Global Mental Health: Correspondence

Anna R Walder, Roxanne C Keynejad, Stania Kamara, Helen Hopwood.

As UK trainee psychiatrists sharing an interest in global mental health, we welcome the Lancet Commission on global mental health and sustainable development with enthusiasm. We concur that task sharing, as a central factor to scaling up global mental health care, requires engagement from multidisciplinary mental health specialists. We also agree that in addition to optimising clinical care at a distance, digital technologies can enhance the training and supervision of non-specialist health workers. However, the potential exists for both task sharing and digital technologies to be taken much further.

From our experience in a high-income country, training in psychiatry is enhanced in breadth and depth by experience of global mental health care. Many of our diverse UK-based peers who were first inspired by medical school overseas electives are pursuing clinical and academic interests in global mental health and engage in ongoing volunteer activities, both remotely and during short-term and longer-term in-country placements. All of these experiences entail collaborative, mutually beneficial activities in partnership with multidisciplinary student and clinician peers in low-income and middle-income countries. Patient care in high-income countries benefits considerably from such learning, skills, and experience in innovative practice.

We founded Trainees4GMH, a special interest group to gather junior psychiatrists in London who are interested in global mental health. Our events have featured face-to-face and online presentations by colleagues from Sierra Leone, Zimbabwe, and the Maldives. A key benefit of digital technology is the democratisation of psychiatric education, training, research, and quality improvement materials, shared between low-income and high-income countries, to build global capacity and deliver universal mental health care. The global mental health agenda has the potential to diversify mental health-care professionals worldwide, but recognition of its reciprocal benefits in clinical curricula is needed to nurture the training, supervision, and coordination of the social and emotional competencies advocated by the Commission.

References