is an international mhGAP training expert.[14] His role has been to advocate for the scheme and support fundraising. To complement this scheme he has created the Volunteering and International Psychiatry Special Interest Group of the Royal College of Psychiatrists.[aw]

Currently 136 Volunteers registered with the College (May 2015):

Table 1 Professional background of volunteers in College Volunteering Scheme

Post	Number
Consultant	86
Non Consultant	3
Retired	16
Psychiatry Trainees -Junior	10
Psychiatry Trainees –Senior	1
Unknown	20
Total	136

- Open to higher trainees. Although there has been some flexibility around this
- An in-country Mentor and a College Mentor must be identified.
- A host form details the practical support, supervision, security
- Royal College has a Volunteers Handbook.
- Regular clinical supervision by a senior doctor.
- Telephone and Internet access.

Mentoring

- Essential component – learning through experience.
- UK Mentor to help identify a potential project.
- In-country Mentor to assist with the acclimatisation process as well as day-to-day supervision.
- Both Mentors and the trainee to be "connected" via e-mail.
- A record and reference for the trainee and in-country Mentor.

- Place to record clinical experience, practical procedures, teaching, etc.

Information used by the College to help future volunteers.

There are many queries sent to the college about volunteering in LMIC, which are dealt with and help the volunteering agenda.

Table 2 Placements from 2005 to date

Year	Number of assignments	Place	Time length of placement
2005	1	Malawi	2 months
2006	1	Malawi	2 months
2007	6	Kenya x2	2 x 3 months
		Pakistan	1 year
		Ghana	3 months
		Sri Lanka x2	3 months x 2
2008	4	Kenya	3 months
		Ghana x 2	3 months x2
		Malawi	1 month
2009	5	Ghana x 2	3 months x 2
		Egypt	1 month
		Pacific Islands (WHO)	3 months
		Kenya	1 month
2010	5	Ghana x 3	3 months x3
		Pakistan	1 month
		Pacific Islands (WHO)	3 months
2011	11	Pacific islands (WHO) x2	4 and 3 months
		Sudan x 6 (1 project)	2 weeks x6
		Iraq x 3	3 week x3
2012	1	Ghana	3 months
2013	13	Sri Lanka x 2	1 week x2
		Kashmir x10 (1 project)	1-2 weeks x 10
		Georgia	1 week
2014	6	Kashmir x 6 (1 project)	1 week x 6
2015	7	Myanmar x 7 (1 project)	2 weeks x 7
Total	**60**		

There have been a variable amount of assignments since scheme began in 2005. 2013 has been the busiest year with 12 assignments. The scheme began with only 1 per year. What has been seen is an increasing pattern of short-term

assignment with average durations of 1.6 months. Minimum is 1 week and longest is 1 year. Modal answer is now 1 week representing the increasing number of short assignments.

30 of the assignments have been linked to 1 Psychiatrist –namely Dr Peter Hughes as lead, advisor and coordinator.

Of note there is some mapping of these assignments to Diaspora groups in UK.

In UK there are significant Diaspora groups from India, Pakistan, Sudan, Iraq, Myanmar and Sri Lanka.

There is much Volunteering outside of the College Scheme, which complements it. We know that there are also many programmes that are direct between Diaspora groups and their respective home countries.

Assignments to Pakistan, Sri Lanka, and Iraq were predominately by people of that nationality. Other assignments had at least 1 of that countries origin e.g. Myanmar.

There are also specific international linkages between certain faculties such as the intellectual disability Links[j].

The Volunteer scheme and other Volunteering has been the conduit for some into careers in Global Mental Health.

To date there has been little representation of South America in the volunteers programme reflecting the relative lack of people of this origin in UK.

Some projects have been deliberately designed to match the ethnic breakdown of the local population in UK with a clear ideal of enhancing skills of doctors working in UK. E.g. Ghana programme

In more recent years there have been many projects that have been mhGAP[56] related which has been a factor in increasing small duration assignments [18, 19, 22]

Table 3. Ranking of countries by number of assignments

	Country	Most assignments
1	Kashmir -India	16 (2 groupings)
2	Ghana	9
3	Myanmar	7 (1 group)
4	Sudan	6 (1 group)
5	Pacific islands	4
5	Kenya	4
5	Sri Lanka	4
8	Malawi	3
8	Iraq	3

10	Pakistan	2
11	Egypt	1
12	Georgia	1

From this can be seen that Kashmir has been the most active but actually short duration and only 2 major visits. There is an on-going connection between Kashmir and UK on line, programmatic support and supervision.

Table 4 Length of time volunteered per country ranked

Ranking	Country	Volunteer month equivalent
1	Ghana	27 months (9 volunteer episodes)
2	Pakistan	13 months (2 volunteer episodes)
2	Pacific Islands	13 months (4 Volunteer episodes)
4	Kenya	10 months (4 volunteer episodes)
5	Sri Lanka	6.5 months (4 volunteer episodes)
6	Malawi	5 months (3 volunteer episodes)
7	Kashmir	4 months (16 volunteer episodes in 2 major groupings)
8	Myanmar	3.5 months (7 volunteer episodes in 1 group)
9	Sudan	3 months (6 volunteer episodes in 1 group)
10	Egypt	1 month (1 volunteer episode)
11	Iraq	0.75 months (3 volunteer episodes)
12	Georgia	0.25 months (1 volunteer episode)

Table 5. Assignments by length of time

Time	Number	%
1 week	19	32%
2 weeks	13	22%
3 weeks	3	5%
1 month	4	7%
2 months	2	3%
3 months	17	28%
4 months	1	2%
12 months	1	2%
Total	60	

The majority time spent on assignment is 1 week with 3 months second most common.

The increasing short duration of assignments shows the difficulty people have in taking time off from their NHS duties. The College Advisory Committee and International Department, Special Interest Group VIPSIG[aw] have an advocacy role in the area of enabling facilitated time off work to enhance skills and morale.

The Volunteers in the College Scheme are expected to have a briefing before assignment and debrief afterwards. However there has been no systematic follow up of Volunteers and programmes. This dissertation attempts this to an extent but there is a need for a structural M and E element to Global programmes and follow up of Volunteers and assessment of patient impact.

As it is the capacity of this scheme is small, being only able to accommodate about 5 projects a year so any up scaling would need structural review of programme.

Sample schemes

➢ **Ghana Volunteer programme**

The Royal College of Psychiatrists, in partnership with South West London and St George's Mental Health NHS Trust, and Challenges Worldwide (CWW)[bd], an international charity commenced placements in Ghana in 2007.

The Idea was developed by Professor Sheila Hollins, past College President and by Dr Deji Oyebode and now led by Dr Peter Hughes

This is the only overseas project for Psychiatry trainees that is approved for training for up to 3 months. This was a major achievement in getting this approved by rigorous College standards committees.

This project has been in place since 2005. A higher specialist Psychiatrist trainee who is UK based goes out to Ghana for a 3-month period. The aim of the project is to enhance training and professional development for when back in UK as well as host benefits.

Supervision has been provided locally in Ghana and at a distance weekly and more by UK based Dir. Peter Hughes

The aim of the project is

- Enhance professional training of UK psychiatrists
- Capacity building of Ghana medical assistants, doctors, nurses and other professionals
- UK professionals to share skills and knowledge with Ghana hosts
- Improvement of transcultural skills
- Research and audit project
- Develop a sustainable framework to enable work to continue with successive volunteers

- Provide report at end

Project so far – There have been 9 trainees so far who have gone for 3 months each. Feedback from Ghana hosts has always been positive.

We have been able to follow up individual Medical assistants over the past 10 years and deliver on the job training.

Also has been training of doctors and nurses. The experience has been seminal and life changing for many of the trainees some of whom have returned to Ghana at a later stage and allied volunteering projects.

The project is based on a UK trainee having a timetable that is complimentary to a UK one to complement training. For example there will be a Research/Audit day as well as teaching and some clinical sessions. The clinical sessions are completely contextualised as training for local health workers. There is no direct clinical work that is not seen as a training opportunity.

This has been an example of where a volunteer commits to 3 months but is part of a series of doctors going out over several years and consolidating previous achievements and trainings.

There is a stage of orientation pre travel to Ghana and a face-to-face debrief at the end. There has been an informal network of past Ghana alumni who are still in contact to share experiences with the Ghana hosts until now.

Weekly reports are submitted and a formal end of assignment report.

All 9 are now Consultants in the NHS apart from one who has moved to Australia.

There have been a number of academic publications from this programme and presentations in UK.[21]

Observations from the program lead has been the personal and professional development of the trainees who have gone out.

This has been a project whose benefit to the UK has been structured in with approved training.

➢ **Sudan project[18]**

This was led by Dr Hughes out of some discussions with WHO EMRO in 2011. The project involved a series of short-term volunteers self-funding going out to Sudan to deliver an mhGAP[26] based mental health intervention to Primary Care doctors doing a Masters programme in Primary Care.

There are about 25 Psychiatrists in Sudan who almost all live and work in Khartoum. There was one Psychiatrist in Wad Madani where the training was focussed.

Paired trainers went out from UK and Canada over a period of 7 weeks to fit into a curriculum. These volunteers were experienced Psychiatrists. It began with a

training of trainers in Khartoum.

The program was partially successful. The participants were appreciative but the quality of training over the weeks was hard to assure and some of the trainers deviated from the task of the mhGAP.[14]

This training has been documented in a formal publication.[18] It was the first volunteering for many of the group who have since begun more programs including a recent one in Myanmar.

Feedback was positive. However we now know that many of the doctors who were trained have now left for Saudi Arabia and Gulf States and are part of the brain drain. Further trainings do not appear to have happened.

Follow up was an e-supervision programme led by UK volunteers[22]. This was partially successful but with so few committing to a years program, it is questionable if it did help. Doctors still contact the UK Volunteers for online advice.

All the volunteers had a positive experience and verbally said it had helped them personally and professionally. There was one who found the mhGAP[26] curriculum unhelpful.

➢ **Kashmir project**

This project came out of a request for mhGAP training from a Kashmir Psychiatrist who was attending training in UK.

A number of volunteers went out in 2013 and 2014 to Kashmir to deliver training and help roll out a Primary Care integrated mental health program in conjunction with the Government of Kashmir. The program was successful in terms of training and volunteer satisfaction but was hampered by natural disaster and environmental obstacles. There is now some further roll out planned in 2015 with e-supervision.

➢ **Pacific Islands Mental Health Network (PIMHnet)[be]**

This is a programme in collaboration with WHO where a UK Psychiatrist goes to the South Pacific for 3 month periods to capacity build in local psychiatric institutions.

This has been a challenging assignment for those who have done this. It has been reported as enjoyable but professionally difficult as lacked supervisory supports. Those volunteers report that it helped significant on return with resource management, personal qualities and ability to take a public health perspective.

➢ **Myanmar**

This has been the most recent College volunteering project where a number of College Volunteers and others went to Myanmar to deliver an mhGAP[26] based training to primary care doctors. This has been successful from volunteers and

beneficiaries point of view and will be followed up with further visits and supervision. It is an example of a project that has partnered with a Burmese NGO in UK and Ministry in Myanmar.

> ➢ **Indirect projects**
>   * College has also led to volunteers for other organizations – Somaliland[19], Chad[23], Haiti[21], Sierra Leone[8]
>   * Emergency/Disaster response.
>   * Informal facilitation of other programs
>   * E and other distance work[22]
>   * Iraq sub –committee.[k]

The Iraq sub-committee is a College group being comprised mainly of Iraqi Psychiatrists who are committed to support for Iraq since the 2003 war. There are visits to Iraq and on line support. There have been some charitable funds, which have sustained this group. The author is a member of this group and worked in Iraq a number of times.

There are some other projects that members of the volunteers programme are involved with such as Somaliland[q] and Sierra Leone[bf].

Apart from the volunteer scheme there are many individual projects that are organized through Diaspora links or at grass roots levels.

The volunteering scheme does not aim to be the lead for volunteering in UK but just one part and represents the Royal College of Psychiatrists commitment to Global work, advocacy and the benefits back in UK[c]. The brand of the College has a powerful value in many countries especially those with a UK colonial history. The quality assurance that the College provides and its brand facilitate considerably the Volunteering agenda. Volunteering is unquestionably an activity that it promotes.

Summary of aims of dissertation

* Evaluate experience of volunteering from UK volunteers and skills from self perception
* (Evaluate experience of volunteering from volunteers outside of the volunteer scheme of Royal College of Psychiatrists).

Methodology

* Review of background literature
* Preparation of questionnaire to send to volunteers
* Survey of mental health trusts medical directors of views of trusts to overseas volunteering and benefit to UK (facilitated by Royal College of Psychiatrists)
* Analysis of findings

Part 2

Background materials

There has been a number of UK government and other documents in recent years reporting on UK Global Volunteering.

The history of the volunteering agenda really began with Lord Crisp report.[10] Lord Crisp was a former Chief executive of the UK NHS for 5 years and remains an advocate of Global volunteering.

- Global Health Partnerships[10] –the UK contribution to health in developing countries 2007
- Academy of Medical Royal Colleges Statement on volunteering[11]
- Improving health at home and abroad: How overseas volunteers for the NHS benefit the UK and the world[4] All party parliamentary group in global health –report [4]
- The impact of returned international volunteers on the UK: a scoping review-Institute for volunteering research VSO 2008[15]
- All party parliamentary group in global health –report [4]
- Turning the world Upside down[ai]
- "Transforming lives, Enhancing Communities: Innovations in Mental Health"[1]
- WHO MHAP 2013-2020[l]
- IASC inter-agency standing committee on humanitarian response[54]
- mhGAP programme[14]
- UK MED[av]
- The Framework for NHS Involvement in International Development [12]
- THET[q] Tropical Health Education Trust
- Fit for the Future? The place of Global Health in the UK's Postgraduate Medical Training: a Review.[7]
- Other papers. Research Paper- Do health partnerships with organizations in Lower income countries benefit the UK partner? A review of the literature[5]
- Sample Publications related to volunteers programmes (referred to throughout)
  - Insight and psychosis in Ghana[21]
  - Sudan-evaluation of a mental health training project using mhGAP[18]
  - Sudan –e-supervision[22]
  - Sierra Leone –Ebola paper[8]

Global Health partnerships[10]

Nigel Crisp Report 2007 "The UK contribution to health in developing countries"

This was a seminal report in 2007 which established and cemented the importance of Global work in the health sector. Of note the UK has been

committed to the target of 0.7% of GNP in development aid through DFID[m] in spite of strong opposition amongst many political quarters. This paper demonstrates the UK commitment to this work.

The foreword is by the then Prime Minister, Tony Blair. "Improving global health is clearly in Britain's interest." UK has a significant role.

However mental health is not cited specifically in the role of UK in global health as it follows the MDG[ak] (Millenium Development Goals). The MDG exclude direct mention of Mental Health.

189 countries have signed up to the MDGs –these are 8 targets, which do not mention mental health explicitly.

Significant attempts to bring coherence in Global Development have been through the MDG Millennium development goals[ak].

These are
1.   Eradicate extreme poverty and higher
2.   Achieve universal primary education
3.   Promote gender equality and empower women
4.   Reduce child mortality
5.   Improve maternal health
6.   Combat HIV/ AIDS, malaria and other diseases
7.   Ensure environmental sustainability
8.   Develop a global partnership for development

Currently there is the plan for SDGs for 2015 which is hoped may have some mention of mental health even if much less than we would hope for.

Background information that informed report

- Poor health care in many LMIC
- Lack of health staff and poorly trained staff
- Lack of social amenity
- Social injustice
- Brain drain to Developed world –report does not cite the other important area of brain drain to urban areas and from services to NGOs and private sector.

The health parameters for many LMIC countries are poor. There is a high rate of maternal deaths, child deaths. The author is writing this document in Somaliland where there is, for example, a high rate of maternal mortality and significant poverty. There is a lack of interest in mental health policy.

A major issue in LMIC is the shortfall of health workers and this is a role that NHS can fill in training, sharing expertise on research, skills and innovation. The NHS work force is global with a large amount of workers from LMIC origin themselves including health workers. This raises an imperative to have a global perspective. It is clear that there is a two way process.

The UK and its professionals also have a great deal to learn from people in developing countries particularly in the context of international health challenges and squeeze on resources.

This report states the way forward is strategic partnerships between UK institutions and LMIC. Funding for international projects has been linked to this approach to a great extent since.

These were some summary findings

- Solutions to LMIC countries problems need to come from them and not from outside. This is the starting point and a culture of mutual respect must be in place.
- The NHS is a global employer and this means there is a "corporate responsibility" to social awareness and putting back to LMIC. What is not mentioned clearly is the "brain drain" to UK. For example there are more psychiatrists in UK of certain Diaspora groups than there are Psychiatrists in their home country such as Sri Lanka, Sudan.
- Need for a much more professional approach to any interventions with good monitoring and evaluation.
- Need to make use of new technologies.
- Need to have a broader perspective of health taking in social determinants of health such as poverty and injustice. Of note organizations such as Basic Needs[ap] have taken on this mantle with an approach to health that starts with addressing basic needs.

The UK has made strides in its work globally showing intellectual and practical leadership. It has taken on the issue of local ownership and importance of good governance.

Main areas of strength in UK are skills in health, education and research.

This report acknowledges the important work done by many individuals, charities, NGOs often on a voluntary basis. It is important to support these ongoing efforts and synergistically build on these interventions already in place.

The UK has particular skills that can be used and this is emphasised and lend to the volunteering agenda

- Public health
- Education/training
- Research and implementing findings to ensure evidence based practice

There is a gain for UK. The report describes the following advantage for UK

- Learning about how to manage health in UK
- Enhance education, skills and knowledge of UK staff
- Diplomatic benefits of partnership programs around the world that can strengthen the position of UK diplomatically

There were 3 main areas where it was felt that the UK could contribute to most usefully.

- Strengthening governance systems, institutional support, public health
- Training and mechanisms to avoid brain drain.
- Strengthen evidence-based practice.

A challenge for some is the need for a public health perspective and primary care agenda. This is one of the areas of learning for UK. The task shifting has begun in UK since this report and we now have physician assistants for example who correspond to medical assistants or clinical officers in Africa.

There is a huge challenge in resources. How to mange with few resources is an area of learning for UK and LMIC. This means that services must be very lean and efficient.

It is important to be very aware of different cultures in LMIC and also back in UK. This is one of the areas of strongest benefit to the UK volunteers surveyed for this project. The skills and awareness in culture are beneficial in widening perspective and improving health outcome. This is true back in UK where an understanding of culture helps improve efficiency. It is most important to work collaboratively.

The paper cautions against vertical programs such as HIV, TB as they can indirectly damage local health services. Examples in mental health can be PTSD services that deplete services for other patients and produce an unhealthy and unbalanced health environment.

There can be resentment built up in LMIC at programmes that are directed from UK without consideration of local characteristics and culture. There cannot be an underestimation of the need for mutual working and respect rather than an imperial system. Some interventions by well meaning people in UK have led to an increase in burden in host community.

The report mentions the need for strong leadership both in the UK and LMIC and for mutual respect.

There are global changes occurring which must be borne in mind.

There are philanthropists providing large sums of money.

Countries such as China are increasingly supporting LMIC with a different approach to that of UK.

Cuba has a long history of humanitarian support and some might argue has a diplomatic purpose. Cuban doctors have contributed hugely in many LMICs including most recently Sierra Leone during Ebola crisis. The EU is now a major contributor in the humanitarian field.

Israel has a strong presence in disaster response and there may be elements of soft diplomacy here.

The UK is the largest single donor in Africa.

There are some important centres of academic excellence in UK such as The London School of Hygiene and Tropical Medicine[ax], which was established in 1899. There is the Liverpool School of Hygiene and tropical medicine[ay].

Many UK universities now have global health departments such as Kings College[p]. These have active research, academic and global projects. The Medical Research Council[az] supports many of these projects.

The Welcome Trust[bg] supports many significant research projects.

There is the Tropical Health Education Trust THET.[q]

There are many international links schemes between UK and LMIC such as through THET[q]. However the number of mental health linkages is much less.

Another context is that some countries are emerging economic powers. India is an example of great development where there still exists great gap in services for mental health.

Rightly this report highlights the importance of projects being based around women who tend to be those with the greatest health inequality.

One of key ways of promoting country development is to empower women and enable them to have more control over their lives.

Key to women's empowerment is through education.

In many countries such as Somaliland it is key to train a large number of women to service the female population who do not wish to see male health workers.

Economic development is another key way to effect change and this in turn improves health coverage and ensures that basic needs are met. We know for example that impoverished children can suffer from emotional under stimulation and developmental delays.

Important is to hold the concept of any intervention being country led.

UK role has changed from direct support of individual projects to a more strategic and integrated approach with local services.

- The UK can develop commercial ties with LMIC.
- Technical advice can be provided.
- Partnerships can be an important area of mutual development.

There are some commercial activities already with some UK universities having centres in other countries including LMIC.

The Royal college of Psychiatrists[a] has now established an exam centre in India and Oman as well as Hong Kong. This is another example of institutional development on a semi commercial basis.

The NHS can incur costs in volunteer work. There has been work to quantify benefits and costs to support voluntary activity of the staff.

The NHS can justify its volunteering activity as long as there is mutual benefit in

- Learning
- Staff development
- Exchange of skills
- Reputation

UK supports "country-led" plans with emphasis on governance, anti-corruption, long-term commitment.

It is vital to have a research and evidence based intervention.

Important to utilize new technologies.

Staffing crisis. Issues that come up in this report are the "brain drain", move from rural to urban environment. Another gap is the lack of training and education for existing health workers.

The UK in 1999 changed its recruitment policy on overseas doctors limiting migration from LMIC to UK. This has had both advantages and disadvantages. There has been a loss of training opportunities as well as remittances back to home countries, which was possible before 1999.

Report recommendations

1. Importance of promoting links at Government level. This will be a mechanism of meeting basic needs, human rights protection and policy development
2. An NHS framework that sets out value of NHS involvement in international partnerships. That this is on agenda of NHS
3. Creation of a global health partnership centre
4. Electronic exchange to be created e.g. Equipment, books, work experience, volunteering, disaster relief
5. Support of NHS staff to do this –e.g. pension, employment protection. This report values volunteers' contribution to LMIC.
6. Humanitarian disasters. This has led to UK Med[av], which supports volunteers heading quickly to disasters at no expense to NHS.
7. UK volunteers –NHS framework to establish value of this work, ensure beneficial, support by professional colleges, medical schools. Professional support needs to be in place such as revalidation for doctors
8. 9. Development of partnerships e.g. through THET[q]
10. Coordination between national UK health organizations e.g. NICE[f]
11. Staffing –Migration is managed from LMIC to prevent brain drain and to minimize loss of professional development opportunities.
12. Migrants can be supported in returning to their home countries. Scholarship countries.
13. Develop training and education in LMIC.

14. Encourage development of new technologies
15. Good research
16. Share good practice, knowledge.

There are many profound differences between UK and LMIC but there are many similarities, which can lend itself to UK benefits.

- Importance of public health perspective increasingly recognized in LMIC and now in UK
- Health promotion and education
- Standards and quality of work.
- Drive by service-users to service development

Themes for the future are looking at early health, practical application of knowledge and participation of all community on decision making and shaping of health services

We can learn from ethnic genetics and apply to those people living in UK. We can treat our patients better in UK if we know more about their populations of origin.

Partnerships are mutual and imply learning from each other.

There will be benefit in the new relationships afforded by global partnerships.

It is a time of huge investment in health services such as in India and this is a country with a large diaspora community in UK eager to help back home.

From this report there has been criticisms of efforts by the West to support LMIC such as vertical programs, "brain drain", weakening health services rather than strengthening and lack of coordination. LMIC welcome people to work alongside them.

For some there is the hope that training can be available in UK for health workers in LMIC.

WHO suggested the following were needed from UK –at a regional level to provide experts on management

- at a country level to provide financial resources
- Human resource development
- Training and education
- Technical support around policy

The UK has a significant history of tackling the social determinants of mental illness such as being part of a campaign against poverty during the 2000s[n]. UK government aim is to provide a support that produces sustainable development.

It is clear that isolated development aid does not help and must be in a broader context and fit into a countries development plan.

Development aid must take into account all stakeholders including civil society agents, user groups, local NGOs and financial institutions.

The UK government provides support through a complex system. These include
- Capital projects
- Technical cooperation
- Country sector wide interventions
- Budget support.

There is a mapping to MDGs[ak] but there are implications for mental health in indirect and sometimes direct ways.

The Paris declaration of 2005[aj] dealt with the following

- Ownership. Aid should fit into country development strategies.
- Alignment. Aid should help with financial autonomy
- Harmonization- aid efforts should use common systems
- Results orientation- focus on results at regional, sector and national level
- Mutual accountability

Of note there is a significant effect of the influence of China, which has been steadily investing hugely in Africa and shaping local economies and development significantly.

In UK DFID[m] was founded in 1997 as a department in its own right in the UK government. It has its own Cabinet Minister. The approach of DFID is to promote countries own capacity rather than individual projects.

It emphasizes

- -Sector based approaches-this involves whole departments such as health with donors supporting an agreed approach.
- -Poverty reeducation strategies
- -General budget support

There are specific Global work carried out by the different UK countries

- Scottish executive. This is the governing body of Scotland and has been involved in supporting a long-term project and link with Malawi.
- Wales – there is the welsh International Sustainable Development Framework. This promotes linkages. Currently there is a Lesotho link by UK volunteers.
- Northern Ireland. NICARE –this is the NHS development body in Northern Ireland.

UK parliament.

International development is an area of great interest for the UK parliament. There is an All –Party Parliamentary Group on overseas development, debt, aid,

trade and population, development and reproductive health and a Select Committee.

We know that interventions in mental health are evidence based and cost effective. The net gain is of a country improved in overall well-being and this has an indirect benefit back to UK at many levels including trade and soft diplomacy.

Polls in the UK show that there remains a strong interest in international development and volunteering. [15.] Children and young people have been shown to be particularly interested. A survey was conducted by DFID[m] and showed that among adults nearly three quarters 73% of respondents were either very or fairly concerned about poverty in developing countries. Surveys were conducted between 1999 and 2002 and showed that the interest rose from 17 to 29% and in 2004 was 26%.

VSO[v] is the largest independent volunteer agency in the world. They have a high interest in their activities with projects in 35 countries. 2005/2006 there were 1,311 long-term and 211 short-term volunteers. They have had a small number of mental health projects.

The UK has a history as a colonial power and has carried this forward to modern times with ongoing involvement in these areas.

Human resource is a key challenge in global areas.

- "Brain drain" – LMIC to developed countries and to urban centres in their own country. In addition there is a drain from government services to NGOs in Humanitarian settings creating an imbalance between host and displaced people.
- Training and education. Capacity around this can be a limiting factor
- HIV/AIDS –many health workers have died in Sub Saharan Africa.
- Mobilizing suitable UK volunteers efficiently.
- Migration within LMIC can also be a factor to be considered in health systems

Education and training. The UK has a valuable role in supporting this activity, which can take place to a great extent from UK.

Telepsychiatry, internet is an exciting new area that can enable the volunteering effort. [25]

The UK government plays a role in development through its partnerships of many UN organizations such as UNICEF, World Bank, WHO, EU and the Commonwealth.

Commonwealth Secretariat.[o] This has a role in promoting development in LMIC that are Commonwealth countries.

The Inter-Ministerial group –this was a group set up in 2006 comprises the Department of Health, The Department of Education and Skills, HM Treasury, the Foreign and Commonwealth Office, the Home Office, DFID, The Northern Ireland

Office, the Scottish executive and the Welsh Assembly Government. This brings together training, migration, overseas matters and finance.

International UK policy must be consistent with domestic policy on the NHS. This brings together the potential synergistic effects of volunteering on return to UK.

Principles of health policy include health protection, improvement, service management and delivery. The NHS offers a free service at point of entry regardless of patient. There is a strong connection between health, education and research. There are enormous resource issues in the NHS and increasingly so since this report.

Challenges faced are ensuring quality control with limited resources. There needs to be greater focus on prevention and promotion. The importance of service users in their own care and the carer agenda are crucial.

There are major and ongoing restructuring of UK health systems. Skills learned from Global work can be very helpful to face these challenges.

Needs identified for the future are standard setting, regulation of all organizations in health area, protection, planning, public health and emergency planning.

In LMIC it is important to have good quality control for limited resources available and to ensure that there is the best evidence for any intervention and cost effective. This is translatable to UK.

There is another arm of international UK health work, which is commercial e.g. DH international (Department of health) supports health care developments at a commercial level.

There are many UK organizations that are committed to Global volunteering. For example

- The Liverpool School of Tropical Medicine LSTM[ay]
- The fistula network. Safe hands[i]
- Mercy ships[x]

Voluntary organizations and individual do have the advantage of sometimes being able to bypass bureaucracy and be innovative.

Motivation for individuals can be professional, political, religious, and spiritual. The role of faith based organizations can't be underestimated e.g. 18% of institutional care in Kenya.

There are challenges for volunteers from the NHS. There are the practical issues of time off, backfill, pensions and logistic ease. The other main challenge is quality control and ensuring a robust product at the end. There is a need for greater clarity on the framework for volunteering and greater integration in NHS.

The report gives a number of final recommendations

1. Strengthen Government inter-ministerial group on health capacity in

developing countries.

2. NHS framework for international development to be created that guides the principles and rationale for NHS involvement. That there is representation in each country of UK and Northern Ireland with regards to development in LMIC.
3. Strengthen communication network around this work through DFID and others
4. Electronic exchange system of opportunities
5. Global health partnerships centre be established. Partnership of voluntary organizations with NHS
6. Database for humanitarian response
7. NHS establish framework that values international experience
8. Partnership development
9. THET[q] as key agent in health partnership work.
10. All UK stakeholders coordinate global work.
11. Manage migration to UK of health workers. Now there has been a new programme of mental health placements in UK from LMIC. This is small currently but will increase.
12. Enable Diaspora health workers to support their home countries.
13. UK has a social responsibility as an employer of a global workforce to help LMIC educational and training
14. Increased focus on new technologies in strengthening health.
15. Importance of continuing with evidence based and good practice
16. Help spreading of information on health care

Benefit to UK volunteer.

- Public health perspective
- Breadth of experience
- Learn new skills
- Adaptability
- Self-reliance
- Manage overseas citizens
- Manage transcultural conditions
- Different ways of working
- Learning from different staff groups
- Improved training
- Improved motivation

The list above is self-explanatory and worthy of repetition. There is much to be learned by volunteering in a low resource setting and it enhances an individual's capacity and perspective back in UK.

Kings College London[p] acknowledges the benefit of the Somaliland health-strengthening programme to their service. "Working with partner organizations is capacity building for our people and our hospital. They learn and they develop as individuals and bring that learning and development back to London"[p].

The founder of THET [q] Eldred Parry writes " through links, the very health workers on whom we depend and who are in health care's front line, will learn resourcefulness, adaptability, cross cultural awareness and a rich experience. It is they who return to the tasks of our hospitals with freshened motivation and invigorated enthusiasm."

Organizationally there are benefits to the organization of

- Reputation
- Professional development
- Learning of new health care delivery methods.

Another quote from a THET[q] link – the link " challenges your ideas and stretches your mind and may change your life.

The confederation of NHS organizations says[r] 'NHS employees are characterized by a powerful sense of vocation and a desire to improve the health and wellbeing of communities. The opportunity to provide support to health care systems and communities in developing countries helps these values, offers rich scope for professional development and the satisfaction of a meaningful personal contribution. The NHS employer usually welcomes back a highly motivated member of staff who has grown personally and professionally, to deliver better services for the patients in the UK. In this sense there is a strong business case for NHS employers".

Diaspora groups have a significant role to play. An example is the Intellectual disability programme in India founded through the Royal College of Psychiatrists and the Diaspora organizations.[s]

There are country links such as through Memoranda of Understanding between South Africa and UK, Scotland and Malawi[t]. This has helped strategically with further projects of mutual benefit.

Barriers to UK volunteering

- More restrictive and earlier training schemes
- Cooperation of employers
- Developing countries need well trained or fully trained staff
- Ideal for longer term placements e.g., 6,12 months

Solutions to some of problems

- Pension arrangements
- Relationship with VSO[v] and THET [q]
- Medical student electives- Intercalated degrees offering international health programmes in UK. Graduates have formed organization called AlmaMata[w].
- MedSIN Medical students International Network[y]. Advocates for international health in medical school curricula.
- Opportunities before foundation years and training

- Build in overseas experience into training schemes
- Build volunteering into a wider framework.

Summary of Lord Crisp report

This was the first real analysis of the role of volunteering globally from UK. It puts a clear value on volunteering both for global effect in low-income countries and for back in UK in NHS.

The main role of volunteering is training one.

The issues with NHS are complex in terms of benefit but include

- Social responsibility
- Enhance skills and knowledge of health workers
- Make up for previous "brain drain"
- Acknowledging the ethnic diversity of work force and of patients and how improved global experience helps this
- Soft diplomacy of UK volunteers internationally helps UK and NHS

Academy Statement on Volunteering March 2013[11]

I will now summarize this statement as it has an important resonance with mental health.

The academy of Medical Royal Colleges represents an organization that brings together all the specialist health colleges in UK to speak with one voice on important issues. The role of volunteering is an important area and showcased each year at events celebrating volunteering efforts.

The Academy recognises that this is a global world. People come from around he world to UK and conditions that affect LMIC have an effect globally on all countries. It is critical for UK institutions to grasp the opportunity of working collaboratively with LMIC.

UK global volunteering adds value to their UK job as well as a global benefit.

There is much volunteering activity both in UK and LMIC. There is also volunteering increasingly on internet.

Volunteering is valued for work back in UK and is mutually beneficial.

There are variations in the NHS in support for volunteering.

The academy highlights some issues discussed earlier such as time out, formal recognition for training, fragmented environment, monitoring, evaluation, research, information, training, volunteer support and resource implications.

The Academy urges some joining together to solve the common challenges in the area of volunteering globally.

Granting of time out from training and/or employment for volunteers. There is a variable pattern in NHS. Suggestion is to develop a decision making tool which

ensures a quality of volunteering opportunity and robust for training.

Formal recognition of volunteering for professional development. - This is variable in NHS systems and colleges. However with clear description of volunteering, objectives, training environment there can be potential for formal recognition in UK. Also importance of reflective practice is highlighted.

A fragmented environment for volunteering activities-there is a need for coordination, communication regarding volunteering activities within the UK and in LMIC.

Monitoring, evaluation and research of volunteering activities- Currently this is limited and needs strengthening. Important to have research into long-term interventions and ensure that there is evidence they work. Also there must be research as to how and if the interventions globally can help in UK and be further evaluated there.

Information, training and support for volunteers – Clear that many volunteering takes place without adequate training and support. It needs to be on the curriculum in undergraduate and postgraduate[7]. There must be easier access to information for health workers and potential volunteers. Support must be before, during and after the assignment. Internet enables this to happen more.

Additional expenditure and the loss of employment entitlements for volunteers – There is an issue of employment entitlements and other resource issues which arise as a direct result out of volunteering.

All party parliamentary group in global health –Report 2014–Background material[4]

"Improving Health at Home and abroad Report"

I have summarised down this important document. What is disappointing however is that it is does not reference the Volunteering program of the Royal College of Psychiatrists.

It was a report based on extensive interviewing of most of those involved in volunteering in UK, NGOs, Royal Colleges and review of literature.

