POSTGRADUATE PSYCHIATRIC TEACHING CENTRES:
FINDINGS OF A SURVEY
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SUMMARY

A survey by a questionnaire method was undertaken to enquire about the facilities, the level of medical
and non-medical staffing, structure and functioning of psychiatric teaching centres offering teaching and training in
psychiatry at postgraduate level. The results of the survey are presented and discussed. It is evident that postgraduate
teaching centres are inadequately staffed and poorly equipped. The implications of these vis-a-vis teaching and
training and effective participation in the implementation of National Mental Health Programme are commented
upon.

Psychiatric teaching in medical education is accorded very little recognition and
importance in our country. Undergraduate psychiatric teaching is inadequate and per-
functory, leading to the acquisition of only nominal skills and competence by the me-
dical graduates to deal with common psychiatric problems occurring in the commu-
nity. Postgraduate training in psychiatry appears to be more organised and seems to be
expanding. However, there are indications of wide variations in the course content and
teaching methods employed by different centres across the country.

The National Mental Health Pro-
gramme, which was recently evolved,
draws attention to the significant and im-
portant role of mental hospitals and teach-
ing psychiatric units. It is proposed that
these centres should have active and dy-
namic function(s) with links to the per-
iphery. A change in the role of psychiatrist
from a clinical specialist to a leader and
planner of mental health services is also ad-
vocated. It is further suggested that these
specialists should spend greater part of their
professional time in training and supervis-
ing non-specialist health workers. A shift in
training of specialist to incorporate the per-
ceived change in the role of psychiatrist is
emphasized. In this context, it will be
interesting to learn how the teaching units
are functioning and how effectively can
they take up this new and challenging role
(National Mental Health Programme for
India, 1982).

In a workshop on General Hospital Psy-
chiatry, held at Chandigarh in October
1983, the role of general hospitals in post-
graduate psychiatric training and research
was discussed by the author (Kulhara
1984). In the same workshop, the impor-
tant and much publicised subject of the Na-
tional Mental Health Programme and its
implementation was also the focus of atten-
tion (Sethi and Chaturvedi 1984). At that
time, the need to conduct a survey to col-
lect information about postgraduate teach-
ing centres in psychiatry was felt. There-
fore, the author conducted a survey by a questiona-
ire technique to gather the de-
sired information.

The aims of the survey were as
follows:-

i) To collect information about various
medical institutions engaged in postgra-
duate psychiatric education as regards
their organization, structure and facili-
ties of teaching.

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To relate this information to the National Mental Health Programme and its implementation with reference to the role of mental hospitals and teaching psychiatric units.

**Material and Methods**

The survey was done by a questionnaire method. Twenty-five teaching centres which offer postgraduate training in psychiatry, leading to the award of either D.P.M. or M.D. (Psychiatry) were identified. A questionnaire was sent to the heads of the department of psychiatry of these medical institutions. The questionnaire consisted of forty-two questions covering areas of interest in postgraduate psychiatric teaching and training. The primary focus, however, was towards identification of facilities, resources and manpower. The survey began in November, 1983 and was deemed to be complete in May, 1984.

**Results**

Out of the 25 medical institutions so approached, 19 returned the questionnaire after completion, one head of the department expressed his inability to participate whilst 5 departments did not respond. From the responses received it emerged that substantial proliferation of postgraduate teaching has taken place since 1961. As many as 13 of the 19 departments who responded have come into being since that period in time.

Table 1 reveals that 75 percent of these teaching centres are in the setting of medical college/general hospital. An enquiry into the source of funding of these institutions showed that five are funded by Central Government, eleven by State Government, one by both State and Centre and two are financed by private/municipal organisations.

| Academic and clinical settings of the Departments |
|-----------------------------------------------|
| **Academic**                                  |
| Medical College                               | 15 |
| Postgraduate Medical Institutions             | 4  |
| Total                                         | 19 |
| **Clinical**                                  |
| General Hospital                              | 14 |
| Psychiatric Hospital                          | 5  |
| Total                                         | 19 |

It is apparent from Table 2 that about 135 postgraduates qualify from these centres every year. The number is probably more than the reported figure here if one takes into account the number of postgraduates qualifying from centres which did not participate in this survey.

