

SHORT TERM TRAINING OF MEDICAL OFFICERS IN MENTAL HEALTH

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SUMMARY

As specialist services are insufficient to meet the needs of the people, especially in rural areas, the training of medical and paramedical health staff through short courses in psychiatry has been recommended in the National Mental Health Program. A two week orientation course in mental health has been recommended for general physicians, including those working at the dispensary level. This paper focusses on the experience of imparting such training to 91 medical officers in a general hospital psychiatric unit.

INTRODUCTION

For several years, efforts have been made to carry out research in rural areas, to understand the needs of the mentally ill residing in such places. Such studies help in identifying the mentally ill as well as the attitudes of the community towards them. One such preliminary study has been reported (Wig et al, 1981), which was a part of a WHO International Multi-centered collaborative study, "Strategies for Extending Mental Health Care in the Community". The WHO study was carried out in seven places and was designed to develop and evaluate alternative and low cost methods of mental health care including training methods in developing countries.

Three years experience of work at the peripheral psychiatric clinics organized at the Primary Health Center (PHC) situated at Raipur Rani Block (Ambala district, Haryana) was summarized as follows: "There were a sufficient number of mentally ill needing urgent psychiatric intervention. These persons were willing to take treatment once help was made available on a regular basis, close to their residence. The acceptance of para-professionals is satisfactory provided they are part of the total organization. Paramedical persons can acquire skills and confidence to care for the mentally ill. Limited range of drugs can take care of the majority of neuropsychiatric problems".

The next step was to decentralize and deprofessionalise the services. This raised the question of training the primary health care personnel in a limited but task oriented approach, so that they could utilize the new knowledge of identifying and treating psychiatric problems while integrating it in their routine work (Murthy & Wig, 1978). It was seen that simpler tasks were delegated to the less trained workers and more complex tasks to the more qualified, while an attempt was made to create an in-built-system of referral and supervision.

Training programs (Wig et al, 1980; Wig & Murthy, 1980) were outlined and "Manuals on Mental Disorders for Peripheral Health Personnel" were prepared. The training of doctors was followed by that of health supervisors and multipurpose workers. Classroom training was combined with practical demonstrations, and later on, weekly discussions in the sub-centers. The health workers gradually gained confidence in dealing with patients on their own. Additional help was available at the PHC and

difficult cases requiring investigations were referred to the Postgraduate Institute at Chandigarh. Observations were made prior to, and 18-24 months after intervention. These showed significant changes in the attitudes, knowledge and diagnostic accuracy of health staff as well as in community attitudes and reactions. A considerable number of individuals with serious mental disorders received effective care for the first time. This clearly brought out a substantial basis for planning future community mental health program within developing countries.

The Government of India formulated a National Health Policy in 1983 to define "Health for All by 2000 A.D." as the ultimate goal for improvement of all aspects of health. A plan of action aiming at the mental health component, namely, the National Mental Health Program was put forward in 1982. The aims are the prevention and treatment of mental and neurological disorders and the use of mental health technology and applications of mental health principles in the total national development. Emphasis has been given on mental health training at various levels during undergraduate training of doctors, nurses, public and primary health care personnel. A two week orientation course in mental health has been recommended for general physicians, including those working at dispensary level. This training program is being pursued in various states such as Karnataka, Kerala, Andhra Pradesh, Maharashtra and Uttar Pradesh. It is also being pursued in the Union Territories of Delhi and Chandigarh.

A series of mental health training programs for general physicians working in Delhi Administration dispensaries were conducted at All India Institute of Medical Sciences by Drs. N.N.Wig and R.Parhee under an I.C.M.R. Project. The aim was to design and implement a task oriented training program which would enable general physicians to identify, diagnose and manage commonly encountered mental disorders in patients attending general health services in order to avoid needless referrals and hospitalization. A manual was developed to aid both the general physician in his day-to-day work, as well as to provide guidelines to the trainers in the organization of mental health training programs. Duration of training was 60 to 72 hours. At the end of the course, post-training evaluation was done and the results were encouraging.

This paper shares the experiences of short term training given to 91 medical officers in the psychiatric unit of a

TABLE 1

Year	1984	1985	1986	1987	
Batches	I	II	III	IV	V VI VII VIII
No.	9	9	15	13	16 15 86 91

general hospital. They were trained in eight batches (Table 1) over a period of four years.