It is an inspiring piece of work whose recommendations remain partially fulfilled at this time.

As mentioned in the previous section, Lord Crisp[10] is a prominent UK advocate of this work for all aspects of health including mental health. Subsequently he has chaired a new all party parliamentary committee on Global mental health in which the Volunteer programme is represented.

This report does repeat some of the previous Crisp report from 2007 but it does highlight the relative lack of progress in Global Volunteering and particularly

enabling this to happen in a way that is mutually beneficial to the beneficiaries in low-income countries as well as NHS.

This report emphasises the soft diplomacy aspect of UK Volunteers.

UK has a significant role in the new global world. It has knowledge, skills and technologies that can be shared with LMIC.

At present there are many intergovernmental, University and commercial links.

There are specific challenges in creating and fully harvesting the benefits of partnerships.

There are some specific organisations like VSO[v] or THET[q] in UK who have extensive history of partnerships. Since the Crisp Report[10] THET[q] has now taken on lead role for managing the Health partnerships scheme.

There is future scope for service innovation, leadership skills and workforce planning.

However this report does say the UK could be doing better.

Conclusions of report

- Volunteers and partnerships have a key role in improving health care and bringing benefits back to UK
- Significant progress in partnership development in UK
- Full benefits only when more professional, systematic and when better support by employers, NHS and government
- Enthusiasm exists

Recommendations

- Standard setting –"kite mark". Code of conduct, human resource policy, and post volunteers support for volunteers.
- Health Education England[ag] – should consider a network of regional health volunteering centres.
  Health Education England is an executive NHS body in UK
- NHS England, Department of Health, national health bodies could reinforce the value and legitimacy of NHS involvement in global health by
  - ➢ DFID[m] renewing Health Partnerships scheme grants beyond 2015. This has happened.
  - ➢ Department of Health and International development ensuring that existing pension continuity scheme conditions are extended beyond 2015

> ➢ Regulators and professional societies to support increased demand from NHS staff for overseas experience. Improved global health education. Better recognition of skills gained in low-income countries.

Global volunteering has 4 areas of benefit.
> 1. Health gains for developing countries
> 2. Leadership development
> 3. Innovation
> 4. International relationships

Potential for much more evaluation and research of this.

UK institutions highly value their international work.

Two way benefits

- Health gains overseas –transfer of skills, education and technology. Low-income countries tend to have weak professional education and a dearth of post qualification training. UK volunteers are highly valued.
Host countries do face costs-requires good induction, supervision and management
Mistakes can be costly –wrong skills, wrong place, saps morale, wastes time, creates resentment.
Low-income countries struggle to coordinate disparate poorly coordinated programmes.
But when done properly- a huge value for money.
Important to do in partnership.
Benefits local, national and global
- Leadership Development
    - Greater understanding of how to enact a change
    - Communication
    - Team work
Especially communication and self-knowledge.
Real world challenges rather than classroom.

Returning volunteers are keen to review pathways of care, service integration, commissioning and team work

Health and social care act 2012 –central tenet is leadership of NHS staff

Greater motivation to challenge established practice and improved confidence
NHS huge international respect and interest
UK – competitive advantage. Innovative and outward looking
Improved recruitment and retention

The Past: A decade of progress

Many new programmes in NHS and quality improving
2003 Department of health produced toolkit to guide and encourage trusts to engage in international development [g]

Partnerships raise the professionalism, coordination, understanding and delivery

Even small can have a good delivery.
Challenge to match effort with needs and priorities of overseas partners and first do no harm.

Lot of recent partnerships but most volunteer work is outside these partnerships e.g. external agencies, NGOs e.g. VSO[v], Mercy Ships[x], Faith, Diaspora groups or individual arrangements. Some partnerships have admin support. Programme coordinator is vital. Some partnerships link to NGOs.

Short vs. long term.
Most organisations focus on long term. Less of a burden on hosts and more sustainable. Bit coordinated short term can be efficient. Back fill in UK needs to be considered. Lot of UK volunteers fundraise and online.

Schemes run mainly by fundraising, in-house charity, Health Partnership's Scheme, staff donations or other grants. Some have host countries fund some costs on site. NGOs can have larger operations but some NHS trusts starting this.

Capacity-Building
Focus now on skills development and health systems strengthening. Ideal is multi-professional teams of NHS staff.

 Volunteering for impact: 10 goals for the next decade of progress.

1. Encouraged e.g. Guys and Thomas' Zambia link
2. Pipeline of NHS partnerships –Mature partnerships that can expand.
3. Needs led multidisciplinary
4. Supply matched to demand –aim to have more work on primary care, community and public health.
5. Supportive employers. NHS organisations recognise the value of overseas programmes to their workforce and see them as a competitive advantage. Mechanisms are developed to reap what is sown by capturing the skills gained through volunteering. E.g. volunteer release scheme, wales CPD
6. Less fragmentation. - Consortia. E.g. Zambia UK health Workforce Alliance[am], Uganda and Sierra Leone.
7. Global health expertise valued- Opportunities for involvement exists at multiple career stages across all professions. Allows staff to develop expertise over time.

8. More volunteers in scaled –up schemes. - Permanent presence in host country.
9. Better-trained volunteers. E.g. UK MED[av]
10. Volunteering in UK policy.

Summary recommendation. Spreading better practice

- Need good standard and professional
- Need to have time granted out, effectiveness and preparing staff to work abroad.
- Key issue is the value that NHS staff who do volunteer work bring to UK and that number of opportunities should be increased.
- HR rules and volunteering policy. Different interpretations of rules of HR even within same trust. In practise short term ok but longer people had to resign. People used their annual leave. Often no official policy on volunteering in Trust.
  10% of survey respondents (n=30) had clear volunteering policy. Also agenda for change employment break scheme, study and special leave. Policies when present were supportive.
  - Ensuring effectiveness.
  - "First do no harm."

Key principles of programmes
- Ownership- needs of developing countries
- Alignment –in line with national policy
- Harmonisation- coordination with other partners in UK and elsewhere
- Evidence –based –
- Sustainable- long term commitment from all parties
- Mutually accountable – shared by all partners

Tools are available for programmes e.g. THET[q].

Preparing staff to work abroad.

E.g. security, pre departure training and debriefing. Training important. Can be small or link to NGOs or groups of organisations together.

<u>Making it happen</u>

- Suggestion of quality standard.
- Policy
- Tools to evaluate
- Code of conduct
- Standards for pre and post support
- Culture change

<u>"Creating a movement"</u>

Projects need to have a large enough mass to have a significant impact. One-way is group of projects joining together. Advantage of larger system is more scope for different disciplines, primary care covered, economies of scale. E.g. Manchester centre for Global Health Volunteering.[ba]

<u>Sustaining success</u>

Lot of progress in removing barriers to overseas volunteering. Policies need to be sustained; continued support and positive support from the top will give partnerships the confidence to commit to building longer term more mature relationships with overseas partners.

<u>Pensions</u>

Government programme to ensure pension contributions if away for more than 6 months. This is now stopped.

<u>Global health in policy making</u>

There is ambivalence in Trusts and Government.
The report recommends an updated NHS framework for Involvement in International Development

<u>Curricula</u>

Important to have Global Health in Undergraduate and Postgraduate curricula[7].

The impact of returned international volunteers on the UK: a scoping review-Institute for volunteering research VSO 2008[15]

This is a report from VSO[v] from 2008.

It mentions the opportunity to develop personal and professional skills.

There is evidence that returning volunteers can have enhanced confidence, communication skills, problem solving, patience, tolerance and greater independence.

This is an interesting result as it is one of the few papers that mention patience and tolerance.

Their study showed that returning volunteers had developed transcultural skills (92%), communication skills (74%), problem solving (57%) and influencing and persuading (46%).

It has helped people in their career progression including Consultant interviews.

It helps people in their civic participation, development awareness and social adhesion. It can be transformative for some.

There remains a question for further research as to whether the positive benefits sustain over a longer time.

The attitude of employers to people returning has been shown to vary from indifference to interest.

Some people have had difficulty in assimilation back in UK. This is something that needs to be looked at in follow up support.

There may also be resistance to implementation of new skills in NHS. There may be a "skills trap" where they are not enabled to use their new skills.

The effect on patient care is less clear and less direct. Some feel more empathic. Others have felt that their experiences in very deprived environments are at such a variance to the relative comfort of UK life that it is hard to bring together this dissonance.

Volunteers are often stretched in their overseas work and enables them to more easily "act up" on return.

Turning the world Upside down[ai]

This is a novel approach in using innovations in LMIC and bringing to UK. Whilst the UK is a highly developed country in terms of health care there are increasing budgetary pressures and NHS practice needs to adapt continuously to this.

"Turning the world upside down" is a web-based organisation following on the Crisp Report [10] and the book "Turning the World upside down"[13].
6 key approaches are described to using innovations from LMIC to UK
- Social enterprises. This is using business methods to achieve a health or social outcome.
- The key issue of empowering people –socially, health and human rights
- Health is part of life not compartmentalised
- Health is driven by local population needs and not driven by professionals
- Strong public health perspective

All these are important issues for UK in mental health as well as other areas of health. Especially with the level of NCD in UK and chronic conditions. There is an "epidemic" of non-communicable disease in UK with increasing diabetes, hypertension and obesity. These are issues that are increasingly common in LMIC as communicable diseases are being controlled better. The link between physical illness and mortality in mental illness is proven with people with mental illness dying on average 10 to 20 years younger than the rest of the population.
There is a crucial need to have a public health basic needs perspective. There is good evidence that mental health can be linked to the social determinants of ill health such as poverty. This can be translated back to UK where primary care is taking on

an increasing amount of mental health work and the social care moving to voluntary sector.

mhGAP model [14] an approach of integrating mental health into primary care to ensure that mental, physical and psychosocial issues can be addressed.

Co –development is an advantageous approach where the approach of support and help is based on co-development rather than on a top –down model of international development.

The world is now globalised and there can be easy transfer both ways of innovation in health and social care.

The 2012 Burden of Disease Report[bb] reports the huge burden of mental illness. It remains a relatively neglected area and there are on-going significant human rights abuses in mental health

HIV remains huge issue[9]

Chaining remains a huge issue. There are many countries in the world where chaining happens in mental health institutions. Apart from this, tying up or chaining the mentally ill at home is a common situation. E.g. Ministry of Health Indonesia reports that there are 18,000 people in chain in Indonesia with mental illness[ao].

Abuses occur even in Europe. For example the Island of Leros in Greece in 1994.

Budgets in Low-income countries run at around 0.5% for mental health.

May 2013 the World Mental Health Action plan established[l] the development of Mental Health Innovation Network.[ao] This is a joint initiative of WHO, London School of tropical medicine and supported by Grand Challenges[bc]. It is a website of mental health innovators, researchers, health practitioners, policy makers, service user advocates and donors. It is global and enables sharing of skills and knowledge across the world.
Aims are learning, fostering partnerships, sharing knowledge and developing useful innovations in prevention, promotion and delivery of mental health care –MHPSS.
The site began in 2013.
Important themes that arise are co-development, empowerment, service user drive and advocacy for mental health.
Some examples of innovations that have been showcased follow.
- Dream-A –World Cultural therapy in Jamaica. This is a multimodal intervention on supporting high school children through imaginative discourse and has good success rate against various targets.
This is a readily transferrable innovation to UK.
- Kerala- Using Mobile Telepsychiatry to Bridge the Mental Health Gap. This has been

brought to UK now.

- Basic Needs[ap]. This is an NGO, which has an innovative model that addresses the social determinants of mental health as well as direct interventions. Basic Needs has had a significant impact in LMIC and is beginning to see what it can offer to the challenges faced by high-income countries. It utilises user, carer groups and community mobilization.

  It is an economic and social approach to mental health

  Component of

  -Livelihoods

  -Resources

  -Collaboration

  -Capacity building

  -Community mental health

  GOA Sangoth[aq] : "mental health for all by all"

  This is an NGO that improves access to evidence based interventions for mental health problems through lay people as the front line mental health care providers.

- Brazil's 250,000 lay Community Health Workers, each with responsibility for up to 150 households, lead to remarkable impact on individual and population health.

- Jamaica-Admissions of the acutely mentally ill to open wards of general medical hospitals have had a profound impact on the assimilation of psychiatry into general medical practice.

- UK –Southwest London

  Co-Producing Mental Health and Well Being Early Intervention and Prevention in Black Communities: unlocking social capital to add public value. This is an example of a UK project that could be transferred to LMIC.

- A UK project that is being used now in other countries is IAPT- Improving access to psychological therapies for treatment of mild to moderate depression and anxiety. There is a range of interventions from supporting self –help to high intensity face to face interventions. There is very good data collection so clear evidence that people improve in 43% substantially. 71,000 have stopped taking sick pay and benefits.

- Chile. A structured system of diagnosing and managing depression has led to a rate of 70% improvement in condition compared to usual care.
- Pakistan- SHARE-THPP equips lay women (i.e. peer volunteers) to deliver evidence-based psychological treatment to mothers in their communities, in order to reduce the burden of maternal depression in Goa, India and Rawalpindi, Pakistan.
- Uganda -UK and Ugandan mental health service users met in 2008 leading eventually to a user led organisation and innovative solutions to the lack of resources.

Transforming Lives, Enhancing Communities: Innovations in Mental Health"[1].

This was a report from an innovation network meeting in Qatar in 2013. The report serves to highlight the importance of global mental health and innovations. These innovations improve access to care, reduce the costs of ill-health through evidence-based healthcare.

Priorities for future include
- Improved human rights and inclusiveness
- Decreased impact of mental illness
- Decrease of premature deaths
- Decrease economic costs
- Decrease of poverty and social disadvantage.
- Promotion of cost effective health interventions

Mental health is a cross cutting theme in all health care.

Principles and policy focus that are cross cutting are
- Empowerment of population
- Having a diverse workforce
- Multidisciplinary work
- Use innovate technology
- Early treatment of mental illness
- Reduce mortality

Over 60 innovations are described in this paper.

Ways to success are
- Promote a human rights based approach
- Develop mental health action plan and policy
- Adequate resources to implement policy.
- Good evaluation and research

Step forward needs following

- Commit to improving mental health care
- Review current policies and adjust if necessary
- Advocacy especially promoting narratives of recovery by patients and inspire hope
- Careful investment in cost effective evidence based treatments.
- Monitor and evaluate service outcomes. Need to ensure that outcomes are patient focussed.
- Start to change now with current resources even when future resources not clear.

Some particular innovations are reported.

- Chain free initiative –This is an example of an innovation in several different levels. Example in this report is Somalia. In 2008 there were estimated 170,000 people in chains. Aim of the chain free initiative is to move to a humane treatment approach, psycho education of families on mental health, remove the invisible chains of stigma and enhanced community care. Between 2007 and 2010 Habib Mental health Hospital in Mogadishu managed to unchain 1,700 people. Dr Habib has spoken to me about this and the complex unchaining process, which needs delicate balance between families and effective treatment of mental illness. It is estimated that 80% of hospital patients have been unchained and 20 % from community. Health workers have been trained and clinics set up.

  The experience of Northern Somalia is something that author can speak about directly. In Hargeisa Group Hospital in 2008 about 70% of male patients were chained. This was much less for female patients. There were violations of human rights. The de-chaining process was complex here. First stage was reduction of patient numbers. A process of finding family members and discharging to families was started which reduced numbers of patients to a 60% level of before. Staff were trained in improved health care. De-chaining started with those who had families so this could be done in conjunction with them. An Italian NGO was supporting the mental health ward at this time. About 10 people broke limbs in the first month as they tried to jump over tall walls and fell down. Now the situation has improved. The principle of de-chaining is not applicable to UK but that of a multimodal intervention is.
- Peer support-Club Home international – This is a peer based community support. There are 330 centres in 33 countries. Mostly their funding is governmental. They provide employment programmes, community support, outreach, and support for accommodation. There is evidence that there is improved recovery, quality of life and deceased hospitalisation. It is seen as

cheaper than similar community alternatives. Peer support work is a developing area in UK with much to learn and bring to UK

- Gauteng Consumer Advocacy Movement –This is a peer support group. This is another model that has some translation to UK where there is Rethink, Mind etc.
- UK Meridien Family programme-this is a UK based family intervention programme that provides training and supervision. This is an example of a UK project that can be translated elsewhere.
- Human resources innovations. Half the world lives in places where there is less than 1 Psychiatrist per 200,000. There is a shortage of 1.18 million health workers. It is essential to support task shifting. This is building capacity of non-specialist health workers in delivering mental health. One project described is the Kintampo project Ghana that trains Community mental health workers and Clinical Psychiatric officers (Medical assistants). There is a national training centre at Kintampo, Kumasi. This is a project that complements the Royal College volunteer scheme in Ghana.
- THISWAYUP, Australia. This is an approach to mild and moderate mental health problems. It is a stepped care model with a 50% recovery rate. It includes a 6 session course on education. Internet Cognitive behavioural therapy iCBT is a component, which is much more cost effective than face-to-face therapy. There is a version for people of school age.
- South Africa perinatal mental health project. This project trains health workers in psychosocial support in perinatal settings with stepped care approach. It has direct effect on health of mothers and prevention strategy for children.
- Health Net TPO-An example here is a multi -tiered psychosocial package for children and adolescent with a remit of promoting and prevention of mental health problems. It is based on peer support, education, sensitization to mental health and promoting resilience.
- TEAM CARE –This is a North America initiative, which treats depression associated with diabetes and coronary heart disease in a primary care setting.

The above are various examples of innovation in LMIC, Developed countries such as UK and USA that can be readily of benefit globally. Volunteers may have a significant role in scaling up their services using models from overseas.

Mental Health Action Plan 2013-2020[l]

The UN General Assembly resolution 65/95 recognised the effect of mental health problems in the world. In 2013, the World Health Organisation agreed an action plan to deal with mental health problems. This is a plan with objectives to be achieved by 2013.
There are 4 main aims
- Strengthen leadership and governance for mental health that is effective.

- Provide comprehensive, integrated, responsive mental health and social care services in community-based settings.
- Promotion and prevention strategies in implementing mental health
- Promote good evidence, research and information systems

This is a complement to the CRPD (Convention of the Rights of the Person with Disability)[ar].

The model planned is the mhGAP[14] model with an integrated mental health in Primary care with a robust secondary care support, strong informal networks and self-care.
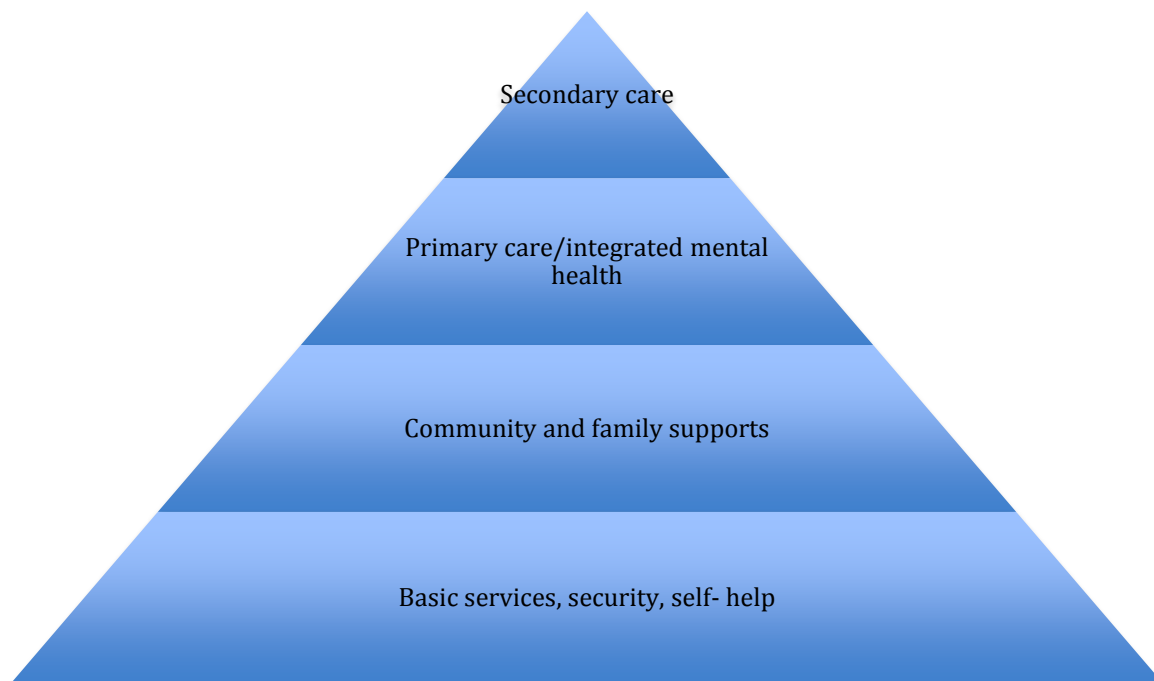
The Inter-Agency Standing Committee (IASC)[24]

This committee comprises the key stakeholders in developing a policy and MHPSS approach for dealing with humanitarian settings.

Its role is policy, coordination and decision making in humanitarian areas. It is a UN based committee with input from all stakeholders within UN and without.
One of key areas is coordination of humanitarian response. It is a neutral body. It has provided vital technical guidance on MHPSS.

For example the IASC triangle is a vital approach to humanitarian response with a clear resonance in UK as well.

Table 6 IASC Pyramid of Humanitarian Response –adapted from IASC guidelines

Secondary care

Primary care/integrated mental health

Community and family supports

Basic services, security, self- help

This is an important framework which can be considered conceptually back in UK including UK volunteer disaster response.

What can be seen is that the apex of the pyramid is the smallest area for the most complex and challenging patients with mental health. This is often the place where most resources are focussed.

However conceptually it is preferable to focus resources on areas with most need using a public health approach.

Key for this model is integrating mental health into primary care.

In UK this has been adopted to an extent with more mentally ill people being seen in primary care than previously. Psychological support is provided at this level through IAPT (improving access to psychological therapies)[as].

A larger number of people are represented at the next level down of the pyramid where the importance of social mobilisation is key. This is an area that is easily seen in LMIC where the family and social structures are strong. This can be a less strong area in large urban settings in UK.

Lowest in the pyramid and largest area is the layer of self-help, security and basic needs. In UK this can be seen through self-help groups, internet resources, information leaflets and on line and basic needs. Basic needs in UK are mainly through government such as social housing and financial benefits. However there is a gap in support available and need in terms of housing and money. The mentally ill are the most vulnerable to poverty and homelessness. Their basic needs are often in jeopardy. There is much that can be translated from LMIC to a UK setting through this framework pyramid.

mhGAP programme[14]

This programme originates with WHO. The concept began in 2008 with the idea of integration of mental health into primary care with support of secondary care for complex cases. This reflected the reality of a huge treatment gap between mental health services available and the need. For example mhGAP is 90 to 95% in a place like C.A.R. Central African Republic or similarly high in Somaliland.

The mhGAP implementation Guide mhGAP IG was released in 2010 to be the manual and curriculum for integrating mental health into primary health care. The model and mhGAP has now been used in over 60 countries in primary care and in Somaliland in Undergraduate Medical Curriculum.

It has been heavily used by UK volunteers globally and now being used to an extent in UK.

UK-MED[av]

UK –Med was first established in 1995 to support UK volunteer doctors travelling to conflict regions. The focus in humanitarian disasters. UK-Med supports education and training for health workers in LMIC.

In more recent years UK-MED has taken on a more pivotal role in disaster response in UK as being the sole register of official volunteers for emergency response in disasters. In terms of mental health, the approach is a MHPSS approach rather than having a mental health worker in first tranche of disaster response. There is some criticism of this approach but resources limit the first line response in disasters. Some of the recommendations of Lord Crisp report [10] have been implemented here such as pension and backfill of NHS post support.

Other NGOs such as International Medical Corps[at] have an emergency response team and mental health can be in first tranche of response.

The Framework for NHS Involvement in International Development[12]

This is a 2010 document that sets in place the framework for international development work from NHS. This paper proposes a more efficient framework for supporting development in LMIC.

Those volunteering overseas can develop personally and professionally and enhance NHS with lessons of good practice and new ways of working e.g. telemedicine.

Key principles are that all activities are driven by host country need, aligned with national policy and plan. Activities must be evidence based and sustainable.

It follows up on the Department of Health's 2003 International Humanitarian and Health work Toolkit[8] to support good practice. It arises out of Crisp report as described above.

I shall summarise some of the salient points but focus on working back in UK.

There are a number of documents that underpin this framework.

Health is global: a UK Government strategy 2008-2013.[z] This describes a "creative, joined up partnership that transcends narrow institutional boundaries".

The Department of Health's International Objectives and ways of Working Paper [aa] describes ways UK has learned from international example.

The UK government accepts that there is a mutual benefit for the NHS in global volunteering and partnering. Benefits cited are similar to those cited by Lord Crisp

- Personal development
- Professional development
- International profile
- Helps recruitment and retention

The department of Health planned an organization called NHS Global. This included a commercial remit but has now been disbanded and restructured into other governmental structures.

Career breaks are an agenda item for NHS employees and there is a policy [ab] around this that has been created due to demand.

However ultimately the arrangements around global volunteering are for local negotiation rather than binding national policy.

Global work can offer benefits to the NHS, local community and the employee.

Benefits for UK volunteer are further explored in this paper as follows

1. Enhanced training opportunity-at low cost to the organization
2. Enhanced leadership and professional skills
3. Staff morale, which leads to better staff satisfaction. This improves retention and productivity. Currently in UK there is a strong drive of Staff satisfaction surveys in enabling change.
4. Enhanced reputation of organization, which promotes recruitment and retention.
5. Improved patient experience e.g. in terms of transcultural skills of health worker.
6. Corporate social responsibility can lead to enhanced performance and sense of job satisfaction
7. Culturally appropriate NHS services
8. Refreshed staff with new perspectives
9. Education and research both ways
10. Transcultural skills
11. Greater understanding of global health issues

A VSO[v] survey of returned management professionals showed that 80% believed that they gained expertise that would not have happened in the UK[15].

Skills that have been described by Lord Darzi's "next stage review" (2009)[ac]

Hard skills

- Educational
- Leadership
- Languages
- Managerial
- Clinical

Next are the soft skills

- Flexibility
- Independence
- Adaptability
- Problem solving
- Resourcefulness
- Confidence
- Diplomacy
- Patience

- Personal insight

There is much in this paper that is out of date and I will not go into this as the various structures described have disappeared.

THET[q] has become a much stronger core organization in UK coordinating the partnerships between UK and global partners.

Diaspora groups are a particular group that can provide an enhanced intervention as the socio cultural issues are familiar to them. There has been considerable support in UK for some of these organizations and celebration of their work. In mental health there are many examples with work in Syria, Iraq, India, and Nepal amongst others.

Other ways that UK can play role in global health is through MTI-Medical training[al] initiative. This has now begun in mental health with several doctors from Sri Lanka having an experience of working and training in UK and return when they have acquired their skills and competencies.

The Zambian UK Health Workforce Alliance[am] has been an exciting approach to unite all health agents in UK providing support to Zambia to work together as one alliance along with the Zambia government. This has been now extended to the Uganda alliance.

This paper describes the Somaliland partnership since 2000. The author has personal connection with this project and shall describe in narrative section later.

This document describes some useful principles of good practice.

- The key to any development work is organisation
- Strategy matches host country.
- Led by host country
- Culturally sensitive
- Multidisciplinary
- Enhance local work not substitute
- Clear accountability
- Professional standards at all times.
- Orientation of UK staff

Volunteering guidelines –This document sets out some useful guidelines

- 2 to 3 year's experience in a particular field and usually a professional qualification in the area of expertise.
- Ideally a global qualification
- Personal qualities of self-reliance, flexibility, problem solving skills, team work to ensure changes sustainable
- Sensitivity to others
- Willingness to learn
- Positive and realistic commitment to volunteering

There are some specific government guidelines for this area. For example for medical electives there is the British medical association BMA ethics and medical electives in resource –poor countries –a toolkit.[ad] The Gold guide is for specialist trainees wishing to have time out of UK.[ae]

The BMA has a document to help with volunteering "Broadening your horizons: a guide to taking time out and work and train in developing countries ".

THET. Tropical Health Education Trust[q]

This is a UK based NGO. It plays the main role in pairing between UK and LMIC institutions. This organization has existed for 27 years since 1988. It has an education and training role for health workers in LMIC to make up for the gap of 4.3 million health workers. It strengthens health systems. As well as supporting overseas development, it structures in the benefit to UK including innovation.

Currently there are 82 health partnerships between UK and Global institutions and funded through DFID[m].

There are 19 mental health partnerships –Ghana, India, Uganda, Malawi, Tanzania, Nigeria, Zambia and Nepal. Somaliland is an example of a partnership that covers mental health as well as all other specialties.

THET produced a report in September 2012. "International Health Links Funding Scheme evaluation on behalf of THET"[6] This was a useful evaluation of current activity.

This is an important paper for reflection by UK volunteers

It emphasizes the importance of an orientation process to the host country of the UK volunteer. One must consider at what level one is intervening –at an individual, local, regional or national level at ministerial level. Projects need to be partnerships and there needs to be evidence of host country input being credible and strong. Best for THET is to work at ministerial level as well as all other levels. THET needs to address with the NHS the issues of human resources, finance and governance. Monitoring and evaluation is an important aspect of all projects. Good practice and learning need to be shared. THET has its community of practice[?], which is a web-based network to share good practice, experiences and queries.

Fit for the future? The place of global health in the UK's postgraduate medical training: a review.[7]

This paper demonstrates the relative interest in global health in speciality colleges.

There is a generic competency in awareness of global and transcultural issues in all the 11 curricula of the different UK colleges. There are specific competencies in being aware of transcultural issues in UK.

The paper describes why UK based health-care workers might benefit from an awareness in global health.

- UK is multicultural society. Need to be aware of cultural issues e.g. female genital mutilation.
- Increasingly scarce resources and clinicians need to be aware how to work differently with less funding. There can be lessons from global perspective.
- Awareness of infections. This has less direct relevance to UK in terms of mental health but could indirectly be seen e.g. effects of Ebola on physical and psychological well-being.
- Understanding global burden of disease makes one aware of tuberculosis and HIV. However NCD data clearly show conditions such as depression have a huge impact and are very common.
- NCD increase in conditions needs to be considered in a global context. It takes into account poverty, societal issues and immigration, education etc.
- Global ill health and inequality can affect UK indirectly through immigration, epidemics etc.

There is a current review on this in UK.

Other papers

- "Do health partnerships with organisations in lower income countries benefit the UK partner-A review of the literature"[5]

This is an open access research paper in Globalisation and health Journal. It is from King's College London, UK.

The authors describe that the pairing between UK institutions and corresponding institutions in Low and middle-income countries is an increasing model of development. Of note kings has a strong pairing scheme with Somaliland and Sierra Leone. The author is mental health lead for both of these. . They conducted a review of available literature. A framework was created for key outcomes for professional development and reflecting improved UK service delivery. . Results of literature review showed 95% of sources cited benefits and 325 cited costs. The criticism is the poor quality of the papers and the lack of scientific robustness. Areas that were coded were as followed
- Clinical skills
- Management skills
- Communication and teamwork
- Patient experience and dignity
- Policy
- Academic skills
- Personal satisfaction and interest
This is different from the areas we have asked in the survey here which were
- Clinical skills
- Transcultural skills
- Audit
- Resource management

- Academic skills
- Knowledge
- Leadership

These areas in our survey are mapped from the all-party parliamentary document.

In this paper they found a close correlation between professional benefits and professional development indicators within UK work force development frameworks.

Mostly there was a link between volunteer experience and positive effect on NHS in most areas. However there was an issue of costs 32% cited. This was subdivided into 5 sub areas of financial, reputational, health and security, loss of staff and opportunity costs.

Most of current literature is descriptive and focuses on the benefits of volunteering rather than effects on UK. They further argue that the benefits are maximised when the volunteering is embedded in a continuing professional development framework.

- "Developed-developing country partnerships; benefits to developed countries /" Open access paper in Globalisation and Health

Developing countries can generate effective solutions for today's global health challenges. Lot of evidence that intangible benefits to UK from volunteering but also there were innovations that could be used from overseas experience.

Areas of potential learning from developing world were as follows
- Rural health service delivery
- Skills substitution
- Decentralisation of management,
- Creative problem-solving
- Education in disease control
- Mobile phone use
- Low technology simulation training, local product manufacture
- Health financing
- Social entrepreneurship

Part 3

Volunteer scheme Royal College of Psychiatrists[d] Survey (appendix i)

This is the text of the survey sent out to College members.

"The Royal College of Psychiatrists is committed to supporting mental health care across the world, particularly in countries that are known to suffer from an acute shortage of psychiatrists.

The College's volunteer scheme aims to facilitate contact between hospitals, clinics, projects and communities in need of psychiatric expertise and training and psychiatrists who are willing to offer their time and support.

The volunteer programme has been in place for a number of years and we would like to review where we are at by this short survey which we will use to discuss at the international Advisory Committee on further development of programme. It is also being used for a research project.

We would be most grateful if you could take a few minutes to do the survey. For completeness we would be most grateful if you could respond to acknowledge receipt even if you choose not to complete. It can be anonymous or you may choose to give your name. We are grateful for any narrative comments on how the programme can be improved and fundraising ideas."

Survey 9.2.15 Launch to end 31.3.2015

This survey was sent electronically through the Royal College of Psychiatrists to a total of 1674 individuals

This included
136 registered volunteers of the volunteer programme
1592 members of the Volunteering and International Psychiatry Special Interest Group.

54 of the VIPSIG volunteers are also in the College Volunteer scheme.
The response rate was poor at 13% with a figure of 214. However a large number of people were caught in a mailshot.
To contextualise the poor response rate, of the previous 50 surveys at the College since November 2014, the mean response was 128 with a range of zero to 1264.
Surveys tend to have a low response rate and select the most interested in the area creating some bias.

Table 7 – response rate to survey

Date of response	9.2.15	16.2.15	23.2.15	2.3.15	9.3.15	16.3.15	23.3.15	30.3.15
Number of responses	134	42	11	2	10	8	2	3

214 responses in total.
Most people responded soon after survey was released.
There is an issue of survey fatigue and lack of interest.
However there are very clear messages from this survey, which will be explored.