**Table 2**

| Type of postgraduate course, yearly intake and current numbers of Postgraduate Trainee. |
|----------------------------------------------------------------------------------------|
| **Type of course** | No. of institutions offering the course | Yearly intake (For all centres) | Current Number (For all centres) |
|---------------------|----------------------------------------|---------------------------------|---------------------------------|
| MD (Psychiatry)     | 18                                     | 61                             | 155                             |
| DPM                 | 11                                     | 75                             | 125                             |
| DPM + MD            | 10                                     | 136                            | 280                             |
| Ph.D. (Psychiatry)  | 3                                      | No fixed number                | 1                               |

A reference to Table 3 shows that the number of psychiatric beds in general hospital (teaching) setting constitutes only 4 per cent of the total beds. The paucity of mental illness beds is clearly evident.

The findings displayed in Table 4 show that approximately 50 per cent of the units in general hospital setting do not have any
Table 3
Psychiatric bed allocation of various centres in relation to the total number of beds

| Setting          | Total No. of beds | No. of mental illness beds | Percentage |
|------------------|-------------------|-----------------------------|------------|
| Psychiatric Hospital | 2030              | 1933                        | 95.4       |
| General Hospital* | 18348             | 734                         | 4.0        |
| Total            | 20378             | 2672                        | 13.12      |

* In general hospitals most units have 24-60 bedded unit.

service or clinical links with a mental hospital. Also, 50 per cent of these units do not send their postgraduate trainees to mental hospital as a part of training to gain experience in administrative and forensic psychiatry. More surprising is the finding that about 65 per cent of these units do not have any association or liaison with a rural clinic and place their residents as a part of training in community psychiatry.

Table 4
Links with psychiatric hospitals* and rural clinics

| Type of link                          | Yes | No | Total |
|---------------------------------------|-----|----|-------|
| 1. Clinical link with mental hospital | 7   | 9  | 16++  |
| 2. Trainee's posting in mental hospitals | 9  | 7  | 16++  |
| 3. Clinical link with a rural clinic  | 7   | 12 | 19    |
| 4. Trainee's posting in a rural clinic | 6   | 13 | 19    |

* If the psychiatric unit is in general hospital setting.
++ Not applicable in three centres as they are in the setting of psychiatric hospitals.

The level of medical staffing is revealed in Table 5 from where it can be surmised that 15 centres have one professorial unit and 4 centres have two such units. Majority of the units are dissatisfied with the level of medical staffing.

Table 5
Level of medical staffing of various centres

| Grade       | No. of positions per centre |
|-------------|----------------------------|
| No. of positions per centre |
| Professors  | - 15 4 - - |
| Associate Professors | 11 6 - 2 - |
| Readers     | - 13 3 - 2 1 |
| Assistant Professor | 8 4 2 3 2 |
| Lecturers   | - 7 5 3 2 2 |
| Registrars/Senior Resident | 5 3 2 3 6 |

12 Centres felt medical staffing to be inadequate.

The state of staffing level of clinical psychologists is rather despicable. Psychiatric social worker, occupational therapists and community psychiatric nurse, from staffing level point of view are precariously low, (Table 6).

Discussion

For the sake of convenience and to facilitate the arguments, the discussion is divided into two parts:

i) Structure, organization and facilities of the postgraduate teaching centres.

ii) Relationship to the National Mental Health Programme.

Structure, organization and facilities

Since 1961, there has been a significant increase in the number of teaching centres offering courses in postgraduate psychiatry. There are indications that this growth is likely to continue.

Considering the country as a whole, the
Table 6
Status of clinical psychology and psychiatric social work

| Type of Service                                      | No. of centres |
|------------------------------------------------------|----------------|
| **Clinical Psychology**                              |                |
| i) Only teaching faculty                            | 6              |
| ii) Only clinical psychologists                     | 5              |
| iii) Both teaching faculty and clinical psychologist | 5              |
| iv) Nil                                               | 3              |
| **Total**                                            | 19             |

| Psychiatric Social Work                             |                |
|------------------------------------------------------|----------------|
| i) Teaching faculty- psychiatric social work         | 1              |
| ii) Psychiatric social worker only                   | 16             |
| iii) Nil                                             | 2              |
| **Total**                                            | 19             |

Occupational therapists  
Yes = 12  No = 7
Community psychiatric nurse  
Yes = 5  No = 14

The number of beds designated as mental illness or psychiatric beds is very low. Moreover, in general hospitals, the proportion of psychiatric beds is ridiculously low constituting only 4 percent of the total available beds. Keeping in view the incidence or prevalence of psychological morbidity in the country, this is a sad commentary on the status accorded to psychiatric disorders and psychiatry. It is difficult to visualize these units contributing in any meaningful way to the National Mental Health Programme, if the limitation on beds and resource allocation continues. Clearly, in order to augment psychiatric services to the community and as emphasized in the National Mental Health Programme, expansion of psychiatric services in teaching hospital setting is necessary. This will also result in enhancement of teaching and training capabilities of these units.

