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Psychiatric Training

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Psychiatry and Psychiatrists

There are probably as many public misconceptions of what psychiatrists actually do as there are about the training needed to become one. The cliched picture of the bearded man, nodding sagely by a patient flat out on the couch, is rather difficult to shift. Sometimes psychiatrists are confused with psychologists or counsellors or, worse still, regarded as eccentric therapists without proper medical qualifications who practise their spurious brand of "treatment" on a gullible public. However, in fact, psychiatry usually attracts committed individuals with a desire to make a positive mark in a specialty which can be one of the most stimulating, interesting, and rewarding in medicine.¹

Like all medical specialists, psychiatrists are doctors first and specialists second. Thus, psychiatry is emphatically a medical career, and shares with other medical disciplines the authority to prescribe drugs and recommend treatments.¹ Through work in the area of evidence based medicine, together with the reliability of its outcome measures, psychiatry has proved that it is as clinically effective as any other medical specialty.¹

Psychiatrists develop skills which help people to cope with their mental health problems, enabling them to make progress towards a solution after other help has failed. People with mental illness are often extremely unhappy and difficult to reach; may feel cut off from the rest of the world and find it almost impossible to have trust or confidence in anyone. Their psychiatrist can be the one person who can make a difference and can give hope at the most despairing times. While cures are often difficult to effect, psychiatrists can make an enormous contribution to improving the quality of life of their patients, reducing their symptoms and distress and making an impact on their social conditions.¹

Because of the nature of their work, psychiatrists draw heavily on the social sciences, in particular sociology and psychology. This makes the specialty

attractive to those of an inquisitive and thoughtful disposition. An innovative and creative mind is required, together with patience and well developed problem solving skills. A leaning towards detective work can be helpful, since piecing together the clues to a (hopefully) satisfying end is a regular task.¹

Psychiatry offers the opportunity for doctors to try to understand very complicated phenomena. Trying to make sense of the seemingly incomprehensible is intellectually challenging; patience is also a crucial requirement. Some complex questions have no straight forward answers, so coping with uncertainty is an important skill, which can be developed over time. Psychiatry is particularly an appropriate choice for doctors who enjoy listening and learning about the infinite variety of human behaviours, close working relationships with patients, and for whom uncertainty is a challenge rather than an irritant.¹

The speciality of Psychiatry is becoming more responsive to changes with significant development over recent years with expansion of knowledge in molecular biology, neurobiology, genetics, cognitive neurosciences, neuro-imaging, psychopharmacology and other related fields contributing to the growth of psychiatry; a number of new methods of teaching and training are being tried in many countries.²

Mental health and training

The burden of mental illness in India is enormous. As per the Government of India's National Commission on Macroeconomics and Health Report of 2005, the prevalence of 'serious' mental illness in the Indian population is at least 6.5% roughly translating to 71 million people.³ There are only around 4000 psychiatrists to serve this huge burden.⁴ The estimated deficit of psychiatrists in India, based on the available number of psychiatrists and the ideal number required (1 psychiatrist per 100,000 population) revealed the average national deficit of psychiatrists to be 77% with 17 states / union territories below this average.³ This is based on 2001 census and could be worse now given the continuing expansion in population coupled with minimal increase in psychiatrists over the last decade.³

The importance of postgraduate teaching and training in forming the knowledge base for future medical specialists is widely acknowledged.² A good psychiatrist, however, must not only be well-informed but also find a workable balance between the toughness necessary to face up to difficult and even threatening behaviour on a regular basis, while at the same time retaining sensitivity, compassion, and first rate interpersonal skills. Such a career is by no means easy, but the rewards can be great.¹ Psychiatric training imparts the trainee with the relevant theoretical knowledge and assists him

to develop practical and clinical skills and attitudes, including communication skills, training in research methodology, and thesis writing skills.⁵ It empowers him to be able to deal with complex cases.

With an increase in the incidence and prevalence of mental disorders, the need for having more psychiatrists and trained professionals therefore becomes inevitable as these doctors will not only play a pivotal role in reducing the burden of mental disorders but also being imparters of knowledge and skill to trainees, students and other multi-disciplinary staff; they will increase the repertoire of knowledge amongst a rapidly evolving speciality.²

The first MD. Psychiatry course was started by Medical College at Patna in 1941 and the first MD. Candidate was late Prof. L.P. Verma, Past President of I.P.S. and Past Editor of Indian Journal of Psychiatry and Neurology.⁵ Since then Psychiatric training centres have played an important role in churning out qualified graduates most of whom have migrated to different corners of India, providing service. However the deficit is still huge and the present centres are unable to bridge the gap.

