

## BPS Presidential Address 2010

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# The role of a Psychiatric Society: Aligning our aims to needs of the community\*

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### ABSTRACT

*Psychiatric Societies and Associations have variegated roles and functions. They provide their members an academic resource and a place for social networking. They also have responsibilities to the profession and to the community they serve. The nature of work they conduct should be aligned to the needs of all stakeholders. Only when there is such harmonious working will the community respect the fraternity and the Association. We, therefore, need to respond to the need of the hour, which in the current time is prevention of suicide in children and adolescents and facilitation of continuing professional development for our members.*

**Key Words:** *Continuing professional development; Society roles; Suicide prevention*

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## Introduction

The mandate of any Professional Society is to work for the welfare of its members and the profession it serves. To this end, it organises many activities and programmes, and occasionally involves people from allied and other professions. The choice of activities carried out depends on the constitutional mandate, the vision of the President and the Committee and most importantly, the needs of the community. Associations have had a role in advocacy, creating a community of learning, mentoring new professionals, policy making and creating guidelines and practice parameters (Chamberlain *et al.*, 2003<sup>[5]</sup>; van Rensberg, 2013<sup>[19]</sup>). They serve as a meeting point and allow networking and exchange of information. Associations are known to conduct research, gather information and present it to the authorities and thus shape policy making (Schwartz, 1984<sup>[14]</sup>; Scott *et al.*, 2008<sup>[15]</sup>). They are useful resources for voicing a collective opinion.

## The Path for Bombay Psychiatric Society

Our Society has a glorious past and has been a vibrant and effective association. Two areas of work, which need to be added are:

1. Accreditation of the society as a means of certifying for continuing professional development (CPD); and
2. an active role in creating societal awareness of suicide.

This choice is based on multiple factors. A doctor needs to be a lifelong learner and the symposia, and academic activities provide avenues for enriching the professionals' knowledge and skills. We have been conducting these activities consistently. However our regulatory body, the Medical Council of India (MCI), has mandated that doctors need to renew their licence to practice every 5 years. Further a criterion for renewal is that the specialist should have attended academic activities to upgrade his proficiency. To this end, they laid a rule requiring 30 credit points to be earned in 5 years.

While this is with regard to academic activity, Mumbai, in the previous year, that is, 2009, had witnessed a surge of suicide in children and adolescents. In response to this crisis, the Bombay Psychiatric Society (BPS) needs to create awareness about suicide and its prevention in children and adolescents.

## Continuing Professional Development

Learning in professionals can be viewed as before and after graduation. Undergraduate and postgraduate education is structured and follows rules and regulations. In contrast, specialists have to engage in activities, which will not only keep them updated with the cutting edge of research and technology, but

also enhance their leadership, administrative and research skills. This learning is therefore beyond the concept of simply continuing medical education as it encompasses personal and professional development. Thus, it is termed as continuous professional development (WFME, 2003<sup>[18]</sup>). Planning for CPD requires following adult learning principles. Thus, one needs to plan for autonomous, self-directed learners who have a wealth of knowledge. New learning occurs in response to perceived need, which requires practical application of new skills or knowledge, and this new learning is built on previous knowledge and experiences (Bennett *et al.*, 2000<sup>[3]</sup>). Therefore activities or programmes planned by the Society needs to incorporate these learning principles. In fact a needs analysis of the members would be the first step in planning CPD activities. This is followed by deciding learning strategies and eventually assessing if the objectives are met (Ghosh, 2008<sup>[7]</sup>).

The basic responsibility of CPD lies with the professional. Globally various medical institutes, professional associations, non-governmental organisations, pharmaceutical and other industries have been known to be providers for CPD. While in some countries, medical institutes provide systematic CPD activities, in many countries this is now structured by private organisations. However, there is wide variation in the availability and accessibility of CPD activities. Information technology has been able to mitigate these difficulties (WFME, 2003<sup>[18]</sup>).

Assessing the impact of CPD activities has also been in different ways. Some medical bodies have insisted on identifying the accredited courses attended, some have looked at recertification of specialists. Another important method of self-monitoring by the professional is by creating a portfolio of activities, which would prove the efforts at self-improvement. To ensure the quality of education, the World Federation of Medical Education has provided a framework, which can be used by all (WFME, 2003<sup>[18]</sup>).

Addressing the predisposing, the enabling and the reinforcing factors can ensure the effectiveness of CPD. While the predisposing factors act as catalysts influencing the specialist to change, the enabling factors facilitate the new learning in practice, and the reinforcing factors reflect the positive outcome and, therefore, maintain and enhance the changes.

