Developing a Global Mental Health Curriculum
in Psychiatry Residency Programs

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Prepared by the APA Council on International Psychiatry and the APA Caucus on Global Mental Health and Psychiatry.

Introduction:
As the importance and centrality of mental health becomes apparent within and beyond the health care sector, so will opportunities for psychiatrists to apply their knowledge and skills to meet the growing needs. Through careful attention to the moral imperatives and explanatory models among cultures that differ from their own, psychiatrists have been very successful in engaging local entities and establishing partnerships that incorporate trust, credibility, transparency, and accountability to achieve mutual benefits with communities. The following is a guide to assist psychiatry residency programs interested in developing and implementing a global mental health (GMH) curriculum, but unfamiliar with the nuances of GMH education and training. It may also be useful to medical students and psychiatric residents with interest in GMH education and training opportunities. This guide takes into consideration both an international and a domestic scope of GMH with a key focus on curriculum development addressing inequalities among people from various cultures. This guide is developed by the American Psychiatric Association (APA) Council on International Psychiatry, with support by the APA Caucus on Global Mental Health and Psychiatry.
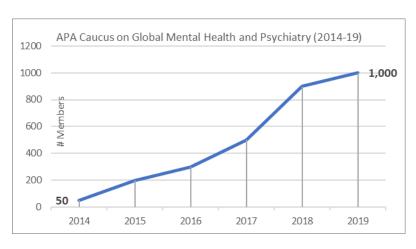
A Note on Terminology:
In describing various countries, we use the terms "low- and middle-income countries" (LMICs) and "high income countries" (HICs), as these are based on objectively measurable indicators of income levels. We avoid terms such as "developed" or "developing" countries as these are judgments based on unclear metrics. In fact, when it comes to mental health, all countries are in the "developing" stage. We also avoid terms such as "First World" or "Third World" as these are vague and are concerned with archaic political designations. The term "Global Mental Health" designates a field combining mental health efforts in low-resource settings, with a specific focus on cross-cultural work with populations across borders. This includes work in LMICs and HICs and includes the full range of health-related activities from prevention to care. This document is specifically focused on GMH curriculum for psychiatrists in training at HICs but includes lessons of broader applicability.

Rising Interest in Global Mental Health:
There are an increasing number of reports from around the world reflecting a rising interest in global health and global mental health education and training. As academic institutions around the world have reported an increase in demand for global health training in different clinical disciplines, medical trainees in the United States have "increasingly expressed interest" in programs and training

opportunities in global health.[1,2] While it has been suggested that medical students and residents in the United States may have a growing interest in global health training due to an "increased awareness of healthcare inequities" and a "desire to make a difference," the rising interest in global mental health may be a reflection of the greater level of importance and recognition being placed on mental health by non-governmental organizations and ministries of health.[3,4] These reports align with anecdotal reports from U.S. psychiatric training program directors and is evident in multiple areas of organized psychiatry and psychiatric training.

Within organized psychiatry, participation by medical students, residents and psychiatrists in GMH activities has become more apparent both at the national and international level. Established in 2014, the APA Caucus on Global Mental Health and Psychiatry, which serves as a special interest group for APA members on GMH topics relevant to psychiatry, has grown from 50 members to now more than 1,000 members. It is

APA Caucus on Global Mental Health and Psychiatry (2014-19)

comprised of APA members from nearly 50 countries worldwide, including the United States, with more than one-third of members being either psychiatric residents or medical students considering a career in psychiatry. The Caucus works closely with the APA Council on International Psychiatry to support and develop opportunities for professional development and GMH education. The global psychiatric association, the World Psychiatric Association (WPA), established a scientific section for early career psychiatrists in 2016, the Early Career Psychiatrists Section, to provide an opportunity for psychiatric residents and early career psychiatrists from around the world to network and learn from one another. In the past four years, it has grown to over 250 members and incorporates diverse perspectives from around the world into its activities and resources.[5] The section works closely with the European Federation of Psychiatric Trainees (EFPT), an independent federation representing thousands of psychiatric trainees across more than thirty European countries, which is focused on exploring the diversity of psychiatrists-in-training throughout Europe and supporting their development.[6]

While there has been an increased interest in GMH training opportunities, only a few psychiatry residency programs offer such opportunities.[7] In comparison to other fields of medicine, such as internal medicine and pediatrics, there are "relatively few psychiatry residency programs with global health training opportunities."[1] In a 2014 study of 183 accredited U.S. psychiatry residency training programs, seventeen programs (9.3%) were identified as offering global health training opportunities in other countries with ten programs offering elective-based rotations, eight offering research activities, and six offering extended field-based training.[1] While many programs continue to offer global health opportunities abroad, some programs have incorporated opportunities to work with local, culturally diverse, low-resourced and underserved communities, such as immigrant and refugee populations.

