

Policy into practice: an experience of Higher Education Link in Child and Adolescent Psychiatry

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ABSTRACT

Aim: The main aim of the Child and Adolescent Overseas Working Party has been to support the development of services in low-income countries through enhancing their training capacity. This is congruent with the British Council's policy of Higher Education.

Link: The paper shares an experience of translating such a policy into practice.

Method: The experience of implementing a British Council Higher Education Link in Child and Adolescent Psychiatry between the two Universities in Varanasi and Leicester is shared.

Implication: In spite of various difficulties, all parties concerned learnt some valuable lessons and found it to be a worthwhile venture.

Key words: Link, Child, Adolescent, Psychiatry

Introduction

The Royal College of Psychiatrists had received numerous requests from low-income countries to help with basic skills training in various aspects of psychiatry. The College therefore, set up an Overseas Working Group (Royal College of Psychiatrists, 2001). Its recommendations included setting up of an Overseas Working Group in Child and Adolescent Psychiatry in response to the urgent need for training in child and adolescent mental health. The College set this up in July 2001 and the end of 2004 expects a formal report.

Putting the recommendations into practice

Whilst there are clear recommendations, there is often little financial support available to translate policy into meaningful practice. Thus, a variety of approaches have been considered to move things forward. One of these has been to seek support from the British Council via a Higher Link in Child and Adolescent Psychiatry.

Aim

The main aim of the Working Party has been to support the development of services in

low-income countries. In order to achieve the above aim, several tasks were identified by the Working Party, including the following:

1. to identify key people and networks associated with Child Adolescent and Mental Health Services (CAMHS) in various countries and contact them in order to assess their training needs and co-construct training programmes that can be cascaded further, and
2. to closely liaise and work with other associations already interested in this field.

The organisations

The University Hospital in Varanasi caters for the needs of several provinces, such as, Eastern Uttar Pradesh, Bihar, part of Madhya Pradesh and Nepal, and attracts patients largely from lower middle and poor sections of the society. As regards child and adolescent mental health, there is tremendous enthusiasm and interest and also a need for further training and experience. Therefore, the main aim of this Link has been to develop short courses in child and adolescent mental health at the Institute of Medical Sciences, Varanasi through:

- Training of staff in basic child and adolescent mental health work
- Supporting trained staff in training others, specially primary care workers and peripheral mental health workers
- Locally developing courses for undergraduate and postgraduate training
- Fostering a mutually supportive relationship between the two Institutes so that culturally sensitive child mental health services for diverse populations can evolve at both ends.

The University of Leicester has experience in training in child mental health and working with overseas institutions to develop training.

The aims of the Working Party and of the Link were congruent. The individual Link also had an aim of trying to ensure sustainability beyond the project.

Specific issues for British Council funding

The British Council emphasises alleviating poverty and addressing gender issues. This Link serves this purpose as the university hospital caters largely to poor & lower middle class population. The Link should help the poor and unprivileged section of the society by improving the mental health of children and alleviating the suffering of the affected families and improving their quality of life.

The Link also aims to ensure that the project will particularly benefit females. This is likely to happen at different levels, for example, an opportunity for the professional women to improve their academic and clinical performance in the area of child mental health. Training will also consider gender issues in the development of mental health problems and service delivery to girls. The mothers of the children with psychiatric problems treated by the centre will be alleviated of their suffering and will be able to perform better. A significant proportion of the children and young people attending the Centre are females. Offering help to them would improve their chances of experiencing

more fulfilling womanhood.

One of the potential problems may be the difficulty faced while attempting to empower women, in case it raises conflict with some of the local cultural practices.

Another potential difficulty is in relation to staff availability from UK, given that the staff time is not paid for and depends mainly on the goodwill of the employing Trusts and a wider recognition by them. However, the employers may be able to appreciate the fact that the staff will bring back learning that would be useful for the service.

Sharing experiences

The key principle behind the approach was that of sharing experiences and contextualising them. The project is based on a principle of collaboration, rather than the UK team assuming the role of expert. The aim is to share what we do and to ask how much of it is relevant or useful to them: a collaborative partnership as used in family therapy.

The visits

During the first year of the Link [2003] two members of the Varanasi multidisciplinary team [a postgraduate trainee and a Social Worker] visited Northampton CAMH Service and attended the Midland Course in Group Work with Children and Adolescents. A senior teacher visited Northampton, London and Leicester and examined various training programmes in child and adolescent mental health. A teaching team from UK visited Varanasi and ran a multidisciplinary course on Basic Child & Adolescent Mental Health (including learning disability) as well as training for trainers in child and adolescent mental health. The Indian Medical Council also supported the course. During the second year [2004], three members of the Varanasi multi-disciplinary team visited UK. An UK team visited Varanasi during the second year to run a multi-disciplinary course. A senior teacher from India would be visiting UK during the third year. Also, similar activities will take place during the third year.

Lessons learned

During the seminar in Varanasi the delegates (psychiatrists, psychologists, social workers, private practitioners and some NGOs) experienced a new approach as regards learning and teaching. This involved experiential, interactive and small group methods. In the beginning, there was considerable resistance to this approach, but as the course progressed they began to value it more and more. By the end of the course, most delegates were enthused by this approach and it is hoped that at least some of them would be able to plan and deliver short courses in peripheral centers. It is perhaps somewhat surprising that innovative and interactive teaching practices were perceived as useful as the contents of the course.

Visitors from Varanasi took a great deal from their visits to UK in terms of service planning and delivery, assessment and management approaches, multi-disciplinary

working and specialised training programmes. They gained significantly from seeing other systems at work and learning how professionals manage with resources even more constrained than the ones in the UK in so many ways.

From the perspective of the UK team, it became apparent that it would be useful for the visitors from UK to have an introductory session of observing clinical practice in India as this would help improve their understanding of the local working practices and conditions. A detailed critique of the training has been prepared (Dogra et al, 2005) to enable reflection of the teaching and for the UK visitors to consider what they gained from the experience.

Policies tend to cover general principles however; actual practice involves the messiness of specific and practical details. The common aim of both the Working Party and the Link has been to help the local staff develop a course. Although by the end of first year, there is no sign of a concrete course having developed, there is however, a solid foundation taking shape for such a course to evolve during the next two years of the Link. The UK visiting team abandoned the idea of pushing for the development of a course during the first year, as the local team did not seem ready for it.

In conclusion, there is great enthusiasm and commitment to supporting recommendations such as made by the Royal College on re-training in child mental health. However, there are key obstacles that have to be overcome. Marrying the aims of the college and the aims of funding bodies can raise potential conflict. However, the rewards for service development and for individuals can be significant. The UK teams have been exposed to realities of a different nature, which provides opportunities for reflection on their own practice. The Indian team had an opportunity to consider furthering its teaching and training programmes and exploring ways of developing child and adolescent mental health services for the deprived areas and for children generally.

Declaration of interest

KN Dwivedi is the Honorary Secretary of the Overseas Working Party and the UK Co-ordinator for the Link. I. Sharma is the India Co-ordinator and other authors also contributed to the seminar.

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