Survey Results

112 people gave their name

2. Are you registered as a "College Volunteer" (i.e. have you completed the volunteer questionnaire and provided details of 2 referees)

Answer Options	Response Percent	Response Count
Yes	22.9%	49
No	77.1%	165

Are you registered as a "College Volunteer" (i.e. have you completed the volunteer questionnaire and provided details of 2 referees)
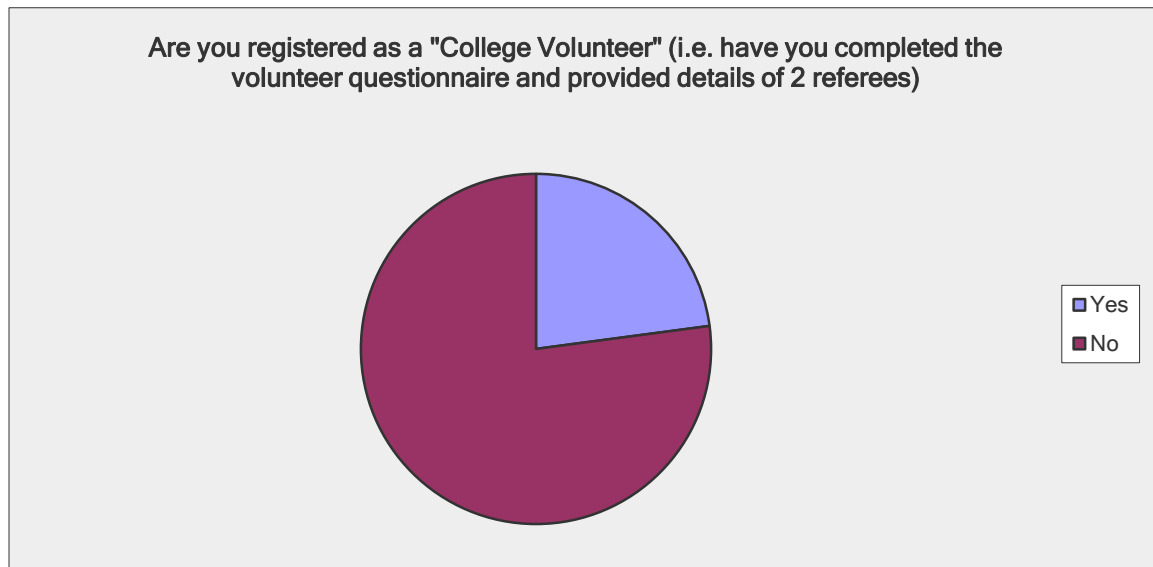
It is clear that the volunteer scheme is not widely known to Psychiatrists in UK. The survey in itself biases those with an interest in the area so even more significant is the lack of knowledge of the scheme.

This was an early question so was answered by all of those who completed the survey unlike many of the other questions which were not answered.

There was one response that questioned the need for 2 references to be a volunteer. The college scheme is an attempt to have a quality assured human resources matching so references are a way of assuring that the volunteers are of good standing and able to conduct their volunteering with efficiency and quality.

As there were names for some people's responses we could see that some said they were not a volunteer on the scheme when in fact they were a registered volunteer as was required for the different volunteering projects.

There is limited administration support for the volunteers' scheme. There is a nominal leadership role by the deputy directors of the International Advisory Committee.

3. Have you volunteered with the College?

- 19 yes -42%
- 26 no – 58%
- Not stated 169 - 79%

Have you volunteered with the College?
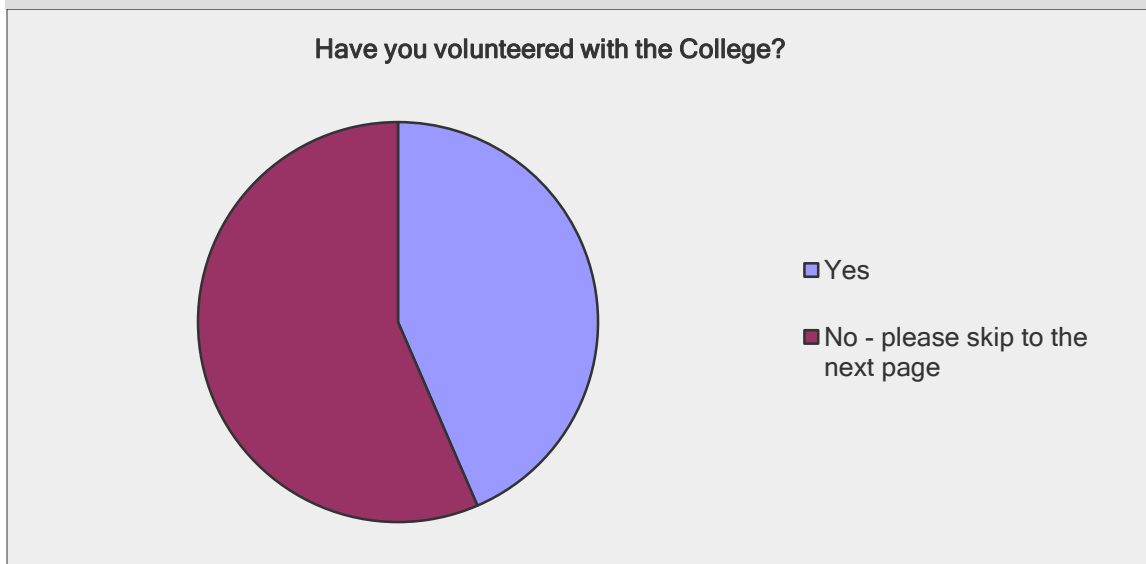
There was a very low response rate devaluing the significance of result. Only 21 % of respondents answered. However of those only 42% had volunteered with college scheme. There are narrative comments, which state the people weren't aware of opportunities as well as other reasons. This suggests that even for those who are volunteering that most activities occur outside of college system. The advantage of the College Volunteer Scheme is that it does provide a stamp of quality on any volunteering effort and even some financial assistance.

The lack of response by so many indicates a possible apathy or lack of interest or knowledge of the scheme. When the volunteering scheme is brought up at various fora it is usually regarded as a good idea and good a good quality control. Further exploration is warranted into the lack of interest into the scheme.

Q.4. In which year was this?	
Answer Options	Response Count
	20
answered question	20
skipped question	195

Table 8 Year of Volunteering

Year	Number As reported in survey	Percentage	Actual data of assignments College records
2015	2	8%	7

2014	6	23%	6
2013	4	15%	12
2012	1	4%	1
2011	3	12%	10
2010	2	8%	6
2009	2	8%	5
2008	2	8%	3
2007	1	4%	9
2006	1	4%	1
2005			1
2004	1	4%	0
1998	1	4%	0
Total	**26**		**61-official**

This table shows a small number of projects each year with an increasing volume of short-term assignments. 43%

What are most interesting in this table are the self-reported volunteering trips as opposed to those officially recorded. It is unclear what the reason is for this. Possibilities are

- People have forgotten their assignments
- People have not considered them as college assignments

Most likely they did not consider as college assignments. There is some evidence from survey of named people that they were college volunteers and had gone on assignment but didn't realize that this was actually a College programme. In any case, it suggests a structural problem in the branding of the scheme.

Q.5. How long did you volunteer for? (if you have volunteered with the College more than once please use your most recent experience)			
Answer Options	Response	Actual figure from Official college	Response Count
< 1 Month	66.7%	57%	14
1 month - 3 months	19.0%	10%	4
3 months - 6 months	4.8%	30%	1
6 months	4.8%	0	1

to 1 year			
Over 1 year /on-going	4.8%	2%	1
	answered question		21
	skipped question		194

Again we see a disparity between actual college records and that reported in the survey. They are reasonably similar however in ranking. Substantially more people went for 3 months to 6 months than was reported by survey. These figures can be interpreted in that people who went for 3 months may put this as 1 to 3 months rather than 3 to 6 months as we have taken here.

How long did you volunteer for? (if you have volunteered with the College more than once please use your most recent experience)

- < 1 Month
- 1 month - 3 months
- 3 months - 6 months
- 6 months to 1 year
- Over 1 year /ongoing
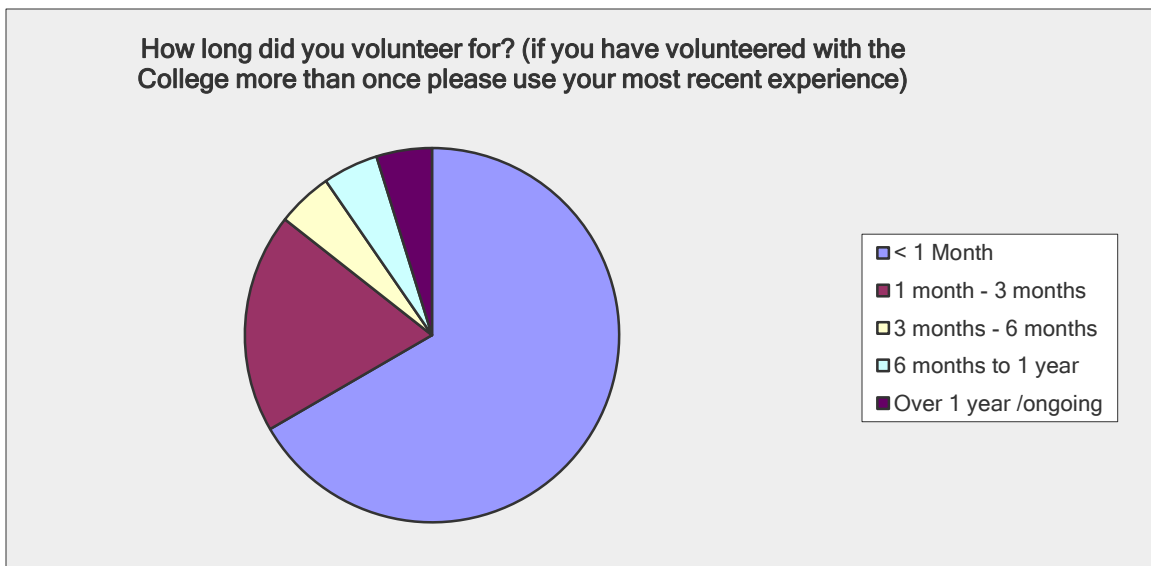
This shows that the vast majority of volunteering was for short periods. What isn't clear in people's responses is whether they meant volunteering in the College scheme or outside of the scheme. In either case the overwhelming period of time that was volunteered was for less than 1 month. This is contrary to perceived wisdom of development work. However we know that this is the only way that UK psychiatrists can realistically take time off work. Even for retired people there is less interest in longer-term assignments and 3 months appears about the maximum period. Of the volunteers who have given time scales for volunteering many do repeatedly over the years and just one mentions volunteering for more than 1 year. Organizations such as VSO[v] and other NGOs support generally longer term volunteering. There are relatively few UK psychiatrists who take up these opportunities. Through the volunteering scheme or other link programmes there is a program of ongoing, coordinated volunteering. For example Sudan is an example of a college scheme that worked in a coordinated way with many UK psychiatrists followed up by e-supervision project[22].

This method of volunteering for short periods minimizes difficulties for NHS.

For trainees in Psychiatry as postgraduate the longest time that will be approved

for training in 3 months.

The volunteering scheme and others need to ensure that the volunteers are well prepared before assignment to ensure they "can hit the ground running". This is not always possible but for example in the Ghana scheme there is an ongoing supervisor based in UK and the same initiation issues arise for every trainee so there can be an efficiency in the supervisor at least in trouble shooting quickly and developing an early strategy for the programme which will also maximize the use of the strengths and talents of a doctor.

Although far from ideal the College volunteers' scheme niche is these short assignments that are in the context of a professional organization and an ongoing programme.

Q.6.Was this your first experience of international volunteering?		
Answer Options	Response Percent	Response Count
Yes	65.0%	13
No	35.0%	7
	answered question	20
	skipped question	195

Was this your first experience of international volunteering?
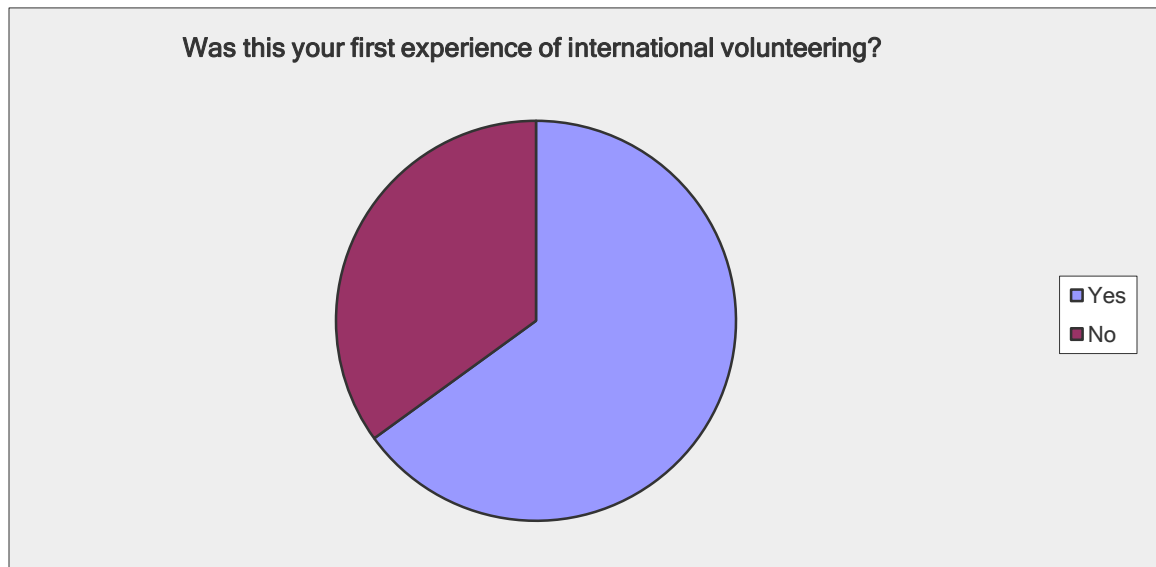
This reflects an increasing area of interest in the area as so few had volunteered before this. Of note the Special Interest group at the College in this area has over 1500 members. The College interest in volunteering has been only since 2003 approximately. However from personal communications the majority of volunteers in mental health had not done this work before. Many of the volunteers are trainees who are early in their careers. So this being first assignment makes sense. What we have not captured here in terms of motivational interest is whether these or others had done electives in LMIC as medical students.

Q.7. If "No" please provide details of the other international volunteering you have undertaken	
Answer Options	Response Count
	9
answered question	9
skipped question	206

- India
- NZ
- UK
- India
- Disasters work–Lockerbie, piper alpha, North Sea helicopter
- Iraq e.g. CBT in Iraq
- Sri Lanka
- Pakistan
- Nepal
- Iraq
- Burma

There is a large amount of volunteering happening outside of the college through diaspora groups, individuals, NGOs etc.

We note from above that some have written that there volunteering was without College when in fact it was a college project.

There are issues about College members going overseas to do volunteering if they don't have an institutional back up.

Lessons from development and disaster work show that people who go to do a volunteer work in isolation do not achieve much and is not sustainable. Any volunteering needs to be supported in country and needs to be of good quality.

- Mod prepared 9 – 57%
- Not prepared at all 3- 19%
- Very prepared 5 -31%

college input
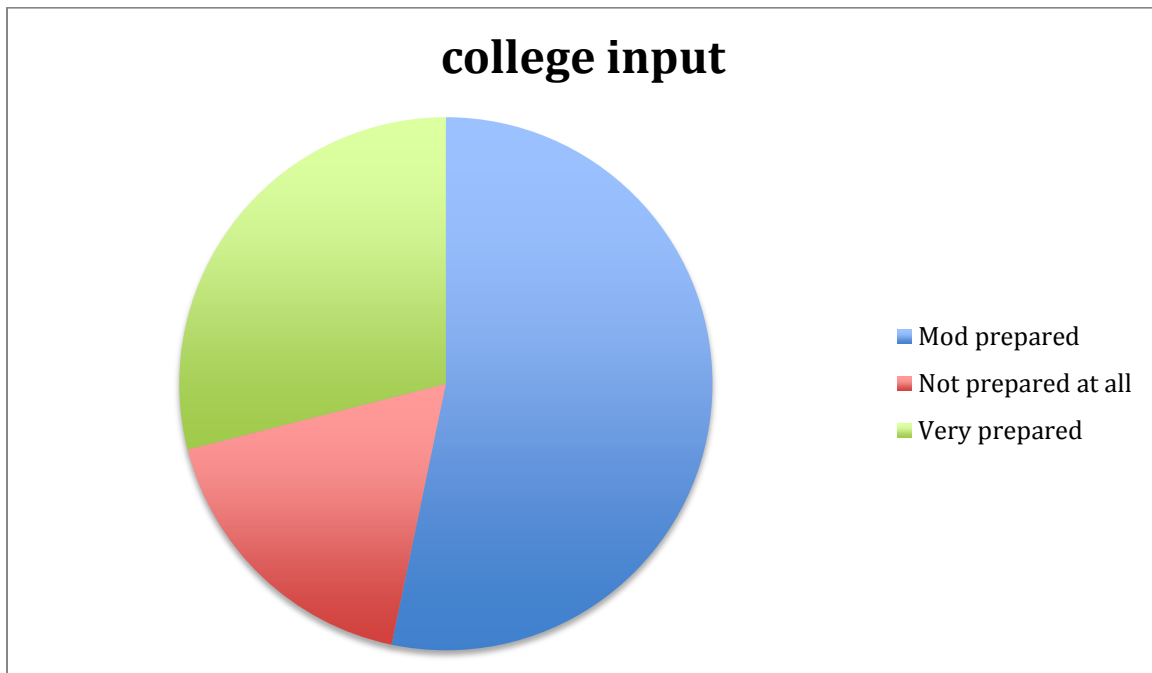
This is disappointing with only 31% feeling well prepared and 19% not prepared at all. Clearly this needs to be improved and these answers can be explored further. The volunteer scheme can operate in an ad hoc way. The Ghana project has a very structured preparation system with an outsourcing of support throughout. This is complemented by Psychiatrist support on an individual basis. Due to geography there has been only 1 for whom it has not been possible to have face-to-face debriefing and orientation. There have been 2 who did not engage with post assignment debriefing.

There is a volunteer support book that is given out. For mhGAP[14] work there has been a series of weekend orientation workshops. Orientation has been inclusive of practical, emotional, psychological and professional aspects.

What needs to be explored further is what the ingredients of a package of preparation needs to be. See follow up survey.

Q.9. How supported were you during your assignment?

- Not supported 4 – 27%
- Supported a little 1 – 7%
- Fully supported 10- 67%

College –

Supported by college

Legend:
- Not supported at all 27%
- Supported a little 7%
- Fully supported 67%
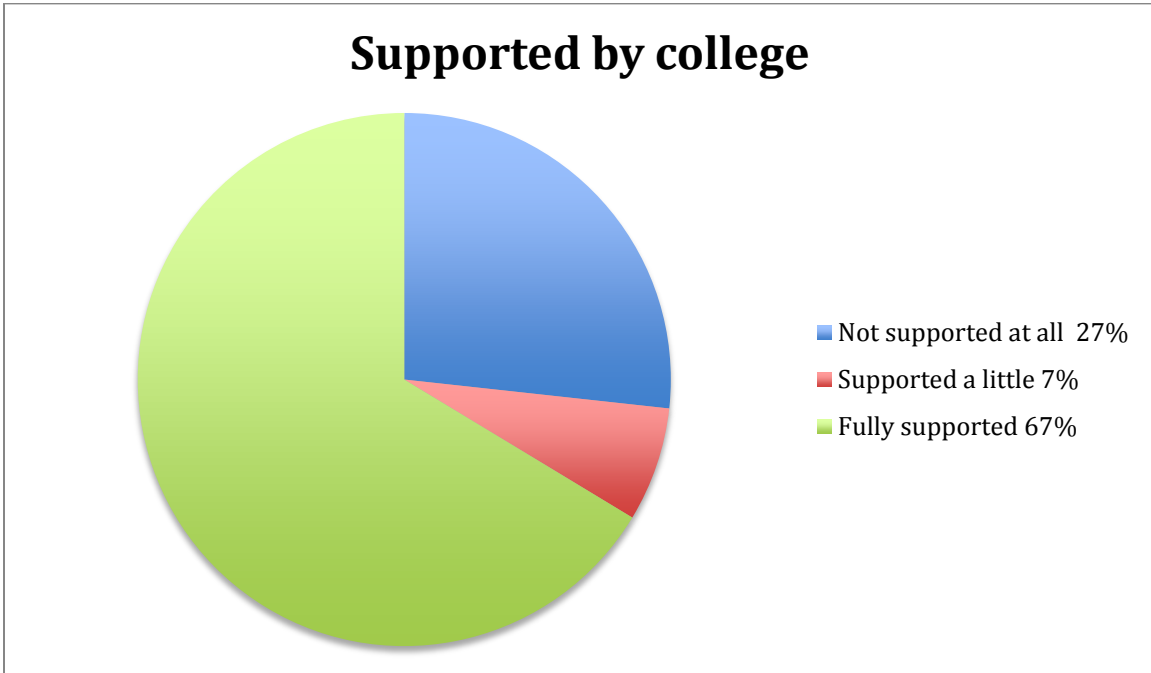
It is reassuring that full college support was perceived by 67% during assignments. Support has been by internet or in person for some projects. This has covered practical, professional and psychological issues.
It is concerning that 27% feel not supported at all by college. It is unclear what the reason is for this is and must be explored. What must be considered is a more formalised support, evaluation and assessment of usefulness of intervention. Also assessment of sustainability of intervention.

By the host

Support by host

- Not supported 8%
- Fully supported 77%
- Supported a little 15%
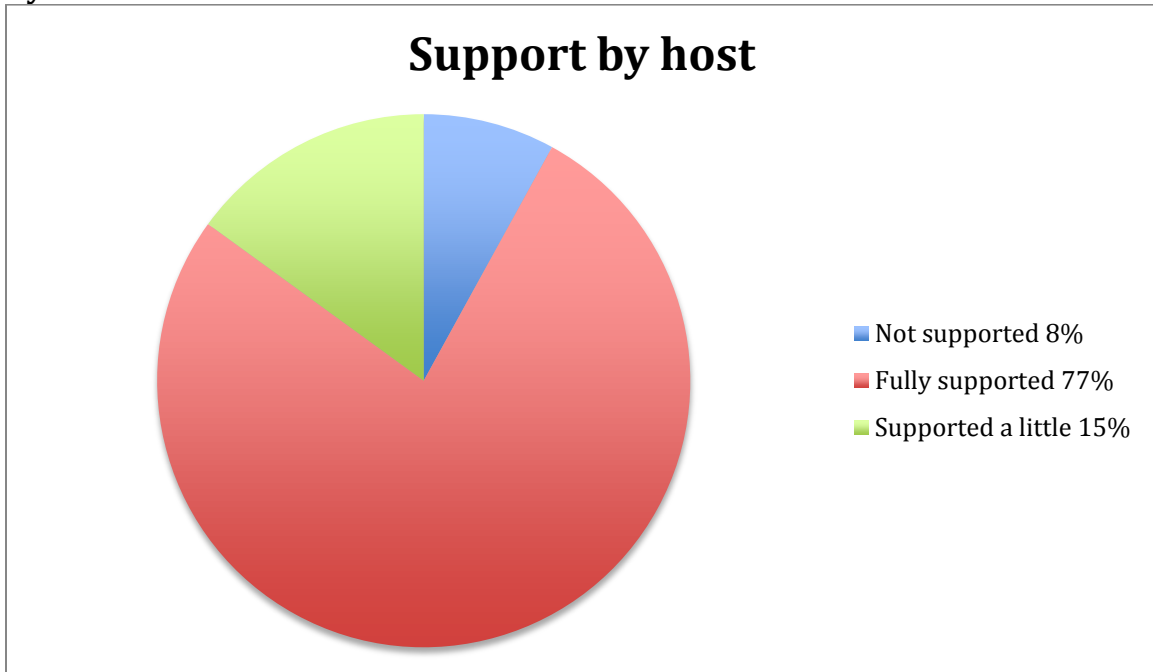
This is reassuring to see that host support is perceived as 77% and not supported is just 8%. Nevertheless it does need to be looked at why some felt unsupported. Of note in volunteer survey there is one respondent who was extremely critical and negative but had not gone on an assignment.

It would be worth exploring what the elements of good support are e.g. accommodation, practical, professionally and psychologically. The Ghana programme for example has considerable support by nurturing staff. The South pacific was perceived as not a nurturing environment as a function of the people who were there at the time.

Q.10. Did the college debrief you after assignment?		
Answer Options	Response Percent	Response Count
Yes	54.5%	12
No	45.5%	10
	answered question	22
	skipped question	193

Did the college debrief you after assignment?

- ■ Yes
- ■ No
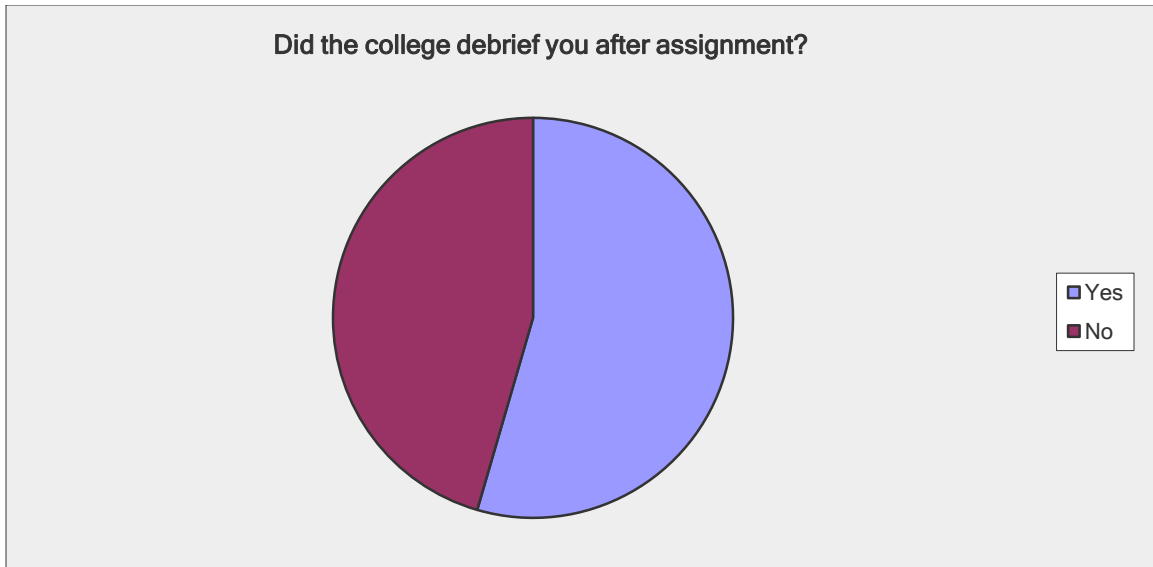
This is a very disappointing figure of 46% receiving no debrief. As survey response did have names for some I can verify that some of respondents who said no debrief did in fact receive a formal debrief. What might be the issue is how the debrief is labeled and how helpful it is.

The Ghana project debrief tends to focus on the operational issues rather than personal and psychological issues. However previous surveys have been positive in terms of debrief and general support.

There is a clear aim to have support before, during and after assignment. However, although there is a formal administrative system, there is a lack of Psychiatrist direction in a cohesive, coordinated way to ensure that all volunteers come under the same route of support. The author has an informal role with many of the college volunteer programme but does not have a formal role and access to all assignments. The author has been directly involved in 50% of volunteering assignments to date and a lesser role in a number of other projects. There might be consideration of a more formal overseeing of the scheme from a psychiatrist. This might help programmatic development and ensure that some of these issues of support might be improved.

Q.11. What form did this debrief take?	
Answer Options	Response Count
	12
answered question	12
skipped question	203

- Face to face on line
- Meeting with president and reports
- 1-hour discussion face to face
- Completed report but no formal debrief
- Presentation at volunteer forum

- Discussion with colleagues at end of assignment
- Informal
- Asking for a report
- Face to face
- to occur in April
- vipsig

There is a response by only 12 people rendering the answers of small use. However what is clear is that there is little sense of formality in debrief after assignments. Debriefs were held but seemed to be forgotten as not formally documented or registered. For Ghana project the protocol was an end assignment report alongside debrief. For some this didn't seem to register as having happened when it actually had. The expectation is a formal debrief with face-to-face meeting and review of project as well as personal, professional and psychological issues if appropriate. Background papers as above show that it is important to have a professional approach to volunteering with proper orientation and post debriefing.

Q.12. How did your volunteering experiences (College Scheme) help when you returned to work?

Clinical skills

- Did not help at all – 4- 33%
- Helped a little – 2- 17%
- Helped exceptionally- 6 -50%

Clinical skills

- Did not help at all 33%
- Helped a little 17%
- Helped exceptionally 50%
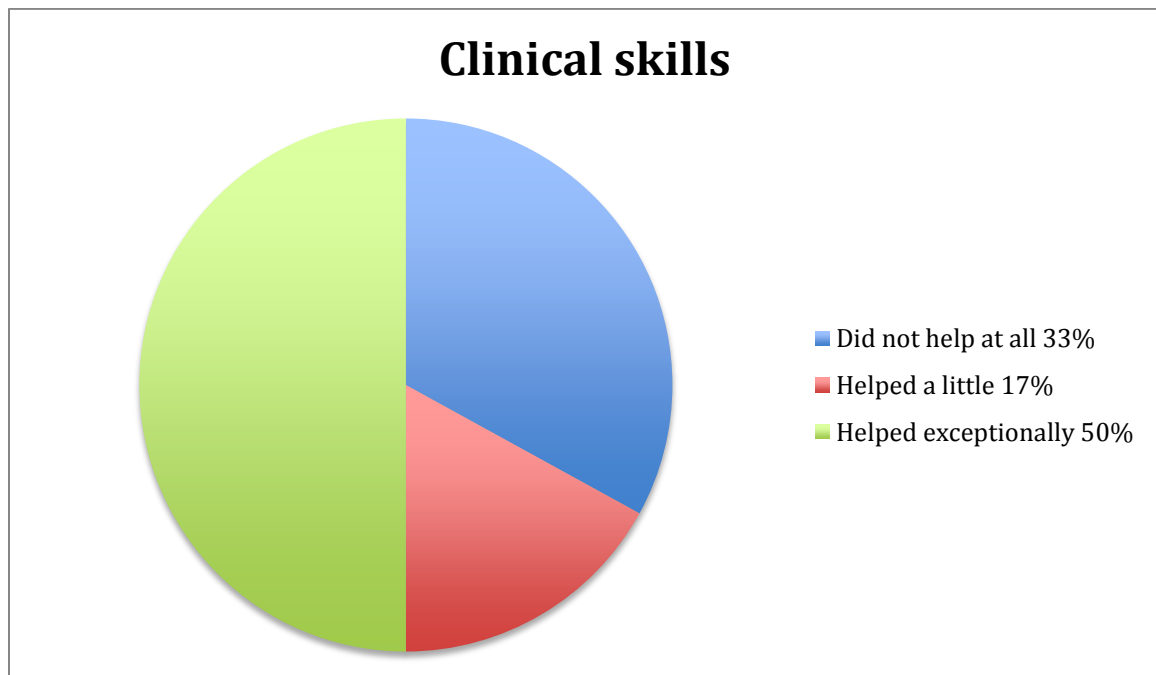
Response rate was relatively poor. However there was a strong sense that clinical skills improved with global volunteering. It is striking that clinical skills improved in 50%. Details are not provided. College assignments have a strong focus on education and training so this benefit was an added value. However it does need some further exploration if people were actually doing clinical activity. The Ghana project has some clinical elements but always in the context of a training agenda. Volunteers need to be registered locally to be able to practice clinically. Even in the Ghana context of very limited clinical contact UK doctors are registered with the appropriate regulatory body.

We would not encourage clinical activity except under conditions of regulation with a national authority. It is of very limited value for UK volunteers in any case to provide direct clinical care.

Resource management

- Helped a little -3 – 30%
- Helped exceptionally- 5 -50%
- Did not help at all – 2- 20%

Resource Management

- Helped a little 30%
- Helped exceptionnally 50%
- Did not help at all 20%
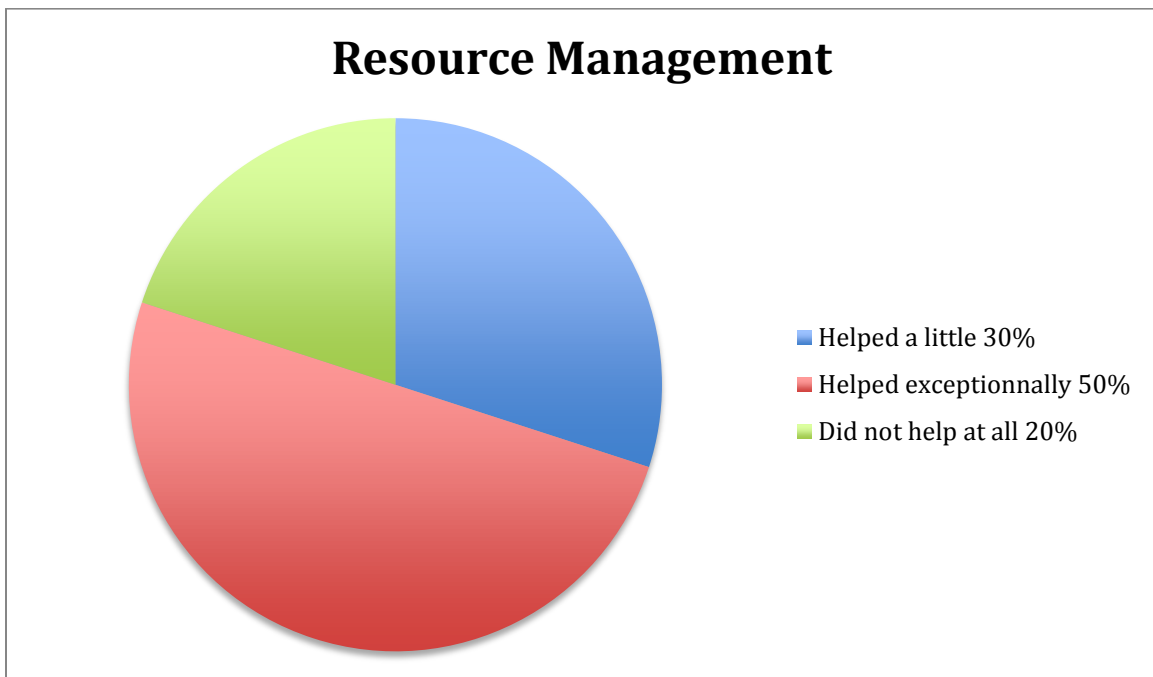
This is an interesting result and shows what has been described consistently in reports summarised above e.g. Lord Crisp report[10]. Global volunteering clearly helps UK doctors to develop skills in resource management. Only 20% did not feel any sense of benefit in this area. Again numbers are low who responded but there is a sense that there was a real benefit in this area.

