

POSTGRADUATE COMMUNITY PSYCHIATRY TRAINING IN PAKISTAN

RAZA UR RAHMAN¹, SAADIA QURAIHY², NAIM SIDDIQI³

¹Meritorious Professor and Ex-chairman of Psychiatry, Dow University, Principal & Director, Medical Education Hamdard College of Medicine and Dentistry

²Chair, Basic Need Pakistan; Trustee, Aman Foundation

³Associate Professor, Head of the Department of Psychiatry, Sindh Institute of Urology & Transplantation (SIUT)



CORRESPONDENCE: DR. RAZA UR RAHMAN

E-mail: razaur@yahoo.com

Submitted: May 28, 2022

Accepted: July 02, 2022

ABSTRACT

Closure of large psychiatric hospitals across the UK, Europe and the United States has shifted the services for the care of psychiatric patients to general hospitals, community based public and private facilities and social sector organizations. Underpinning the process of deinstitutionalisation and the development of community psychiatric services was the ethos of providing seamless, flexible services close to where people lived, led by their needs and with the involvement of them and their caregivers. In Pakistan, in-patient psychiatric facilities are scarce and community psychiatry is still in its initial stages of development, so the burden of care is mostly borne by the families. There is a dearth of formalized training and skill set to work effectively in the community and this is reflected in the lack of exposure of our new generation of mental health professionals who are only trained in managing patients admitted to hospitals. In the light of recent guidelines and WHO recommendations, it is imperative that community based psychiatric care be incorporated in the postgraduate psychiatry curriculum. This article describes the principles of training and syllabus. However, this can only possible by a proactive collaborative partnership between multiple public and private stakeholders.

KEYWORDS

Community Psychiatry, Curriculum, Deinstitutionalisation, Mental Health Services, Pakistan

INTRODUCTION

Deinstitutionalisation over the last few decades has led to the shifting of focus of mental healthcare from institution-based services to general hospitals and community based private and public mental health facilities. In this landscape, the care of psychiatric patients in the community becomes an essential and pivotal component of the care pathway for people with chronic psychiatric illnesses.¹ In Pakistan, specialist community-based services are almost nonexistent and have varying standards of care. Most of the burden of care as a result falls upon the immediate and extended family.² There is a gap in the education and training of mental health professionals in the management of patients in the community with no formal system of inclusion of community psychiatry in the postgraduate curriculum in psychiatry.³ This deficiency in postgraduate training poses significant challenges to the up-coming mental health professionals. Thus, it is imperative that community-based psychiatric care, which differs from hospital-based treatment, especially its roles and approaches⁴ be included in the mandatory postgraduate curriculum.⁵

Community psychiatry has a broader scope of supporting framework for a population-based, prevention-focused, primarily public funded, mental health system.⁶ The basic principles for community psychiatry include:⁷

1. Maintenance of continuity of care in community.
2. A multi-disciplinary team approach in community.
3. Involvement of patient, family and community in management plan.
4. Comprehensive patient focused service.
5. Easy accessibility for the patient.
6. Sectorised care in the community within clearly defined local geographical catchment areas.

THE WAY FORWARD

There is a need for developing a proper curriculum and creating opportunities for trainees to provide care for such patients under supervision.⁸ The curriculum should include the knowledge of mental health interventions, prevention, and promotion of mental health, psychosocial determinants of mental illnesses, advocacy, and community empowerment. The curriculum should be based on recommended guidelines and must in reflect local needs and available resources, along with cultural and economic realities.

In order to develop a consensus for the curriculum, input and feedback from all the stakeholders is imperative. This engagement would assist in establishing and implementing of training programs, ensure the setting up of targets and measurable goals and establishment of equivalent standards of care. To achieve these outcomes, the collaboration between academic institutions and other stakeholders, including Ministry of Health⁹ and other NGOs working in the private sector, is mandatory. This collaboration would help in sharing of the resources and identification and provision of training facilities.

College of Physicians & Surgeons Pakistan (CPSP) must be on board for the provision of a sustainable and well-equipped task force to deal with anticipated challenges that may arise at local and national level. CPSP is also vital in developing collaboration with other specialties for benchmarking and standardization of training across different institutions.

GUIDELINES FOR TRAINING IN COMMUNITY PSYCHIATRY

The basic aim of community psychiatry is to address the holistic needs of patients suffering from severe mental illness: firstly, through primary prevention to decrease the incidence of new cases, subsequently, through secondary prevention to



decrease the number of all existing cases with an appropriate management, and finally through tertiary prevention to reduce the rates of residual disability. The effective program should stress that people in crisis must be approached and provided with timely care, treatment, support and guidance to deal with their difficulties. The benefits can be multiplied through collaboration and training of other health workers & NGOs.¹⁰

The clinical training of psychiatrists in community psychiatry should be in accordance with aims of providing comprehensive, holistic services at doorstep of the patient.