The importance of GMH education and training can be reflected in several key events over the past years. This includes the adoption of the Comprehensive Mental Health Action Plan 2013-2020 by the World Health Assembly which formally recognized the importance of mental health as a priority for the World Health Organization (WHO) and its 194 member states. The Mental Health Action Plan identified

specific actions towards improving mental health globally, in part by strengthening effective leadership and governance, mental health services in the community, and research.[8] In 2016, the World Bank Group and WHO co-hosted an event, "Out of the Shadows: Making Mental Health a Global Development Priority," therein making a bold statement about the central role mental health plays in the global development agenda. Later that same year, the United Nations convened the First Annual Multi-stakeholder Forum on Science, Technology, and Innovation (STI) for the Sustainable Development Goals (SDGs), recognizing the critical need for innovation and new partnerships in realizing the collective, cross-sector potential to achieve the SDGs, many of which are inextricably linked to mental health. Additionally, the WPA Action Plan 2017-2020 set out a strategy for expanding and strengthening the contributions of psychiatry to improve mental health globally, in part, by supporting the development of publications, resources, and education programs on GMH issues and topics through effective worldwide partnerships and collaborations.[9] With this backdrop of growing interest and demand for GMH education and training, but a lack of opportunities, this document aims to provide guidance for GMH stakeholders including medical students, residents, and the leadership of training programs.

Performing an Assessment and Defining a Purpose:
When taking into consideration the development and implementation of a GMH curriculum, it is important to recognize the intended purpose for its development and incorporation into a program. A common framework for formally developing medical educational curricula is the Kern's six step approach.[10] A GMH fellowship program has described its process of developing curriculum using this approach.[11] Often, due to lack of funding and other resources, the full six-step process may not be feasible. However, at the very least, it is critical to begin by defining the purpose of the curriculum. This is an opportunity to perform a formal or informal assessment of the program regarding its needs and any existing resources to address the following:

❑   Why do we need/want to incorporate a global mental health curriculum?
❑   What would be key results in the global mental health curriculum is successful?
❑   What do we consider essential for residents to know about global mental health issues and practice?
❑   What would be target competencies for residents who have successfully completed the global mental health curriculum?

When taking into consideration the process for recording outcomes and expectations, it may be helpful to consider the following as well:

❑   How do we want residents to describe their experiences with completing a global mental health curriculum?
❑   How do we want faculty to describe their experiences with implementing a global mental health curriculum?

It is important for the curriculum to be useful and valuable to not only the trainees, but also residency program directors and the teaching faculty. As the breadth of GMH is wide, this includes having a refined curriculum that is comprehensive, coherent, organized and aimed at helping the program meet previously unmet educational needs. This content can also be delivered through innovative approaches. It is also important that the curriculum be culturally informed, culturally appropriate, culturally relevant, and include diverse perspectives, as appropriate.

Considerations for Program and Curricula Structure:

There are currently various models of GMH curricula in practice across psychiatry residency and graduate medical education programs. A review of available curricula can provide perspective on the broad range of models utilized by institutions that take into consideration the following elements:

1. **Funding:**
GMH curricula can vary in funding structures from having residents responsible for covering the entirety of their costs to having the program cover the entirety of their costs, or utilize a hybrid model where the resident is responsible for covering costs beyond what the program is able to cover. Some strategies for containing costs include leveraging existing global health curriculum (e.g. HIV, internal medicine), building on a research program to incorporate residents, and developing a clinical rotation at a local site that focuses on reducing disparities among cross-cultural populations.

2. **Availability:**
The availability of the GMH curriculum includes both the *extent of availability* and the *frequency* at which it is available. The *extent of availability* addresses whether participation in the curriculum is restricted to residents in a particular psychiatry residency program or if it also includes residents from other programs and institutions. The *frequency of availability* addresses whether participation in the curriculum is on a continuous basis, throughout the extent of the program, or if it is episodic, occurring during different intervals of the training cycle. This may be an opportunity to take into consideration the following questions:

   ❑ Do we want the curriculum to have a comprehensive or a multi-year approach?
   ❑ Do we want the curriculum to span multiple post-graduate years across levels?
   ❑ Do we want to implement the curriculum with each cohort or in a specific post-graduate year? If so, which year may be most appropriate?
   ❑ Do we want the curriculum to build upon previous years and experiences?
   ❑ What is the best span of time that the curriculum should cover? (i.e. days-a-week, hours-a-week, hours-a-month, weeks-a-year, etc.)