DESCRIPTION OF TRAINING

Medical officers were deputed from the Delhi Administration Dispensaries and they were taken in two batches each year. The first and second training courses were organized in 1984. The 'Manual of Mental Disorders for Primary Health Care Physicians' by N.N.Wig and R.Parhee (1984) was utilized for the training. Ten topics were selected for lectures and typed material was prepared based on this manual. Lecture notes were distributed to the participants in the class room. After the lecture and clinical demonstration, trainees were asked to discuss if they had any difficulty in understanding the lectures / notes.

Training was designed on the patterns of training given to medical officers in AIIMS (under the ICMR Project) where psychiatric consultants from other hospitals were invited as observers so that they could start training medical officers in their own hospitals on a similar pattern. The duration of course was two weeks i.e., about 64-70 hours. It was a full time program which started with class room lectures in the morning, followed by clinical demonstrations. Afternoons were devoted to patient interactions. Trainees were asked to examine patients individually, reach a diagnosis and then discuss the various points with the consultants. After the preliminary lectures of introduction and classification, great stress was given on history taking and mental state examination. Emphasis was laid on the interview technique, the common modes of presentation, confirmation of diagnosis, assessment of severity and choosing the appropriate line of management. Guidelines for referral to the specialist were given whenever appropriate. Each teaching session consisted of a lecture for 1 to 1½ hours followed by case demonstrations for 2 hours. In the afternoon, individual evaluation of patients was done by the trainees followed by group discussions in the presence of the consultant.

Treatment was simplified by the introduction of only a minimum range of drugs and trainees were encouraged to use single drug therapy for major diagnostic groups, although knowledge of other basic drugs were provided. Trainees were encouraged to see as many patients as possible. They were exposed to the various activities of the day hospital and were given opportunities to see other methods of treatment like electroconvulsive therapy and relaxation therapy. They were made conversant with the various psychological tests which were given by the clinical psychologist to assess intelligence, personality and aptitudes. Additional topics depending on the interest of the participants were also covered. On the last day, evalua-

tion papers were given to each trainee for post-training evaluation. Before the evaluation they were encouraged to discuss their doubts.

Post-training Evaluation:

A proforma designed by Wig and Parhee, containing ten vignettes giving a brief description of the main features of psychiatric illness followed by a set of questions, regarding identification, severity of illness, management and prognosis was given to each trainee. These vignettes cover common mental problems like Mental Retardation, Epilepsy, Acute Schizophrenia, Mania, Depression, Chronic Schizophrenia, Chronic Anxiety state, Psychosexual problem, Anxiety Neurosis and Alcohol Related Problems. In the first 6 vignettes, assessment was done against 4 variables i.e., identification, severity, management and prognosis. In the 7th vignette, it was done against identification, management and prognosis and in the 8th and 9th vignettes it was done against

TABLE 2
Post Training Evaluation for the First Nine Vignettes (n=90)

Diagnosis	Identification No.	Severity of Illness No.	Manage- ment No.	Prognosis No.
1. Mental Retardation	90 (100)	80 (94.5)	55 (61)	51 (56)
2. Epilepsy	88 (97.8)	55 (61.1)	87 (96.7)	56 (62.2)
3. Acute Schizophrenia	87 (96.7)	64 (71.1)	54 (60)	50 (55.6)
4. Mania	77 (85.6)	77 (85.6)	58 (64.5)	54 (60)
5. Depression	86 (96.6)	84 (94.4)	65 (73)	68 (76.4)
6. Chronic Schizophrenia	88 (98.9)	72 (80.9)	62 (69.7)	55 (61.8)
7. Chronic Anxiety State	83 (93.3)	-	68 (76.4)	76 (85.4)
8. Psychosexual problem	81 (91)	-	18 (20.2)	-
9. Anxiety Neurosis	75 (84.2)	-	45 (50.6)	-

[percentage of respondents given in parentheses]

TABLE 3
Post Training Evaluation for the Last Vignette

Diagnosis	Attitude of trainee	Outcome of disease	Manage- ment	Risk involved in treatment
Alcohol Related Problems	23 (25.9)	10 (11.2)	8 (9.0)	36 (40.5)

[figures in parentheses indicate percentage of respondents]

identification and management only. Results of 90 candidates are summarized in Table 2 (one trainee did not return the paper, and one attempted only four vignettes).

The last vignette (that is of Alcohol Related Problems) had a completely different set of questions, hence assessment was done against the following variables: attitudes of trainees, outcome of the disease, management and risks involved in the treatment (Table 3).