The training should be based on the following guidelines:

1. It should be community based than hospital based.
2. Approach should be multidisciplinary; involving teachers, community leaders, religious counsellors, philanthropists and other professionals serving in the community.¹¹
3. The trainer should be able to facilitate discussion and reflection on the individual cases in detail.
4. The training should help in developing longitudinal instead of cross-sectional perspective.¹²
5. The training should be based on related needs of mental health system and population.¹³

Presently in Pakistan, community psychiatry services are fragmented. Even at places where these services are available, appropriate training of mental health professionals is limited or absent.¹⁴ One of the majorly deficient areas is the absence of proper curriculum that needs to have the flexibility of being adapted to different teaching and learning environments, e.g. community clinics, home visits and medical camps. The teaching strategies should be based on principles of adult learning, including consideration of past experience of learner, concentrating on practical life issues and provision of meaningful activities through the process of experiential learning actively involving learner in the process of learning.¹⁵

SYLLABUS OF COMMUNITY PSYCHIATRY

The aim of community psychiatry training is to enable mental health professionals to work effectively with patients suffering from chronic and debilitating mental illnesses whilst residing in the community. The acquisition of this ability requires learning of a broad ranged knowledge of the specialty as well as complex skills. The content of community psychiatry curriculum should be based on the needs of the community and should be revised and updated regularly. Internationally, the following topics are covered in most training modules in community psychiatry:^{16,17}

- The broad overview of indigenous mental health settings.
- Risk assessments and crisis evaluation during routine assessments with provision of immediate management appropriately triaged referrals of complex patient presentations to the psychiatric unit in local hospitals.

- Organization of holistic patient-care through direct management and coordination with other services.
- Delivery of rigorous residential based treatment according to multifaceted needs of patients.
- Adopting different methodologies to cater for long-term residential rehabilitation needs of patients in community or in nursing homes.
- Providing psychiatric service to the homeless, mentally ill patients.
- Effectively involving a multi disciplinary team while working in the community psychiatric services.

During rotation in different components of a community psychiatry facility, learners acquire experience and skills to deal with psychiatric patient in the community. There by ensure the continuation of holistic treatment of psychiatric patients in community who may need treatment from different services. This continuity in treatment through the episodic and longitudinal care will help the psychiatric patients to meet their needs.^{18,19}

CHALLENGES AND OPPORTUNITIES

The working environment in the community setting is different from the hospital setting and may be more challenging for psychiatrists. At the early stages, they may be viewed with mistrust by non-medical, mental health practitioners as their presence may be perceived as an imposition of the "medical model."^{20,21} Good communication and teamwork can overcome these barriers and hurdles.⁴ Psychiatrists may view their roles in community setting being limited, which will need to be addressed through proper documentation of job descriptions and task assignments. Community psychiatrists need to use both a broad-based, holistic approach based on bio-psychosocial model and use their skills in psychosocial rehabilitation of patients.²²⁻²⁵

It is described that many psychiatrists avoid having chronic psychiatric patients suffering, enduring mental illnesses on their caseloads and refer them onward, because managing chronic mental illness can be more intellectually challenging. Psychiatrists working in community experience burnout more often, as they have to work in poorly resourced conditions.²⁶ Working with patients showing very limited improvements may prove disheartening and unrewarding for trainees. Similarly, managing severe psychiatric illnesses in unsupported environments in under-developed community will be challenging and may lead to frustration. Exposure to recovery, also rehabilitation and community reintegration models of care may help to mitigate some of this frustration with acceptance of impairments as part of the journey towards personal recovery for individual patients even if perceived as poor and disenfranchised.⁴

Psychiatrists have a leadership role in community psychiatric teams and could be role models. Hence, basic soft skills must be incorporated in the training module.¹² Below is a list of desirable soft skills:⁷



- Strong sense of self-efficacy and ability to deal with uncertainty.
- Being practical and having problem-solving orientation.
- Being open-minded and acknowledging different views & opinions.
- Being non-judgmental and open-minded, i.e. giving weightage to all evidence, fairly.
- Thinking holistically: Considering the bio-psychosocial and spiritual aspects while dealing with patients.
- Being approachable, cooperative and flexible.
- Being empathetic and altruistic.
- Being supportive and optimistic.
- Being humble and having a cautious, thoughtful, non-judgmental sense of humour.

Developing a curriculum for training of future psychiatrists could address any ambiguity between roles and responsibilities of psychiatrists across the care pathways for patients with mental illnesses.⁴

Inclusion of this subject as part of the mandatory postgraduate requirements would have long-term benefits for patients, community and the public perception of the specialty.

CONCLUSION

Community psychiatry can help with providing cost-effective and flexible care for people with mental illnesses who could seek help in an environment free of stigma and discrimination to get treatment via multidisciplinary services at their doorsteps of the people where they live (home), study (school, college or university) or work (organisation). For a seamless care pathway for patients in the community, training of future workforce is mandatory. Absence of an appropriate curriculum is one of the major areas that needs attention. A curriculum that derives principles from developed societies in this field, yet has with a broad consensus of all stakeholders in the country, reflecting the local needs and ground realities, is a mandatory prerequisite for developing standardized training.

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