3. **Location:**
Programs vary in the delivery of their GMH curriculum and often include opportunities for residents to travel outside the United States to countries with limited resources, which adds an additional level of security, training, oversight, coordination, and resources. Other programs focus on providing GMH education and training with rural and underserved populations in the United States. Again, leveraging existing global health programs from other specialties allows the program to share resources and streamline educational activities.

4. **Ethics:**
Given the inherent power hierarchy when HIC-based trainees work among underserved populations, particularly in LMICs, ethical engagement is an important priority. A consensus statement from global health educators provides guidelines for ethical engagement in global health settings for sending and host institutions, trainees, and sponsors.[12] There are specific ethical concerns in GMH that warrant special consideration. People with mental illness are often the most vulnerable among an already marginalized group that GMH efforts may engage in. There may be limited or no legal protection (e.g., anti-discrimination laws) and access to other services (e.g., women's shelter or drug rehabilitation center). Providers and others in the community may harbor negative and other stigmatizing attitudes towards patients with mental illness. In addition, the designations of functional impairment and the determination of the point of crossing over from acceptable to

disordered symptomatology may be strongly affected by culture. Any practitioner entering such an environment needs to remember to first do no harm, maintain cross-cultural humility, and maintain access to mentors to address challenging situations in not just clinical but also ethical domains.

5. **Lack of Faculty with Global Mental Health Experience:**
A direct consequence of a lack of GMH training opportunities is that most programs may not have faculty members with expertise in GMH who can deliver the curricular materials. One strategy, described in a paper on GMH curriculum development, is to recruit content experts with specific competency domains to help build a GMH curriculum.[11] As an example, an important focus in GMH is the integration of mental health in existing service delivery platforms such as primary care clinics. The program may have faculty members with expertise in integrated care and collaborative care models, and such faculty members can be enlisted to cover this aspect of the GMH curriculum.

The following are U.S. institutions with GMH programs which may be able to provide model curricula for consideration. Please note that this is not a comprehensive listing of programs with GMH curricula as there are many U.S. and non-U.S. institutions that provide similar opportunities:

1. **Boston University-Massachusetts General Hospital:**
T32 Global Fellowship/Global Psychiatric Clinical Research Training Program - Based in the Boston University School of Medicine, the Boston University Medical Campus-Massachusetts General Hospital Global Psychiatry Clinical Research Training Program is focused on developing independent clinical scientists who can address the most pressing global public mental health challenges. The postdoctoral fellowship is a three-year training program that combines rigorous didactic instruction, clinical research methods training from Boston University and Harvard University, practice in working effectively with disadvantaged communities, and immersive, mentored clinical research experiences in global settings.

2. **Columbia University:**
Global Mental Health Program - The Columbia University Global Mental Health Program is a network of programs based at Columbia University aimed at championing better mental health worldwide through innovative research, education and advocacy. The program includes the *Global Mental Health T32 Research Fellowship*, based in the Department of Psychiatry, which provides training to the next generation of global mental health scientists with a focus on deployment-focused interventions research and intervention dissemination, implementation and services research. Additionally, the *Global Mental Health Scholars* fellowship program provides scholars with an opportunity to expand their research to a global platform and work with distinguished researchers with expertise in a particular area of mental and behavioral disorders.

3. **Duke University:**
Global Health Institute - The Duke Global Health Institute brings knowledge from every corner of Duke University to bear on the most important global health issues. It was established as a university-wide institute to coordinate, support, and implement Duke's interdisciplinary research, education, and service activities related to global health and is committed to developing and employing new models of education and research that engage international partners and find innovative solutions to global health challenges**.**

4. **George Washington University:**

Global Mental Health Program - Based in the Department of Psychiatry and Behavioral Sciences, the George Washington University Global Mental Health Program is grounded in ethical commitments to further mental health and relieve suffering for those who live in low- and middle-income countries and zones of armed conflict, as well as for immigrants and refugees who live in the United States. It includes the *Global Mental Health Residency Track* which features a curriculum constituted by clinical theories, knowledge base, and skill sets portable across cultures, and provides interventions implementable within resource-poor environments, while combining population health and policy perspectives with person-centered therapeutics. Psychiatry residents in the track have opportunities for mentored research projects with immigrants and refugees and to collaborate on clinical and research projects on the role of spirituality in psychiatric treatment and mental health services. Additionally, George Washington University provides psychiatric services through the Multicultural Human Services Program of Northern Virginia Family Services (NVFS) as part of its *Immigrant and Refugee Mental Health Training* where faculty and residents treat refugees with posttraumatic symptoms from political violence, war, or torture in their countries of origin, and immigrants with mental disorders other than traumatic stress disorders.