RESULTS

It is clear from Table 2 that the majority of the trainees were able to identify the problems correctly. They could assess the severity and prognosis of the common psychiatric problems and their knowledge regarding management of the disease was quite good. Table 2 also shows that majority of the trainees were able to identify the 8th vignette correctly (i.e. psychosexual problem) but only 20% showed confidence in treating it. It is seen from Table 3 that only 23 trainees could help the patient with alcohol related problems; the majority of them did not feel confident enough to treat this condition. Only 10 were conversant with the outcome and reported the correct line of treatment. However, 36 trainees were conversant with the risks involved in the treatment with disulfiram. At the end of the evaluation, trainees were given a questionnaire for subjective assessment.

Seventy-seven trainees reported that they had attended all lectures, while nine reported that they had attended some lectures. Five trainees had abstained. Sixty-eight trainees reported that the duration of course was enough while others did not comment. Eighty three trainees had no difficulty in understanding the lectures. Regarding audio visual aids, some had mentioned that these would be helpful but fifty-seven trainees reported that these were not necessary. However, after the course, eighty-four (92%) felt confident about diagnosing and treating mental problems. Regarding reading material, most of them had reported that it was useful.

As follow-up, a review cum refresher workshop was conducted on 15th Jan. 1988. Thirty doctors from the 1st six batches were invited, but only 12 attended. Two were from the third batch and three were from the fourth batch; they had completed their training about 2 years earlier. Five were from the fifth batch and two were from the 6th batch; they had completed their training about a year ago. In the morning, these trainees were asked to examine a new patient, interview him and arrive at a diagnosis before discussing with the psychiatrist. Clinical assessment was done against the same variables as in Table 2. Eleven trainees (90.7%) were able to identify the diseases correctly, while one was partially correct. Seven trainees (58.3%) could assess the severity of illness correctly while 5 were partially correct. Six (50%) were able to advise correct treatment, while 5 were partially correct. As regards prognosis, two were able to assess it correctly while 10 were partially correct. Diagnostic breakdown of the cases seen in this workshop was: schizophrenia (2 cases), depression (2 cases), hysteria (1 case), nocturnal enuresis (1 case), drug abuse (1 case), alcohol related problems (1 case) and one normal child with drug reaction. In the afternoon, a questionnaire was given to them for subjective assessment and to find out their individual experiences regarding the total number of patients seen per month after their training courses, treatment given, diagnostic breakdown, confidence in diagnosis and management of the diseases and any special problems encountered by them.

The number of psychiatric patients seen by these trainees in different dispensaries varied from 20 to 70 per month. Those working at Maternity and Child Welfare centers or School Health Scheme reported to have seen only 1-2 patients every 3 to 4 months. The majority reported they mainly saw neurotic cases. Five reported that apart from neurosis, they were also seeing alcoholics and drug addicts. Two reported having seen cases of mental retardation and nocturnal enuresis in children. There were a few cases of psychosis. All reported that there was no difficulty in diagnosing and treating the majority of these cases at the dispensary level. They had to refer very few cases to hospitals. These were usually patients with severe depression or very disturbed psychotics. The trainees found the training courses very useful and reported that the present workshop had helped them in refreshing their knowledge and clearing their doubts. Most of them suggested that such workshops should be conducted periodically. Some requested to arrange separate workshops on drug abuse and alcohol related problems.

DISCUSSION

Table 2 shows that the trainees' ability to diagnose the disease covered in the course was as high as 84.2% to 100%. (Trainees were able to diagnose different diseases correctly). Their rating on severity and prognosis was also good. As regards management, 60% to 96.7% of the trainees could give correct answers for the first 7 vignettes. The scoring for management on 8th vignette (i.e. psychosexual problems) was rather low, showing that they require more knowledge on this subject. The rating for attitudes, outcome of disease and management for the last vignette (i.e. alcohol related problems) was low as compared to the ratings on the first 9 vignettes. The results of subjective assessment were in accordance with the ratings on objective assessment. Ninety two percent of the trainees felt confident in diagnosing and managing psychotic problems and ninety one percent had no difficulty in following the lectures and demonstrations. The results of the review cum refresher workshop showed that the trainee's ability to diagnose was as high as 90.7%. Ratings on other variables were not compared as the number of trainees (12) attending this workshop was small, and their assessment was done on clinical presentation and not on vignettes. The results are similar to the results reported by other authors.

The low score on management of the 8th vignette (i.e. psychosexual problem) showed that the trainees required more knowledge on this subject. Low scores on all the variables of the 10th vignette indicated that this problem needs to be discussed in more detail. The results of the review cum refresher workshop showed that trainees had sustained their interest (after their initial training) in dealing with mental problems. In conclusion, short term training in mental health had significantly increased the knowledge of the medical officers, thereby increasing their ability to deal with psychiatric problems at dispensary level. It would be desirable to conduct refresher

workshops periodically to get feedback and to give them continuous support.

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