Annals of Global Health VOL. 82, NO. 5, 2016

ISSN 2214-9996/$36.00
http://dx.doi.org/10.1016/j.aogh.2016.05.002

VIEWPOINT

How a Global Health Rotation Benefited the Life of a Psychiatry Resident

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INTRODUCTION

Postgraduate residents in multiple medical specialties have traditionally engaged in international clinical rotations as a means of working in low-resource settings and collaborating in areas of need. Until recently, however, psychiatry was not deemed to be a component of public health in resource-poor countries, settings in which the majority of medical attention is focused on preventing and treating infectious diseases.[1] In a considerable majority of low-income countries where psychiatry remains an evolving specialty, mental health conditions such as clinical depression are not prioritized and are widely under-recognized and undertreated.[2]

The roles of psychiatry residents, as well as how their experiences and perspectives affect global health, have been less extensively studied and described. However, research has demonstrated the numerous benefits of international rotations for medical students and trainees, including positive changes in their perspectives and attitudes.[3-7] Here, I describe a global health experience I had as a psychiatry resident and analyze the experience in terms of its benefits and challenges. In doing so, I aim to improve the general understanding of and involvement in global health activities.

MY GLOBAL HEALTH EXPERIENCE

In the winter of 2013, I had the privilege of working in India with the Arnhold Institute for Global Health after learning about the Global Health program at the Icahn School of Medicine at Mount Sinai School (New York City, NY, USA).

I drafted a research protocol, focus group guide, and survey questionnaire. I also attended weekly lectures and interactive classes and completed assignments prior to departing for India to gain the knowledge and skills necessary to conduct research in the field. I worked with the MINDs Foundations India, which focuses on assessing the knowledge of and attitudes toward depression and its consequences. During my 4 weeks in western India in the state of Gujarat Vadadora, I educated community workers, health providers, physicians, and residents about mental health.

The most fulfilling part of my experience was visiting different villages, working with local health workers, and sharing knowledge about effectively recognizing and treating mental illnesses, especially depression.

MENTAL HEALTH IN INDIA

India is the second most populous country in the world (1.2 billion people), and it faces challenges of poverty, illiteracy, corruption, malnutrition, and an inadequate health system.[8-10]

It is estimated that nearly 70 million people in India (ie, 6.5% of the population) have a mental health disorder. The majority of Indians with mental illnesses do not receive mental health care, and many patients who do receive care access it from non-allopathic providers such as traditional and spiritual healers.[11-13]

MY GLOBAL HEALTH ROTATION

I began my journey feeling both excited and anxious as I waited to board my flight from New York to

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Delhi. When I arrived in India, I visited the facilities at Sumandeep Vidyapeeth/Dhiraj General Hospital (SVU) and met members of the hospital staff and faculty. I saw no patients while making rounds for 2 hours in the outpatient clinic, and the 32-bed psychiatric ward had only 1 patient.

The most common diagnoses at SVU are schizophrenia, mood disorders (eg, bipolar and manic depressive disorders), and somatoform or conversion disorders. Local cultural beliefs dictate that the summer spikes in the number of hospitalizations and acute psychosis episodes are related to the growth of mangoes—India's national fruit, described as the "food of the gods." The most common substance-abuse disorders seen at SVU involve alcohol and nicotine. Cannabis-based products, often called *charas*, *bhang*, or *ganja*, are additionally abused throughout India.

India has a high suicide rate, and the most widespread suicide methods are organophosphate overdose, poisoning (36.6%), hanging (32.1%), and self-immolation (7.9%).[14] I also learned about Bhang Psychosis and Dhat Syndrome, 2 culturally bound conditions (Table 1).[15-18]

In India, the majority of psychiatric medications are inexpensive and widely available. However, most Indian health care centers are not equipped with the technology available in the United States, and laboratory studies are not performed regularly. In general, physicians and psychiatrists in India rely more heavily on patient history and physical examinations than the use of sophisticated tests and advanced technology.