5. **Harvard Medical School:**
Program in Global Mental Health and Social Change - The Program in Global Mental Health and Social Change, housed in the Department of Global Health and Social Medicine in the Blavatnik Institute at Harvard Medical School, brings together scholars, researchers, educators, and health care practitioners to address the global burden of mental disorders, with a focus on improving and expanding mental health care to those who live on less than one dollar per day. The Program draws together departmental expertise in the clinical, evaluative, and social sciences—including medical and psychological anthropology, social medicine, and history of medicine, as well as methodologies in quantitative and qualitative research—and seeks to build upon a generation of knowledge regarding service delivery and capacity-building in health services. Program research efforts focus on the innovation of models of care that bridge the preventive and the clinical, the community and the hospital, and the indigenous and the biomedical. The *Dr. Mario Pagenel Fellowship in Global Mental Health Delivery* provides an opportunity for career development in global mental health service delivery and research for post-graduate psychiatrists. Fellows develop expertise in the field while working in countries with Partners In Health (PIH) and in collaboration with the Harvard Medical School Department of Global Health and Social Medicine. The *Global Mental Health: Trauma and Recovery Certificate Program* is a global training program offering a cultural and scientific learning experience addressing the needs of traumatized persons and communities worldwide. The *Abundance Foundation Fellowship in Global Mental Health in Implementation Science* provides an opportunity for professional growth in global mental health implementation research for post-doctoral psychiatrists and psychologists. The Fellowship is a two-year placement with Harvard Medical School's Department of Global Health and Social Medicine, within the Program for Global Mental Health and Social Change, and is aimed at providing Fellows additional experience in investigation and research focused on global mental health service implementation by building a research component into PIH's delivery work and capacity-building.

6. **Icahn School of Medicine at Mount Sinai:**
Global Mental Health Program - The Program in Global Mental Health at the Icahn School of Medicine at Mount Sinai (ISMMS) enhances access to mental health care for people in New York City (East Harlem) and around the world. The program develops, trains, and educates ISMMS students, residents, and faculty to provide mental health services to those who need them most. Trainees and

faculty work in East Harlem and around the world, through ongoing global mental health field projects and collaborations, to provide mental health services to underserved communities.

7. **Johns Hopkins University:**
   Global Mental Health Program - The Johns Hopkins University Bloomberg School of Public Health Global Mental Health Program, is housed within the Department of Mental Health with links to the Departments of International Health; Population, Family and Reproductive Health; Health, Behavior and Society; and Schools of Nursing and Medicine. The program takes a multi-disciplinary collaborative approach to create actionable solutions to the promotion of mental health, and the prevention and treatment of mental health and psychosocial problems in low-resource contexts around the world. Faculty, staff and students have been at the forefront of developing, improving, and disseminating mental health and psychosocial support services in low-resource settings. Their global projects, based in more than 20 countries across five continents, focus on field-based methods to assess and then meet the mental health needs of distressed communities with few or no professional mental health resources. The Johns Hopkins University *Center for Global Health* is a collaboration between Johns Hopkins University schools that harnesses the expertise of its dedicated health and medical professionals to address a myriad of global health challenges including HIV/AIDS, malaria, tuberculosis, malnutrition, hepatitis and other threats to health, especially in developing countries. The Center pulls together Hopkins' extensive knowledge base to develop sustainable solutions that transcend the borders preventing good health throughout the world — borders between disciplines, languages, countries, governments, funding streams, drug availability, education, health care, and more. The Johns Hopkins University *Department of Psychiatry-Global Community Psychiatry* offers a two-year Masters in Public Health with select courses in psychiatric epidemiology and biostatistics as well as Post Graduate Fellowships.

8. **National Institute of Mental Health:**
   Research Partnerships for Scaling Up Mental Health Interventions in Low- and Middle-Income Countries - The National Institute of Mental Health (NIMH) established the *Scale-Up Hubs*, through the NIMH Office of Research on Disparities and Global Mental Health and the NIMH-funded Strengthening Mental Health and Research Training in Africa (SMART), to expand evidence-based mental health interventions and build in-country capacity for conducting evidence-based implementation research. The *Scale-Up Hubs* include stakeholders from governmental, non-governmental, and community-based groups. The *Scale-Up Hubs* constitute a research network with growing capacity to answer research questions about scaling up mental health interventions, sustaining high-quality mental health care in resource-limited settings, and fostering evidence-based mental health policies and programs.