Motivating factors for the specialist for participating will be the choice of topic for the symposium or seminar. Thus, relevant topics garner better attendance. While this has been the practice in our Society, in response to the requirement of the MCI, we need to make modifications.

Realising the exponential growth of information and the need for optimum care of patients, MCI has insisted on doctors keeping abreast of new information, skills and technology. As a proof of this they needed to earn credit points: 30

points over 5 years (IMC, 2002<sup>[9]</sup>). These could be earned by attending conferences, symposia, writing papers, chapters and/or being a teaching faculty. This learning occurs formally through organised activities and informally by discussion with colleagues and reflection on one's practice. While CPD has professional and regulatory aspects, it should not be reduced to a mere formality of collecting credit points. Involvement of peers has shown to be beneficial in this respect (Bouch, 2006<sup>[4]</sup>).

Bombay Psychiatric Society should be an institution that facilitates this process by accrediting the learning of its members. The Society thus needs to get registered with the Maharashtra Medical Council\*. Once this status is achieved, the details of programmes and speakers have to be sent to the Council, which would decide on the number of credit points to be allocated. It is necessary to maintain an attendance record, and there is a possibility of an Observer of the Council attending these programmes.

These measures would result in not only good attendance, but also benefit our members. However, there does remain an element of doubt on the efficacy of learning that occurs. Many have therefore suggested that assessment of the learning would ensure motivation to learn and improve the quality of learning.

Today we are planning to take the first step in getting our body accredited. We need to work further and develop a system for continuous assessment of needs, planning objectives and implementing different programmes to achieve our needs. While it may be viewed as bothersome, assessment of the learning is imperative as it is that which often drives learning. No programme is complete without evaluation and feedback to improve. Let our Society work for ensuring quality of our members and serving our community.

## Awareness of Suicide Prevention

When children believe that death is the only option for them, it is indeed a sad state of affairs. Worldwide suicide is the second leading cause of death in teenagers (Hawton *et al.*, 2012<sup>[8]</sup>; Singh and Singh, 2004<sup>[17]</sup>). The aetiology of suicide and self-harm is multi-factorial with genetics, psychosocial, familial and cultural factors playing a role. In this age group, the role of media and the spread of contagion suicide is also a cause of concern. Due to a wide variety of factors leading to suicide, it follows that prevention also needs to be multi-sectorial. Evidence-based activities that work in prevention of suicide are targeting different groups and are classified as universal, selective and indicated interventions. Nearly 28 countries around the world have a national suicide prevention strategy (WHO, 2014<sup>[13]</sup>). Being an important but underreported and

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\*It now is.

preventable cause of death, a large amount of research and activities are working in prevention. Further, the International Association of Suicide Prevention marks 10<sup>th</sup> September as the World Suicide Prevention Day. Over time, there has been a legal shift with many countries decriminalising suicide and India too is following suit.

Most plans which concentrate on youth suicides have components of health promotion, prevention, intervention and postvention. The aim of these is to decrease suicidal ideas, attempts and death. Prevention programmes have been implemented in various settings such as schools, communities and in health care settings. School-based programmes seem the best way to reach out to children. The prevention activities currently implemented are such that they address increasing awareness, screening for at risk, gatekeeper philosophy, creating peer leadership, and skills training (Katz *et al.*, 2013<sup>[10]</sup>).

In the year 2009–2010, there was a sharp rise in child and adolescent suicide in Mumbai and in the month of January, 2010, there were 32 cases (Ahmed, 2010<sup>[11]</sup>). Many were apparently related to educational and academic stress (Mukherji, 2011<sup>[12]</sup>). It is known that Indian society places a high premium on academic achievement and underachievers suffer from shame, low self-esteem and other psychopathology (Shah, 2005<sup>[16]</sup>). This troubling crisis evoked strong reaction from the public, and they demanded appropriate health strategies from our fraternity. In response to the unrest in the community, our Society should decide to take a proactive step in organising a campaign for suicide prevention.

Schools are an obvious choice for implementing a suicide prevention programme for children. The plan should be two pronged. On one hand, we will work to increase awareness of suicide, the causes, and the ability to identify predisposing and precipitating factors, and also facilitate seeking of help from a professional. It is imperative that we burst the myths of suicide and clear misconceptions about depression, its treatment and outcomes. Research has shown that teachers have poor knowledge of mental illness and have reported increased motivation in working with children following training. We, therefore, have to empower teachers and students to listen, identify high-risk situations and take proactive measures.