Academic skills

- Helped a little 3 – 43%
- Helped exceptionally -3 - 43%
- Did not help at all -1- 14%

Academic skills

- Helped a little 43%
- Helped exceptionally 43%
- Did not help at all 14%
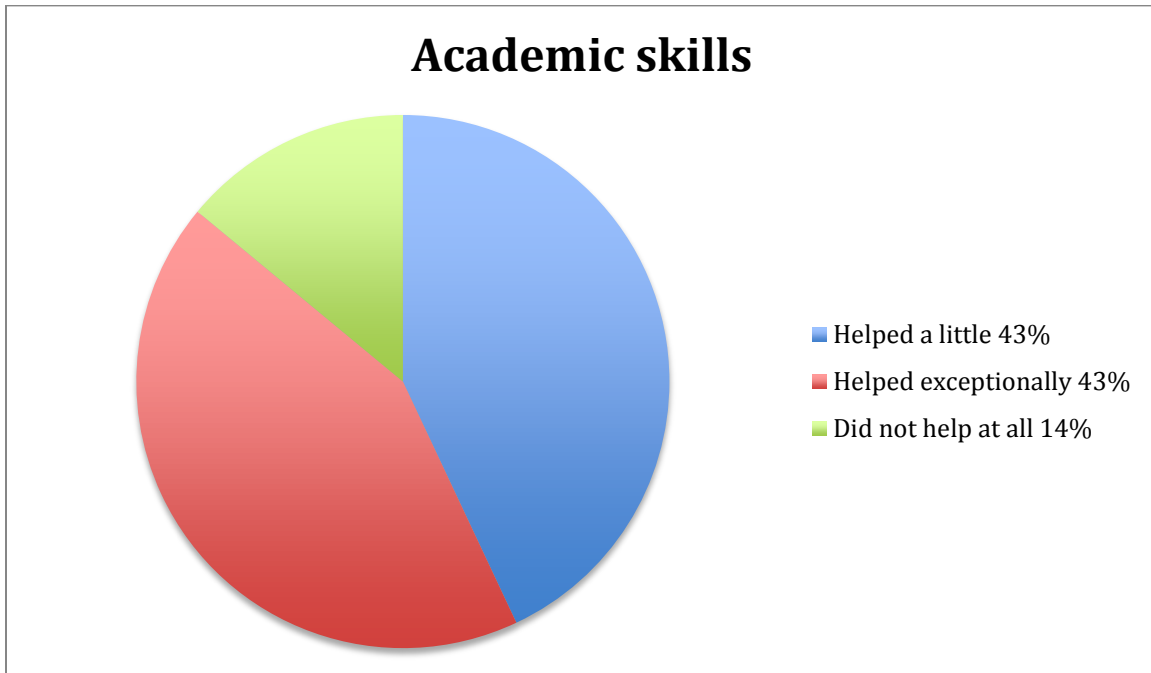
Again a very small sample. Underpinning this is the volume of publications that come out of the volunteer programme. There have been papers from Sudan, Ghana amongst others. These are the papers known to us but others as well. The opportunity to work in a LMIC opens up enormous opportunities for research. For the Ghana project there is a designated day for research and audit activities per week to match the equivalent post if in UK. Global mental health has become a focus of increased research over the past few years and this we suspect will be increasingly evident in the volunteer programme. From the Crisp report[10], subsequent reports and the WHO Mental Health Action Plan 2013-2020[I] the core role of research and rigorous evaluation is emphasised.

KNOWLEDGE

- Helped exceptionally – 7-100%

A small sample size but all felt that their knowledge based was increased. It is difficult to interpret this as we do not know why others didn't respond. The knowledge for UK psychiatrists that can be acquired globally is significant. In UK training there is little experience in mainstream psychiatry training in anxiety skills.

TRANSCULTURAL SKILLS

- Helped exceptionally 10-100%

This is a small number again but a significant response on 100% demonstrating the impact of volunteering on knowledge of transcultural skills. It is an on-going theme that this work helps with transcultural skills.

LEADERSHIP

- Helped a little 4 -50%
- Helped exceptionally 4-50%

Leadership

- Helped a little 50%
- Helped exceptionally 50%
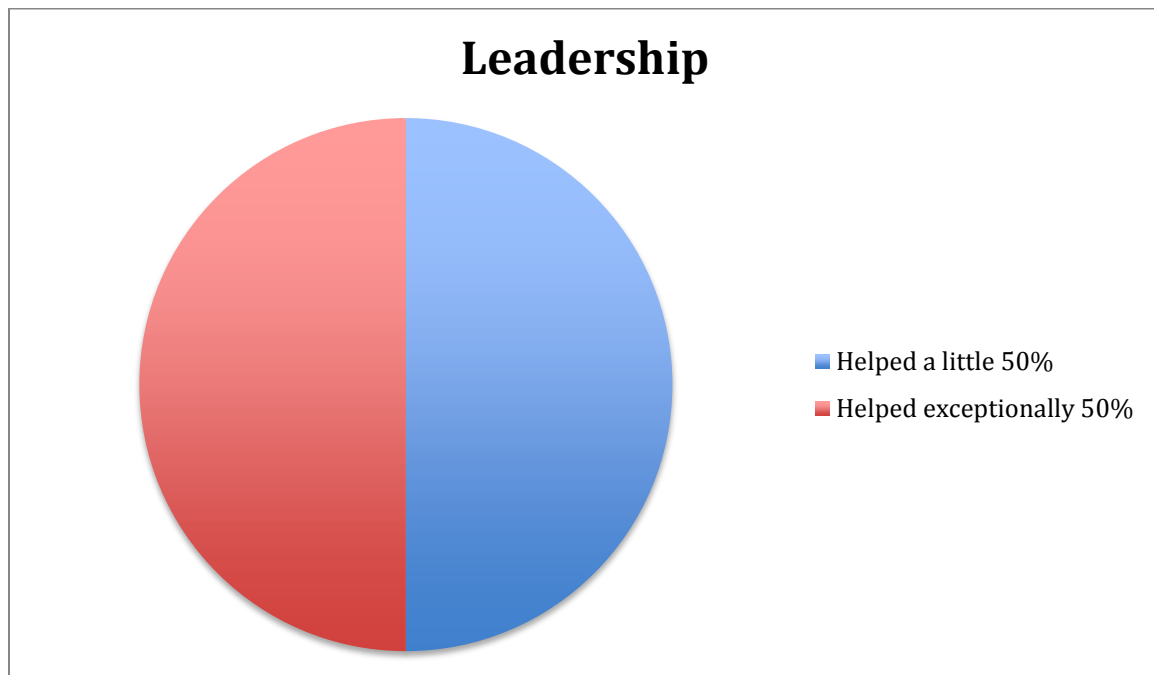
Leadership comes up frequently in the literature as a benefit of UK volunteering. Difficult to extrapolate from the small numbers but again and again it is mentioned by individuals. Leadership is a difficult dynamic in volunteers working in LMIC as it is inappropriate for the UK volunteer to take on a leadership role when the direction should be led by the host country. It does need some further exploration as to what people understand by leadership back in UK. It can be clear for managers but less clear for clinicians. What might be more of interest is the ability to take on an innovation.

AUDIT

- Helped a little- 4 -80%
- Did not help at all -1 -20%

Audit skills

- Helped a liittle 80%
- Did not help at all 20%
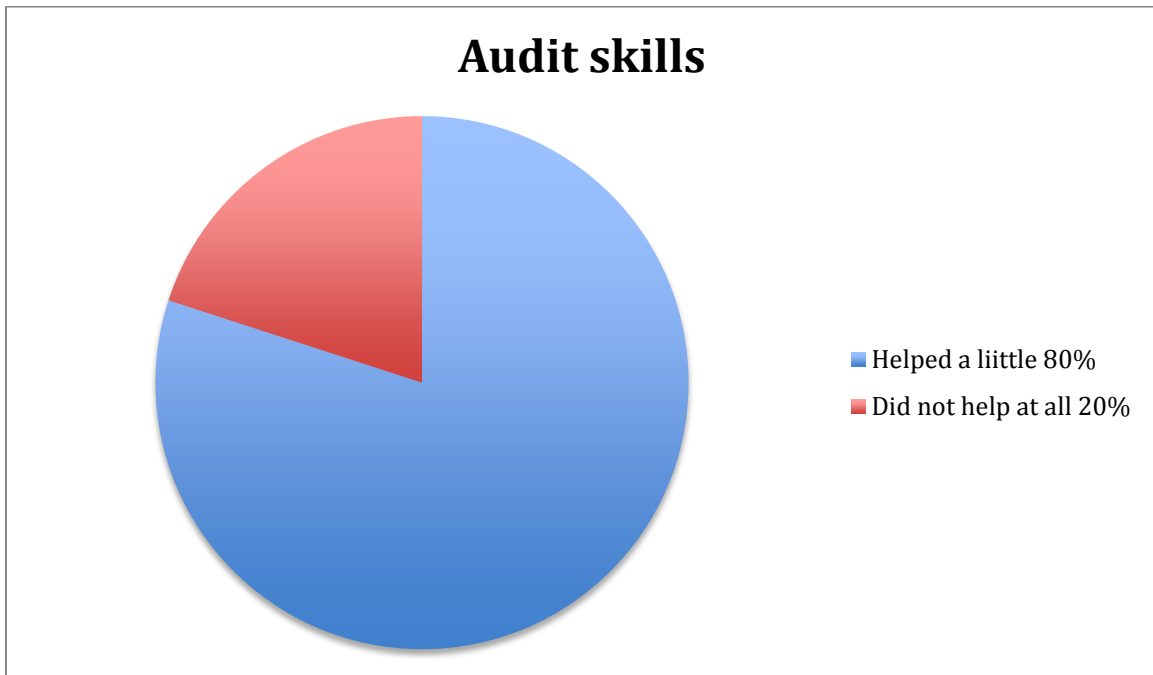
There was little interest overall in this question. Numbers are too low to make any real interpretation. Of note the volunteer programme in Ghana usually necessitates an audit project. This doesn't seem to be reflected in these figures Audit is not described much in the literature as an acquired skill in LMIC.
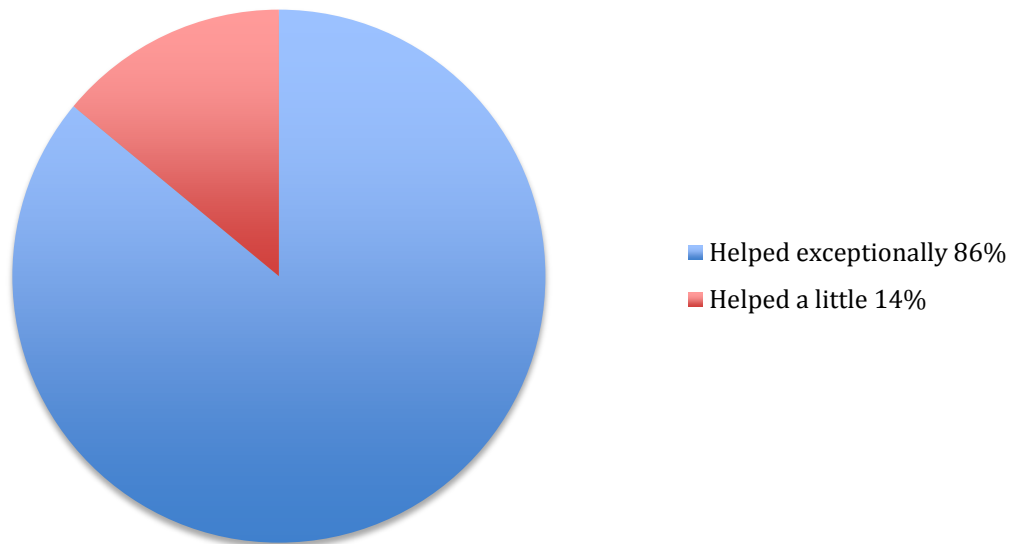
PSYCHOSOCIAL SKILL

- Helped exceptionally 6-100%

This is a surprisingly low figure considering the context of work in LMIC where the social determinants of mental illness are so high.

TEAM WORK

- Helped exceptionally- 6-86%
- Helped a little -1 – 14%

Team work

- ■ Helped exceptionally 86%
- ■ Helped a little 14%

Teamwork is a core part of LMIC projects. It is vital to work as a team so that the local partners can continue the work and make sustainable. Here there is a considerable benefit of teamwork but figures very low. Stories that come up are of hierarchies, which can prevent much work across disciplines where as in UK hierarchies are more flattened.

INNOVATION

- Helped exceptionally -9- 82%
- Helped a little -2- 18%

Innovation

- Helped exceptionally 82%
- Helped a little 18%
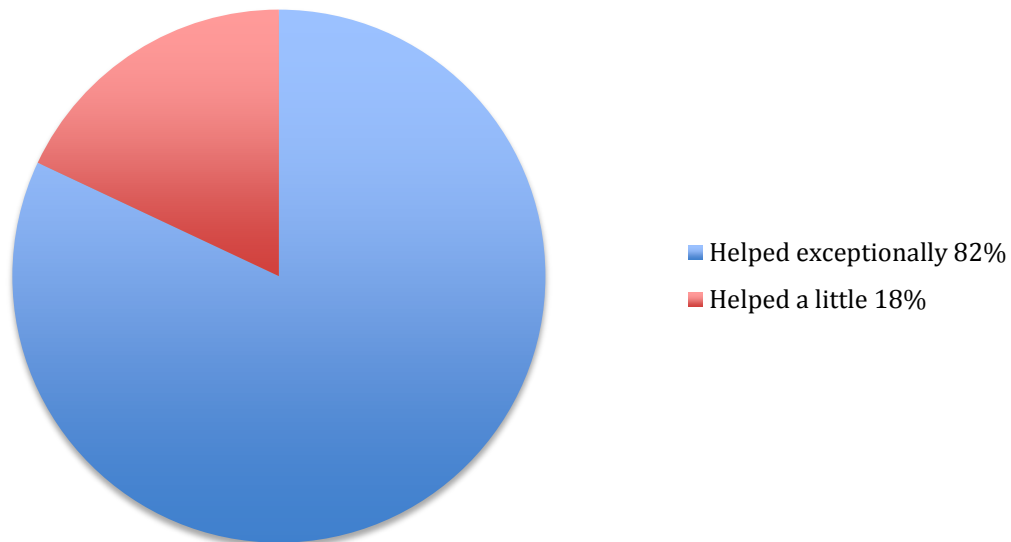
This is useful as reflects the increasing interest in learning lessons from low-income countries and using these lessons to develop new ways of working with the restricted resources in UK. Number remains very low but this is worth further exploration.

**Table 9 Summary of benefits of Volunteering Scheme in UK**

Area of interest	Helped a little	Helped exceptionally	Positive –total	Ranking
Clinical skills	17%	50%	67%	4
Resource Management	30%	50%	80%	3
Academic	43%	43%	86%	2
Knowledge		100%	100%	1
Transcultural		100%	100%	1
Leadership	50%	50%	100%	1
Audit		80%	80%	3
Psychosocial Skills		100%	100%	1
Team work	14%	86%	100%	1
Innovation	18%	82%	100%	1

This table summarizes the relative contributions of self-reported views of how global work helps back in UK.

Figures are low but there is some pattern with less feeling that clinical skills are helped compared to other areas.

- Not all useful -2 -14%
- Very useful – 10- 71%
- Mod useful -2- 14%
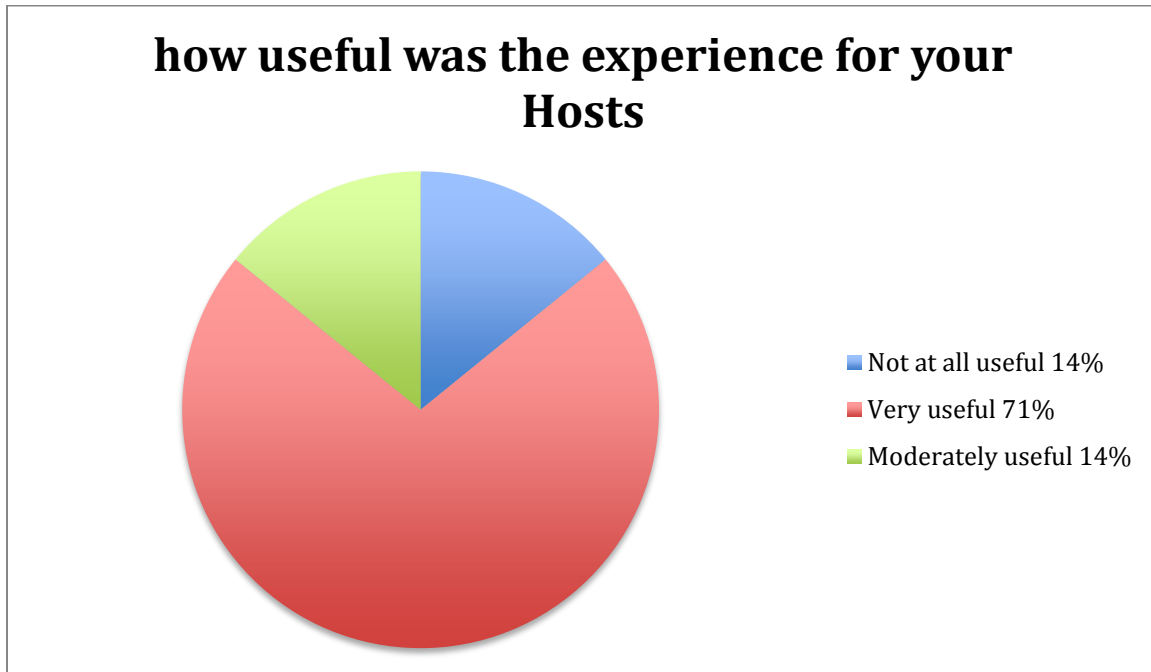
This question was answered by few and I suspect that the 14% reflects a very honest view and an underestimate. There are many projects especially training that do not sustain future benefit for the host countries.

The issues that come up are the need for on-going supervision. I refer to paper on the e-supervision follow up of mhGAP training in Sudan[22]. This was successful in some ways but not in the sense of sustainable change in host country as so few actually continued with the supervision and so many people left Sudan for better salaries in Saudi Arabia and the richer gulf countries.

Comments

There were some comments made which showed some of the issues. Volunteers felt they needed more time to achieve more. Staff were poor quality to make full use of volunteers. Language limitations prevented some from really making a difference. There was a sense as well that the hosts did not take advantage of the skills of the volunteers fully.

- Language, travelling between sites

- Dedicated my life to disaster work
- Standard setting amongst some poor quality staff
- Pressure to extend time
- Unable to answer as not college volunteer.
- Difficult to know but I felt that they did not take full advantage of my skills and time. I was lecturing and taking tutorials in the University Department.
- Language was an issue.

Q 14. RCPsych Volunteers Survey

How supported were you by your employer in being released for volunteer work?

Mod supported- 3- 33%
Very supported- 5- 56%
Not at all supported- 1- 11%
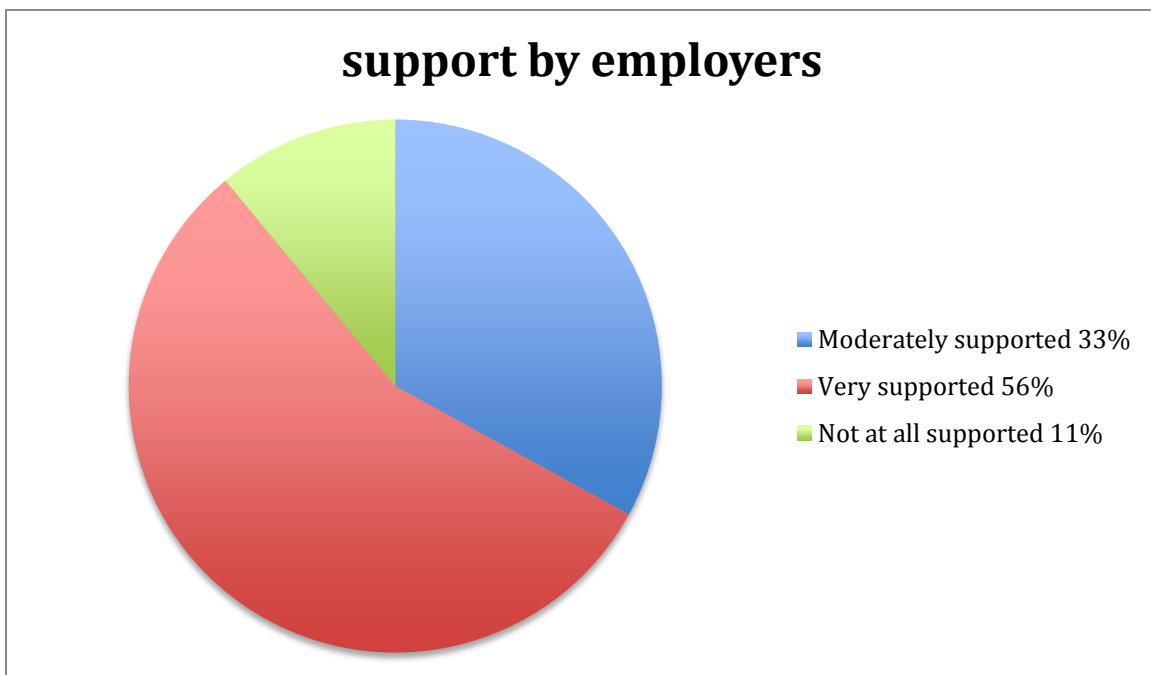
This is a key issue for many. Volunteering often takes place in annual leave time and is not necessarily supported otherwise. Other trusts have allowance of special leave. During humanitarian crises like the Tsunami or Ebola there was a culture of enabling staff to take leave for volunteering. This is unpaid leave. With UK Med[av] there is a system of back fill for those who are volunteering in humanitarian crises or at least funding for this. It is clear that there will be some loss of continuity of work but encouraging to see the majority favourable response from this survey.

| Q.15. If applicable, Please give details of how you were supported and any particularly positive experiences	
Answer Options	Response Count
	13
answered question	13
skipped question	202

- 2 months unpaid leave
- NHS and Faculty of Medicine were never supportive. Each complained that my work generated no income. The experience was counted as ST4 training. I spent 1 month of salary on scheme costs.
- My Consultant was supportive. NHS trust took a while to respond. They didn't seem interested.
- Medical Director was very supportive for a year's sabbatical.
- I had to go on annual leave and got a letter of support from the College provided to the employer.
- Employers gave me regular unpaid leave and have encouraged me to share and promote international experience. I was given 2 weeks unpaid leave and took the rest as annual leave.
- I found it the most personally rewarding thing that I have done professionally. I was able to take study leave and also part funded by study budget, leave and cover.
- Took as an OOPE (Out of programme experience).

Here, there are a variety of comments showing varying levels of support for Volunteering. Overall positive.

Q.16. How important is the College Volunteering Scheme to you in terms of volunteering globally?

- Very important – 8- 73%
- Moderately important- 1- 9%
- Not important -2- 18%

Importance of College Volunteering scheme

- Very important 73%
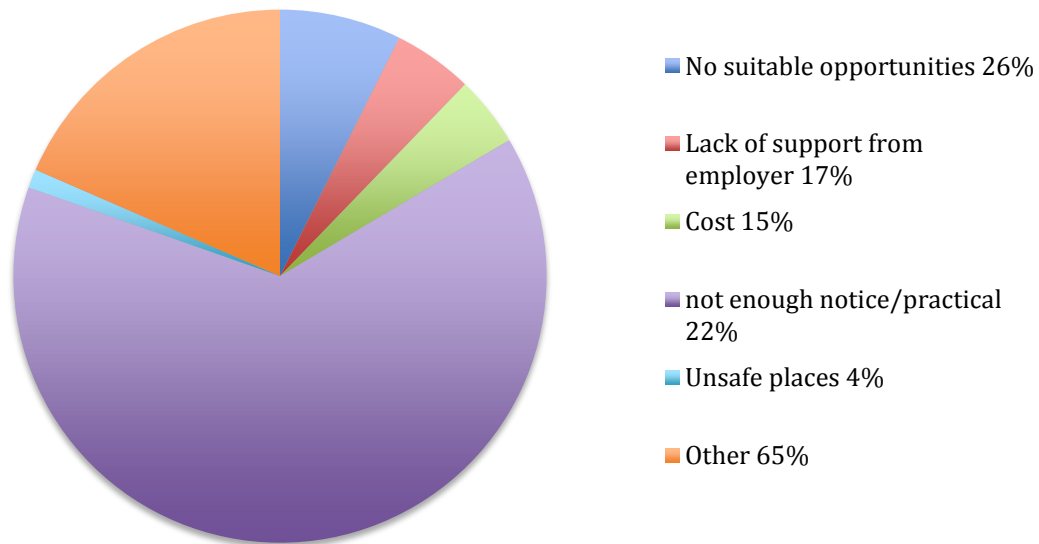- Moderately important 9%
- Not important 18%
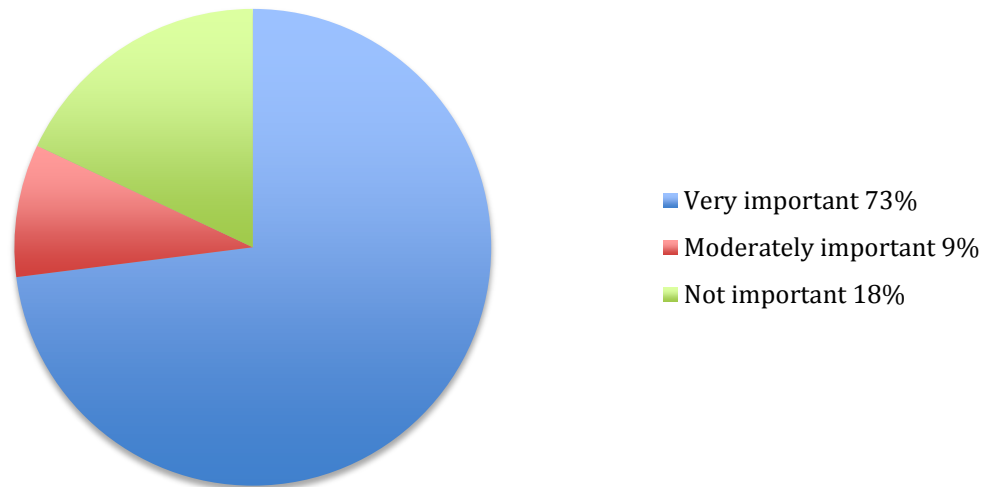
The college-volunteering scheme is of great interest to many. However on a global scale it is not of great significance and this is reported factually and honestly by some. It brings up the discussion of where the college scheme sits in terms of usefulness in global mental health volunteering. However the scheme does suit the Psychiatry profession with most assignments in more recent years being for 3 months or less. This is not good development wise but works for the scheme and through careful planning can be useful to host countries.

Q. 17. If you have not volunteered for the College what factors have prevented you from doing so? (please tick all that apply)		
Answer Options	Response Percent	Response Count
No suitable volunteering opportunities	25.6%	40
Lack of support from employer	16.7%	26
Cost	15.4%	24
Not enough notice to make arrangements	14.1%	22
Opportunities have been in unsafe places	3.8%	6
Practical hurdles (i.e. Visas, adverse weather)	8.3%	13
Other (please specify)	65.4%	102
	answered question	156
	skipped question	59

Obstacles to volunteering

Legend:
- No suitable opportunities 26%
- Lack of support from employer 17%
- Cost 15%
- not enough notice/practical 22%
- Unsafe places 4%
- Other 65%

Obstacles to Volunteering. 102 comments in Appendix i

Summary of comments below

- No suitable volunteering opportunities 26% n=40
- Lack of support from employer 17% n=26
- Not enough notice to make arrangements 14% n= 22
- Opportunities have been in unsafe places 4% n= 6
- Practical hurdles 8% n= 13
- Other 65% n=102

These are varied responses. They show a diverse group of entirely understandable reasons. There are some comments that they haven't heard about the opportunities. The opportunities for volunteering are actually sent by e-mail to all registered volunteers. However there may be an issue of e-mail problems. There have indeed been calls out for places that might appear dangerous like Somalia, Chad and Iraq. There have been others that are in places perceived as more safe e.g. Malawi. Some of the obstacles are practical such as cost. Other reasons were lack of notice. Experience shows that these volunteering opportunities are filled through word of mouth more than any other mechanism and individual invitation.

Q.18. Have you undertaken any international volunteering with other organisations (i.e. organisations other than the College)		
Answer Options	Response Percent	Response Count
Yes	50.0%	89
No - please skip to the next page	50.0%	89
answered question		178
skipped question		37

Have you undertaken any international volunteering with other organisations (i.e. organisations other than the College)

Legend:
- Yes
- No - please skip to the next page
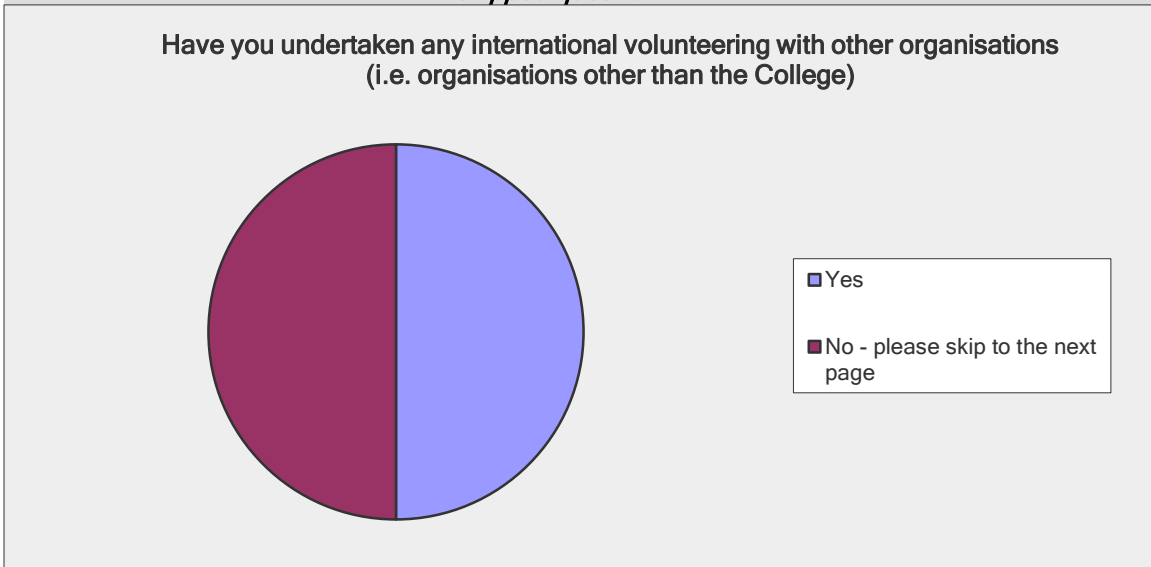
- Yes 50.28%
- No 49.8%

This is a relatively large response rate for this survey and shows that there is an active amount of volunteering even outside of the College Volunteering scheme.

Q.19. How long did you volunteer for? (If you have volunteered more than once please use your most recent experience)		
Answer Options	Response Percent	Response Count
< 1 Month	50.0%	46
1 month - 3 months	19.6%	18
3 months - 6 months	10.9%	10
6 months to 1 year	5.4%	5
Over 1 year /on-going	14.1%	13
Answered question		92
skipped question		123

How long did you volunteer for? (if you have volunteered more than once please use your most recent experience)

- < 1 Month
- 1 month - 3 months
- 3 months - 6 months
- 6 months to 1 year
- Over 1 year /ongoing
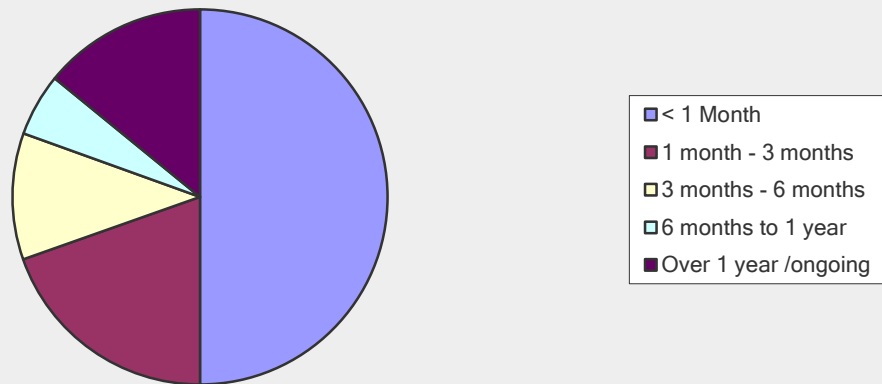
- <1 month 50% n=46
- 1 month to 3 months 20% n=18
- 3 months to 6 months 11% n=10
- 6 months to 1 year 5% n=5
- Over 1 year and on-going   14% n= 13

The most frequent response was for short-term assignments. This is outside of College scheme and mirrors this niche role of shorter-term assignments. The small number for longer term is a function of the great difficulty in taking time off.

Q. 20 How supported were you by your employer in being released for volunteer work?

N=96
- Not at all supported 8- 24%
- Moderately supported 14- 42%
- Very supported 11- 33%

Support by employer for release

- Not at all supported 24%
- Moderately supported 42%
- Very supported 33%
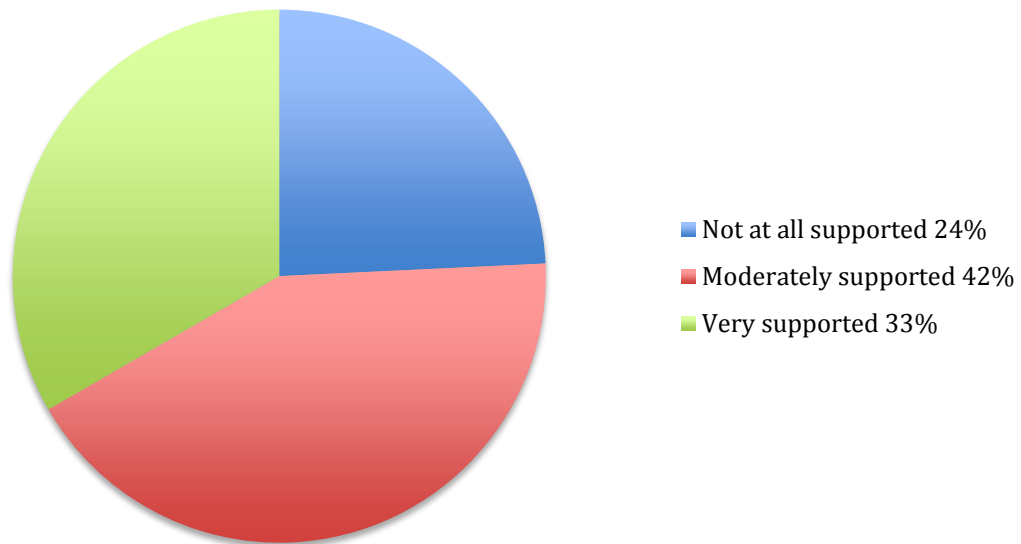
It seems most people feel supported by employers in being released for this kind of work. Comments however show that many employers were indifferent as long as work in NHS not compromised rather than seeing any positive aspects.

Q 21. How did your volunteering experiences help when you returned to work?