9. **University of California-Davis:**
   Global Mental Health Education Program - The mission of the Global Mental Health Program in the Department of Psychiatry and Behavioral Sciences is to provide educational and research opportunities for medical students, residents, and faculty interested in mental health in international settings. The educational component of the program for residents includes didactic lectures during the first year and opportunities for residents to work in international settings or locally with immigrant and refugee populations.

10. **University of California-San Francisco:**
    Psychiatry HEAL Fellowship in Global Mental Health - The University of California-San Francisco Department of Psychiatry offers a one-year fellowship in global mental health in partnership with

the HEAL (Health, Equity, Action and Leadership) Initiative. The goal of this innovative and rigorous program is to train psychiatrists as leaders in clinical practice, capacity building, health systems-strengthening and health services research in low-resource settings in the United States and abroad. In addition to the curricular activities described below, fellows will have the option of receiving a fully paid Master's degree in public health. The curriculum identifies critical gaps in competencies between those acquired at the end of a U.S. residency in general psychiatry and those required to build mental healthcare delivery systems in low-resource settings. Structured mentorship, at various levels, is an integral aspect of the fellowship and focuses on clinical sub-specialty services, collaborative care models, health services research, cross-cultural practice, ethics, teaching and supervisory skills, and career development.

11. **University of Washington:**
    Global and Rural Health Fellowship - The University of Washington Global and Rural Health Fellowship (UWGRF) in Internal Medicine is a two year program based in a structured curriculum containing clinical and research training in global health, clinical training with Native populations in Alaska and South Dakota, education, mentorship, and teaching opportunities. During the first year, fellows provide direct clinical care either at the Alaska Native Medical Center or with Indian Health Services on the Pine Ridge Indian Reservation in South Dakota with opportunities to participate in health systems strengthening projects and supervising visiting medical students and residents at each clinical site. During the second year, fellows have the option of choosing either a research track in partnership with the University of Washington's partners or a clinical education track in other countries in partnership with the local ministry of health to strengthen the medical education curriculum.

12. **Yale School of Medicine:**
    Global Mental Health Program - Yale Psychiatry's Global Mental Health Program aims to increase awareness of global mental health issues and social disparities while developing tools to address associated challenges both at home and abroad. The Global Mental Health Program is a unique opportunity to join an expanding network of individuals who share a common interest in global mental health and cross-cultural psychiatry.

In addition to these programs, organizations such as *The Carter Center*, which works in partnership with Emory University to improve health and mental health conditions around the world, and the *Centre for Global Mental Health*, a collaboration between the London School of Hygiene and Tropical Medicine and King's Health Partners Academic Health Science Centre, offer various opportunities for GMH education and training. Programs and opportunities are also available through *The Consortium of Universities for Global Health*, comprised of over 145 academic institutions addressing global challenges, and *Movement for Global Mental Health*, a network of organizations and individuals aimed at improving mental health services worldwide.

Reviewing Global Mental Health Resources:
In August 2016, the journal *Academic Psychiatry,* Volume 40, Issue 4, featured a special collection of papers on "Advancing Understanding of Global Mental Health" in order to illustrate efforts in the United States and internationally, to promote GMH education, training, and research across medical and interdisciplinary training. This collection provides a diverse range of perspectives relevant to the development and teaching of GMH curricula and is well summarized in the editorial from the collection "Global Mental Health" which highlights the collection as "focusing on stimulating constructive academic methods to address the global mental health research and treatment gap."[13] Members of the

APA Council on International Psychiatry and the APA Caucus on Global Mental Health and Psychiatry contributed multiple papers to the collection and worked together to develop a comprehensive list of GMH references for consideration which is included as an appendix to this guide (see Appendix A).

The following are select articles from the *Academic Psychiatry* collection that provide an <u>overview</u> of considerations for developing a GMH curriculum:

1. **"Opportunities and Challenges of Global Mental Health"** | Authors: R. Balon, E. Beresin, A. Brenner, J. Coverdale, A. Guerrero, A. Louie, and L. Roberts

2. **"What Is the Role of Academic Departments of Psychiatry in Advancing Global Mental Health?"** Authors: C. Khan, A. Louie, D. Reicherter, and L. Roberts

3. **"Global Mental Health: Five Areas for Value-Driven Training Innovation"** | Authors: B. Kohrt, C. Marienfeld, C. Panter-Brick, A. Tsai, and M. Wainberg

4. **"The Problem with Education in Global Mental Health"** | Authors: V. Datta

5. **"Including International Medical Graduates in Global Mental Health Training"** | Authors: B. Acharya and S. Hirachan

