

Psychiatric Training in Pakistan

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Abstract - High rates of mental illness, particularly depression have been reported in Pakistan. The health system is both under developed and poorly resourced. It is therefore not surprising that psychiatric training is at its very early stages, at both undergraduate and the postgraduate level. In order to look after the mentally ill patients radical changes need to be implemented in training of doctors. Medical curriculum needs to place more focus on psychiatry. This should not only help junior doctors in understanding the need for psychiatry, but will also prepare them for the challenges they will face as a General Practitioner or a Family Physician. Similarly, postgraduate training can be made more useful by placing more emphasis on community based and primary care psychiatry and psychotherapy; especially family interventions. The training needs to aim towards preparing psychiatrists who are not only clinicians, but can be agents of change in the society, through health education.

Pakistan is located along either side of the historic Indus River, following its course from the valleys of the Himalayas down to the Arabian Sea. Pakistan's 796,095 square kilometers of territory include a wide variety of landscapes, from arid deserts to lush, green valleys to snow covered mountains. Agriculture accounts for about a fifth of the economy and employs more than half of the workforce. The social development has remained slow, and inequality between social classes, genders and rural and urban areas has led to widespread poverty. The most recent estimates of Pakistani population are nearly 150 million. In addition, the latest invasion of Afghanistan by USA resulted in a fresh influx of 200,000 refugees, mainly women and children.¹

An estimated ten to sixteen percent of the general population suffers from mild to moderate psychiatric illnesses. One percent of the population suffers from severe mental illnesses. The rates of depression in Pakistan are very high, estimating between 30 to 50%. Nearly 16 per 1000 of the children between three to nine years of age suffer from severe mental retardation.²

There are many possible causes which contribute to high rates of mental health problems in Pakistan, including; interfamily marriages, high rates of birth injuries, economic decline and high rates of unemployment, rapidly changing social and cultural values, fragmentation of the family system, and loss of religious values. Prejudices based on race, culture, sects and language have resulted in conflicts among people and have caused a sense of insecurity. The last two decades have seen mass migration of people

from rural to the urban areas. This has inevitably led to a number of people living without social support. During the same period Pakistan has experienced non-stop terrorism.

Psychological and emotional help to the general public is provided by faith healers, spiritual leaders, homeopathic doctors, magicians, Hakims (those who claim to practice Greek medicine or Indian medicine), palmists and other fortune tellers, who regularly advertise in the newspapers as well as in the form of graffiti. They offer help for sexual, psychological and relationship problems. The irony of the situation is that, the limited number of mental health professionals wouldn't be able to cope, if these people stop working!

There are currently four mental hospitals in the country, while another 20 units are attached to the medical colleges in the government sector. Medical colleges in the private sector offer nearly the same number of psychiatric units. The standard of care varies among different government sector medical colleges. This gap widens among the private sector medical colleges. Most of the medical colleges in the country, including those in the public sector, have psychiatry departments. Currently there are 131 districts in Pakistan. Each district has a hospital attached which also have mental health units. However, basic health units, which provide primary care to rural population, do not have mental health professionals attached to them. Patients with psychiatric problems can directly present themselves to the out patient departments of district and teaching hospitals. Gadit and Khalid² estimated there are nearly 2,070 psychi-

atric inpatient beds in different mental hospitals throughout the country, and another 870 in different teaching hospitals. Public sector contributes another 600 beds. According to a WHO estimate, in 2001, there were 320 psychiatrists based in major urban centers.³ Most of these are trained in the west.

Psychiatric Training

Undergraduate training - After ten years of school and further two years of college education, those with nearly eighty percent marks can apply for a place in a medical college. Those who pass an entrance test get admitted. The medical course lasts for nearly 5 years in Pakistan. In the first two years (pre clinical years) students are taught the subjects of anatomy, physiology and biochemistry. During the remaining three years (clinical years) they are taught Pharmacology and therapeutics, forensic medicine and toxicology, surgery, medicine, pathology, community medicine, obstetrics & gynecology, otolaryngology and pediatrics. Students also train on hospital wards. In addition to the above mentioned disciplines, students also train in related medical and surgical specialties. The students are examined through four professional examinations. One conducted after every year, except the first one which is conducted after the year one and two. During their final professional examination, students are assessed through an essay paper and a clinical examination in the following subjects; medicine, surgery, obstetrics & gynecology, otolaryngology and Pediatrics.