Answer Options	
Clinical skills	2
Resource management	2
Academic Skills	2
Knowledge	0
Transcultural skills	0
Leadership	1
Audit skills	14
Psychosocial skills	3
Team work	0
Innovations	2

CLINICAL SKILLS
- Did not help at all   1- 3%
- Helped a little 17- 57%
- Helped exceptionally 12 – 40%

Clinical skills in UK
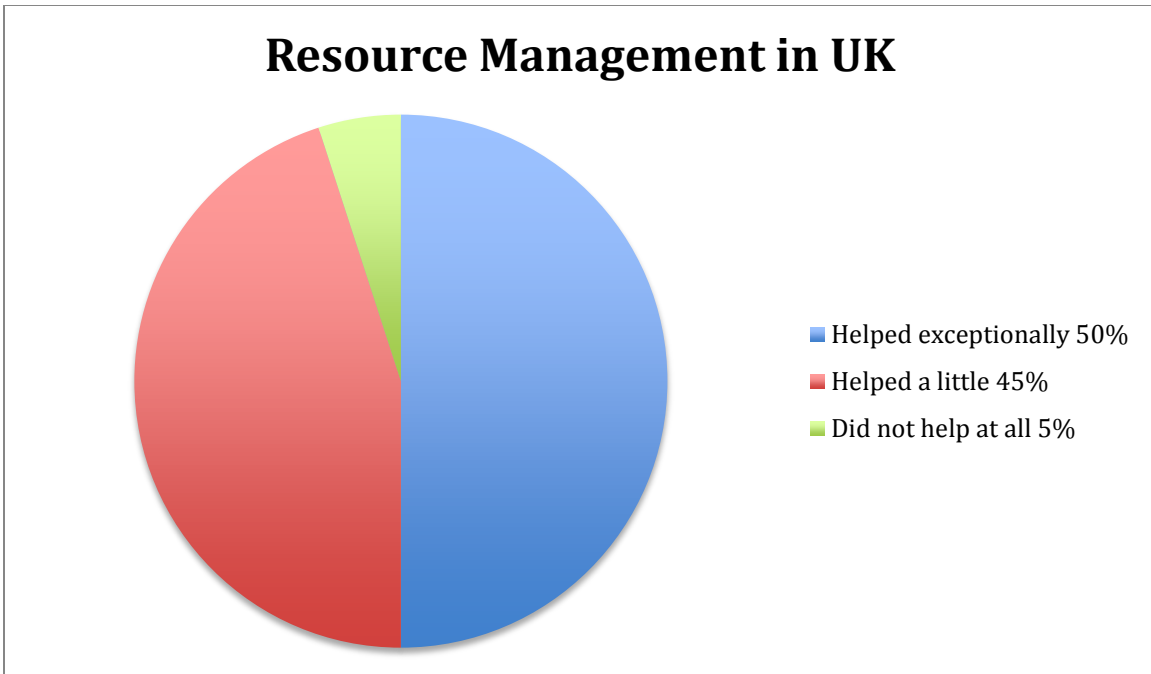

- Did not help at all 3%
- Helped a little 57%
- Helped exceptionally 40%
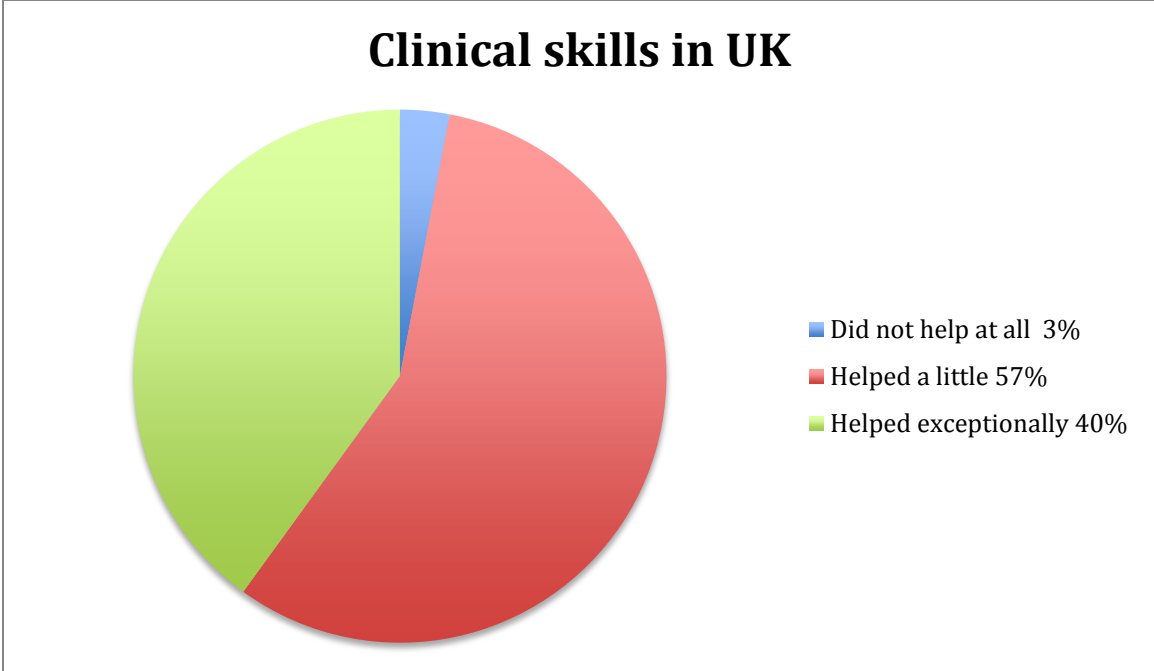
This mirrors the previous result with the College scheme and shows a very positive benefit in clinical skills.

RESOURCE MANAGEMENT
- Helped exceptionally 11- 50%
- Helped a little 10- 45%
- Did not help at all 1 – 5%

Resource Management in UK

- Helped exceptionally 50%
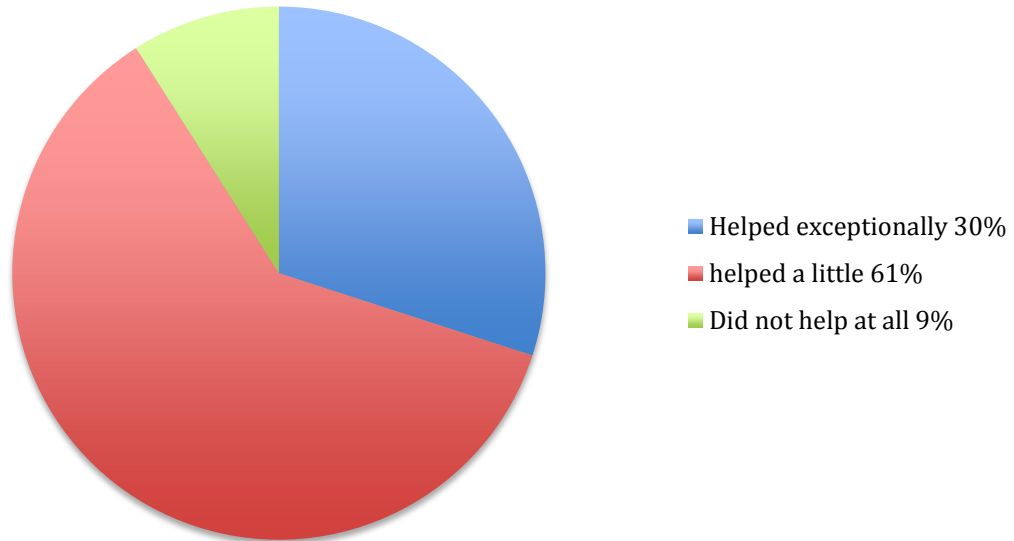- Helped a little 45%
- Did not help at all 5%

Again this is consistent with same question for college scheme. Only a very small percentage 5% said no benefit on return to UK. The numbers are slightly more than For same question with college scheme.

ACADEMIC SKILL

- Helped exceptionally 7- 30%
- Helped a little 14- 61%
- Did not help at all 2- 9%

Academic Skills in UK

- Helped exceptionally 30%
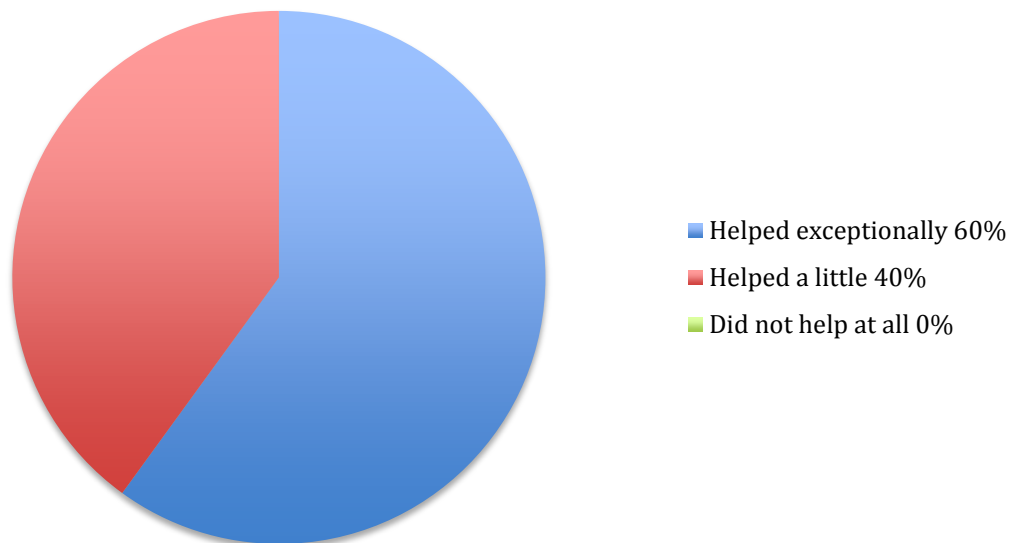- helped a little 61%
- Did not help at all 9%

Academic skills were helped except in 9%.

KNOWLEDGE

- Helped exceptionally 6- 60%
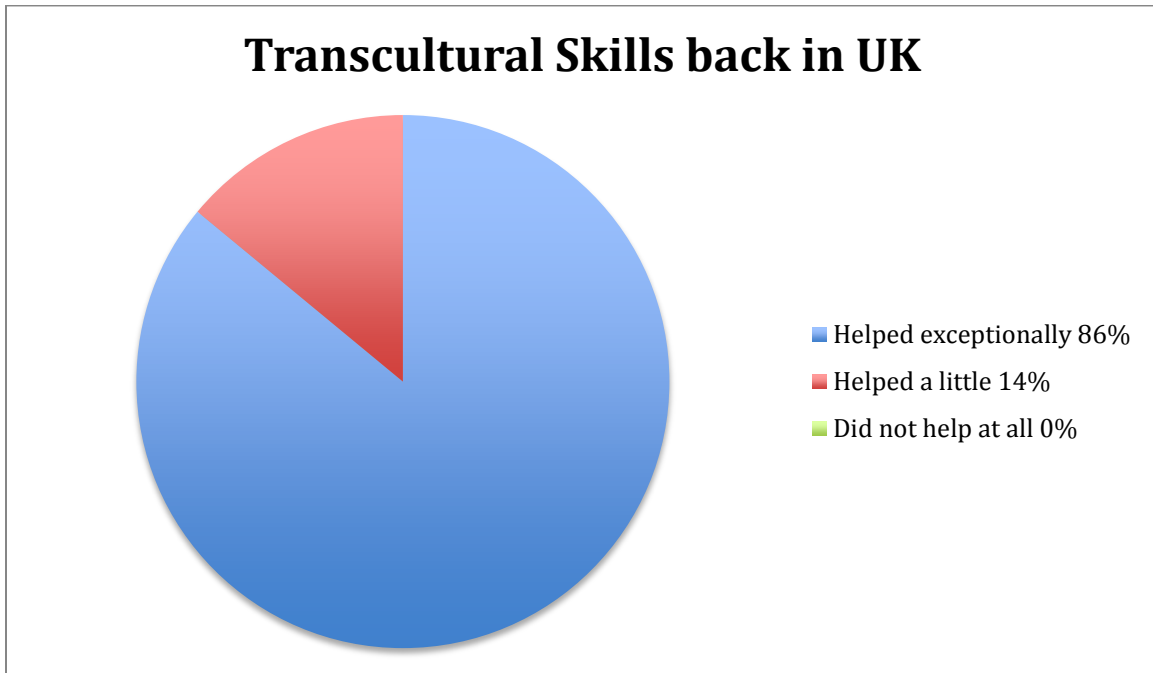- Helped a little 4- 40%
- Did not help at all   0 -0%

Knowledge in UK work

- Helped exceptionally 60%
- Helped a little 40%
- Did not help at all 0%

Again a very positive response. There may be inherent biases in these survey answers but there is an internal consistency although small numbers.

TRANSCULTURAL SKILLS

- Helped exceptionally 19 -86%
- Helped a little 3- 14%
- Did not help at all 0

Transcultural Skills back in UK

- Helped exceptionally 86%
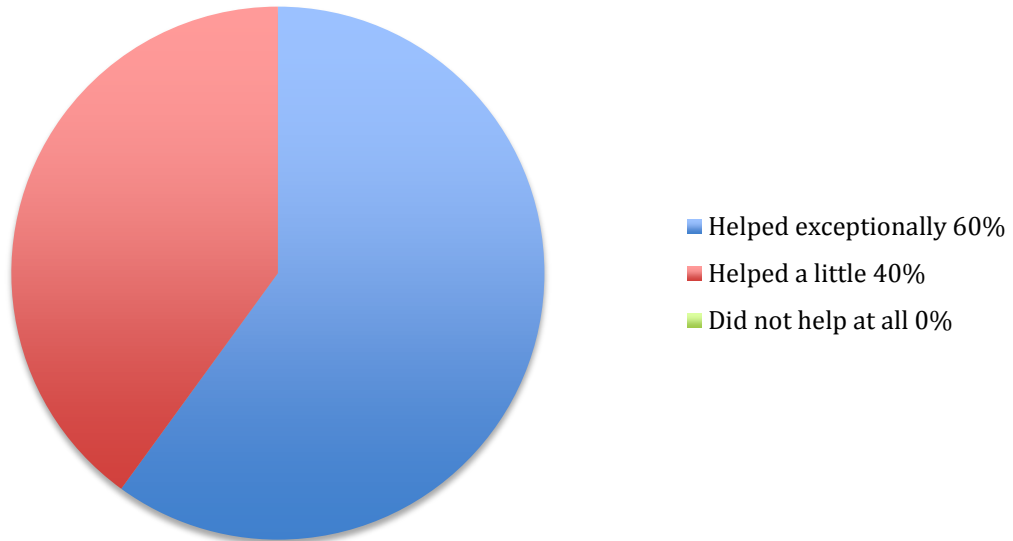- Helped a little 14%
- Did not help at all 0%

There is a dramatic response to this question with many saying they had enhanced transcultural skills back in the UK.

LEADERSHIP

- Helped exceptionally 15- 60%
- Helped a little 10- 40%
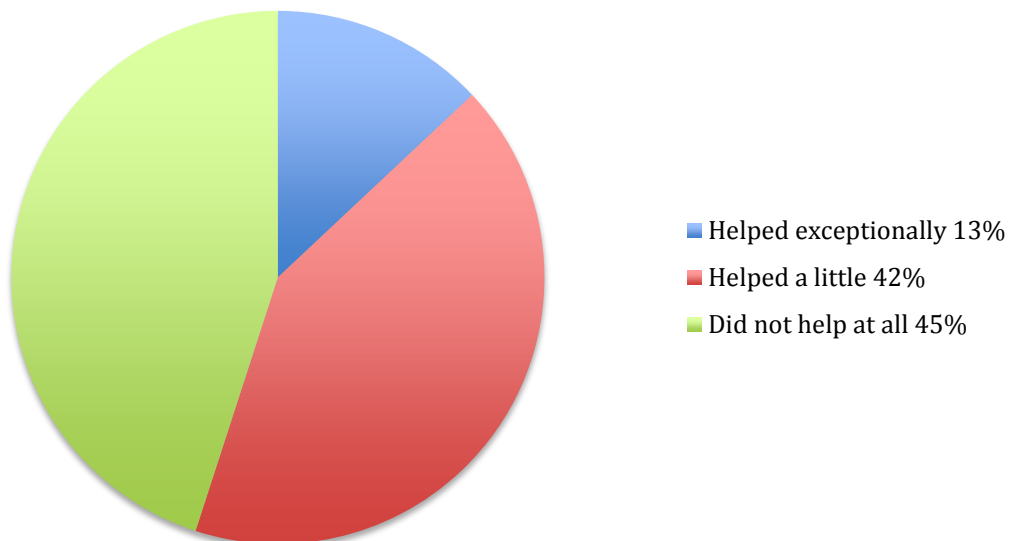- Did not help at all 0-0%

Leadership back in UK

- Helped exceptionally 60%
- Helped a little 40%
- Did not help at all 0%

Leadership skills did improve in all.

AUDIT

- Helped exceptionally 4 – 13%
- Helped a little 13- 42%
- Did not help at all 14- 45%

Audit in UK

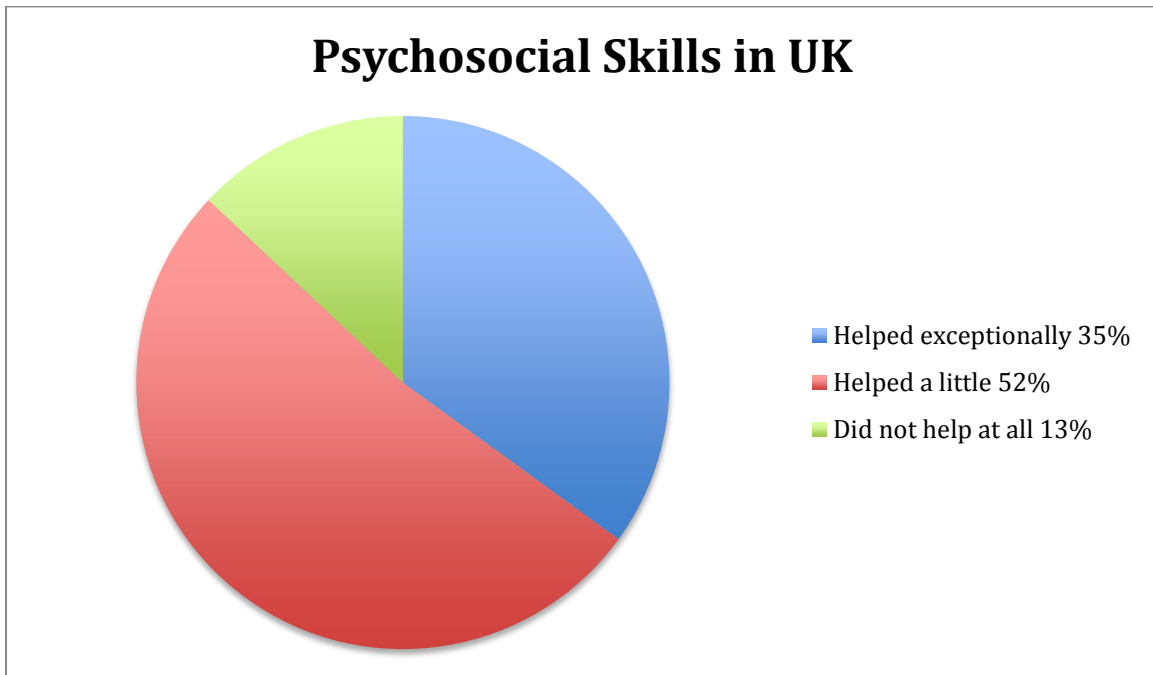- Helped exceptionally 13%
- Helped a little 42%
- Did not help at all 45%

Audit skills were not particularly advantaged by global volunteering.

PSYCHOSOCIAL SKILLS

- Helped exceptionally 8- 35%
- Helped a little 12- 52%
- Did not help at all 3 – 13%

Psychosocial Skills in UK

- Helped exceptionally 35%
- Helped a little 52%
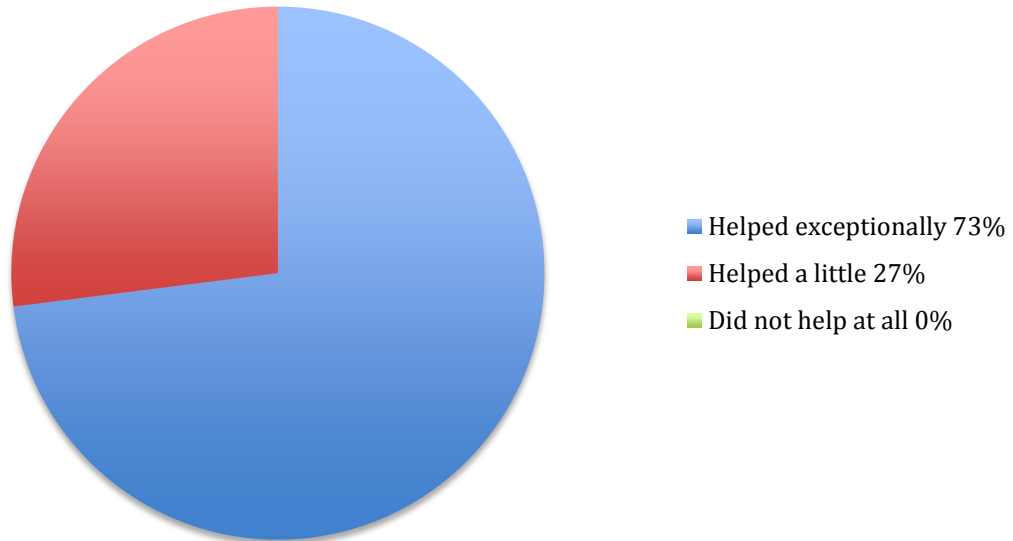- Did not help at all 13%

Many were helped in psychosocial skills. This needs further exploration as the nature of global work can be varied. In many places the psychiatric model can be very medicalised and little scope for psychosocial management whereas with the mhGAP model there is a clear framework for psychosocial management.

TEAM WORK

- Helped exceptionally 11- 73%
- Helped a little 4- 27%
- Did not help at all 0 -0%

Team work in UK

- Helped exceptionally 73%
- Helped a little 27%
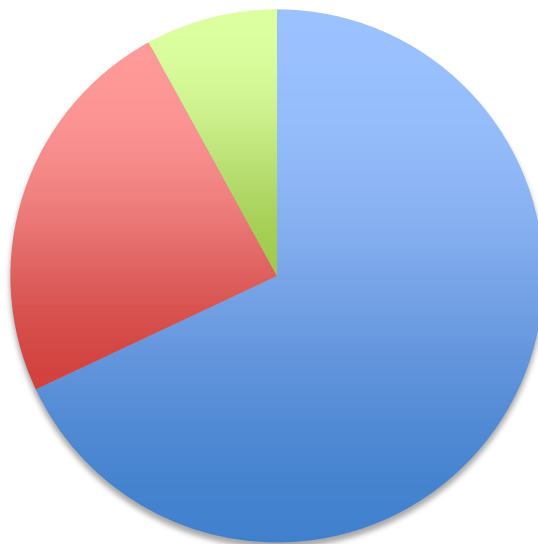- Did not help at all 0%

There was a significant help with teamwork form working globally.

INNOVATION

- Helped exceptionally 17- 68%
- Helped a bit 6- 24%
- Did not help at all 2- 8%

Innovation back in UK

Comments –

Positive comments 11- 42%
Neutral comments 14- 54%
Negative 1- 4%

This needs further exploration as to what innovations there were back in UK. In this survey people did respond positively.

Table 10 summary of benefits of volunteering scheme in UK outside of College Volunteer scheme

Area of interest	Did not help at all	Helped a little	Helped exceptionally		Positive-total –Non College scheme		(Positive –total Volunteer scheme)
Clinical skills	3%	57%	40%		97%		67%
Resource Management	5%	45%	50%		95%		80%
Academic	9%	61%	30%		91%		86%
Knowledge	0%	40%	60%		100%		100%
Transcultural	0%	14%	86%		100%		100%
Leadership	0%	40%	60%		100%		100%
Audit	45%	42%	13%		55%		80%
Psychosocial Skills	13%	35%	52%		87%		100%
Team work	0%	27%	73%		100%		100%
Innovation	8%	24%	68%		92%		100%

There is a significant difference in view of clinical skills use back in UK with non-college volunteers being more positive about benefits. Of note, The College is less likely to promote direct clinical care for Volunteers Globally. Least helpful was Audit.

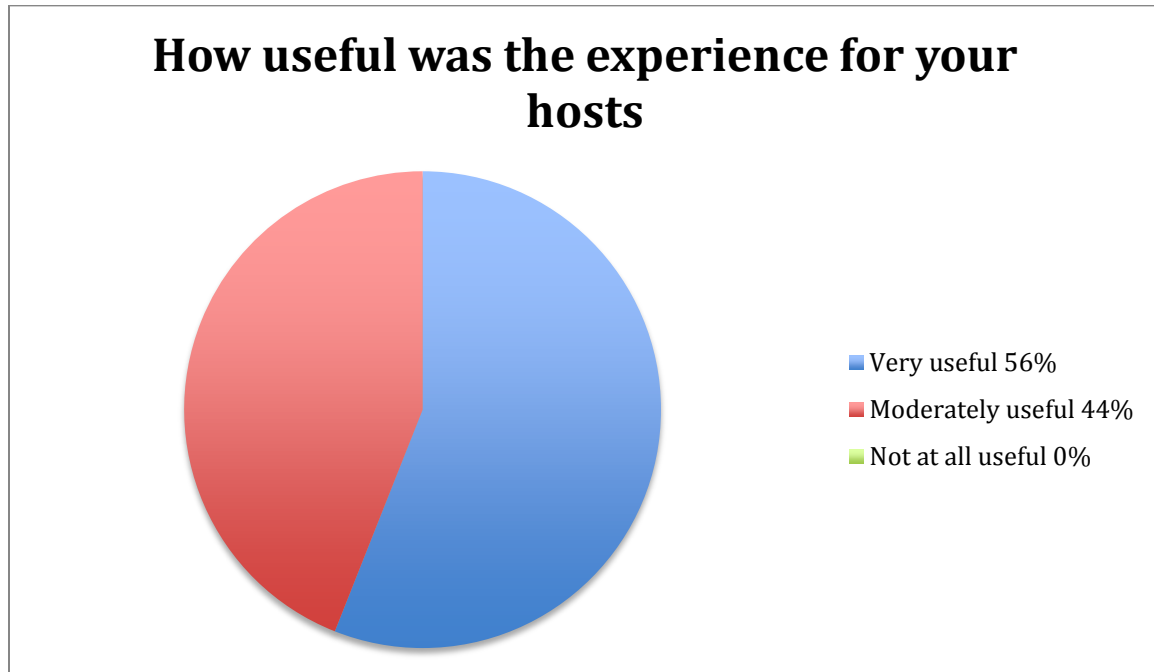General Comments below **Appendix iv**. Benefit of Volunteering back in UK –Non College Scheme

Summary of general comments

These are overwhelmingly positive in a personal, professional and reflective sense. People feel it has helped them as doctors even a transformative experience.

Q 22.

- Very useful   18
- Moderately useful 14
- Not at all helpful 0

Comments

Positive 9-69%
Negative 2- 15%
Neutral 2- 15%

- "I set up a medical student electives as an undergraduate using 10 students a year from a post war area for very short placements so that was useful locally and I think positive for the medical students involved following 2 brief volunteer experiences in postgraduate level I think local education provision is a key. Also I think short term initiatives supportive doctors and other clinicians in areas with limited access to psychiatry teaching and training whilst not a panacea by any means are hugely well received and very needed in some areas".
- "Very useful. I presume it was useful as I am frequently requested to help out in various other ways e.g. lecturing and training".

- "Probably quite useful as we agreed a number of areas where we would like to try to contribute in terms of donating our skills".
- "I think that they could get more out of it. There were many structural problems with the hosts. Interpersonal rivalries. I thought the mhGAP was very clumsy over inclusive and not suitable for the target audience I have used it a few times and hate it. It is difficult to lecture using other people's material; the audience were very needy and appreciative".
- "I would love to volunteer or work abroad at even minimal income but do need some financial support to make it possible".
- "It cost my hosts so probably on balance for them it was useful but the more I do this, the more humble and realistic about who it is really benefitting here".
- "Very useful and others do this work because our partners wants us to and they give plentiful feedback in various ways. This work is part of a long-term project and we can demonstrate tangible improvements over time".
- "Very useful and others do this work because our partners wants us to and they give plentiful feedback in various ways. This work is part of a long-term project and we can demonstrate tangible improvements over time".
- "Any teaching has to take into account the host community /environment and culture including available resources"
- "This was carried out whilst on annual leave and did not involve the employer. There was no cost to the host organisation including travel".
- "Run my own NGO".
- "Moderately useful. It has raised the awareness of the issue of student mental health and am about to start resilience training in Strathmore".
- "Moderately useful. Teaching was most useful. Clinical not meaningful".
- "Moderately useful –I've no doubt that practice improved and if my teaching were followed suffering and morbidity would be reduced. However I do wonder whether what I left has remained".

Comments here are mixed with some very positive and some reflective. Some honestly question the host benefits over time. Often hosts are very polite and appreciative of any intervention even if not a real help other than a sense of good will and morale boosting.

Q 23.

We would value your thoughts on ideas for the programme · Further programmes ·
Fundraising · Links to other organisations·
How to use the skills on return to UK · Short vs. long term assignments ·
Importance of College in this work
If leave your comments and suggestions in the box below.

69 comments

Table 11 Comments themed on future of volunteer programme

Thematic analysis of comments	Number	%
Length of volunteering opportunities	14 (12 wanting short term assignments)	22%
Information systems and marketing	18	28%
Resource related	6	9%
College supports	2	3%
Training related	5	8%
Interest in volunteering	18	28%
Negative comment	1	2%

98% of comments were positive. There are other comments in the survey indicating the on a global level the volunteer scheme is not important which is probably true. The interest in volunteering shines out. The other theme that comes up here and elsewhere is the need for short-term assignments for professional purposes. It remains very difficult to take time out of work. Although some of reports above talk about the importance of NHS releasing people more easily there is still a patchy response from Trusts throughout the UK.

Future of Volunteering See Appendix v for comments

Table 12 Summary of Results -Volunteer survey

2	Are you registered as a "College Volunteer"	Yes 23%		No 77%	Response 23%
3	Have you volunteered with the College?	Yes 42%		No 58%	Response 21%
4	In which year was this?	20 answers from 1998			Response 9%
5	How long did you volunteer for?	67% <1 month 18% <3 Month 5% < 6 Months 5% < 1 Year 5%>1 year			Response 10%
6.	Was this your first experience of international volunteering?	65% Yes		35% No	Response 18%
7.	If "No" please provide details of the other international volunteering you have undertaken				Response 4%
8.	In terms of the College input - how well were you prepared for the assignment?	Not prepared at all 19%	Moderately prepared 57%	Very prepared 31%	Response 8%

9.	How supported were you during your assignment?	Not supported at all 27%	Supported a little 7%		Fully Supported 67%	Response 7%
10.	Did the college debrief you after assignment?	Yes 55%	No 45%			Response 10%
11.	What form did this debrief take?	Listed above				Response 6%
12	How did your volunteering experiences help when you returned to work?	Clinical skills	Did not help at all 33%	Helped a little 17%	Helped exceptionally 50%	Response rate 2% to 6%
		Resource management	Did not help at all 20%	Helped a little 30%	Helped exceptionally 50%	
		Academic skills	Did not help at all 14%	Helped a little 43%	Helped exceptionally 43%	
		Knowledge	Did not help at all	Helped a little	Helped exceptionally 100%	
		Transcultural skills	Did not help at all	Helped a little	Helped exceptionally 100%	
		Leadership	Did not help at all	Helped a little 50%	Helped exceptionally 50%	
		Audit	Did not help at all 20%	Helped a little 20%	Helped exceptionally 80%	
		Psychosocial Skills	Did not help at all	Helped a little	Helped exceptionally 100%	
		Teamwork	Did not help at all	Helped a little 14%	Helped exceptionally 86%	
		Innovation	Did not help at all	Helped a little 18%	Helped exceptionally 82%	
13,	Considering all factors, including personal and professional costs, How useful was the experience for your Hosts	Not at all useful 14%	Moderately Useful 14%		Very Useful 71%	Response rate 7%
14.	How supported were you by your employer in being released for volunteer work?	Not at all supported 11%	Mod supported 33%		Very supported 56%	Response rate 4%
15.	See Text above					
16.	How important is the College Volunteering Scheme to you in terms of volunteering globally?	Not important 18%	Moderately important 9%		Very important 73%	Response rate 5%
17.	If you have not volunteered for the	No suitable volunteering opportunities	26%			Response rate

	College what factors have prevented you from doing so?	Lack of support from employer	17%		73%
		Cost	15%		
		Not enough notice to make arrangements	14%		
		Opportunities have been in unsafe places	4%		
		Practical hurdles (i.e. Visas, adverse weather)	8%		
		Other	65%		
18.	Have you undertaken any international volunteering with other organisations (i.e. organisations other than the College)	Yes 50%		No 50%	Response 83%
19.	How long did you volunteer for?	<1 month	50%		Response rate 43%
		1 month -3 months	20%		
		3-6 months	11%		
		>6 months -1 year	5%		
		> 1 year	14%		
20.	How supported were you by your employer in being released for volunteer work?	Not at all supported 24%	Moderately supported 42%	Very supported 33%	Response rate 45%
21.	How did your volunteering experiences help when you returned to work?	Clinical skills	Did not help at all 3%	Helped a little 57%	Helped exceptionally 40%	Response rate 2% to 6%
		Resource management	Did not help at all 5%	Helped a little 45%	Helped exceptionally 50%	
		Academic skills	Did not help at all 9%	Helped a little 61%	Helped exceptionally 30%	
		Knowledge	Did not help at all	Helped a little 40%	Helped exceptionally 60%	
		Transcultural skills	Did not help at all	Helped a little 14%	Helped exceptionally 86%	
		Leadership	Did not help at all	Helped a little 40%	Helped exceptionally 60%	
		Audit	Did not help at all 45%	Helped a little 42%	Helped exceptionally 13%	
		Psychosocial Skills	Did not help at all 13%	Helped a little 52%	Helped exceptionally 35%	
		Teamwork	Did not help at all	Helped a little 27%	Helped exceptionally 73%	
		Innovation	Did	Helped a	Helped	

			not help at all 8%	little 24%	exceptionally 68%	
22,	**Considering all factors, including personal and professional costs, How useful was the experience for your Hosts**	Not at all helpful 0%	Moderately useful 43%		Very useful 56%	Response 15%
23.	**Future thoughts**	Information systems and marketing	28%		Rank 1	Response Rate 32%
		Interest in volunteering	28%		Rank 2	
		Length of volunteering opportunities	22%		Rank 3	
		Resource related	9%		Rank 4	
		Training related	8%		Rank 5	
		College supports	3%		Rank 6	
		Negative Comments	2%		Rank 7	

Discussion on survey

The low survey response has been disappointing but not unexpected with the high level of surveys being issued through the College.

One can postulate that those who have responded are those that have some level of interest.

It is clear that for many the College volunteering scheme is unknown or irrelevant and at the same time there is a clear interest in the area and a burning enthusiasm. Comments about the actual volunteers program are generally positive.

There are some inaccuracies that can be cross checked e.g. some people who are identified say they did not receive debriefing afterwards when we know this did happen.

More work needs to be done on marketing the volunteering scheme if it is to be of global value.

The low response rate does make analysis at risk of bias. However the low response rate of Psychiatrists to all survey requests is relatively consistent. There also seem to be some technical problems with some saying they had not received the survey request even though they are on volunteering database at College.

What this does mean is there is a lot of potential from this to move forward to improve the volunteer scheme and hence improved patient care in UK and globally. There seems to be a consensus that global volunteering helps people in their UK jobs but numbers are too low to analyze statistically and making the qualitative discussion more important.

Further Volunteer interviews

A number of Volunteers were interviewed as a follow up to tease out some of the questions raised by the Surveys. This was face-to-face, phone, on-line or written.

<u>Volunteer 1</u>

This volunteer felt the ideal, personally was 2 weeks and could just about do 1 month but did feel that this was too little.

College prepared badly for them going on assignment.

Good preparation would have been more detail of whom the training exactly was for and how it would be structured.
Ideal to meet all involved in training before assignment.

Psychologically need more on practical arrangements. Need advice and information on dates of travel, accommodation details and travel.

Training needed before travel to orientate fully to tools to be used.

Meeting or teleconference would have been good and chance to meet the others on assignment.