The following are select articles from the collection that provide specific considerations for developing a global mental health curriculum focused on <u>research</u>:

1. **"Building a Global Mental Health Research Workforce: Perspectives from the National Institute of Mental Health"** | Authors: P. Collins and B. Pringle

2. **"Building Research Capacity Across and Within Low- and Middle-Income Countries: The Collaborative Hubs for International Research on Mental Health"** | Authors: D. Pilowsky, G. Rojas, L. Price, J. Appiah-Poku, B. Razzaque, M. Sharma, M. Schneider, S. Seedat, B. Bonini, O. Gureje, L. Kola, C. Lund, K. Sorsdahl, R. Araya, and P. Menezes

3. **"Mental Health Research in the Global Era: Training the Next Generation"** | Authors: A. Sweetland, M. Oquendo, C. Carlson, J. Magidson, and M. Wainberg

4. **"Proposed Training Areas for Global Mental Health Researchers"** | Authors: L. Ng, J. Magidson, R. Hock, J. Joska, A. Fekadu, C. Hanlon, J. Galler, S. Safren, C. Borba, G. Fricchione, and D. Henderson

The following are select articles from the collection that provide an overview of specific <u>models</u> of training and curriculums at residency programs:

1. *Cornell University*: **"Teaching Psychiatry on the Global Scene: The Cornell University Experience"** Authors: Z. Kronfol, H. Al-Amin, N. Haddad, L. Streletz, J. Elliott, and P. Marzuk

2. *George Washington University*: **"Training Psychiatrists for Global Mental Health: Cultural Psychiatry, Collaborative Inquiry, and Ethics of Alterity"** | Authors: J. Griffith, B. Kohrt, A. Dyer, P. Polatin, M. Morse, S. Jabr, S. Abdeen, L. Gaby, A. Jindal, and E. Khin Khin

3. *Massachusetts General Hospital*: **"Massachusetts General Hospital Global Psychiatric Clinical Research Training Program: A New Fellowship in Global Mental Health"** | Authors: J. Magidson, A. Stevenson, L. Ng, R. Hock, C. Borba, L. Namey, J. Carney, J. Joska, A. Kagee, A. Fekadu, D. Bangsberg, S. Safren, G. Fricchione, and D. Henderson

4. *University of Toronto*: **"Bridging Cultural Psychiatry and Global Mental Health: A Resident-Led Initiative"** | Authors: J. Lam, A. Gajara, D.Matthews, and J. Zaheer

5. *Yale University*: **"Considerations of Ethics While Allowing Flexibility for Trainees: The Model and The Rationale for the Model of the Yale Global Mental Health Program"** | Author: C. Marienfeld

The following open-access article, while not part of the *Academic Psychiatry* collection, describes a model for training curriculum in a GMH fellowship:

1. *University of California San Francisco*: **"Competencies for Global Mental Health: Developing Training Objectives for a Post-Graduate Fellowship for Psychiatrists"** Published in Annals of Global Health | Authors: C. Buzza, A. Fiskin, J. Campbell, J. Guo, J. Izenberg, B. Kamholz, E. Hung, and B. Acharya

The following are select articles from the *Academic Psychiatry* collection that highlight GMH research and training programs <u>abroad</u>:

1. *Guatemala*: **"Developing a Mental Health Curriculum to Build Capacity and Improve Access to Mental Health Care in Rural Guatemala"** | Authors: Y. Rissman, C. Khan, S. Isaac, J. Paiz, and S. DeGolia

2. *Nepal*: **"The Mental Health Education Gap among Primary Care Providers in Rural Nepal"** Authors: B. Acharya, S. Hirachan, J. Mandel, and C. van Dyke

3. *Syria*: **"Using a Store-and-Forward System to Provide Global Telemental Health Supervision and Training: A Case from Syria"** | Authors: H. Jefee-Bahloul, A. Barkil-Oteo, N. Shukair, W. Alraas, and W. Mahasneh

4. *Switzerland*: **"Beyond Watches and Chocolate - Global Mental Health Elective in Switzerland"** Authors: A. Schneeberger, A. Weiss, S. von Blumenthal, U. Lang, C. Huber, and B. Schwartz

5. *United Kingdom and Somaliland*: **"Improved Attitudes to Psychiatry: A Global Mental Health Peer-to-Peer E-Learning Partnership"** | Authors: R. Keynejad, E. Garratt, G. Adem, A. Finlayson, S. Whitwel, and R. Sheriff

6. *Zambia*: **"Bringing Back Ubuntu"** | Author: M. Smith

While not a part of the *Academic Psychiatry* collection, the following article also highlights global mental health programs abroad:

1. *India*: **"MAANASI - A Sustained, Innovative, Integrated Mental Healthcare Model in South India"** Published in Disability, CBR & Inclusive Development | Authors: G. Jayaram, R. Goud, S. Chandran, and J. Pradeep.

