Forces within and outside the field of medicine are impelling new trends in psychiatric services. One of the major trends seen during the last few decades is a change from "close" to "open" system of psychiatric care with a resultant change from traditional autocratic, exclusive mental hospital system to an "open" system with a wide range of flexibility. General hospital psychiatry is a part of this open system and is also an useful addition to traditional mental hospital system.

Today general hospital psychiatry developing as a separate clinical speciality and is regarded as one of the more significant trends in present day psychiatry. According to Professor Cameron, a former President of World Psychiatry Association (1958) "the establishment of psychiatric unit in general hospital has done more to advance psychiatry than a single diagnostic or therapeutic discovery".

Interestingly the Bhore Committee report of the health survey and development committee of Government of India (1946) considered this problem carefully. According to the Committee, the "aim of medical education is to produce a body of medical men capable of maximum services to the community and the main emphasis on undergraduate teaching must be on the inculcations of principles and methods to enable the students to learn for himself and think, observe and draw correct inferences". It serves no useful purpose to impart to him a large number of facts most of which may become out of date soon.

Later, in the report Psychiatry is included as "one of the specialities where training is required and adds that it is essential that the speciality departments should be developed within the main teaching centre. This will allow the students to see large variety of cases. Each medical college hospital should therefore have as many department as possible with number of beds for all the specialities together equally to the number of general medicine and surgery." The report further says that this insistence that the special departments should be located in the main teaching centre does not imply that special hospitals are not required. On the other hand, the existence of such special hospitals is desirable from the point of view of the speciality concerned as well as for purposes of postgraduate teaching. The number afforded for a number of specialities to meet and exchange views in a special hospital is of great advantage.

And then in 1965 when the first seminar on "undergraduate teaching in psychiatry" was organized under the joint auspices of W. H. O. and Directorate-General of Health Services, Government of India at C. I. P., Ranchi, not a single paper on the role of general hospital psychiatry in the undergraduate teaching programme was presented at this significant three-day seminar. There were of course some references but no paper was exclusively devoted to this subject. The above seminar was a follow-up of the report of the sub-committee of the Indian Psychiatric Society which was constituted earlier at Ranchi in June

Professor of Psychiatry and Director, Central Institute of Psychiatry Kanke, Ranchi-834 006
1962 under the Chairmanship of Dr. C. G. Saha. The report gives a survey of the undergraduate teaching of psychiatry in 1963 based on a questionnaire circulated to 36 medical colleges out of which 11 medical colleges had absolutely no teaching facilities in psychiatry. The completed questionnaires were received from 22 institutions. The survey revealed that at that time the number of lecture hours varied from 10 to 45 with an average of 20.5 hours and the clinical work in psychiatry varied from 5 to 35 hours with an average of 7 hours. Interestingly, in this report also there was no direct mention of teaching of psychiatry in the general hospital. A careful review of the survey revealed some very illuminating features: firstly it showed that the number of hours devoted to theoretical lectures was much higher than the clinical work; secondly, it did not mention about teaching of psychiatry in the general hospital setting.

A review of psychiatric facilities in India reveal that there was a significant increase in such facilities and the number of psychiatric units in general hospitals in 1976 had increased to 76 in contrast to 25 mental hospitals with having undergraduate teaching programmes. It is now estimated that out of 106 medical colleges in the country, over 90 medical colleges have some psychiatric facilities of OPD or indoor level. The other significant change which has taken place since Independence is the increase in the number of medical colleges from 30 to 43. It is interesting to record that in 1939 there were 16 medical colleges and 19 medical schools in undivided India. In 1947 this number rose to 19 of each. However, after Independence in 1947 our Government was determined to tackle the health problems and medical education at a nationwide level. In the First Five Year Plan, India increased its medical colleges from 30 to 43. The beginning and the end of the Five Year Plans are vital dates in our nation's history. Each five year plan is both an assessment of the past and a call for the future. It aims to translate into practical action the aspirations and ideals of the 700 million people of the country and gives to each of us an opportunity of service in the common cause of eliminating disease and raising the health standard of the people. By the end of second Five Year Plan, the 60th medical college opened its doors. 15 more were added during the third Five Year Plan and by the end of the 6th Five Year Plan the number will reach at least 110. This astonishing expansion of medical education in a short span of time is unparalleled in the history of medical education. With this increase in the number of medical schools there has been a continuous and sustained increase in the number of beds of various hospitals. The review of this progress is relevant as the increase in the psychiatric beds in our hospitals was till 1965 not consistent with progress in other fields. It was only after mid-sixties that we have seen a rapid increase in both quantity and quality of general hospital psychiatry. The need became more apparent after every national conferences on medical education which clearly recognised the need for a change in the existing system of medical education and also that the education should be need-oriented. In one of the national conferences on medical education held in New Delhi in 1971 it was emphasised that psychiatry was coming into importance and good foundation of the subject has to be built at the undergraduate level. The then President of the Indian Medical Association, Dr. A. K. N. Sinha, during this conference stressed that the 'specialities like psychiatry which are underdeveloped not only need encourage-
ment but a little bit of extra encouragement for their proper development”.