Psychiatry is recognized as an important part of the curriculum by the Pakistan Medical and Dental Council (PMDC).^{*} However, there is a lack of uniformity over psychiatric curriculum in different medical schools.

In the absence of a prescribed curriculum by the PMDC, teaching of behavioral sciences varies widely among different medical schools. In the final year, students spend six to eight weeks on psychiatric wards. Students also receive a few theoretical lectures in their fifth year of the medical college. They are examined in their final exams, in the subject of psychiatry through one optional question, which is part of an essay paper in medicine. Most of the junior doctors decide to work as general practitioners or family physicians after their training. There is no structure to general practitioner training. Most junior doctors devise their own training, and work in two or

three specialties they think are important for their future work. psychiatry rarely catches their interest, as they do not realize its need at this stage. Niaz, et al,⁴ in a survey of medical students in Karachi, concluded that, nearly 32% students believed psychiatrists are not respected and 42% believed that they earn less money than other specialists. More than half (54%) of the students were reluctant to choose psychiatry as a career. Clinical students held positive views about psychiatry than pre-clinical students.

Postgraduate Training - To be a practicing psychiatrist one needs to have a degree recognized by the Pakistan Medical & Dental Council (PMDC). The postgraduate degrees and diplomas can be roughly divided into major diplomas and minor diplomas. Those with major diplomas only, can work in teaching hospitals as psychiatrists. Others can practice psychiatry privately or even in the district general hospitals.

Postgraduate medical training in Pakistan is regulated by the College of Physicians and Surgeons of Pakistan (CPSP). The college offered membership (MCPS) and fellowship (FCPS) exams in psychiatry. The MCPS exam was stopped a few years ago. This probably means an even smaller number of psychiatrists in Pakistan in the future. The college looks at FCPS as an exit examination and doctors can practice psychiatry after that.

The College of Physicians and Surgeons of Pakistan is also responsible for accreditation of training institutes, and of setting curricula for different specialties. Out of all the registered health care specialists, nearly eighty percent are trained by the college of physicians and surgeons of Pakistan. By March 2001 the college had awarded 179 FCPS diplomas and 47 MCPS diplomas to psychiatrists.

Some universities offer postgraduate qualifications as well. The Punjab University offers Diploma in Psychological Medicine (DPM). Another diploma, Diploma in Psychiatric Practice (DPP) was a joint initiative between Egypt and London. This diploma was however, stopped the last year. A research degree, Doctor of Medicine (MD) is being offered by some Universities. However, there is currently no university degree which is considered equivalent to a CPSP degree.

The FCPS exam has two parts (FCPS). The eligibility criteria for the part one exam include; MBBS or equivalent qualification registered with the PMDC and one year house job (internship in the USA) in an institution recognized by the CPSP or PMDC. The

* This is the body which monitors and sets policy about the medical education in the country.

house job does not need to be in Psychiatry. The exam is held three times a year. Theory examinations are held in nearly ten different cities. There are three overseas centers. Exams are conducted in English language. The examination consists of two theory papers, each consisting of one hundred Multiple Choice Questions (MCQs). These papers test candidates on, general anatomy, histology, human development, neuroanatomy, neurophysiology, neuropathology, psychopharmacology, psychology, genetics as well as statistics and epidemiology.

The candidates have to undertake four years training in a recognized institute before they can take the part two of the FCPS examinations. The candidates have to register for training with a tutor approved by the college in an accredited department of psychiatry. The tutors have the responsibility to supervise training in accordance with the college standards. Tutors are psychiatrists with a higher degree and at least five years of experience as a teacher and a consultant in a medical college. There is prescribed training for tutors in teaching and research methods before they are registered as tutors. The training is arranged by the College of Physicians and Surgeons of Pakistan, in collaboration with WHO.

