

Teaching “Global Mental Health:” Psychiatry Residency Directors’ Attitudes and Practices Regarding International Opportunities for Psychiatry Residents

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Objective: *The authors surveyed Psychiatry Residency Training Directors’ (RTDs’) attitudes about the role and feasibility of international rotations during residency training.*

Method: *A 21-question survey was electronically distributed that explored RTDs’ beliefs about the value, use, and availability of international clinical and research experiences during residency.*

Results: *Of 171 RTDs, 59 (34.5%) completed the survey; 83% of respondents rated the importance of global mental health education as 3-or-above on a scale of 1 (least important) to 5 (most important), but only 42% indicated that such opportunities were made available. The value of such opportunities was thought to lie primarily in professional development and cultural exposure, less so for enhancing core knowledge competencies. Obstacles to such opportunities included lack of accreditation, financial resources, and faculty/administrative support and supervision.*

Conclusion: *RTD respondents endorsed the value of international experiences during residency, but their availability and educational impact are not fully supported.*

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Over the last decade, the concept of “global mental health” has emerged as a new framework to understand the nature and treatment of mental illness. Within this framework, lessons learned from disparate geographic contexts can redefine scientific and clinical consensus in ways that may substantially enhance prevailing paradigms of treatment, etiology, and delivery. A process of “bidirectional internationalism” can enable the knowledge-base for psychiatry to be dynamically enriched and defined through the comparative mirror and synthesis of findings and challenges from the full scope of international experience (1). In this way, for example, work in the developing world on the phenomenology of “common mental disorders” and innovative delivery designs have the potential to reshape approaches to care globally (2–4).

Several studies have looked at the role and impact of international rotations in medical specialties other than psychiatry. We were interested in the degree to which international experiences were made available to psychiatry residents, the challenges in making them available, the perceptions among training directors of the teaching value of such exposure, and the potential for such opportunities to further a more broadly synthetic approach to psychiatric research and practice.

Method

All Residency Training Directors (RTDs) with functional contact information identified through the Fellowship and Residency Electronic Interactive Database Online, were invited to complete an electronic survey. Institutional Review Board (IRB) exemption was obtained from the New York University IRB. The first e-mail solicitation was sent in mid-January 2008. Regular remind-

ers were sent on a monthly basis for the next 6 months. During this time, 59 of the 171 solicited RTDs (35%) completed the survey.

In addition to reporting frequencies of responses to Likert-scaled questions endorsing attitudes about international experiences or specific reporting about their programs, respondents were also asked more open-ended responses. Qualitative data about the competencies, knowledge, and skills that international experiences may provide to residents was analyzed thematically and subsequently characterized along the six core competencies of residency training, as designated by the Accreditation Council for Graduate Medical Education (ACGME) (5). Qualitative data about obstacles to international opportunities were similarly grouped into themes by use of the constant comparative method, whereby answers were first coded, then grouped into concepts (6).

Results

Data were available about 59 residency programs whose RTDs completed the online survey. There were similar response rates by region. The survey first queried RTDs as to the importance of exposure to psychiatric issues in other-country contexts, and their own international experience. This was followed by more detailed questions about the specific skills or objectives they considered achieved through such experiences, the course content and overseas experiences actually made available to residents, and obstacles to making such opportunities available.

When asked how important they thought it was for psychiatry residents to learn about mental illness and morbidity as they occurred in other, especially less-developed countries, 49 (83%) of responding RTDs rated the importance as 3-or-above (on a scale of 1: least important, to 5: most important). Thirty-seven (63%) of the responding programs rated the importance of having an experience abroad as 3-or-above. Although 24 responding RTDs (40%) themselves had had international research or clinical opportunities, their rated importance of global mental health content and opportunities during residency did not significantly differ from those who had not ($t=1.23$; $df: 58$; $p=0.223$).

Forty-four RTDs entered responses to an open-ended query to specify the unique competencies, knowledge, and skills that they believed international experiences provide to residents. The 71 responses were sorted thematically with respect to the ACGME competency areas to which they corresponded. The majority of RTD comments (37/

71) related the value of international experiences to the two ACGME core competencies of Patient Care and Professionalism. Comments reflecting their value for the Patient Care competency almost exclusively focused on the theme of an ability to care for and be sensitive to patients of different ethnicity. Comment themes were decidedly less focused (19/71, or 27%) on linking international experiences to competency areas related to advancing core knowledge—specifically, Practice-Based Learning and Medical Knowledge.

In terms of curricular attention to the public health and clinical aspects of mental illness and morbidity in other-country settings, during the PGY-1 year, the percentage of such lectures ranged from 0 to 25%, with an average of 3.4% of lectures devoted to international issues. During the remaining years, the percentage of such lectures ranged from 0 to 15% (average: 3.8%) in PGY-2; 0 to 25% (average: 3.6%) in PGY-3; and 0 to 33% (average: 4.4%) in PGY-4. There was an average of 2.1 (standard deviation [SD]: 2.3) Grand Rounds per year (range: 0–12) devoted to global mental health issues and 2.4 (SD: 3.0) department faculty members (range: 0–20) involved in international research, clinical work, or teaching.