Information needed on expectations of trainees and follow up plan.

Need a plan around sharing of tasks before starting training.

Psychological support might be needed if placement was potentially dangerous. In fact College could not send anyone to a place that was not secure or adequate security in place. An issue is if going on an assignment alone what supports would be available.

During the assignment they felt well supported by the College, which was mainly due to the lead for the group.

Ideally during the assignment there should be on-going support with practical issues around travel, accommodation, food etc. During the assignment, need briefing about local context, participants, course material revision, and delegation of tasks. Psychological support may be needed at times.

Debriefing afterwards was not formal. They felt that they had not been debriefed. They wrote a report and felt that this was the debrief. They were unable to say how the assignment would help the NHS as now retired.

This volunteer reflects on the benefit to the hosts and still feels was very useful. There is a plan of on-going supervision now in place although was a concern at the time. Now supervision locally and at a distance.

This volunteer considered the experience very useful for work back in UK. There were no negative comments made.

This volunteer feels the UK Royal College volunteering Scheme is vital for UK Psychiatrists volunteering globally.

Other comments offered- there are many psychiatrists at all levels who are willing to participate in volunteer activities. People have clinical, management and research skills. They should be actively encouraged.

Fundraising ideas could be trekking, marathons, cycling events, dinner dances.
Link to as many global organisations as possible is important.
Members of the VIPSIG should be delegated to forge links with different organisations, ascertain what their needs are and match skills to UK psychiatrists from the volunteers.

How to use the skills on return to UK-
Teach on undergraduate and postgraduate programmes on working in different cultures, carry out joint research, and set up mentoring programmes.

Short Vs. long-term assignments
There should be a range of assignments and individuals will be able to take up what suits them, e.g. taking time out at times of natural breaks in career from junior to higher training or taking special leave for a month or using 2 weeks of one's leave.

Importance of College in this work
It is very important that the College supports this fully so that it can be properly coordinated, gets an official seal, that it facilitates admin, etc.
The volunteer has now retired but says if they were working again it has broadened their horizons, transcultural skills and how to work with limited resources.

Personally they felt enriched by the process. They felt professionally skilled up in being able to use mhGAP tool.

There were financial costs but she felt well worth it and would do again.

This volunteer felt that there is always a risk that we try and export and impose a western model, that we do not have continuity and that sustainability may not be achieved. "So we need to "teach them to fish, rather than giving them fish"

<u>Volunteer 2</u>

They volunteered for less than 3 months. Now they feel they could volunteer for 4 to 6 weeks provided their employers would release them.

They felt very well prepared for their assignment by the College.

They specify that they would feel a good preparation includes practical advice, professional advice such as on clinical role. They did not feel a psychological debrief was necessary before any assignment. Main support from the College is identifying the suitable placements.

They were neutral about support from College during assignment. Positive aspects of support are practical with financial support for air travel. Professional support was a designated clinical supervisor in UK and host country.
Psychological support was informally available in relation to the challenges faced and healthy support structures provided this need.

They felt very well supported locally on assignment.

During the assignment there were no particular practical needs as all were met. There was regular support from a senior local psychiatrist, which was very helpful with opportunities to reflect on the work.

Psychologically the local psychiatrist was very helpful with this. The dramatically different system and limitations can be overwhelming at first. It would be overwhelming if a person feels everyone will start with an NHS standard care. Here the threshold for care needed to be reset and management adjusted to limited resources.

Debrief after the assignment was good. Ideal should cover the readjustment phase back to working in UK in the NHS, reflecting on how experience will help and developing resilience.

Psychological support should be informal and based on professional support and educational. In this case debriefing was informal.

It was helpful to pass on to a formal committee about the Volunteering.
It was very useful to hear views of others.

Benefits-
Clinical - Cultural competence.
Interest in cultural aspects of psychopathology
Resource management –"really opening one's eyes to the huge difference. I recall

feeling for a while after I got back that NHS patients were very lucky indeed. That passes after a while."

Academic– "Not really"
Knowledge and transcultural skills-"Opportunity to read about new (old) drugs and cultural aspects"
Leadership – "Self-sufficiency. Increased confidence."
Audit –"not done"
Psychosocial skills –"not really"
Team work-" Quickly understanding people's position in systems. Realising who can be helpful and who a barrier. So improved confidence/ opportunity doing this myself."
Innovation –none
Other cultural, personal and social benefits

Still considers that the assignment was useful for local hosts. "Although hard to think of how can make things sustainable and useful".

Back in UK. – It was very useful for work back in UK. There were no negative effects.

College Volunteering Scheme- This is useful and remains so. This was very useful for work back in UK and particularly for Consultant interviews and post.

Volunteer now has a mortgage and would find going off again financially difficult.

Psychologically it was a great experience. There were no adverse effects.

Volunteer 3

This was a volunteer for less than 1 month.

He has also worked in many humanitarian settings for longer periods. Potentially could volunteer for 1 to 2 months. Block to longer term is lack of facilities, Internet availability, finance and home pressures. Overall ideal period of volunteering is 1 month. Previous assignments were about right.

Pre –assignment preparation was bad.
Preparation that did happen was security briefing, information, distance meeting and weekend orientation. Volunteer would like more on website. Need formal College letter for GMC, revalidation and appraisal purposes. Important that any assignment is approved for training for those who are psychiatry trainees. Before assignment important to have briefing meeting, peer meetings and hear from those who have had previous experience, people to ask for advice. There may be financial issues that need to be dealt with. There is military experience where briefing pre mission improves psychological outcome.

During assignment would be good to have details of support line or someone to talk to if stressed.

During assignment the support was from colleague rather than any professional body and this was suitable.

After the assignment there was an informal debrief. This is better than a more formal debriefing. What would be helpful would be to talk to experienced person.
There may be practical issues such as pensions and finance that need expert advice.
Support needed in getting back to work in NHS.

Clinical-" Helped
Added lot of dimension to work especially with ethnic groups
Enjoy work more on return and more organised in NHS than overseas

Resource management- "Yes and no
Overseas does everything when return to UK can't do all of things could do overseas.
Limited opportunities. Have to keep to job description so frustrating"
Academic-"no"
Knowledge-"Of other cultures and psychopathology
Psychopathology clearer in mind"
Transcultural skills-"Helped with this
Languages
How to work better with interpreters
Improve communication skills"
Leadership-"Helped with this –take on leader role as higher trained. But limited scope to use in UK as much more MDT and hierarchies
Opportunity to fulfil skills learned less in UK"
Audit skills-"no audit but research skills developed"
Psychosocial skills- "Work as social worker and many other disciplines"

+ve and –ve when returned
Frustrated if want to pursue psychosocial as medical role is confined to biological often and meds"
Team work-"Learn to work with different teams
Helped in UK –as rich experience"
Innovations-"E.g. psychodrama, but lack of support in UK."
Other-"More sympathetic to patient from overseas experience"

Volunteer considered that the assignment was very useful for the host country.

Other areas that could be considered are research skills, computer skills, organisational

skills and training to make more sustainable.

Volunteer considers experience back in UK as fairly useful. They consider themselves as more sympathetic and understanding.
They are able to have open mind and are more successful with ethnic minorities and refugees

Adverse effect. Nil but hard to implement new skills in UK.

Assignments need to be part of appraisal system for UK doctors.

Future plans should include support for Syria and Somaliland or post conflict areas.

Shorter-term assignments are less useful. Longer term is more useful even if less opportunities.

"Personally, it has helped me be more in touch with my emotions, more open and less judgemental and more open-minded, less nationalistic. Professionally it has helped me be more motivated in my work in UK and learn new skills". It does cost money but worthwhile.

Some adverse effects are the effect on social and family life.

Volunteer 4

This person volunteered for less than 1 month. Their ideal was for the length of time, which was done, which was 2 weeks.

This was training in mhGAP and she felt this was about right.

She was neutral about briefing before assignment. Ideal components for a briefing are as follows.

- Supply information and advice consistently.
- Provide links to all those involved in assignment
- Ensure fits in with Continuous Professional Development framework
- Provide support throughout and have available support if something goes wrong.
- A pre assignment meeting and ability to have questions answered.
- Guidance on practical matters e.g. visas, flights
- Letter of support from College of Psychiatry
- Face to face meeting with all those on assignment preferable to e-mail. So ensure that no one becomes isolated

She felt that she was well supported by College during the assignment.
Local support was very helpful.
Afterwards support and debriefing was done well.

Ideal components of debrief.
- Review of what went well and discuss what was achieved
- Social follow up
- Get update on project and chance to review.

Benefit to NHS work.
The mhGAP training helped remind me of the importance and effectiveness of simple, straightforward measures that support the patient and communities ability to cope.

Sustainability. "I made a permanent and sustainable improvement during my assignment" "We were an important part of a project that brought together doctors, other health workers, politicians, police, teachers, NGOs to work on improving understanding and provision of services for people with mental illness. The experience made me reflect on my own practice in UK'

Future direction
- "Should always be instigated by local providers of services"
- Link to other organisations with whom there are shared aims
- Both long and short-term assignments should always be available.
"It's reinforced my belief that very useful work can be done in a sustainable way and that enthusiasm and cooperation can achieve a lot."

Volunteer 5

This volunteer could theoretically do 1 month volunteering. Pragmatically she feels that 2 weeks volunteering is too little for purpose.

She felt badly prepared for assignment.
Ideally she feels that a pre assignment briefing should consist of the following- more detail of exactly who we were training, how we were going to structure things, and pointers about the place one is going to, travel information, accommodation, dates and duration of the training. Meet with colleagues beforehand to be appraised of these.
More information on practical side.
Professional Training to use the tools and a pre departure meeting/teleconference with information of exactly who is going to be trained, their expectations, follow-up.
Planning of how the training is going to be structured and tasks shared amongst trainers.
Psychological this would depend on the context. If it is a potentially dangerous place, if

one is alone, etc.

She felt very well supported during the assignment.
Ideal she sees as-
Practical - Support with travel, accommodation, food etc.
Professional -Briefing about local context, participants, course material revision, delegation of tasks
Psychological- Support if and when it's needed

Debriefing after assignment-adequate and informal. She did not have further suggestions.

This doctor no longer works in the NHS so did not feel able to comment on skills and benefits to NHS.

She feels that even on reflection the intervention as useful for the hosts. There is going to be on-going supervision so the programme is certainly being sustained locally by the local organisers and by us trainers from a distance

Even though she has left NHS she does feel that the experience was very useful for future NHS work in general. "If I were working in the NHS it would have broadened my horizons, I would have a greater understanding of how people can present differently in different place, how to work with limited resources."

She feels that the College Senior Volunteer scheme is vital for future Global volunteering work.

Ideas for future - There are many Psychiatrists at all levels who are willing to participate in volunteer activities. People have clinical, management and research skills. They should be actively encouraged.
Fundraising - Maybe trekking, marathons, cycling events, dinner dance.

- Links to other organisations
- Links to as many global organisations as possible is important. Members of the committee should be delegated to forge links with different organisations, ascertain what their needs are and match skills to UK psychiatrists from the volunteers.
- Teach on undergraduate and postgraduate programmes on working in different cultures
- Carry out joint research.
- Set up mentoring programmes.
- Short Vs. long term assignments
  There should be a range of assignments and individuals will be able to take up

what suits them, e.g. taking time out at times of natural breaks in career from junior to higher training or taking special leave for a month or using 2 weeks of one's leave.

- Importance of College in this work
  It is very important that the College supports this fully so that it can be properly coordinated, gets an official seal, that it facilitates admin, etc.

<u>Volunteer 6</u>

Volunteer 6 was in Ghana for 3 months when a trainee. She now is a Consultant. She has limited time for leave to do Global Volunteering now and could manage 2 weeks only. Ideally 3 months is a good period to volunteer. This is the minimum period to do something useful and getting used to the culture etc. 3 months was about right for volunteering.

Their views on the college role in preparing them were neutral. They report that, it would have been really helpful to have more guidance about what kind of teaching to prepare/ what topics etc. - it was difficult to create much continuity with previous Volunteer placements.

However, it was very helpful to access the travel bursary for flights.

Another suggestion is to have met volunteers from this project before going out.

She did not feel the UK partner in the assignment was particularly helpful even with their 2-day orientation programme pre travel.

Components of pre travel briefing should understand why you are going, what you are needed for, and how best to go about it so you can plan. Also needed is to speak to someone from that local culture to understand the local customs and who has worked there. This is particularly important for female volunteers and how the culture deals with women at work and outside. Psychologically it is important to be aware of the times when one might feel isolated, alone and with little to do. This might be felt especially if the only westerner and volunteer around. This is especially true when the Internet connection is unreliable.

After assignment the debrief was considered neutrally. The actual debrief was affected by outside geographical circumstances. It happened by phone rather than direct face to face.

Clinical effect. "Became more mindful about waste and about excessive investigations. Also became much more appreciative of the importance of having an MDT! Saw some unusual presentations e.g. Wernicke's and NMS."

"Improved my skills as a teacher".

Transcultural skills "Obviously made me more aware of how cultural influences impact on presentation. Made me more cautious about going into a new environment and expecting to effect rapid change!"

Leadership "more confident".

Audit skills –No benefit

Psychosocial skills –more confident and resilient. And how to manage alone. The volunteer here also reflects on the psychological aspects. She felt the experience remained useful for her hosts on reflection.

"They are so short staffed. A big problem with the Ghana programme was the intermittent nature of volunteers- it was almost as if each person started again at the beginning. It was very hard not to get sucked into service provision."

Sustainability-This relates especially to the College Trainee Ghana programme "Try and have volunteers going out consecutively and teaching a programme that follows on from one another.'

How useful was this experience for your work back in UK. She considered it very useful. "It improved my confidence and breadth of experience"

Resource management: "more mindful of waste".

Transcultural skills: "better understanding of West African culture and the religious overtones around mental illness."

Team work: "better understanding of how to and how not to motivate people".

She sees the College volunteering scheme as vital for UK psychiatrists wanting to gain these experiences.

Future ideas. She would like more notice before any assignment to make practical to travel.

Overall how has Global volunteering helped you in your work. "I don't think it is an exaggeration to say it was a life changing experience. It was a massive eye opener and made me think/reflect lots about the rights and wrongs of the west going into developing countries and trying to provide "aid". Afterwards I tried to read a lot about African culture and colonialism."

Financially-" That's a good point I had forgotten about! It was a pretty major financial undertaking. Being there was more expensive than I thought, and since I had to pay my London rent etc., and I didn't have too much notice before I went, it ended up getting me into a fair bit of debt! But I was starting a consultant job a month after coming home so that wouldn't put me off doing it again."

Psychologically "Made me more confident, more fearless, and more self-reliant. Also make me appreciate my partner, family and life more". No adverse effects noted.

Volunteer 7

This volunteer has been on assignments of both 2 and 6 weeks. Practically he can now volunteer for 1 month.

What is ideal time to volunteer for "Not sure, perhaps 6 weeks. It's hard to say as how much time I get is dictated by negotiation of study leave. And I'm mainly just grateful to get time away to volunteer."

His most recent assignment was overall about right at 6 weeks.

He is neutral about preparation by the College for his assignment.

What is the ways you would want college to support?

"Not sure- never needed to ask college for any help about volunteering. Perhaps because I am under a training contract, my volunteering leave has always been granted without any problems, the support has come via the organising NGO/ VIPSIG. This may not be the case on a substantive contract, however."

What do you think are the components of good support pre assignments? Practical hints and tips; travel, accommodation and safety arrangements; meeting face to face with organisers; supporting letter for deanery; emergency numbers etc. If travelling to an unsafe area, having a pre-prepared telephone with all necessary numbers on etc.

Liaison about lesson planning/ volunteering activities. Offer and arrangement of support/ supervision if needed, safety debriefing. Ideal is "personal meeting, helpful colleagues, plenty of time for Q&As". Being able to discuss planning etc. "Being able to discuss concerns, feeling supported and contained". "Internet access".

How supported were you by college during the assignment. Neutral in response. Supported excellently locally.

Debriefing after assignment by College. Neutral and not applicable. He is unsure what is the best debrief afterwards.

How did this work help you back in UK?

| Clinical | Much better clinical knowledge and skills. Being able to think on feet and improvise more. Trying alternative treatment approaches wouldn't have considered in UK. More versatile clinician. Much better trainer. Better ability to be creative. Very helpful to see more extreme complex conditions abroad. Better understanding and |

	practical experience of other substances that are misused e.g. khat.
Resource management	Better ability to prioritise
Academic	More philosophical about psychiatry and medicine after experiences abroad. Now running my local grand round/ postgraduate medical education programme using ideas I pick up abroad
Knowledge	Better understanding of core psychiatric conditions, psychopathology and psychiatric method
Transcultural skills	Better communicator, better cultural awareness, more adaptable
Leadership	Much more comfortable leading and being expected to lead teaching/ clinical supervision/ appraisal and examination of juniors, and acting as a role model
Audit skills	
Psychosocial skills	More philosophical about psychiatry, medicine and the therapeutic relationship after experiences abroad. Better understanding and management of psychosocial interventions after working in low-resource settings and being trained in and training of WHO mhGAP
Team work	Much better collaborator and ability to delegate to juniors and medical students
Innovations	Trying new creative techniques in organising running my local grand round/ postgraduate medical education programme. These came from influences of other innovative trainers and experiences of what does and doesn't work when training others abroad.

Considering all factors including personal and professional costs how useful was the experience for the hosts. "Very useful and I made a permanent and sustainable improvement during my assignment".

"Yes. I think training of others will always be helpful and sustainable. Clinical work less so. It seems easier to help train undergraduates than postgraduates, perhaps as postgraduates may need more longitudinal training rather than undergraduates where they can have more discreet training".

How important is the College Volunteering programme to you in terms of volunteering globally? "Neutral"

We would now value your thoughts on ideas for the programme

"College could have better list of volunteering activities- both that college is involved in. But also may not be involved in but that members may be interested in"

Can you explain more how it has helped you in your work in the NHS? "Better clinical knowledge and skills. Better leadership and role modeling. More creative. Much better trainer. More inspired and energized". "No adverse effects".

Volunteer 8

This Volunteer went for 3 months and this was all they would ever be able to do but could be flexible if something like a disaster response. He felt very well prepared by the college pre assignment. He highlights need for financial and psychological support.

He was neutral about college support when away. He was well supported when away locally.

Debriefing after assignment was good and face-to-face. Ideal includes professional and psychological areas. "Very useful".

How did this work help you in your NHS work after return to your work in UK?

"It helped me to develop the skills to manage with limited resources particularly in UK where mental health services are under pressure currently. It also helped me to work with people from a wider range of cultures and increased focus on innovative practices. There is a creativity and resourcefulness in countries whose resources are scarce that is rarely found in the UK. This helps me to think outside the box"

Considering all factors including personal and professional costs how useful was the experience for the hosts? "Very useful and I made a permanent and sustainable improvement during my assignment" He still feels this even now after some years have passed.

Considering all factors including personal and professional costs how useful was the experience for your work back in UK? "Very useful and I made a permanent and sustainable improvement in my UK work"

How important is the College Volunteering programme to you in terms of volunteering

globally? "Vital for UK psychiatrists volunteering globally"

Future ideas: "National Conference, Regional Meetings, links to other organisations" "Short and long term assignments" "College is a global brand so very important"

"Personally it was a rewarding experience, professionally". "No adverse effects"

<u>Volunteer 9.</u>

This person volunteered for over 3 months. They can commit to 2 weeks or long term if UK based. Ideally they say they can volunteer for 3 months to maximize the acculturation process. They were unable to respond to other questions.

Personal volunteering narrative

In preparing this dissertation I have sent out surveys, interviewed many doctors who have volunteered but also take this opportunity to give a personal narrative of the benefits of volunteering to working in UK.

I write after 11 years of volunteering and this has formed greatly my clinical practice demonstrating by example the benefits to UK.

My first experience of mental health globally was many years before this when working in North West Pakistan. Since then I have worked in humanitarian emergencies in Haiti, Iraq, Syria, Chad-Darfur and Sierra Leone. I work on an ongoing basis in Somaliland, Kashmir, Ghana as well as projects in several other countries. The other strand to my work is UK advocacy of Global volunteering at national level and internet support.

I shall now summarise skills learned from these experiences. It is no exaggeration to say that at least half my clinical, leadership, teaching and psychosocial skills derive from my work globally.

I have learned to cope under pressure such as armed violence, threats of personal and social destruction. One learns to manage conflict as Global health can accentuate these in teams and with others particularly Government. I have learned of the value of scarce resources, the importance of social aspects of mental health. Indeed in Mental Health training in the west, the focus is very much on the apex of the IASC pyramid (Table 6), Global work forces us to think from a Public Health perspective and look at community needs. I have learned about management of many infectious diseases with mental health effects such as HIV, malaria and Ebola. The effect of these at a community level was stark and again raised the public health element of a holistic package of care. Learning about particular issues such as Qat /Khat, religion or FGM enrich clinical working. I have learned that sometimes doing nothing is the best thing rather than useless

interventions. From my work I have had many publications. I am now about to train UK health workers in Psychological First Aid (PFA)[27]. I have trained many primary care people in UK in mhGAP[26]. I am equipped to deal with disaster response so this makes it that much easier to manage in the stressful environment of the NHS.

Survey of NHS Trusts (Appendix ii)

All NHS trusts were surveyed to gauge their level of interest in the global health and volunteering agenda.

Survey description follows. Below is the actual text of the survey sent to all NHS trusts –about 60. This is not a straightforward survey as needed to be funded to access medical directors or the NHS.

Survey as follows - Royal College of Psychiatrists Senior Volunteer Scheme

Survey

We would be most grateful if you can take a few moments to complete this survey page 2 which will help the College in evaluating and planning some of its international work.

The survey is anonymous and voluntary. It should take less than 5 minutes and will help us considerably. We would be grateful for acknowledgement of receipt for our records. We would be grateful if you can respond within 2 weeks of receiving.

We are most grateful for any narrative comments on how to develop this area. Background

The College is an international College with Divisions and members worldwide as well as a global presence in mental health.

There is a long history of UK professionals volunteering globally –independently, through NGOs, NHS link programmes through THET, diaspora programmes and others.

The Government, NHS and Royal Colleges have placed a high value on UK Global volunteering which has been highlighted by a flurry of reports over the past few years, some of which we mention below

Crisp Report 2007-Global Health Partnerships: the UK Contribution to Health in Developing Countries

All-Party Parliamentary Group on Global Health –July 2013 Improving Health at Home and Abroad: How overseas volunteering from the NHS benefits the UK

and the world

Statement of the Academy of Medical Royal Colleges on Volunteering: 2013:

Unfortunately there was a low response rate for this survey 13 out of 60 -22%. However survey responses are notoriously low in NHS and to have a 22% response on a topic that can be seen as fringe is good. The bias here is that half of those who responded are already involved in some global work.

Q.1 Does your trust have a current established international volunteering link?		
Answer Options	Response Percent	Response Count
Yes	50.0%	6
No	50.0%	6
Please give details if yes e.g. THET link		5
	answered question	12
	skipped question	1

Number	Please give details if yes e.g. THET link
1	Link Southern Sudan
2	Personal relationship with one psychiatrist and Ghana
3	http://leicestergondarlink.com/
4	THET and KHP
5	Malawi

This is an interesting response. 50% of the responders actually had a link or some global work. What is interesting is that 50% responded even with no particular global interest. Thet[t] has 19 mental health links. This means that some trusts with links did not respond. Links currently include Ghana, India, Uganda, Tanzania, Nigeria, Zambia, Nepal and Somaliland. Above responders mention South Sudan, Ghana, Ethiopia, Somaliland and Malawi.

What this may mean is that there may be formal links that the managers may not be fully aware of. There are some prominent links that are not mentioned here such as Uganda.

Does your trust have a current established international volunteering link ?
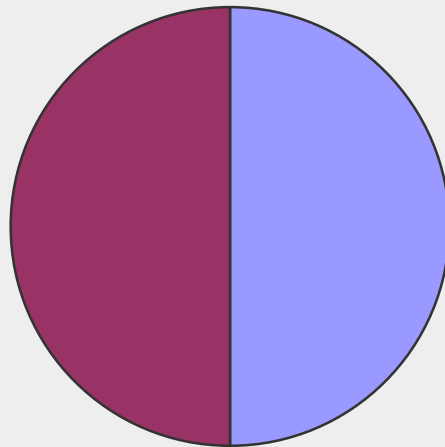
- Yes
- No

Q.2. Have staff in your trust been released for volunteering in low and Middle Income countries in the past 5 years? If your answer is "no" please proceed to question 5

Answer Options	Response Percent	Response Count
Yes	66.7%	8
No	33.3%	4
	answered question	12
	skipped question	1

Have staff in your trust been released for volunteering in low and Middle Income countries in the past 5 years? If your answer is "no" please proceed to question 5

Yes
No
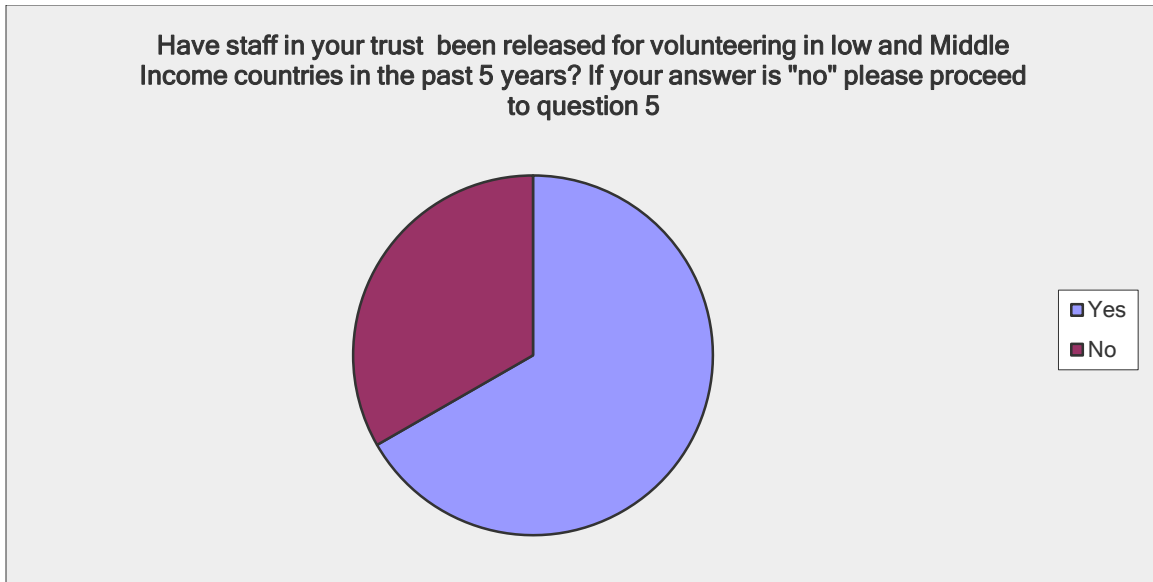
The high percentage of volunteers 67% may bias this survey response to those trusts that have experience in volunteering work globally. Throughout all NHS mental health trusts the figure would be much less as there are a small number of mental health trusts actively involved in volunteer work.

Q.3. Approximately how many staff in your trust have been released for volunteering?		
Answer Options	Response Percent	Response Count
1	25.0%	3
2	0.0%	0
3	33.3%	4
4	8.3%	1
5	0.0%	0
6	8.3%	1
7	8.3%	1
8	8.3%	1
9	0.0%	0
10+	8.3%	1
	answered question	12
	skipped question	1

The numbers are low but each volunteer from a trust represents a significant commitment and investment.

5 Trusts released 1 person.

1 Trust released 3 people

1 Trust released 4 people

Mode is 1 volunteer per Trust. This reflects general perception that Volunteering is a relatively rare activity.

Q.4. Approximately how long was staff released to participate in volunteering?

Answer Options	Response Percent	Response Count
Less than 1 month	33.3%	3
1 to 3 months	33.3%	3
3 months or longer	33.3%	3
Any Additional Comments		1
	answered question	9
	skipped question	4

Approximately how long were staff released to participate in volunteering?

- Less than 1 month
- 1 to 3 months
- 3 months or longer
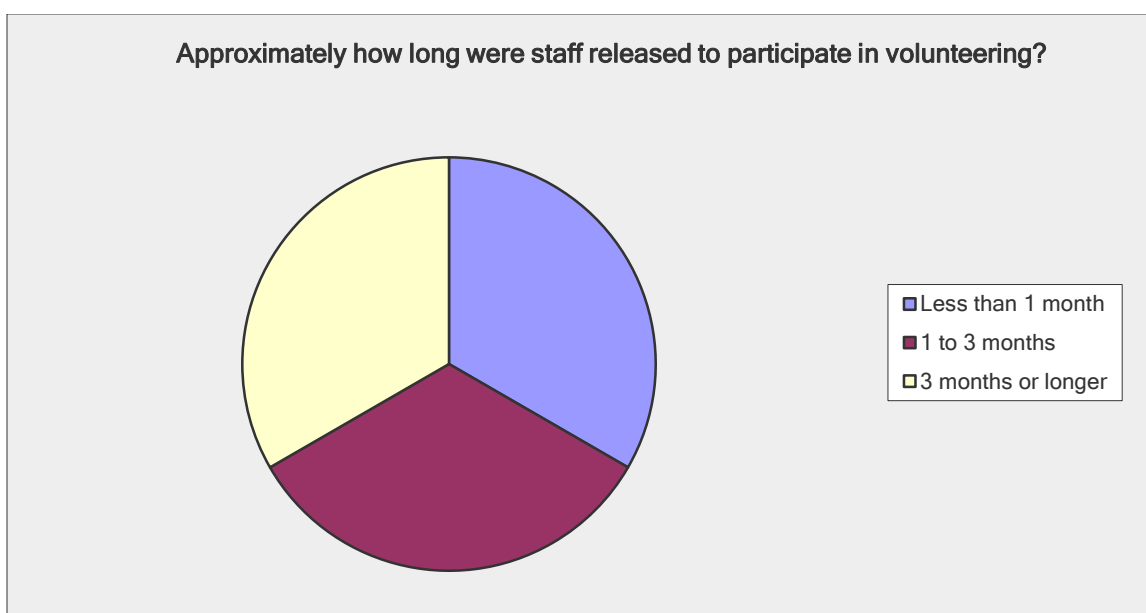
This is a surprising result. What we expected was a predominance of short-term release. This is not indicated. However what we might be seeing is that many people are volunteering but Trusts may not be aware. College Volunteer scheme has an increasing predominance of short-term assignments.

Q.5. Are you aware of the Royal College of Psychiatrists Senior volunteer scheme?

Answer Options	Response Percent	Response Count
Yes	33.3%	4
No	66.7%	8
	answered question	12
	skipped question	1

Are you aware of the Royal College of Psychiatrists Senior volunteer scheme?

No 67%
Yes 33%
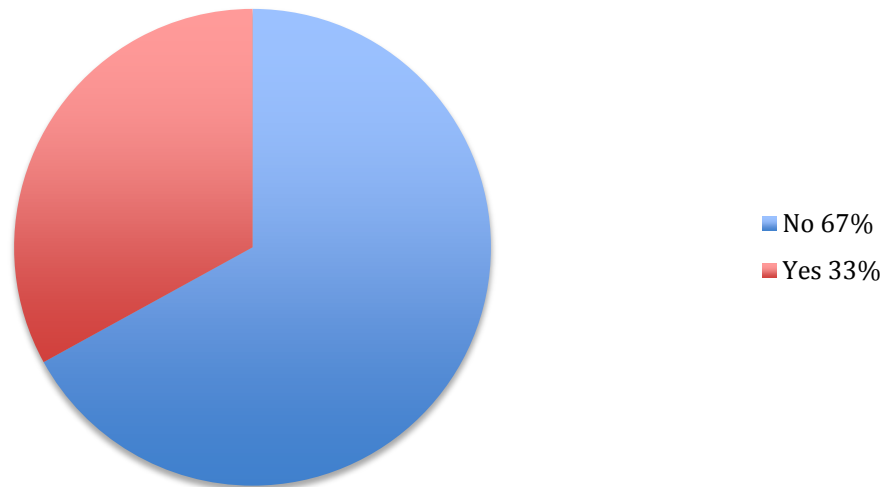
This is a surprising result and indicates a need for further marketing and development of scheme. Most Trusts are unaware of the Senior Volunteer Scheme.

Q. 6. Are you aware of the Ghana 3 month programme for trainees? This is a scheme for Higher Specialist Psychiatry Trainees to spend 3 months in Ghana that is approved for General Adult training.
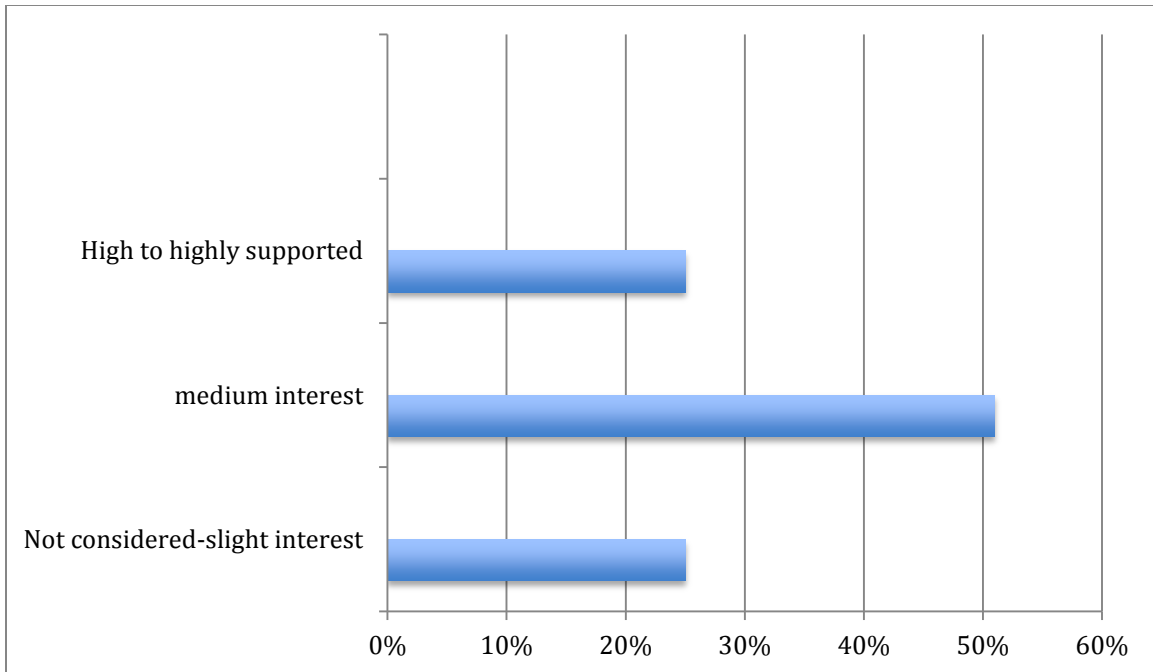
Answer Options	Response Percent	Response Count
Yes	25.0%	3
No	75.0%	9
answered question		12
skipped question		1

Are you aware of the Ghana 3 month programme for trainees? This is a scheme for Higher Specialist Psychiatry Trainees to spend 3 months in Ghana that is approved for General Adult training.
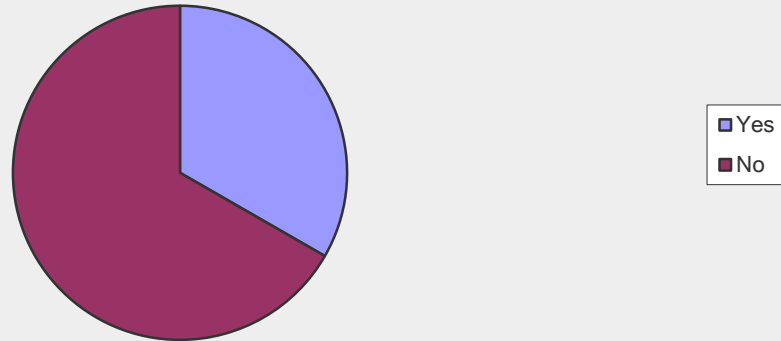
So far this scheme has been in only 4 trusts in UK. 3 of these were London Trusts. This is a flagship project for trainees. It would be interesting to see if the scheme is more known to trainees than to the Trusts, as they are the bases of the programme.