Training posts are spread across various state medical colleges. There are a few central institutions that offer postgraduate training, namely: the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore; Post Graduate Institute of Medical Education and Research (PGIMER) in Chandigarh; All India Institute of Medical Sciences in Delhi; and Central Institute of Psychiatry in Ranchi. Training in these institutions, including some centres in Mumbai and Chennai, are highly sought after. Standards of training vary across institutions but training standards in some institutions are high.⁶

As on 12th Dec. 2011, there are 133 Medical Colleges and Postgraduate Institutes, which admit 327 MD. degree students in Psychiatry each year, besides which, 56 Medical Colleges have training facilities for 125 D.P.M students. In addition 50 to 60 Postgraduates appear for D.N.B. of the National Board of Examination. This is a remarkable achievement when compared to the past. From 1947 to 1967 there were only six institutes in India offering postgraduate degrees (MD), and from these centers about 14 psychiatrists qualified as MDs.⁵ There are 83 centres offering MD (psychiatry), 46 centres offering Diploma in Psychological Medicine (DPM) and 22 centres offering Diplomate of National Board. Strikingly, 25% of the medical colleges in India do not have a Psychiatry Department.⁴

Training to be a psychiatrist

Postgraduate training in psychiatry, like most other specialities, is on a 3-year residency system with an exit exam leading to the degree of Doctor of

Medicine (MD); 2-year diploma courses are run by a small number of institutions. Competition to undergo postgraduate training is intense, with limited training posts available. Entry to postgraduate training in all specialities is via entrance examinations conducted by each state and also by a countrywide common entrance examination. Some central institutions, highly regarded for their training, conduct their own entrance examinations.⁶

Trainees rotate through outpatient and inpatient and on-call placements with training hours not regulated and can be lengthy and antisocial.⁶ There are positive aspects of the training scheme in that it is structured with a clear time frame of 3 years, with emphasis on compulsory research in the form of a MD thesis which the trainee has to complete in order to achieve the degree. This involves a research project, which the trainee plans, executes and writes up under the guidance of a supervisor from within the same department.⁶

However, one of the glaring deficits is the lack of uniformity in the training offered by various institutions, with training in some institutions comparable to the best in the world and training in others being poor.⁷ Also, there is a paucity of supervisors/consultants with formal training and expertise in various forms of psychotherapy⁸ and few centres provide sub-speciality services for training.

The aim of this supplement was to bring the focus of the psychiatric community on psychiatric training as well as training centres. Psychiatrists trained in India make their mark wherever they go. Psychiatric Institutions providing training to mental health professionals have been 'iconic'. It is time to acknowledge the superb effort of our institutions which have integrated clinical care, training and research as well as mentored outstanding trainees sought after all over the world.

Psychiatry is still an evolving speciality in India. There is an organised and well-proven postgraduate training programme; however, the number of training places and psychiatrists is low. Training in sub-specialities of psychiatry is in its infancy. Services are both hospital and private sector based. In terms of providing psychiatric care, there is a need for a more coherent and involved policy from the government and national bodies (i.e. The Indian Psychiatric Society) alike. There is need to evolve a consistent national programme of training. The Indian Psychiatric Society — needs to be more involved in the process of training and services planning.

REFERENCES:

1. Dean A. Career focus Psychiatry. *BMJ* 1996; 313: S2-7071
2. Javed MA, Ramji MA, Jackson R. The changing face of psychiatric training in the UK. *Indian J Psychiatry* 2010; 52: 60-5

3. Thirunavukarasu M, Thirunavukarasu P. Training and National deficit of psychiatrists in India -A critical analysis. Indian J Psychiatry 2010;52:83-8
4. Mhondas E. Roadmap to Indian Psychiatry. Indian J Psychiatry 2009;51:173-9
5. Sharma S. Postgraduate training in psychiatry in India. Indian J Psychiatry 2010;52:89-94
6. Das M, Gupta N, Kavitha N. Psychiatric training in India. Psychiatric Bulletin 2002;26: 70-72
7. K Kuruvilla, Editorial: Towards Greater Integration With Other Medical Specialities. Indian Journal of Psychiatry 1996; 38(4):194-195.
8. Pratap Sharan, Book Review: A Textbook of Psychoanalytically Oriented Psychotherapy : Theory and Technique, Au. Shakuntala Dube; Indian Journal of Psychiatry, 1998; 40, 3; 306.

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