The candidates need to submit a logbook, proof of attendance of workshops and proof of acceptance of research dissertation or alternatively two publications in national journals in order to be able to sit for the exams. The candidates should have attended workshops in information technology, research methodology and dissertation writing and communication skills. Candidates are expected to have seen patients from the following disciplines, apart from general adult psychiatry (100 outpatients and 100 inpatients), psychotherapy (20), child psychiatry and learning disability (50), substance abuse (25), geriatric psychiatry (15), organic psychiatry (15), forensic psychiatry (10), liaison psychiatry (15) neurology (20) and psychometry (20). psychiatric rehabilitation and community psychiatry cases are optional.

The examination consists of two theory papers. The first paper consists of problem solving MCQs, while the second includes short essay questions. The clinical examination consists of one long case, two short cases and a viva voce to examine candidate's theoretical knowledge.

Funding for training is a major issue in Pakistani health system. There have been major changes in the health service in Pakistan over the last few years. The emphasis has shifted from tertiary care to primary and secondary care. However, due to lack of careful

planning and financial restraints, funding for the teaching hospitals has reduced. The teaching hospitals are less willing to pay the salaries of the trainees. This is particularly true for new trainees who do not have longstanding posts as medical officers (equivalent to Senior House Officers in the UK). Most of the trainees therefore fund themselves. Recently the College of Physicians and Surgeons have put a ban on having unpaid trainees in the training centers. This may result in further reduction of training posts.

Once a doctor has been awarded with the Fellowship of The College of Physicians and Surgeons, he can apply for the post of a senior Registrar or even an assistant professor in a medical college. They can also work as consultants in district general hospitals. An assistant professor is also consultant psychiatrist in the attached university hospital. The consultant posts have three tiers in Pakistan. Assistant professors and associate professors can receive supervision and support by the professors. In the absence of a proper system of support and supervision for the junior consultants, this is the only possible support that can be offered.

Summary

Psychiatric training in Pakistan is at the very early stages, at both undergraduate and the post-graduate level. The health system is not well established with significant resources. Farooq⁶ has rightly pointed out a major change in psychiatric training in Pakistan is needed; so that the training is broad-based and equips the psychiatrist to work effectively with other disciplines, particularly primary care.

Including psychiatry as a separate subject in the medical curriculum can help future doctors to recognize and to some extent treat mental health problems. It is also important that more family physicians and general practitioners are trained in recognizing mental health problems. In the UK for example the medical students have to orientate themselves to the psychiatric services during the third, fourth and the final year of the training. They also have to appear in a clinical exam in addition to a written paper. According to Davies et al.⁷ this approach to "curriculum places students in contact with psychiatric patients at a much earlier stage of their training than was previously the case. This permits psychiatric knowledge and skills to be inculcated while students are more receptive to new ideas, with the potential to inform their later practice. Many students form their ultimate career choices during their undergraduate course".

It is not possible to arrange training in the fields of forensic psychiatry, psychotherapy, geriatric psychiatry, drug and alcohol abuse, child psychiatry and learning disability, due to a lack of training consultants. Arranging the training around cases from subspecialties certainly can help in recognizing these problems. However, lack of supervision in these fields compromises training. Collaboration with Pakistani mental health professionals abroad who are experts in these fields can be helpful in arranging short courses, as well as in arranging limited support through email, video conferencing etc.

Although the curriculum is clearer for the part one of the exams, part two curriculum is rather vague. In terms of the part one exam, it is not clear how general anatomy can help the future psychiatrists. Compulsory training in research is a positive feature of the FCPS examination. However, this can be compromised if the supervisors are not well trained in research methodology.

Community education in the form of news paper articles, radio talks etc. and liaison with non medical persons like faith healers can not only help patients, but also help the professionals in identifying and developing locally developed psychological treatments.

The patients are mostly looked after by their families in Pakistan. It is therefore important that training is focused on community based psychiatry. Drug abuse problem in Pakistan is on a rise and most patients are treated by non psychiatric doctors. It will make some sense to include more cases of drug abuse as a vital part of the training system. Psychological therapies are not readily available in Pakistan. Psychologists mostly provide counseling using an eclectic approach. There is currently no psychotherapist working in national health system in Pakistan. Placing more emphasis on training in psychotherapy will certainly improve psychiatric care. Family is an important resource, and therapies in this area can be used to improve patient care.

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