Additionally, relevant resources and references are available from online GMH networks such as the *Mental Health Innovation Network* (MHIN), which is a community of mental health innovators, researchers, practitioners, policy-makers, service user advocates, and donors from around the world, sharing innovative resources and ideas to promote mental health and improve the lives of people with mental, neurological and substance use disorders. *MHIN* aims to facilitate the development and uptake of effective mental health interventions by (1) enabling learning, (2) building partnerships, (3) synthesizing and disseminating knowledge, and (4) leveraging resources. The *World Health Organization (WHO) MiNDbank*, an online platform of information, is another online resource that brings together country specific and international resources, covering mental health, substance abuse, disability, general health, human rights and development. It is part of *WHO's QualityRights c*ampaign to end violations against people with mental disabilities. *MiNDbank* aims to facilitate dialogue, advocacy and research, to promote reform in these areas in line with international human rights and best practice standards.

Developing a Faculty Guide:
The faculty guide is the functional core of a GMH curriculum. It is one of the most important aspects to a successful GMH curriculum and should serve as a 'road map' to help faculty navigate the successful implementation of the curriculum. The faculty guide must be thoroughly developed with the curriculum and geared towards programs that have limited or unfamiliar with GMH curricula. The faculty guide can include presenter notes, suggested instructional methods, and major discussion points with provided context and references. It should provide assessment methods and evaluation tools that can be used to assess competence framed in terms of gained knowledge, skills, and attitudes as applicable to the ACGME Psychiatry Competencies and Milestones or Entrustable Professional Activities (EPAs), ensuring that learning objectives are observable and measurable with appropriate evaluation tools. Several questions to take into consideration in the development of a faculty guide are the following:

❑ What teaching methodologies will be used (i.e. lecture, experiential)?
❑ How do we want residents to prepare ahead of each course (i.e. articles, text, experiential)?
❑ When and how will the curriculum assess outcomes for the residents?
❑ How will the curriculum assess outcomes for each course?

Developing a Curriculum:
Ensuring that a curriculum is refined to focus on specific areas within the broad scope of GMH and is comprehensive, coherent, and organized makes it valuable and useful to residency program directors and teaching faculty. The curriculum should help programs meet previously unmet educational needs and/or deliver content in a more comprehensive or innovative manner. The curriculum should be culturally informed, appropriate, and relevant and include diverse perspectives. It should include an overview of the courses, including background, data, important and relevant topics, and state the desired objectives and impact of the curriculum. Several questions to take into consideration in the development of a GMH curriculum are the following:

❑ What do we consider essential for residents to know about global mental health issues and practice?
❑ What experiences do we want residents to be able to describe upon completion of the curriculum?

Tailoring a curriculum to a respective program can involve extensive discussion of the topics and issues within GMH that a program may wish to cover. The following is a list of potential topics for consideration when developing a GMH curriculum:

- Common global mental health issues (e.g., NCDs, NTD's, HIV etc.)
- Common frameworks, opportunities for traveling to low- and middle-income countries (e.g. disaster relief, ongoing collaborations with continual presence; ongoing collaborations with episodic presence, etc.)
- Cultural aspects of mental health and illness
- Gender-based violence
- Gender inequality
- Global mental health priorities
- Human rights issues (e.g. detention, interrogation, torture, etc.)
- Immigration-related issues (e.g., working with refugee populations, detainees, survivors of torture, etc.)
- International Medical Graduate (IMG) residents as resources
- International sources of data (e.g., WHO, UN, UNICEF, WPA, etc.)
- Mental health care service quality and coverage models, interventions, and strategies (e.g., social franchising model, capacity building model, CHWs, etc.)
- Mental health partnerships and international collaborations
- Population health
- Stakeholder structures and psychiatrists' roles (e.g. architecture of cross-sector collaboration with non-governmental, governmental, research, and paid services; faith-based partnerships; etc.)
- United Nations Sustainable Development Goals (SDGs)
- Working with traditional healers, faith healers, and indigenous leaders
- Working in low-resource settings (challenges and benefits)
- Working with communities inside and outside the United States

The curriculum should be both adaptable and portable so that it can be implemented in various learning environments, but not so broad in scope that it is rendered useless. It must remain grounded in common requirements such as the ACGME Common Requirements and the ACGME Competencies and Milestones. The curriculum may include several practical components, such as a glossary of common terms and organizations involved in GMH, as well as references and resources for study. The curriculum should include a title page including the names of the courses and any additional modules, authors and their affiliations, and contact information for correspondence. The introduction should provide an overview of the courses, including background, data, the importance and relevance of the topics, and the desired learning objectives. A guide on formulating instructional methods and learning objectives is provided as an appendix to this guide (see Appendix B).

