

Interns' posting in psychiatry-A window of opportunity

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Introduction

The importance of psychiatry in the field of medical science cannot be over emphasized. According to the World Health Organization report in 2001 about 450 million people worldwide suffer from some form of mental disorder and one in four persons meet criteria for mental disorders at some point in their life. The global burden of disease due to neuropsychiatric disorders which was 6.8% worldwide in 1990 was projected to increase to 15% by the year 2020.¹

There are about 3500 psychiatrists in India, which amounts to less than 0.5 per 100,000 population.² This gap between the number of patients and the number of psychiatrists available cannot be bridged unless medical graduates are also trained to identify, treat and refer cases of mental illness. Many editorials have been written about the need for undergraduate training in psychiatry right from 1978.³ However the ground reality is the inadequate training and a negative stigmatizing attitude towards psychiatry among undergraduates. The inadequacy is demonstrated by the dismal rate of referral to psychiatry from other departments. The rate of psychiatric disorders among inpatients of other departments was found to be 31-34.5 %.⁽⁴⁾ and 18.42%–53.7% among outpatients.^{5,6} Despite the high rates of psychiatric disorders in patients of other departments the referral rate to psychiatry is only around 3.6%.⁷ It is safe to assume that such a large chunk of patients are remaining undetected or untreated due to the inability of the referring doctor to either recognize or refer to the department of psychiatry.

Most patients with psychiatric disorders seek help from non-psychiatry physicians and general practitioners. It is seen that the willingness to approach a psychiatrist is much more if the patient is referred by a primary health-care physician,⁸ further reiterating the need for training in psychiatry at the undergraduate level.

Across studies and over the years the medical graduates continue to have a predominantly negative attitude towards psychiatry. Most of it stems from the fact that they consider psychiatry to be imprecise, and unscientific.⁹ Many of the undergraduates when questioned about the presumed etiology of psychiatric illnesses have attributed it to excessive emotions, loneliness, past sins and evil. They also expressed fear of contracting a psychiatric illness as a reason for not opting for psychiatry as a career.¹⁰ The students also did not find their psychiatry teachers to be clear and logical thinkers.⁹

Many of them think that psychiatric patients could be adequately managed by non-psychiatrists and are also not clear of the psychiatrist's role in the multidisciplinary team. Perhaps the most disturbing of all is that they think a medical background is not necessary to practice psychiatry.¹¹

Current scenario

The knowledge in psychiatric disorders would improve and the negative attitudes would reduce with adequate training in psychiatry during undergraduate days. However undergraduate training in psychiatry is easier said than done. Currently, psychiatry is a part of general medicine and has only 15-20 hours of didactic lectures and two weeks of posting in the department of psychiatry at the undergraduate level. There is a nominal representation of psychiatry in the undergraduate theory examinations as a part of the general medicine paper and absolutely no representation in practical examinations.⁸ Studies have found that only 5% of the interns attend 50% or more of theory lectures.¹² Only the psychiatry posting during internship is for two weeks and compulsory.

Does the attitude towards psychiatry change by devoting more number of hours to training in psychiatry? It seems so as shown by the study by Manik Changoji Bhise et al who found that the physiotherapy students having one year training in psychiatry, with mandatory attendance and a separate exam led to a more positive attitude towards psychiatry as compared to medical students.¹³ However till such a time that psychiatry is made a separate subject and the number of hours of posting becomes a reality, internship posting in psychiatry is the only concrete time where some changes in attitude towards psychiatry can be made. This has been shown by studies that have demonstrated an improved outlook towards psychiatry during internship.¹³ A recent study from Kerala has also shown that the majority of the interns understand the need for prompt referral of medical and surgical patients for a psychiatric consult and would recommend psychiatric treatment for family members should they require it.¹⁴

The way ahead

So it boils down to the fact that given the current scenario the two weeks of compulsory internship posting is all we have in hand to impart knowledge and change the attitude of the medical graduates towards psychiatry.

The role of individual departments and individual teacher attains paramount importance.

In order to change the various misconceptions surrounding psychiatry there is an urgent need to change the narrative around psychiatry. The science behind our biopsychosocial approach needs to be emphasized upon and more importantly we, the psychiatrists need to keep abreast of the rapid increase in knowledge of the biological underpinnings of behavior and that needs to become a part of our narrative either while conversing with the patients or our students. This dispels the myth that psychiatry is imprecise and unscientific.

Strengthening consultation liaison services helps medical graduates to understand that patients in other medical and surgical departments also present with psychiatric disorders and therefore one can no longer rely on the mind body dualism. This is also the opportunity to teach the interns that the skills imparted during psychiatric training are essential for all doctors and not confined to psychiatry alone, such as the doctor patient relationship and the breaking of bad news.¹⁵

The most potent discouraging factor to take up psychiatry as a career was the perception of poor prognoses among psychiatric patients.¹⁶ So a hands on training of common psychiatric disorders like substance abuse disorders, depression, and delirium dispels such myths. Their awareness of common psychotropics used and their indications, along with their dose and duration, can be enhanced to help them develop the ability to identify common side effects and manage them. Modified electroconvulsive therapy (MECT) procedure can be demonstrated to small batches informing them of its indications, myths, and adverse effects. Posting in emergency psychiatry units under supervision would help to deal with psychiatric emergencies like suicide threat and violence.¹⁷

Individual departments across the country are already making efforts. Our department for instance makes it mandatory for all interns to present seminars on relevant topics in psychiatry during their posting and the internship completion in psychiatry is subject to attendance and presentation of the seminars. The role of a dynamic, knowledgeable teacher kindling and maintaining interest in psychiatry in the minds of the students cannot be overemphasized. Till such a time that psychiatry is made a separate subject for evaluation and number of hours of psychiatry training is increased, the two weeks of internship posting provides us with a window of opportunity. Let's make the most of it to change the attitude towards psychiatry among future doctors.

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