During my last 3 weeks in India, I visited 6 villages and sought to determine how rural health workers understood and viewed depression. Numerous villagers had never heard the word *depression* before, and they did not understand its definition. I had the opportunity to teach villagers how to effectively recognize and approach mental illnesses, especially depression. Although psychiatric disorders occur worldwide, their symptomatic expression and interpretation vary widely, as do social responses to these conditions. I came to understand that women in India are less likely to open up to health care providers and provide details about their emotional state. In fact, mood disturbances (eg, depression) and anxiety are not viewed as mental problems but rather as social problems. Numerous patients expressed depressive symptoms via somatic complaints (eg, musculoskeletal pain and fatigue) yet denied other symptoms of depression such as low mood or anhedonia. Culture-specific symptoms have led to the under-recognition and misidentification of psychiatric disorders in India.[19]

DISCUSSION

The available literature on specific benefits and challenges of global health training among psychiatry residents is scarce, as most data regarding residents involved in international health electives come from international health programs offered to internal medicine and pediatrics residents.[20,21] It is evident that there are significant benefits as well as potential challenges. Indeed, my global health experience

Table 1. Bhang Psychosis and Dhat Syndrome

Bhang Psychosis (Cannabis Psychosis)[15]	Dhat Syndrome[16-18]
• Bhang Psychosis is a culturally bound condition believed to be responsible for causing schizophrenia-like psychosis.	• Dhat Syndrome is a common, culturally bound sex neurosis prevalent across India, the origin of which is deeply rooted in the culturally overvalued role of semen as a vital substance of the body.
• Common symptoms include a grandiosity of self, excitement, hostility, uncooperativeness, disorientation, hallucinations, and thought disorder. The majority of symptoms abate within 5 days, and there are no residual psychotic symptoms.	• The term *Dhat* originates from the Sanskrit word *Dhatu* (धातु) which, according to the Sushruta Samhita, means "elixir that constitutes the body." The Indian doctor Narendra Wig coined the term "Dhat Syndrome" in 1960.
• Bhang (Hindi: भांग) is a form of marijuana combined with other herbs traditionally used in food and drink; it is employed in spiritual ceremonies throughout India and is symbolic of many things given its association with the god Shiva, destroyer of evil. Bhang has become a part of cultural traditions on the Indian subcontinent. In rural India, bhang is believed to cure fever, dysentery, lack of appetite, fatigue, and speech impairments.	• Common symptoms include fatigue, weakness, anxiety, loss of appetite, guilt, sexual dysfunction (eg, premature ejaculation or impotence), and the belief that one is passing semen in one's urine. Among Dhat Syndrome's psychiatric manifestations, depression occurs in 39.5% of patients, followed by anxiety in 20.8% of patients, psychosis in 6.3% of patients, and phobia in 2.1% of patients. Suicidal tendencies have been reported in 18.6% of patients suffering from Dhat Syndrome. Treatment for the syndrome includes education primarily focused on human anatomy and the physiology of sexual organs.

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underscores the benefits. For instance, residents who are exposed to global health training develop a better understanding of the global burden and inequities between international and local health systems, as well as the importance of cross-cultural psychiatry. Global health rotations have the potential to broaden a psychiatry resident's medical knowledge and reinforce clinical skills.[22] These rotations also encourage exposure to diverse patient populations with different needs and enhance the understanding of key social factors that can affect individual patients and mental healthcare. Residents will likely be exposed to cultural-bound syndromes and illnesses with unusual clinical presentations of conditions.

Psychiatry residents can also play a pivotal role in bringing awareness to mental illness and educating patients and community members on its potential consequences. An international global health rotation provides a broad cultural understanding that shapes one's life and affects professional training. Some of the challenges are adapting to a different language and cultural barriers, as well as costly travel expenses. Some programs offer sponsorship and funding opportunities for medical students and residents.

CONCLUSION

My experience and training in global mental health has shaped my career and made me better equipped to address cultural issues in psychiatry and daily clinical encounters with patients. I am also more sensitive to the psychosocial factors affecting my patients' clinical presentations. Academically and professionally, this training also opened doors for other projects and research. Following this tremendous experience, I have been inspired to write and publish several papers about major global health issues,[2,23] and I have received dozens of invitations to speak at local and international academic events. Above all, however, the most rewarding part of my experience was visiting different villages and engaging with local health workers.

ACKNOWLEDGMENTS

I would like to thank Dr. Craig L. Katz for his invaluable support and mentorship throughout my residency, global health training, and early career in the field of psychiatry.

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