The second arm should concentrate on increasing resilience in children. Prevention is either to the targeted high risk or to the general pool of children and adolescents. One envisages that in our setting working with the department of education, we could work with schools to implement the programme. Mental health professionals would visit schools and conduct workshops for students and staff regarding the above issues. To ensure uniformity and facilitate easy availability of resources, a common presentation would be made, which could be used by our members. This activity should be an honorary service offered by members of the BPS.

It is known that prevention programmes do help in reducing suicide (Aseltine and De Martino, 2004<sup>[2]</sup>; Mann *et al.*, 2005<sup>[11]</sup>). Longer and sustained programmes would be more effective (Aseltine and DeMartino, 2004<sup>[2]</sup>). Besides the prevention of suicide, this initiative would provide an opportunity to create a link between schools and mental health professionals. Considering the stigma associated with mental health and visiting psychiatrists, most schools, teachers and parents resist taking help from services available. However with a background of an alarming rise in suicide, the resistance of the teachers and parents is likely to get lowered. It is for us to convert this crisis into an opportunity for partnering with the education system in building resilience in our children. After all emotional well-being is a known protective factor in children (Hawton *et al.*, 2012<sup>[8]</sup>).

Simultaneously, it would indeed be beneficial to interact with people in the media and discuss their role, especially the method of reporting such cases. Research from our country has revealed that most reporting does not follow international standards in reporting such cases (Chandra *et al.*, 2013<sup>[6]</sup>). The Society could draft guidelines for the media. Sensible reporting prevents the contagion effect seen so often (Chandra *et al.*, 2014<sup>[6]</sup>).

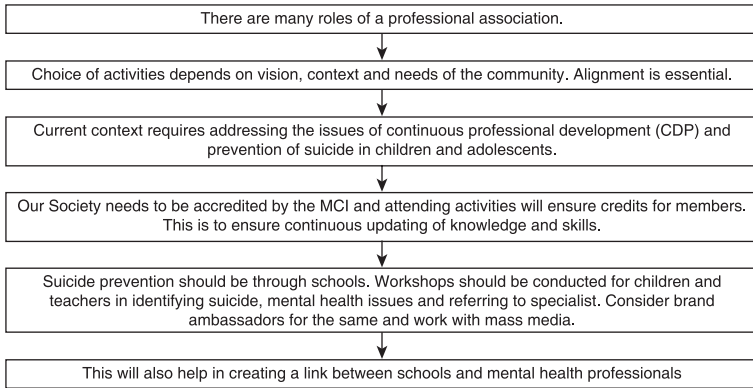
Another strategy may be to involve a celebrity in the prevention programme. The message from a star may be able to reach where doctors fail. Thus such a campaign, publicised through various media channels, would be a valuable tool to combat the rising tide of suicide.

Suicide in children and adolescents is a worldwide concern. Today, we need to respond to the local crisis and as a fraternity contribute to their well-being. Our Association has always worked tirelessly to serve the fraternity, the profession and the community. Individually each of us had various academic and networking benefits arising out of our membership. It is imperative that we too participate proactively in the programmes planned so as to reap benefits for the collective good of all and for the society and the community.

## **Conclusion [See also Figure 1: Flowchart of paper]**

Every Professional Association has to choose a path based on the vision and the context of the times. The crucial roles that need to be carried out in the present context are two-fold: one directly concerned with members and their personal and professional development (CPD), and other related to the mental health of our society at large (suicide prevention in children and adolescents).

With good planning, judicious use of resources and a collaborative effort we could be successful in achieving our goals. Our Society can be accredited by the Medical Council, and the activities would be awarded credit points. These will



**Figure 1: Flowchart of paper**

ensure ease in recertification and also aid in the enhancement of professional knowledge and skills of our members.

Our work in the field of suicide prevention in children and adolescents highlights our commitment to the community and our responsibility of ensuring that every child counts.

Let our Society and members prove that we care, not only for ourselves, but also for our profession and above all for those we serve.

## Take Home Message

Together we can ensure that we are a well-qualified fraternity, which will thoughtfully create programmes and activities, which will have a positive ripple effect on its members and the community. Let us arm ourselves with knowledge and skills that can be translated towards enhancing the quality of our practice. Let us also remember those suicide in general and those in children and adolescents, in particular, are preventable and mental health professionals have a major role in their prevention.

### Conflict of interest

None declared

### Declaration

This is my original unpublished work, not submitted for publication elsewhere.

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## Questions that this Paper Raises

1. How do we ensure that the CPD actually leads to improvement in practice in our context?
2. What method of suicide prevention is effective and also cost efficient in our school settings?
3. How can mental health professionals partner with other sectors in suicide prevention?

### About the Author



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