Q.7. In your trust what is the general view of volunteering?		
Answer Options 1-10 scale	Response Percent	Response Count
1 Not Considered	16.7%	2
2	0.0%	0
3	8.3%	1
4	8.3%	1
5 Medium	16.7%	2
6	16.7%	2
7	8.3%	1
8	0.0%	0
9	8.3%	1
10 Highly supported	16.7%	2
answered question		12
skipped question		1

The number of responses is low so hard to extrapolate. The expectation is lack of interest in Global Volunteering so it is interesting to see this. There is a medium level of interest.

| | 0% | 10% | 20% | 30% | 40% | 50% | 60% |

High to highly supported — 25%
medium interest — 51%
Not considered-slight interest — 25%

Q.8. Are there special arrangements for staff going on volunteering assignments? e.g. Pension, backfill, practical support

Answer Options	Response Percent	Response Count
Yes	27.3%	3
No	72.7%	8
Please detail		3
	answered question	11
	skipped question	2

Number	Response Date	Please detail Categories
1		Supported leave arrangements as required
2		NHS funds are not the same as overseas development
3		They are given matching special leave for whatever the

Are there special arrangements for staff going on volunteering assignments?
e.g. Pension, backfill, practical support
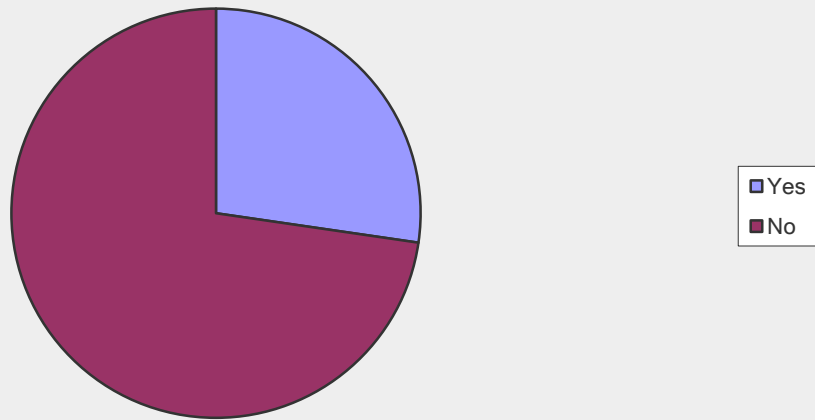
Q.9. Are staff readily released for volunteering?		
Answer Options	Response Percent	Response Count
1 Not applicable/discouraged	16.7%	2
2	8.3%	1
3	8.3%	1
4	0.0%	0
5 Medium	16.7%	2
6	16.7%	2
7	8.3%	1
8	8.3%	1
9	16.7%	2
10 Active encouragement	0.0%	0
answered question		12
skipped question		1

Are staff readily released for volunteering?
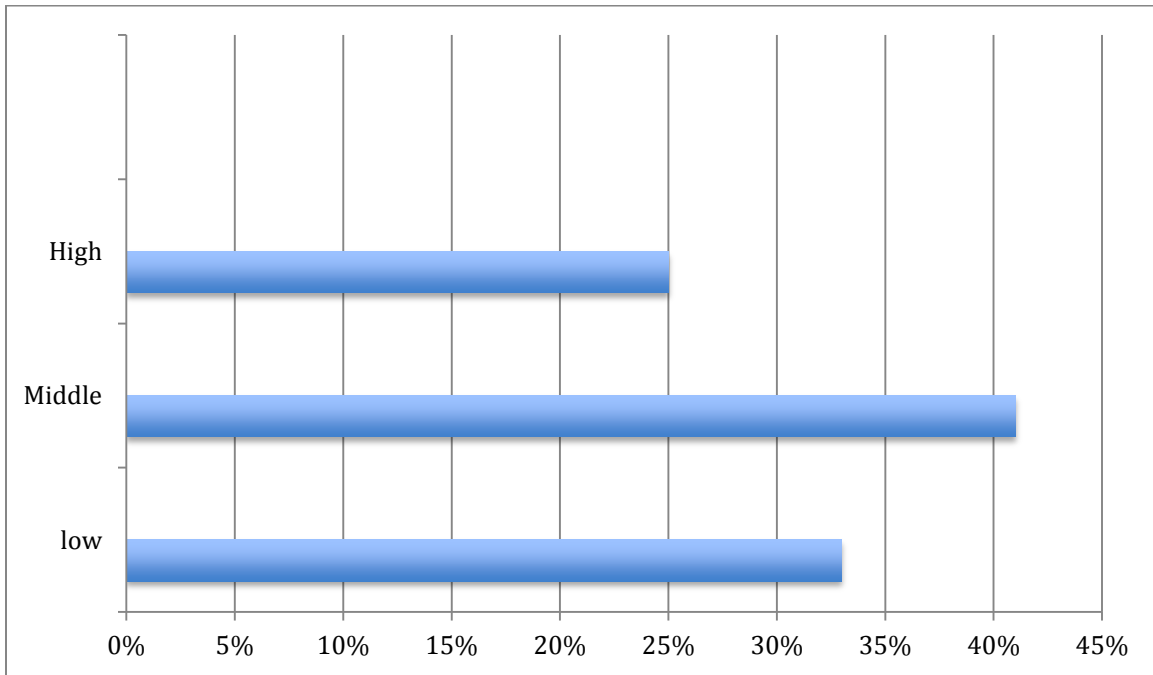
Response numbers are low but shows a varied response with less active encouragement.

Q.10. Is volunteering overseas seen as positive for the trust?		
Answer Options	Response Percent	Response Count
1 Not positive	8.3%	1
2	0.0%	0
3	8.3%	1
4	16.7%	2
5 Medium	16.7%	2
6	8.3%	1
7	8.3%	1
8	16.7%	2
9	0.0%	0
10 Positive to NHS	16.7%	2
answered question		12
skipped question		1
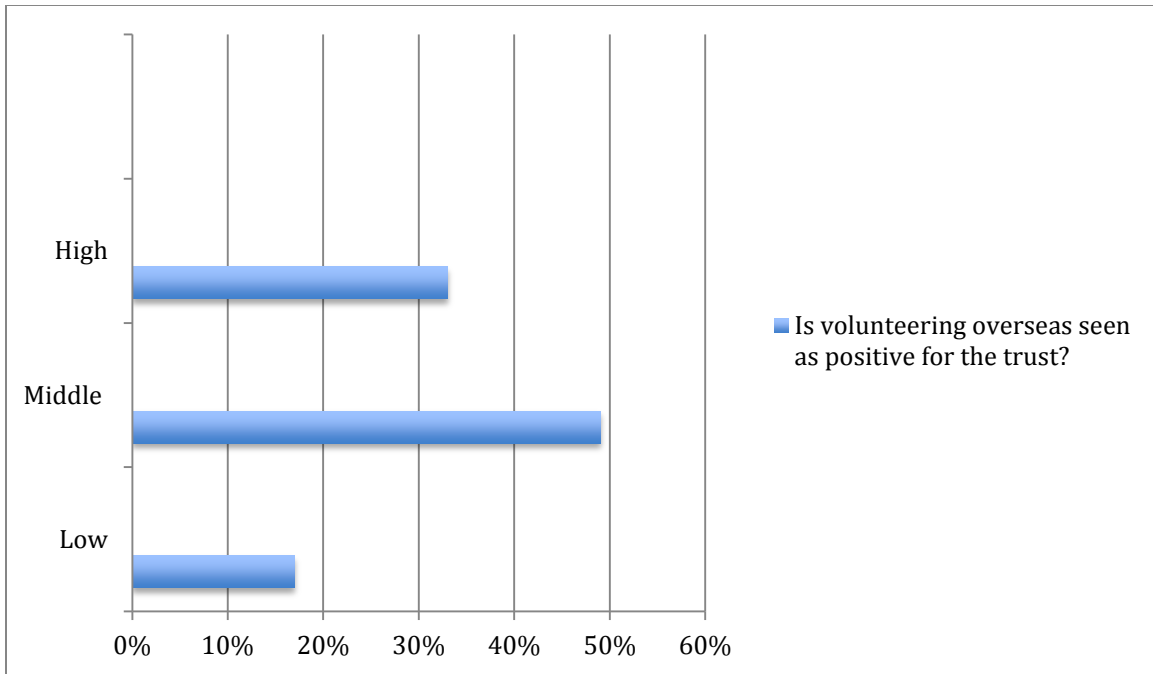
| | | | Is volunteering overseas seen as positive for the trust? |

Q.11. How long could someone practically be released for volunteering?		
Answer Options	Response Percent	Response Count
Not Possible	8.3%	1
1-2 Weeks	8.3%	1
3-4 Weeks	16.7%	2
1-3 Months	50.0%	6
4-6 Months	8.3%	1
7-12 Months	0.0%	0
1 year +	8.3%	1
	answered question	12
	skipped question	1
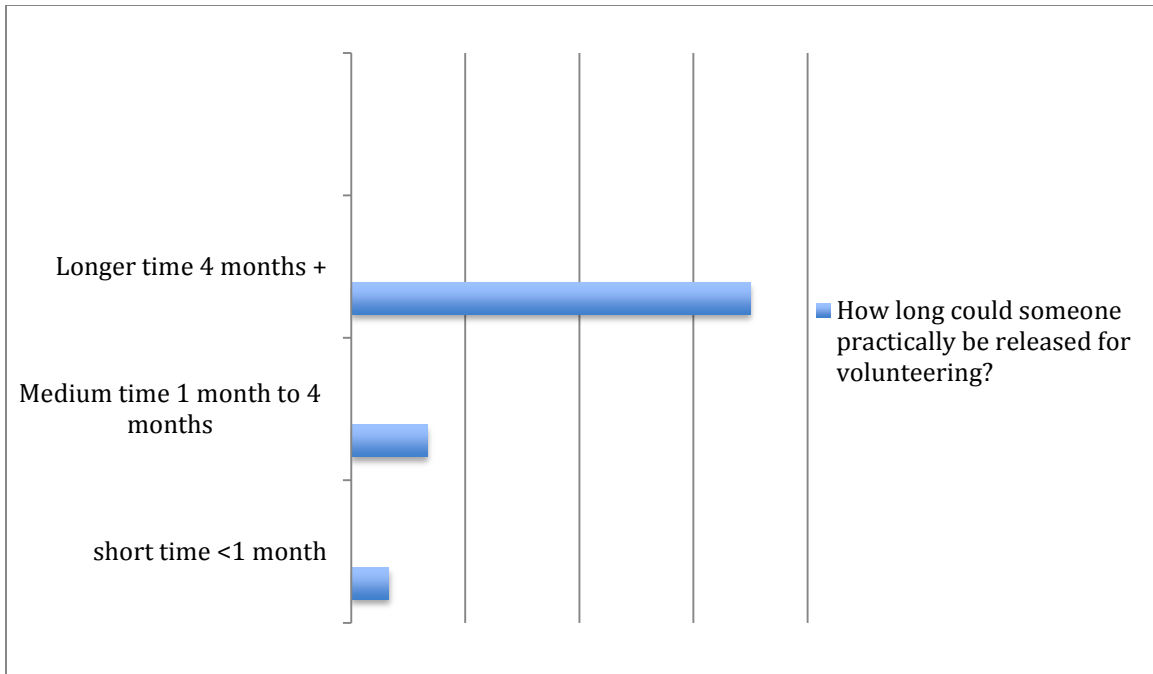
Q.12. Would the trust be agreeable to support volunteering if any costs?		
Answer Options	Response Percent	Response Count
1 Only if cost neutral	45.5%	5
2	9.1%	1
3	0.0%	0
4	0.0%	0
5 £1k to £3k	27.3%	3
6	0.0%	0
7	0.0%	0
8	18.2%	2
9	0.0%	0
10 Full salary/expenses/support	0.0%	0
Other (please specify)		2
	answered question	11
	skipped question	2

Number	Other (please specify)
1	NHS funding is not for overseas development; separate fund for that.
2	Trust charity supports the expenses - volunteer gets matching leave so full salary etc.
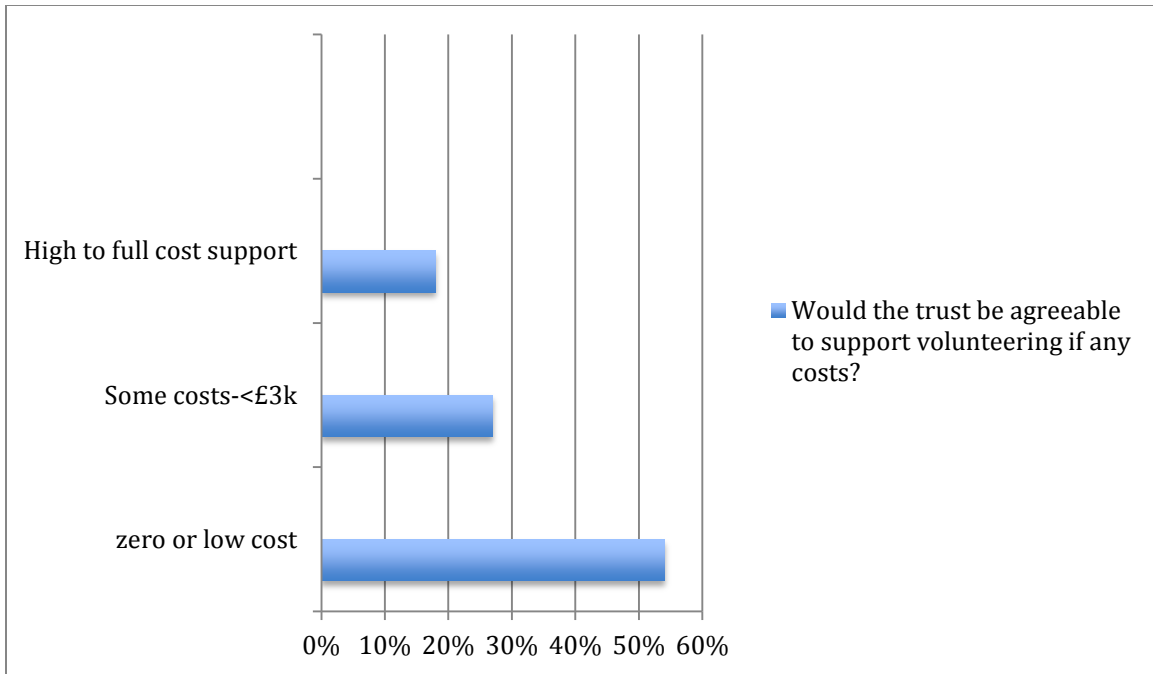
Q.13. What is the nature of your trust in terms of diversity of staff?		
Answer Options	Response Percent	Response Count
1 Not diverse	0.0%	0
2	0.0%	0
3	25.0%	3
4	8.3%	1
5 Medium	8.3%	1
6	0.0%	0
7	25.0%	3
8	16.7%	2
9	8.3%	1
10 Very diverse	8.3%	1
	answered question	12
	skipped question	1
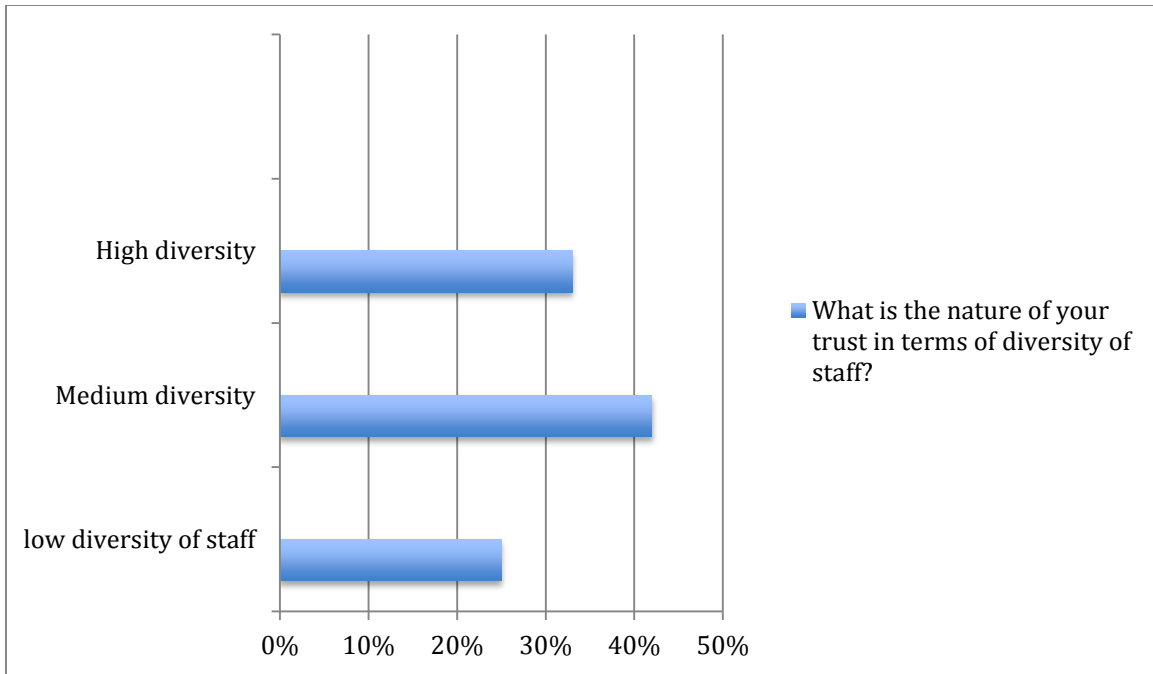
Most Trusts seem to have medium to high level diversity.

Q14. What is the nature of the diversity of the Patient population?		
Answer Options	Response Percent	Response Count
1 Not diverse	16.7%	2
2	8.3%	1
3	16.7%	2
4	0.0%	0
5 Medium	8.3%	1
6	8.3%	1
7	8.3%	1
8	0.0%	0
9	16.7%	2
10 Very diverse	16.7%	2
answered question		12
skipped question		1
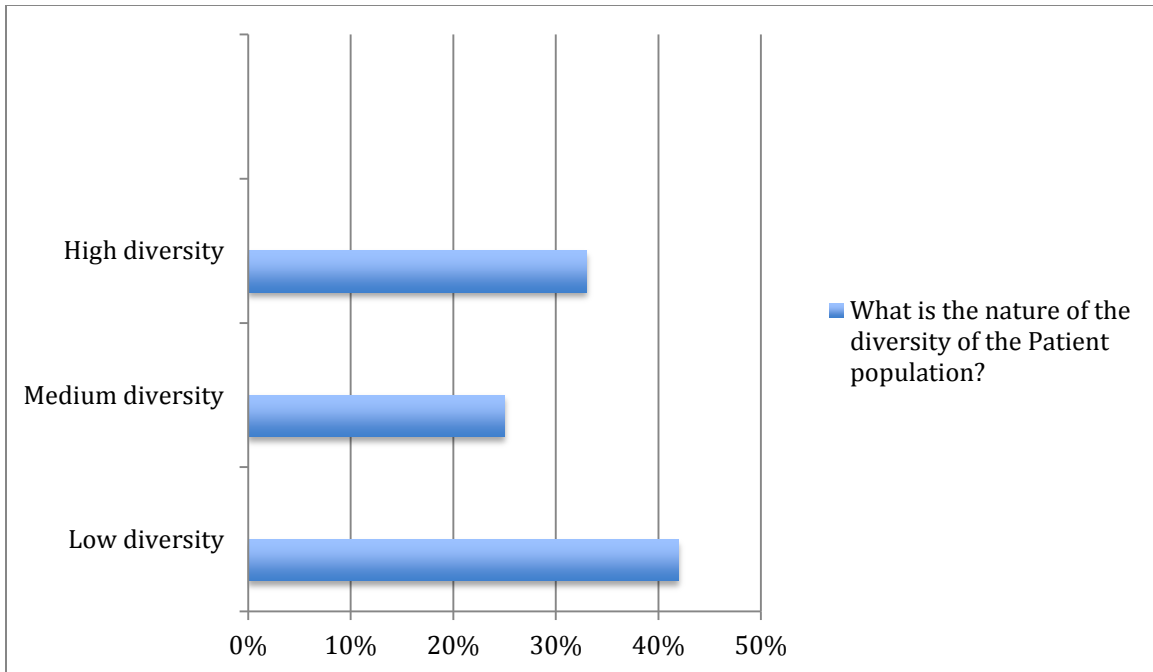
There is little that can be extrapolated from this. The expectation is that those Trusts with more diverse staff and patient populations might be expected to have more volunteering interest and role but not clear from this. The Ghana programme was in part a result of the high level of Ghanian staff in the area of the trust where it began. The Crisp report[10] and others suggests that this should be a factor for volunteering activity.

Q15. Are your answers in relation to diversity a factor in the level of support the trust has for volunteering?		
Answer Options	Response Percent	Response Count
1 Not a factor	75.0%	9
2	0.0%	0
3	0.0%	0
4	8.3%	1
5 Medium	0.0%	0
6	8.3%	1
7	0.0%	0
8	0.0%	0
9	0.0%	0
10 Strong factor	8.3%	1
Additional comments		0
answered question		12
skipped question		1

High factor

Medium factor

Low factor

■ Are your answers in relation to diversity a factor in the level of support the trust has for volunteering?
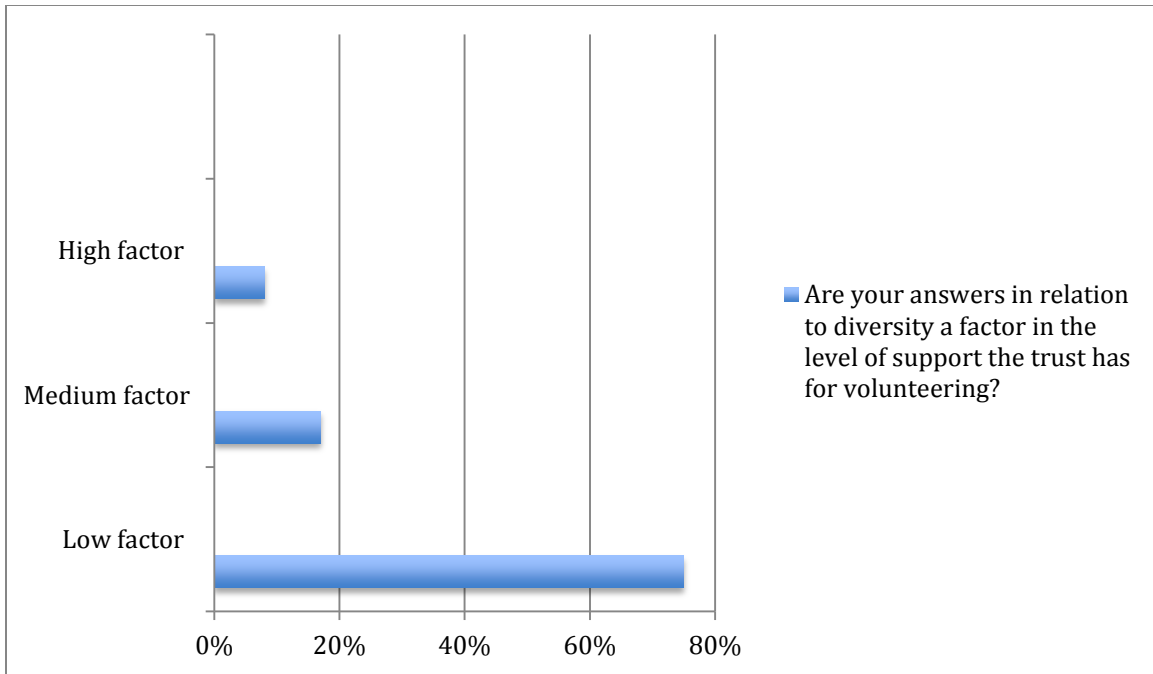
This shows that diversity of staff and patients is not a factor in volunteering in this survey.

Q.16. What areas do you feel would suit volunteers globally?		
Answer Options	Response Percent	Response Count
Clinical	27.3%	3
Training	54.5%	6
Policy	9.1%	1
Research	0.0%	0
Other	9.1%	1
	answered question	11
	skipped question	2

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What areas do you feel would suit volunteers globally?

- Clinical 27%
- Training 55%
- Policy 9%
- Other 9%
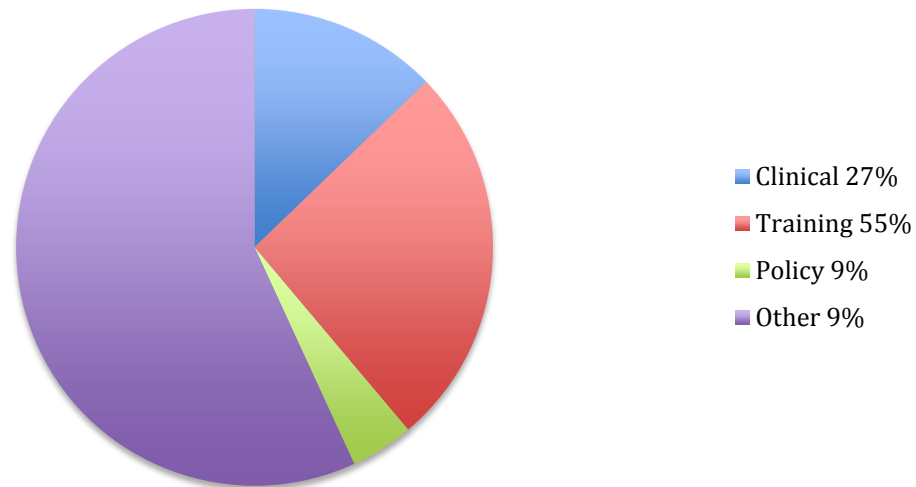
The main role that is usually considered for volunteering is training and education. Here there is a surprisingly large figure considered for clinical which would not usually be considered for volunteering in terms of development evidence base. As appropriate, training is the highest category. There was zero score for research. There is considerable investment in research in LMIC and so this really ought to be an area for future development.

Q.17. How do you feel volunteer work would help NHS on return?		
Answer Options	Response Percent	Response Count
Clinical	41.7%	5
Resource Management	25.0%	3
Academic	8.3%	1
Knowledge	33.3%	4
Transcultural skills	41.7%	5
Leadership	66.7%	8
Audit skills	0.0%	0
Psychosocial skills	25.0%	3
Team work	16.7%	2
Innovations	16.7%	2
Training	25.0%	3
	answered question	12
	skipped question	1

How do you feel volunteer work would help NHS on return?
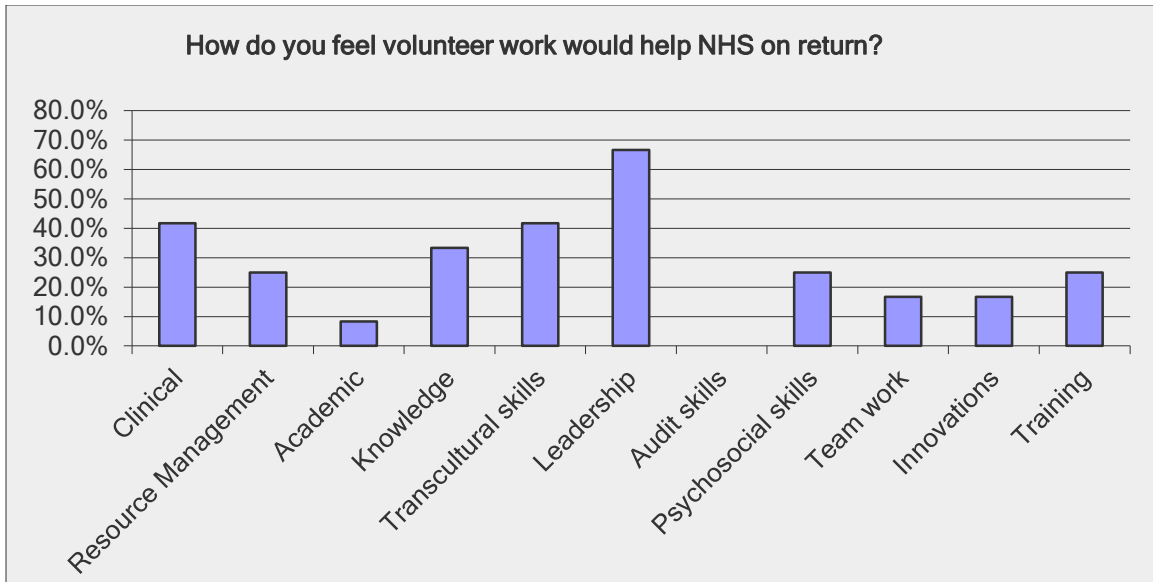
The graph is self-explanatory.

Table 13 Perception of Trusts to benefits of Global Volunteering back in UK

Area of interest	Positive-total –Non College scheme Volunteer view	(Positive –total Volunteer scheme) Volunteer view	NHS Trust view
Clinical skills	97%	67%	**42%**
Resource Management	95%	80%	**25%**
Academic	91%	86%	**8%**
Knowledge	100%	100%	**33%**
Transcultural	100%	100%	**42%**
Leadership	100%	100%	**67%**
Audit	55%	80%	**0%**
Psychosocial Skills	87%	100%	**25%**
Team work	100%	100%	**17%**
Innovation	92%	100%	**17%**
Training			**25%**

Here we see that the Trusts view of benefits is similar but much less feeling of benefits of clinical skills. Generally the scores are less than volunteer views.

Q.18. How beneficial is global volunteering experience for NHS?		
Answer Options	Response Percent	Response Count
1 Nil	0.0%	0
2	8.3%	1
3	16.7%	2
4	0.0%	0
5 Improved service	16.7%	2
6	8.3%	1
7	16.7%	2
8	25.0%	3
9	8.3%	1
10 Transformational	0.0%	0
	answered question	12
	skipped question	1
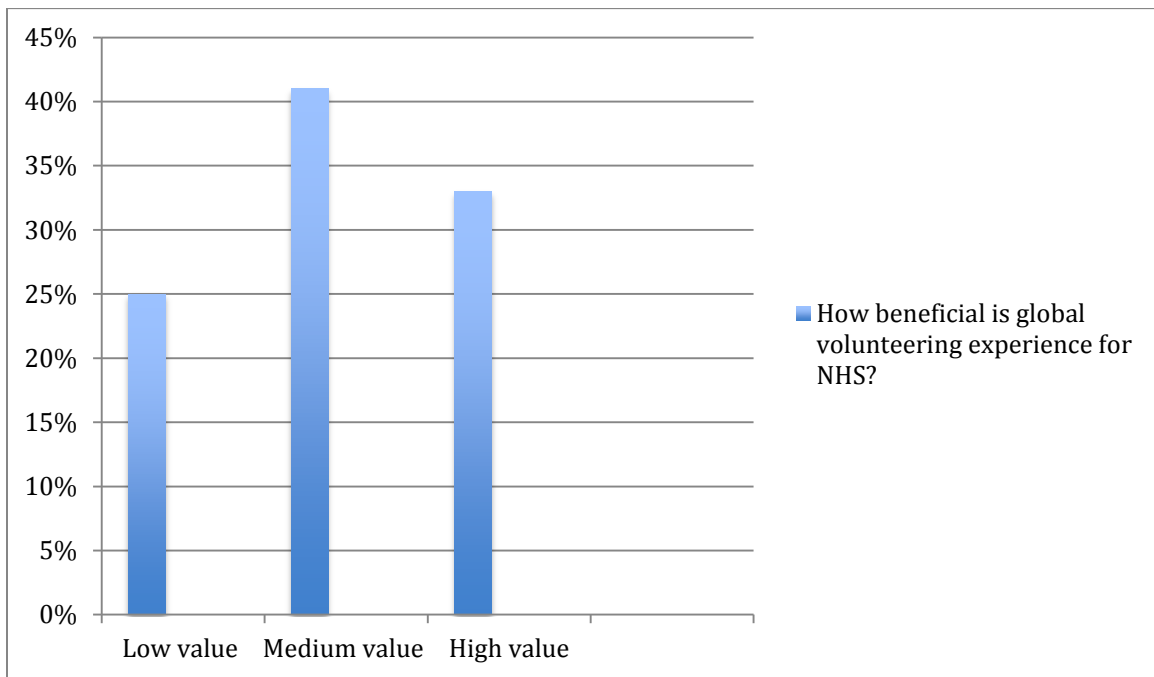
There is a range of views from NHS Trusts with most overall seeing as of medium to high value.

Q.19 Is your Trust aware of International activities of the College? e.g. Divisions, International Department, Special Interest Group		
Answer Options	Response Percent	Response Count
1 Not known	41.7%	5
2	0.0%	0
3	16.7%	2
4	0.0%	0
5 Medium	16.7%	2
6	16.7%	2
7	0.0%	0
8	8.3%	1
9	0.0%	0
10 Well known	0.0%	0
answered question		12
skipped question		1
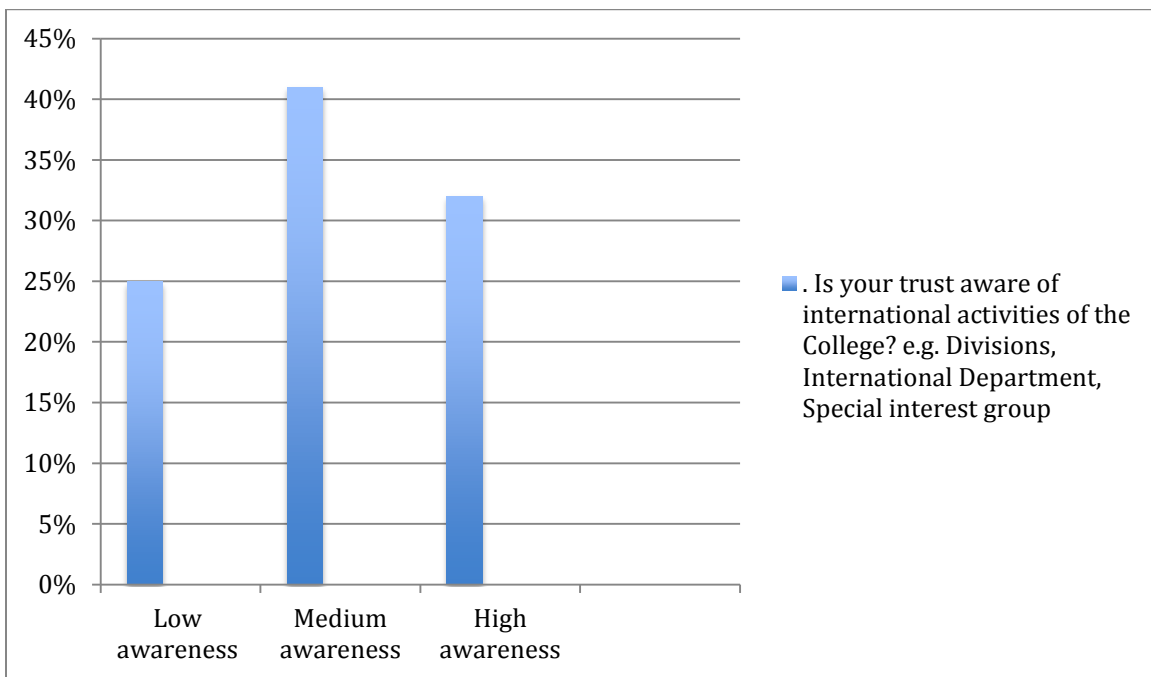
A quarter of trusts had low awareness and a 75% medium to high awareness.