Despite limited faculty and curricular space devoted to global mental health issues, 72% of the 59 RTD respondents reported that trainees could avail themselves of international opportunities within their programs. Yet, of these 59 programs, 25 (58%) had residents who actually undertook international clinical or research rotations within the past 5 years. Of a total of 112 residents reported (with a range of 0–20 residents per program), one-third pursued research, whereas two-thirds pursued clinical work in rotations that spanned 39 countries, on 6 continents. The majority of these rotations were 1-month's duration.

Table 1 summarizes obstacles identified by RTDs to the availability of international opportunities. These included funding limitations, lack of adequate benefits like malpractice insurance coverage, lack of appropriate faculty supervision, and accreditation limitations. Overall, 27 (45%) of the 59 RTDs said their Departments could salary a resident for an international rotation; 18 of the 25 residency programs that had one or more resident go abroad were able to continuously salary the resident(s); 15 did not require residents to use vacation time or take unpaid leave; 7 were able to pay for the residents' travel and/or living expenses in full or in part. Of the residents who were salaried, funds came from regular payroll (56%), departmental funds (28%), federal and state grants (20%), faculty research

TABLE 1. Obstacles Identified by RTDs That Prevent Residents From Being Able to Pursue International Opportunities (N=50 RTD Respondents)

Entity	Obstacles
Resident	Funding limitations to cover expenses Lack of sufficient resident interest Poor availability of benefits (e.g., malpractice insurance) Disruption to ongoing care of psychotherapy patients Language barriers Fear of personal safety in unfamiliar surroundings Family obligations Paucity of knowledge about opportunities to engage in international clinical rotations Large amount of paperwork
Administration at host and home institution, including residency training directors	Disruption of training schedule Lack of non-call elective time in training schedule Inability to attend important didactic sessions held during international rotation Lack of infrastructure support at home institution to enable Lack of sufficient contacts in international sites to facilitate development of international rotations for residents Inflexible home-institution policies, especially those pertaining to salary disbursements
Accreditation organizations	Lack of residents at home-institution to meet ACGME requirements Lack of ACGME-accredited faculty oversight at host institution that would meet ACGME requirements of supervision, work-load, and clinical exposure APA, ABPN, and RRC requirements for time, funding, safety, supervision, education Worker's compensation insurance regulations that limit out-of-state travel to less than 30 consecutive days

RTD: Residency Training Director; ACGME: Accreditation Council for Graduate Medical Education; APA: American Psychiatric Association; ABPN: American Board of Psychiatry and Neurology; RRC: Residency Review Committee.

grants (12%), scholarships obtained by the resident(s) (8%), and alumni donor funds (4%). Most utilized more than one source of funding.

Discussion

United States resident-trainees from multiple medical specialties have participated in international clinical rotations for decades, but little data are available specifically about psychiatry residents. Although some of the benefit attributed to international experiences in the medical literature could reflect characteristics of motivated residents, it appears that important organizational factors also have an impact on whether residents participate in such activities. The obstacles identified by Psychiatry RTDs are similar to those found in studies of other medical specialties, including inability of accreditation organizations to monitor time abroad, lack of scheduled time and financial resources for resident travel, and inadequate administrative and faculty support in coordinating international ro-

tations (7). The number of faculty conducting international work during the previous 2 years also strongly correlates with high rates of resident participation in international rotations in these studies (8). Among the RTDs surveyed in this study, their psychiatry departments had quite limited faculty focus in this area, with an average of 2.4 (SD: 3.0) faculty members involved in international research, clinical work, or teaching.

When identifying the educational value of international experiences, RTDs in this survey tended to emphasize cultural competency, such as the potential to better understand and apply knowledge and skills in the treatment of individuals of different ethnic backgrounds; 39 (55%) of 71 learning objectives of international rotations listed by RTDs specifically referenced understanding and treating other ethnic groups. There is evidence that international medical training experiences can enhance cultural-competency skills that affect care (7, 9). Persistent disparities in mental health care in the United States involves misdiagnosis of minority patients, and may reflect insufficient

provider-understanding of the immigration experience and culturally-shaped mental health syndromes. The impact of experience gained from an international clinical experience, especially one enhancing exposure to patients of diverse backgrounds or didactic approaches to issues of ethnicity, is, however, not empirically well-studied for clinical psychiatry. Given the importance of this learning objective to RTDs, and the importance of closing treatment gaps in the U.S. population, better validation of the effectiveness of such experiences in imparting sensitivity skills deserves more specific study and support.

However, this emphasis on issues of cultural familiarity, as well as on reinforcing certain trainee personal and professional attributes, such as empathy and flexibility of thinking, also reflected relatively less consideration of how a more synthetic, “globalized,” field and frame of reference might shape and inform psychiatric knowledge, research, and practice. In that view, a global curriculum and set of experiences could do more: it could help residents think critically overall about paradigms of etiology, nosology of disease, and delivery of mental health services, by expanding the scope of experience and evidence that form the basis of clinical practice.

This study has a number of limitations. The participation rate of 34% could reflect a respondent subgroup more interested in this topic. We also lacked information about socioeconomic or other features of residents in surveyed programs—features perhaps relevant to interest in or obstacles to global mental health experiences. Despite its limitations, this is the first survey of attitudes and practices of psychiatry RTDs with regard to international rotations for residents. The limited access to such opportunities, despite their perceived importance, supports more explicit

and perhaps formalized communication among interested programs so as to develop successful strategies.

We hope this effort can lend further attention to these issues, to a vision for international experiences in psychiatric residency training curricula, and to academic investment in a more robust and high-impact discipline of “global mental health.”

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