The role of general practitioner in any future mental health programme of the country is very significant. It has been estimated that about 10 to 60 percent of the people receiving care from a general practitioner have significant emotional or psychiatric problems as perceived by the physicians. The main objective of medical education anywhere is to produce good doctors who would attend to the needs of the community. The needs of the community are not static but flexible and correspondingly the problems are also different in various parts of the world. The objectives of any training must be relevant to what is to be practised and must be practical in terms of the time and resources available. Such objectives should be influenced by local needs and community demands. If we expect the majority of the future doctors to be practicing as family and general practitioners, we must incorporate necessary changes in their undergraduate training programmes. It has been observed that such training cannot be done in specialist institutions like Mental Hospitals away from the mainstream of health care practice.

Another important aspect which has not gained adequate attention both by the health planners for medical educationists relates to health economics in our country. We do not have adequate data in our country to support this but in U.K. it was reported that in 1950 about 80 million days work were lost each year in Britain through mental illness corresponding to a loss of some £120 million a year in wages and correspondingly a large loss in terms of production. This figure would be much more for a population of India with high inflation rate in 1980s. Another observation which was made by Professor Michael Shepherd in the same paper was that “emotional disorders were found to be associated with high demand for medical care. Those patients identified as suffering from psychiatric illness attended more frequently and exhibited higher rates of general morbidity and more categories of illness per head than the remainder of the patients consulting their doctors.”

In the same paper, it has been stressed that the medical treatment of mental illness in general practice is often haphazard and inadequate and added that “one patient in eight received nothing more than unsystematically prescribed psychotropic drugs.” Probably the figures for our country would be more revealing. What do all these things indicate? They suggest the need for proper training in psychiatry at the undergraduate level and that training cannot be away from the general hospital setting, if it has to be effective and meaningful. The last two or three decades experience in other countries and almost two decades experience in some of the hospitals in our country have proved that the treatment of psychiatric patients in general hospital is perfectly feasible. In 1971 we reported our experiences of a general hospital setting and suggested that general hospital psychiatry with outpatient and inpatient and emergency service is better suited to (1) the community as it is readily accepted by the local population (2) it is geographically close to the population and (3) in the hospital setting, it is easy to establish a consultation-liaison service in general hospital psychiatry than in a mental hospital psychiatry. It is equally helpful to the psychiatric patients because the admission to such a setting is without any formalities and where early treatment is possible. It also gives easy access to other medical and surgical facilities in case supportive treatment is required.

The modern treatment of all psy-
S. D. SHARMA

Psychiatric disorders today emphasize the need for keeping the patient in active communication with his environment. It is relatively easy to establish collaboration with other departments in general hospital not only by using the facilities of the available specialties and other staff for consultation but through the possibility of transferring certain patients to its wards from other departments. Conversely, the availability of psychiatric services will be of use to other services, for example, in the area of geriatrics and the poisoning unit where majority of the patients after initial active medical intervention require early psychiatric consultation.

EDUCATION TO THE COMMUNITY

One of the advantages of a general hospital psychiatry is that it gives an opportunity to the relatives to observe the therapeutic intervention from a closer angle, it gives an opportunity of introducing an informal mental health education to them and also an opportunity for family therapy. All these advantages are minimised when the psychiatric services are at a distance from the mainstream of the community.

The undergraduate student both while he is posted in psychiatric department and when he is posted in other departments can work with patients in collaboration with the psychiatrist, psychologist and social workers and conceive the results of treatment more effectively. During the joint clinical conference with other department it gives an opportunity to see interaction of biological and psychological component of health and disease. As pointed out earlier in one of the papers (Sharma, 1979), psychiatry is the only field in medicine which is founded on both biological and behavioural sciences. It requires understanding of the biological basis of human behaviour, a grasp of new behavioural mechanisms and an understanding of psychopharmacology. A background of behavioural sciences is needed in order to understand the essentially human aspects of human adaptation and maladaptation and to comprehend psychodynamic theory.

The problem can also be viewed by elaborating the basic objective of undergraduate training in mental health and the role of general hospital psychiatry. The recent debates on the subject have clearly identified that the areas of training at undergraduate level should focus on developing the following skills to be useful to general practitioners of tomorrow:

1. Diagnostic skills to detect common mental health problems of the population.
2. Therapeutic abilities to deal with them independently.
3. Ability to refer selected patients to the specialist.
4. Psychosocial orientation towards all health problems in the community; and
5. Training ability to further train other paramedical personnel.

All this can be achieved by general hospital psychiatry. The usefulness of the general hospital psychiatric unit in teaching hospitals may be judged by various ways as it is better suited to the needs of the community and the mental health problems, and not feared by the local population, who already have a good liaison with the general hospital. General hospital psychiatry is well suited to the patients, to the community it serves and for healthy growth of psychiatry. However, this model has some built-in disadvantages and there is a need to collaborate with other traditional models like mental hospital.
REFERENCES

CAMARON, D. E. (1958). The Modern Department of Psychiatry in the General Hospital. Texas J. Med., 54, 65.

SHARMA, SHRIDHAR (1979). Postgraduate Training in Psychiatry in India. The Bulletin of the Royal College of Psychiatrists, October 1979.

SHEPHERD, MICHAEL (1983). Mental Disorder and Primary Care in the United Kingdom. Journal of Public Health Policy, vol. 4, No. 1, 83.

SINHA, A. K. N. (1971). Proceedings of National Conference on Medical Education. Sept. 26-28, p. 13.