Q.20. What do you see as main obstacles to global volunteering?

Answer Options	Response Percent	Response Count
Cost	90.9%	10
Backfill	72.7%	8
Health	0.0%	0
Time	9.1%	1
Interest	9.1%	1
Capacity	27.3%	3
Other	0.0%	0
	answered question	11
	skipped question	2

What do you see as main obstacles to global volunteering?
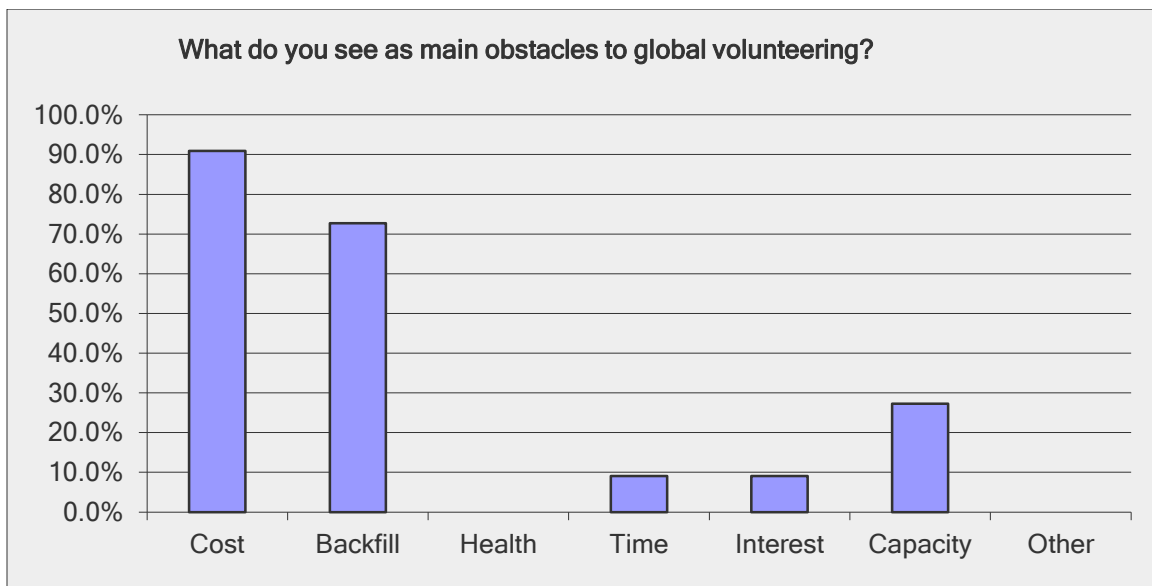
This is exactly what one would expect-cost and backfill are the biggest barriers to volunteering from an employer perspective.

Table 14 summary Survey of Trusts' Medical Directors

1	Does your trust have a current established international volunteering link?	Yes 50%	No 50%	Response rate 92%
2	Have staff in your trust been released for volunteering in low and Middle Income countries in the past 5 years?	Yes 67%	No 33%	Response Rate 92%
3	Approximately how many staff in your trust have been released for volunteering?	5 Trusts	1 person	Response Rate 92%
		1 Trust	4 people	
		1 Trust	3 people	
4.	Approximately how long were staff released to participate in volunteering?	< 1 month	33%	Response Rate 69%
		1 to 3 months	33%	
		> 3 months	33%	
5.	Are you aware of the Royal College of Psychiatrists Senior volunteer scheme?	Yes 33%	No 67%	Response Rate 92%
6.	Are you aware of the Ghana 3 month programme for trainees? This is a scheme for Higher Specialist Psychiatry Trainees to spend 3 months in Ghana that is approved for General Adult training	Yes 25%	No 75%	Response Rate 92%
7.	In your trust what is the general view of volunteering?	Low consideration	27%	Response Rate 92%
		Medium consideration	46%	
		High consideration	27%	
8.	Are there special arrangements for staff going on volunteering assignments?	Yes 27%	No 73%	Response rate 85%
9	Are staff readily released for volunteering?	Low	35%	Response Rate 92%
		Medium	38%	
		High	29%	
10.	Is volunteering overseas seen as positive for the trust?	Low	19%	Response Rate 92%
		Medium	43%	
		High	38%	
11.	How long could someone practically be released for volunteering?	Not possible	8%	Response Rate 92%
		1-2 weeks	8%	
		3-4 weeks	17%	
		1-3 months	50%	
		4-6 months	8%	
		7-12 months	0%	

		> 1 year	8%	
12.	Would the trust be agreeable to support volunteering if any costs?	Low	54%	Response Rate 85%
		Medium	27%	
		High	18%	
13.	What is the nature of your trust in terms of diversity of staff?	Low	28%	Response Rate 92%
		Medium	35%	
		High	37%	
14.	What is the nature of the diversity of the Patient population?	Low	42%	Response Rate 92%
		Medium	25%	
		Hugh	34%	
15.	Are your answers in relation to diversity a factor in the level of support the trust has for volunteering?	Low	75%	Response Rate 92%
		Medium	17%	
		High	8%	
16.	What areas do you feel would suit volunteers globally?	Training	55%	Response rate 85%
		Clinical	27%	
		Policy	9%	
		Other	9%	
		Research	0%	
17.	How do you feel volunteer work would help NHS on return?	Leadership	67%	Response rate 92%
		Clinical	42%	
		Transcultural skills	42%	
		Knowledge	33%	
		Resource management	25%	
		Psychosocial Skills	25%	
		Training	25%	
		Team work	17%	
		Innovations	17%	
		Academic skills	*%	
		Audit skills	0%	
18.	How beneficial is global volunteering experience for NHS?	Low	25%	Response rate 92%
		Medium	41%	
		High	34%	
19.	Is your Trust aware of International activities of the College? E.g. Divisions, International Department, Special Interest Group	Low awareness	25%	Response Rate 92%
		Medium awareness	42%	
		High awareness	33%	
20.	What do you see as main obstacles to global	Cost	91%	Response rate

	volunteering?	Backfill	73%	85%
		Capacity	27%	
		Time	9%	
		Interest	9%	
		Health	0%	
		Other	0%	

Conclusions and Summary

The limitation of the Survey is the small number of responses but the interest shown in groups such as the VIPSIG[aw], Diaspora groups show that it is of importance to many Psychiatrists in UK. Failing to fill in a survey does not match the enthusiasm that is seen in this area with UK Volunteers.

There have been remarkably few negative messages in any of the surveys. It seems a "given" that it is beneficial and the only obstacles are practical.

The volunteering scheme of the College has a role in providing a quality assured volunteering project. It is valued highly by UK Psychiatrists as a conduit into volunteering but on a global stage could realistically be considered unimportant.

There is a lot of personal satisfaction for Psychiatrists doing this work and much improvement of their work in many domains.

There needs to be a full re organization and promotion of the scheme to make it of interest and of use. There needs to be a rigour and professionalism developed.

It is reasonable to encourage short-term assignments that are well integrated into a meaningful package for the hosts.

Of prime importance is that the hosts led on the request for Volunteers and the direction of any project guided by principles of good development practice.

There is no doubt of the perceived benefits of Global Volunteering to host and to UK Volunteer.

"Improving global health is clearly in Britain's interest.[10]" Tony Blair 2007

The principles of the Crisp Report[10] need to be reviewed and implemented. There needs to be a culture change where Volunteering is valued and enabled.

The surveys undertaken show that there is much to be done and this is a time to call out for improvement and to make the issue of Global Volunteering on the mainstream agenda.

The results show benefit in UK working in NHS in "soft areas" that are hard to quantify.

The positive results were echoed whether the volunteering was through the

College scheme or outside of the College scheme.

"Improving global health is clearly in Britain's interest." Tony Blair 2007

The world is global and Volunteering enables us to bridge the gap between UK and the world. It helps us relate to our own workforce and our patient group.

Future research needs to demonstrate more quantitatively patient benefit.

Part 5

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Survey of volunteers

Background

Volunteer Scheme

The Royal College of Psychiatrists is committed to supporting mental health care across the world, particularly in countries that are known to suffer from an acute shortage of psychiatrists.

The College's volunteer scheme aims to facilitate contact between hospitals, clinics, projects and communities in need of psychiatric expertise and training, and psychiatrists who are willing to offer their time and support.

The volunteer programme has been in place for a number of years and we would like to review where we are at by this short survey which we will use to discuss at the International Advisory committee in further development of programme.

It is also being used for a research project (Please contact Dr. Peter Hughes for more details)

We would be most grateful if you could take a few minutes to do this survey. For completeness we would be most grateful if you could respond to acknowledge receipt even if you choose not to complete

It can be anonymous or you may choose to give your name

We are grateful for any narrative comments on how the programme can be improved and fundraising ideas.

1. Your name (optional)
2. Have you volunteered with the College?
   - If Yes please go to question 3
   - If no please go to question 17
3. In which year was this?
4. How long did you volunteer for? (If you have volunteered with the College more than once please use your most recent experience)

- <1 month
- 1 month -3 months
- 3 -6 months
- 6-12 months
- >1 year ongoing

5. Was this your first experience of international volunteering?
   - Yes
   - No

   If "No" please provide details of the other volunteering you have International volunteering you have undertaken

6. In terms of the College input - how well were you prepared for the assignment?

7. In terms of the College input - how well were you prepared for the assignment?

8. How supported were you during you assignment? By the college/by the hosts

9. Did the college debrief you after assignment? Yes/No

10. What form did this debrief take?

11. How did your volunteering experiences help when you returned to work?

	Did not help at all						Helped a little					Helped Exceptionally	N/A
Clinical skills	○	○	○	○	○	○	○	○	○	○	○	○
Resource management	○	○	○	○	○	○	○	○	○	○	○	○
Academic Skills	○	○	○	○	○	○	○	○	○	○	○	○
Knowledge	○	○	○	○	○	○	○	○	○	○	○	○
Transcultural skills	○	○	○	○	○	○	○	○	○	○	○	○
Leadership	○	○	○	○	○	○	○	○	○	○	○	○
Audit skills	○	○	○	○	○	○	○	○	○	○	○	○
Psychosocial skills	○	○	○	○	○	○	○	○	○	○	○	○
Team work	○	○	○	○	○	○	○	○	○	○	○	○
Innovations	○	○	○	○	○	○	○	○	○	○	○	○

12. Considering all factors, including personal and professional costs, how useful was the experience for your Hosts

Not at all useful					Moderately useful					Very useful
○	○	○	○	○	○	○	○	○	○	○

Any additional comments:

13. How supported were you by your employer in being released for volunteer work?

Not at all supported					Moderately Supported					Very supported	N/A
○	○	○	○	○	○	○	○	○	○	○	○

14. If applicable, Please give details of how you were supported and any particularly positive experiences

15. How important is the College Volunteering Scheme to you in terms of volunteering globally?

Not at all important					Moderately important					Very important
○	○	○	○	○	○	○	○	○	○	○

20. How did your volunteering experiences help when you returned to work?

	Did not help at all				Helped a little					Helped Exceptionally	N/A
Clinical skills	○	○	○	○	○	○	○	○	○	○	○
Resource management	○	○	○	○	○	○	○	○	○	○	○
Academic Skills	○	○	○	○	○	○	○	○	○	○	○
Knowledge	○	○	○	○	○	○	○	○	○	○	○
Transcultural skills	○	○	○	○	○	○	○	○	○	○	○
Leadership	○	○	○	○	○	○	○	○	○	○	○
Audit skills	○	○	○	○	○	○	○	○	○	○	○
Psychosocial skills	○	○	○	○	○	○	○	○	○	○	○
Team work	○	○	○	○	○	○	○	○	○	○	○
Innovations	○	○	○	○	○	○	○	○	○	○	○

Any additional comments:

21. Considering all factors, including personal and professional costs, how useful was the experience for your Hosts

Not at all useful				Moderately useful					Very useful
○	○	○	○	○	○	○	○	○	○

Any additional comments:

22. We would value your thoughts on ideas for the programme

- **Further programmes**
- **Fundraising**
- **Links to other organisations**
- **How to use the skills on return to UK**
- **Short vs. long term assignments**
- **Importance of College in this work**

If leave your comments and suggestions in the box below.

Appendix ii

Survey of NHS Trusts

All NHS trusts were surveyed to gauge their level of interest in the global health and volunteering agenda.

Survey description follows. Below is the actual text of the survey sent to all NHS trusts –about 60. This is not a straightforward survey as needed to be funded to access medical directors or the NHS.

Survey as follows - Royal College of Psychiatrists Senior Volunteer Scheme Survey

We would be most grateful if you can take a few moments to complete this survey page 2 which will help the College in evaluating and planning some of its international work.

The survey is anonymous and voluntary. It should take less than 5 minutes and will help us considerably. We would be grateful for acknowledgement of receipt for our records. We would be grateful if you can respond within 2 weeks of receiving.

We are most grateful for any narrative comments on how to develop this area. Background

The College is an international College with Divisions and members worldwide as well as a global presence in mental health.

There is a long history of UK professionals volunteering globally –independently, through NGOs, NHS link programmes through THET, diaspora programmes and others.

The Government, NHS and Royal Colleges have placed a high value on UK Global volunteering which has been highlighted by a flurry of reports over the past few years, some of which we mention below

Crisp Report 2007-Global Health Partnerships: the UK Contribution to Health in Developing Countries

All-Party Parliamentary Group on Global Health –July 2013: Improving Health at Home and Abroad: How overseas volunteering from the NHS benefits the UK and the world

Statement of the Academy of Medical Royal Colleges on Volunteering: 2013:

Q.1 Does your trust have a current established international volunteering link?

Q.2. Have staff in your trust been released for volunteering in low and Middle Income countries in the past 5 years? If your answer is "no" please proceed to question 5

Q.3. Approximately how many staff in your trust have been released for volunteering?

Q.4. Approximately how long was staff released to participate in volunteering?

Q.5. Are you aware of the Royal College of Psychiatrists Senior volunteer scheme?

Q. 6. Are you aware of the Ghana 3 month programme for trainees? This is a scheme for Higher Specialist Psychiatry Trainees to spend 3 months in Ghana that is approved for General Adult training.

Q.7. In your trust what is the general view of volunteering?

Q.8. Are there special arrangements for staff going on volunteering assignments? E.g. Pension, backfill, practical support

Q.9. Are staff readily released for volunteering?

Q.10. Is volunteering overseas seen as positive for the trust?

Q.11. How long could someone practically be released for volunteering?

Q.12. Would the trust be agreeable to support volunteering if any costs?

Q.13. What is the nature of your trust in terms of diversity of staff?

Q14. What is the nature of the diversity of the Patient population?

Q15. Are your answers in relation to diversity a factor in the level of support the trust has for volunteering?

Q.16. What areas do you feel would suit volunteers globally?

Q.17. How do you feel volunteer work would help NHS on return?

Q.18. How beneficial is global volunteering experience for NHS?

Q.19 Is your Trust aware of International activities of the College? E.g. Divisions, International Department, Special Interest Group

Q.20. What do you see as main obstacles to global volunteering?

Appendix iii Obstacles to volunteering 102 comments

- "Lack of support from employer, practical hurdles"
- "No suitable volunteering opportunities"
- "Lack of support from employers"
- "Domestic issues, young children"
- "Not that aware of available opportunities"
- "No suitable volunteering opportunities"
- "Time"
- "Other role in voluntary service"
- "Not enough notice"
- "Other voluntary activities"
- "Now live and work in Australia"
- "Not a college member"
- "Didn't know about the opportunity"
- "Not yet a registered senior"
- "Not enough notice to make arrangements, cost, and lack of support from employer, no suitable volunteering opportunities"
- "No suitable volunteering opportunities, cost"
- "Working in low income country"
- "Unaware of how-to go about it"
- "Not enough notice to make arrangements. Didn't know about opportunity"
- "Poor time management and forward planning on my part"
- "Never received the info"
- "Involved with another project"
- "Young family"
- "Family commitments"
- "Work commitments. May do when retired"
- "I am not sure how I would support myself financially if I were to volunteer as I have a mortgage and other bills to pay"
- "No suitable training opportunities .not enough notice to make arrangements"
- "Not enough notice to make arrangements"
- "Did not know about it"
- "Self-interest"
- "Too many other commitments, family"
- "Volunteer arrangements have been made independently"
- "Work commitments, cost"
- "Lack of support from the employer"
- "Didn't know I needed references"
- "Lack of support from employer, cost, did not know about the volunteer experience"
- "Not enough notice to make arrangements"
- "I volunteer for international Links-LD faculty of Psychiatry of ID"

- "Not an spr yet"
- "Not aware of volunteering experiences"
- "Just started psychiatry"
- "I do volunteer in UK and abroad but not entirely clear what the RCPsych organises"
- "Spend most time on one specific overseas project"
- "Lack of support from employer. Not enough notice to make arrangements"
- "Volunteering offers have not happened to coincide with my own travel plans. No fault on the scheme per se"
- "Not enough notice"
- "Young family"
- "I am keen to do it but I need to attend training"
- "Finding time during higher training"
- "No suitable Finding time during higher training volunteering opportunities"
- "No suitable volunteering opportunities. Not feasible to take long periods away from work and family"
- "Practical hurdles -visa adverse weather"
- "Not enough notice to make arrangements"
- "Childcare"
- "Involved with non-college project"
- "No suitable volunteering opportunities"
- "Cost. I work as locum so no pay if volunteer"
- "Practical hurdles -visas, adverse weather"
- "No suitable volunteering opportunities"
- "Very selective, no control or no honesty"
- "No suitable volunteering opportunities, not enough notice to make arrangements family commitments"
- "Joined volunteering SIG-didn't know about that as an option"
- "Am not aware of volunteering opportunities available"
- "Am in a speciality grade post and it's difficult to make a case for volunteering if you are not in a training post"
- "Lack of support from employer, cost"
- "Volunteer separately"
- "Wasn't aware of it until recently"
- "Already doing a lot and don't need college support"
- "No suitable volunteering opportunities, not enough notice to make arrangements, family commitments"
- "I would like to volunteer but I feel it would be unfair to leave my colleagues in the lurch and also would like to do it at the point of retirement"
- "Opportunities have been in unsafe places. I can't be away from my private practice too long"
- "Time constraints and having many other commitments"

- "No opportunities so far have come to my attention. Have participated in two RCPsych fundraising treks"
- "Busy in current NHS UK job"
- "Health problems"
- "Lack of support from employer"
- "Childcare"
- "No suitable volunteering opportunities"
- "No suitable volunteering opportunities"
- "No suitable volunteering opportunities, cost"
- "Not considered volunteering so far"
- "Lack of support from employer. Cost"
- "Never been offered anything by college"
- "No suitable volunteering opportunities"
- "Didn't know about scheme"
- "Lack of info"
- "No suitable volunteering opportunities"
- "Cost"
- "Practical hurdles i.e. visas adverse weather"
- "Already work in development"
- "Lack of support from employer, cost, opportunities have been in unsafe places, opportunities may not be known unless by accident"
- "Didn't know about it"
- "My supervisor informed me about it"
- "Practical hurdles i.e. visas, adverse weather. I don't feel I have enough psych experience yet and my understanding is that you are more interested in those who have MRCpsych"
- "Young children"
- "Lack of support from employer .not enough notice to make arrangements"
- "Not enough notice to make arrangements. Not clear what adjustments possible as I have disability"
- "No suitable volunteering opportunities"
- "Not enough time to make arrangements, responsibility for elderly mother"
- "No suitable volunteering opportunities"
- "No suitable volunteering opportunities, lack of support from employer, cost"
- "No suitable volunteering opportunities, lack of support from employer, cost, not enough notice to make arrangements, opportunities have been in unsafe places, practical hurdles e.g. visa, adverse weather"
- "Lack of suitable volunteering opportunities, lack of support from employer"
- "Lack of support from employer, cost"
- "No suitable volunteering opportunities.in training scheme"
- "I have not been informed before"
- "Not got round to it"

- "No suitable volunteering opportunities, opportunities have been in unsafe places"
- "Not enough notice to make arrangements, lack of support from employer, no suitable volunteering opportunities. References put me off making it more exclusive"
- "Did not know about the scheme"
- "I have 3 young children so childcare is an obstacle but not completely insurmountable"
- "No suitable volunteering opportunities, other life family commitments"
- "Too many commitments -family and financial at present"
- "Practical hurdles weather visas"
- "Fully occupied with other volunteering at present"
- "Volunteer for another organisation PRIME UK"
- "No suitable volunteering opportunities not clear what opportunities there are"
- "Very recently registered"
- "Was unaware"
- "Not suitable volunteering opportunities, cost"
- "Most assignments seem long"
- "Lack of support from employer, cost, practical hurdles"
- "Not enough time to make arrangements"
- "Not enough time"
- "No suitable volunteering opportunities .the college-volunteering programme is pretty primitive with limited opportunities"
- "Lack of support from employer, cost"
- "Volunteering outside college"
- "Not enough notice to make arrangements"
- "We have contacted but still did not get a response from the royal college"
- "Cost"
- "Newly involved with volunteer groups"
- "No suitable volunteering opportunities"
- "Practical hurdles"
- "Didn't know was available"
- "Lack of support from employer. I am taking an employment break and hope to use this time to volunteer"
- "Lack of support from employer, cost, not enough notice to make arrangements, caring responsibilities"
- "No suitable volunteering opportunities. Lack of support from employer. Cost"
- "Not enough notice to make arrangements"
- "No suitable volunteering opportunities, lack of support from employer, cost, not enough notice to make arrangements"
- "Not enough notice to make arrangements, practical hurdles"

- "No suitable volunteering opportunities, lack of support from employer, cost"
- "I would like to actively participate in the scheme; I don't have much information about it. I will now explore further"
- "Already involved in a project in Nairobi"
- "No suitable volunteering opportunities"
- "Family life"
- "No suitable volunteering opportunities. Involved in volunteering   for other agencies"
- "Not enough time"
- "Cost"
- "No suitable volunteering opportunities, unsafe places, practical hurdles"
- "Will retire within a year. Colleague on long term leave and illness stops me"
- "Have made myself available but heard nothing at all"
- "Only recently realised opportunities"
- "No suitable volunteering opportunities, opportunities have been in unsafe places"
- "Family commitments"
- "No suitable volunteering opportunities, lack of support from employer, cost, practical hurdles. Would love to do a 3 to 6 month stint in child psychiatry at some stage"
- "Not that aware of available opportunities"
- "Domestic issues, young children"
- "Lack of support from employers"
- "No suitable volunteering opportunities"
- "Lack of support from employer, practical hurdles"

Appendix iv -General Comments- Benefit of Volunteering back in UK –Non College Scheme (refer Page 95)

- "Exceptionally rewarding"
- "Gateway to international work"
- "I think the experience allows you to reflect on the positive within the NHS and how much we can achieve as a result bit of course one is comparing apples and oranges"
- "The knowledge and skills I obtained in developing a mental health strategy for a university in Nairobi Strathmore has stimulated our local trust in Belfast to establish a working group with the two local universities and university health centre on-going"
- "I worked in a team to reach out to the people in remote areas of Pakistan to create awareness and introduce the concept of reproductive services including family planning. We had to work through a lot of resistance but it was eventually rewarding and definitely an experience"
- "More interplay of organic factors to work with limited range of drugs, being mindful of the politics of local services and hence treading carefully"
- "I have worked in low-income country as a psychiatrist for 6 years. Since 2010 I have been involved in supporting MH service development in 2 hospitals in southwest Uganda visiting twice a year at present. Also some project in Gulu, Northern Uganda mainly teaching medical students"
- "Used mhGAP"
- "Mental health systems in the public sector are very conservative and as such any sense of innovation is lost through bureaucratic complexity"
- "Volunteer work was not in psychiatry"
- "I have consulted beyond my paid employment- Singapore and Canada"
- "I am retried now and involved with a charity. I returned to a country where I had lived and worked for 2 years many years ago. The purpose of the visit was to ascertain the current state of mental health services and to consider if anything could be provided in terms of resources and support"
- "Mixed bag. I get a lot out of it but more on a personal and cultural level than on an academic and professional level"
- "I do at same time as full time NHS job"
- "I did 2/52 project as student"
- "6 months at Zomba"
- "Retired"
- "Gave amazing experience that I could not have got in UK working with large numbers of peer support workers, testing out assumptions, working in very different circumstances"
- "Personally I have found the experience to be a tremendous opportunity for innovation-back in the UK but also hopefully to be a benefit to other partner countries. This seems to be a bit far less common experience than the others but this would depend very much on the level of experience of the volunteer and the context of the work abroad and back in the UK"

- "I am a retired consultant and do a little independent work in my retirement. I have done training in Vietnam and Chad for 2 different charities"
- "Training psychiatry to newly qualified doctors"
- "My volunteer work over 20 years has contributed hugely to making me the doctor I am today with a much broader range of skills than I would have had if I had only worked in the NHS"
- "My volunteer work over 20 years has contributed hugely to making me the doctor I am today with a much broader range of skills than I would have had if I had only worked in the NHS"
- "Planned but not completed"
- "Hugely beneficial to my practice and critical thinking about psychiatry. A formative experience that I wholeheartedly recommended"

Appendix v - Future of Volunteering

Comments below –full text

- "I am really interested in volunteering abroad but will find it hard to take time off for long stretches Perhaps programme can be drawn up that allows 2 or 3 trips over a period of time each lasting 2 to 3 weeks"
- "I would love to volunteer tor to have volunteered in the past. Most specific information on available opportunities linked to level of experience time commitment required, I feel would be very helpful to psychiatry core trainees like myself"
- "Financially it is hard to work unpaid for longer than a month or two unless one is at retirement stage and it would be helpful to consider short opportunities for trainees and early career consultants"
- "mhGAP in Kutch"
- "For any international programme need to be well prepared. Logistics can be a big problem especially visa, accommodation and funding. For any effective programme, it is essential that Government on board for any long term implementation after the training rather than focussing just on voluntary sector. Generating funds can be a big issue and you need to really work hard to convince stakeholders to invest in it involving all relevant stakeholders. It is crucial to share the experience as well as contribute in implementation after any training. The assignment should not be too long or complicated which then cannot be implemented practically on ground. The college can play a crucial role in sharing the experience of its Volunteers for making any Volunteering a success at ground level"
- "Retire and with partner -homophobia issue. Homophobia concerns"
- "Should be more available. Fundraising events and newsletters e-mail reminders could increase interest in voluntary experiences in country and outside"
- "Important to consolidate UK/overseas links especially for trainees and have training accreditation for volunteer work"
- "Facility to have recognised training placements for higher trainees with flexible supervision models. Sharing of experience more widely"
- "I think more presentations of work at regional college meetings, which would help raise the profile and make people more aware of what is being done and what can be done"
- "I need to explore more about college scheme but I do intend to do more"
- "I would like to help out with home-based orgs as I have children but am still interested in contributing"
- "I am an American psychiatrist who also belongs to APA. Joined the Royal College primarily in order to avail myself of the international volunteer programme which is lacking at the APA"
- "Opportunities for retiring psychiatrists"
- "Openness about how volunteers are selected in the college"

- "I do believe that for particular assignments the level of training and preparation should be higher particularly with regard to awareness of the prevailing cultural, religious, ethnic mores etc. too many folk whilst totally sincere have no idea of the environment to which they are going"
- "Opportunities for volunteering in the Middle East in view of the great need for psychiatric support there. Couldn't the college volunteers provide supervision, help set up mental health services?"
- "Would be good to get links to longer-term work overseas"
- "Not sure if would do this. Experience as a medical psychotherapist, management roles, distance work possible would need some funding".
- "Would welcome more suggestions and opportunities as a consultant to be involved. Trusts though are unlikely to support this".
- "Shorter assignments".
- "I would think establishing links with creditable organisations would actually help identify the suitable work areas for volunteers at different stages of their careers".
- "Need to promote this more".
- "I may be available to volunteer if given the opportunity".
- "Links with other organisations will be helpful".
- "I would like to volunteer but need to discuss with my trust I wondered whether there are any college or NHS guidelines I could direct them to".
- "General awareness of opportunities coming up".
- "I would be interested to hear more about the scheme. I have worked in Nepal for 4 years".
- "It is important in developing more skills in working using nil resources".
- "Could try to broaden to non-clinical positions for those interested in programmatic or public health work".
- "Let's talk more about this".
- "I believe partnerships with other organisations and the opportunity to establish a robust volunteer programme that allows a range of volunteer opportunities in the context of wider programmes of development should be a priority for the college".
- "Use small portion of RCPsych members' annual fee to support the work of RCPsych volunteers".
- "I would like to network with mental health workers in Guatemala and Central America. I am an adult psychiatrist and would like to be able to contact child psychiatrists in the UK to support mental health workers in Guatemala".
- "Happy to support".
- "I am available and waiting for opportunity".
- "Longer assignments are usually preferable as the give time to acclimatise to the pertaining situation and to leant more about the relevant cultural factors. Links to other organisations which might provide advice/support to volunteers would also be useful".
- "I think I got more out of it than the participants did".

- "More awareness by college about the work and need for skills development in developing countries".
- "I worked in various settings with the sisters of charity in Italy mainly before starting medicine and also as a medical student went to Sudan for 2 months. Living with the poor and in poverty was a truly enriching experience. Linking with such charities and others such as MSF is valuable work of the college and ought to be encouraged at all levels. It may be worth not always looking overseas e.g. short term local experience e.g. soup kitchen".
- "Short-term placements".
- "As a trainee there is limited time I feel I can take out of my training. It would be useful to know if I could use study leave to go on a short assignment. It would also be useful to know if there are any volunteering opportunities with a lower time requirement e.g. on a Saturday once a month which I would be able to fit in regularly amidst on call or exam revision time".
- "Medical justice needs volunteers in this country. Have a young family so can't work abroad. Can do work remotely".
- "Very unhappy, on list for volunteers for 6 years".
- "Wondering about mentioning links. There seems to be few opportunities currently".
- "I hope to be able to contribute once I retire in about a year. In the meantime I would like to understand mhGAP training".
- "Short in out programmes to give a taster of working in different environments about perhaps utilising specialist expertise perhaps linking in with a psychiatrist already on the ground. Funding via RCPsych international development funding".
- "Link to other organisations. Fund raising".
- "I would find it helpful to have a world map of places that have had volunteers with details so that I'm thinking of passing through an area I could drop the college a message finding out about the latest work".
- "I am happy to comment on all of the above, I am not clear what the RCPsych programmes are about. I have heard about a trip to Burma but when I requested further information I heard nothing back. Fundraising -to be done properly on this requires professionals. The scope and purpose of any programmes needs to be very clear before embargoing on this there are plenty of organisations involved in this across the UK and internationally. I am happy to make some suggestions here but again it depends on where RCPsych aims to fit in to a well-established network. I am happy to discuss use of skills on return to UK. This is a crucial factor in making the case for the NHS staff doing such work. I have organised a local conference in 2014 concerning his topic and have plenty of feedback. Both short and long term assignments have their place. Many organisations prefer long terms because this reduces costs increases value and gives projects a better chance of success. It has its many pitfalls too including dependency by partners capacity of skilled and up to

date staff - far more students, retired workers and gap year trainees rather than senior but concurrently working staff do long term stints abroad, Short term visits embedded in a long term overall partnership allow a greater range of senior clinicians to get involved and reduce the likelihood of dependency on UK staff. I successfully negotiated this model of service with THET in 2003 and we have demonstrated successful implementation in 2 global health partnerships programmes with this goal. It remains unclear to me what the RCPsych role might be in supporting existing programmes or developing new ones. There are many health organisations geared to appropriate health technology and training methods in LMIC countries best known is WHO. RCPsych is not currently geared towards this and UK psychiatrists have to adapt their skills, learning and experience to different cultures and resource contexts. The RCPsych does have a rigorous QA approach in terms of both exams and on the job training and this may be a good source of experience to offer a framework of standards and assessment lacking in many parts of the world. However if the RCPsych is serious about making a meaningful contribution to psychiatry on LMIC settings then I think the way to tackle this for the long term is not to try and compete with established, better funded and experienced organisations running programmes but to work with them in providing skills that they cannot. I could therefore suggest adding global health to the MRCPsych curriculum and also consider offering separate Global health skills training for psychiatrist and other mental health workers and for non-psychiatric medical colleagues. I would be particularly happy to discuss this further".

- "Facilitation of core training opportunities".
- "I feel the college need to be more assertive in publishing opportunities and then supporting volunteers in also negotiating the time away with their employer. In general if I were to go away I expect there would be a cost to my employer locum cover or medico-legal potential costs and risks if my service is under or inadequately staffed. It would be good if the college could make more public how they can support the volunteer and what both the volunteer and college should expect from the volunteers' employer".
- "Maintaining revalidation whilst volunteering abroad".
- "Info please".
- "Annual conference, BBQs fundraising, both short and long term".
- "Fundraising".
- "Organisation called healthphone in India with simple information on common mental health issues for that country to be made available on mobile phone".
- "College could recognise overseas volunteering as part of training rather than out of programme experience".
- "Further programmes are important. As many people work, best opportunities short term. The college should be more proactive and dedicate some funds for international volunteers. Thank you for all your activities. It is very much appreciated".

- "Make it easier for core trainees to volunteer with the college. Not just registrar and above".
- "Happy to advise on Nepal".
- "I wonder whether drug companies would be useful in funding. Know it goes a little against the grain when thinking of international development work but their education funds and need to work on charitable image might make for a useful sponsor. Almost every single low and middle income could benefit. I think how you use the skills depends in what you get of the experience. Overall having different perspective and going back to basics in difficult situations what I take away. I definitely think long projects are better than short. However something is better than nothing. The college would be enormously helpful in supporting programs as part of training for example perhaps showing accreditation of time towards training as there is no better training experience and allowing the courses provided by the volunteers to be accredited by the college as there is no better training experience and allowing the courses provided by the volunteers to be accredited by the college to give what the volunteers do some official importance on the ground. I also think in this day and age an on-going tele link up should be possible anywhere in the world. So even if it meant buying a laptop with SKYPE and 2/4G capability that should be possible in this day and age. Perhaps every program should have this component now".
- "Time off difficult. Shorter placements better".
- "mhGAP trainings, volunteer database, suggestion link to Aga Khan Development network in Tajikistan, Afghanistan and Pakistan, I am interested in short term teaching and development opportunities. Be glad to hear these more widely known".
- "I would like to see more opportunities easily available to higher trainees to incorporate volunteer work into the higher training programme".