Discussion:
While there are many elements to take into consideration in assessing the development and implementation of a GMH curriculum, the benefit of doing so can be worthwhile as it prepares residents to practice psychiatry in multiple types of settings with a greater understanding and appreciation of the cultural nuances of the communities they work within and the structure and stakeholders involved in providing health care to such populations.

Contributions:
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Appendix B: Guide to Instructional Methods and Learning Objectives

Adapted from MedBiquitous Curriculum Inventory Working Group Standardized Vocabulary Subcommittee (2016). *Curriculum Inventory standardized instructional and assessment methods and resource types* (March 2016 version). Washington, DC: Association of American Medical Colleges.

Instruction Method Examples	Definition
Case-Based Instruction (i.e., Case Study)	Use of cases (actual or theoretical) to stimulate discussion, questioning, problem solving, and reasoning on relevant issues
Concept Mapping	Technique [that] allows learners to organize and represent knowledge in an explicit interconnected network; linkages between concepts are explored to make apparent connections that are not usually seen
Demonstration	A description, performance, or explanation of a process, illustrated by examples, observable actions, etc.
Discussion, Large Group [>12]	An exchange (oral or written) of opinions, observations, or ideas among a 'Large Group' [more than 12 participants], usually to analyze, clarify, or reach conclusions about issues, questions, or problems
Discussion, Small Group [≤12]	An exchange (oral or written) of opinions, observations, or ideas among a 'Small Group' [12 or fewer participants], usually to analyze, clarify, or reach conclusions about issues, questions, or problems
Lecture	An instruction or verbal discourse by a speaker before a large group of learners
Peer Teaching	Learner-to-learner instruction for the mutual learning experience of both the "teacher" and the "learner"; may be "peer-to-peer" (same training level) or "near-peer" (higher-level learner teaching lower-level learner)
Reflection	Examination by the learner of his/her personal experiences of a learning event, including the cognitive, emotional, and affective aspects; involves the use of these past experiences in combination with objective information to inform present decision-making and problem-solving
Role Play/Dramatization	An approach that involves adopting or performing role(s) or activities of another individual
Service-Learning Activity	A structured learning experience that combines community service with preparation and reflection.
Simulation	A method used to replace or amplify real encounters with scenarios designed to replicate actual situations
Team-Based Learning	A form of collaborative learning that follows a specific sequence of individual work, group work (by engaging learners in learning activities within a small group), and immediate feedback
Workshop	A brief intensive educational program for a relatively small group of people that focuses especially on techniques and skills related to a specific topic

Learning Objectives:

When developing learning objectives, keep the following in mind:

1. Learning objectives should inform learners of the types of changes (e.g., in their competence or performance) your educational activity has been designed to facilitate. Stated another way, what will participants do differently because of what they will learn in the educational activity you are proposing?

2. As a general rule, start each of your learning objectives with a specific verb, like those found in the list below. Each learning objective should complete the following sentence: "At the conclusion of this course/session, the resident will be able to: _____"

    - Start your learning objective where the blank begins.
    - Do not include "At the conclusion of this course/session, the resident will be able to" as part of your learning objective.

3. Avoid using vague words like "understand," "learn," and "appreciate" in your learning objectives. They leave your learning objectives both open to interpretation and difficult to measure, making it impossible to know if participants have learned what you intended from the educational activity.

4. Consider referencing the examples below when you construct your learning objectives. The most basic terms, like "recall," "list," and "define," are generally sufficient for simple educational activities. If you are presenting or facilitating more advanced educational activities, however, higher order terms such as "differentiate," "compare," or "evaluate" may be more appropriate. Work your way down the hierarchy of verbs from the top, initially considering those that are more complex. You will find that higher-level learning objectives often subsume more basic options.

Complexity	Specific Verbs That…	Examples
More complex ⬇ Less complex	Solve	Analyze, evaluate, differentiate, diagram, estimate, separate, order, compare, justify, discriminate, etc.
	Interpret	Classify, explain, summarize, convert, discuss similarities and differences, distinguish, modify, etc.
	Demonstrate	Apply, incorporate, perform, create, complete, etc.
	Exemplify	Organize, express, explore, acquire, exemplify, reflect, etc.
	Recall	Identify, name, define, describe, list, select, outline, etc.