Enquiries into the teaching methods employed by various centres revealed that holding of clinical case conference (N=19) and lectures (N=17) are the most commonly used teaching methods. Research forum (N=12) and combined psychosomatic rounds do not figure as prominent methods. Most centres reported providing 4 to 9 hours per week of formal training to their trainees (N=15). It appears that there is a great deal of uniformity in the time spent in teaching and the methods employed, nevertheless, the indifference towards psychosomatic medicine deserves mention. Since the majority of the teaching centres are in the setting of general hospitals and as majority of the trainees after qualifying are likely to work in the community or general hospitals, acquisition of expertise in psychosomatic medicine assumes paramount practical significance. These units by virtue of their location are better placed to impart training in psychosomatic medicine. Skills gained in this area will make the trainees better equipped to deal with patients.

The level of medical staffing is perceived to be inadequate by majority of the centres. The status of psychiatric subspeciality is also poor and only 4 centres reported having faculty posts in subspeciality in the department of psychiatry to be a justifiable need. Child psychiatry and community psychiatry are identified as the most desirable subspeciality to have, whereas mental subnormality and psychogeriatrics were accorded low priorities. From this it appears that mental subnormality is going to be a “Cinderella” and despite increased longevity of people with consequent rise in psychogeriatric problems,
the services for elderly psychologically infirmed will remain poorly developed.

The state of clinical psychology is even worse. Two types of clinical psychologist cadres are recognised: i) teaching faculty grade and ii) clinical psychologist - service grade. Three centres did not report having clinical psychologist at all. Very few centres have both service as well as teaching cadres. Since clinical psychology forms an integral part of psychiatry, be it in a general or a mental hospital, it is difficult to see how broad and comprehensive training to postgraduates can be given, if clinical psychologists are much thin on the ground. The implication is obvious that because of such appallingly low level of clinical psychologists in training setups, both postgraduate psychiatry training and patient care must be suffering. The need to create more teaching posts in clinical psychology cannot be over emphasized.

The status of psychiatric social work, occupational therapist and community psychiatric nursing is extremely lamentable, (Table 6). As regards psychiatric social work, from a teaching point of view to the postgraduate trainee in psychiatry, only one centre has teaching faculty in this important and vital branch. Occupational therapy and community psychiatric nursing are in a rudimentary state. These three taken together are essential components of a balanced and efficient psychiatric unit, without these the training experience of postgraduates will be incomplete and services rendered to patients deficient.

Relationship to the National Mental Health Programme

The National Mental Health Programme has highlighted the paucity of qualified manpower. From this survey it emerges that this deficiency is likely to continue for a long time. It also appears that because of the shortfall of trained psychiatrists, one of the suggested strategies in the National Mental Health Programme of having psychiatrist and psychiatric units at district hospital level will be difficult to implement. It is also possible that because of the lack of psychiatrists at the level of mental and district general hospitals, the training by them of medical and non-medical health workers will also be rendered ineffective. It, therefore, follows that more centres offering postgraduate psychiatric training should be operationalized so that more trainee psychiatrists can be taken in for training.

Taking into consideration the aims and objectives of the National Mental Health Programme, it is clear that diffusion of mental health skills to the periphery of the health services is the most important approach advocated to achieve the objectives of the programme. Primary Health centres would have a pivotal role in this and the expansion and extension of mental health services will take place at the level of primary health centres. In this context, it is surprising to note that majority of the postgraduate teaching centres do not have any liaison with a primary health centre (Table 4). If the psychiatrists of future are to be entrusted with the job of training of doctors and other non-medical workers at the level of primary health centre and when the thrust of National Mental Health Programme is in the direction of more community involvement and community psychia-
try, then the establishment of links with a primary health centre and the placement of trainee psychiatrist there is of necessity and practical advantage.

The state of staffing level in medical and non-medical cadres has been commented upon by the National Mental Health Programme. The findings of this survey bring out that both medical and non-medical personnel are inadequate in number. The low level of medical staffing is not conducive to comprehensive teaching at postgraduate level or patient care. Similarly, the shortage of non-medical manpower is staggering. It is difficult to see how the aims of prevention and treatment of mental and neurological disorders, use of mental health technology to improve general health services and application of mental health principles in total national development to improve quality of life, as envisaged in the national Mental Health Programme can be fulfilled if staffing levels are so inadequate. In addition, if the postgraduate teaching centres are to provide training in mental health to undergraduate medical students, physicians at primary health centres and non-medical health workers, then more medical and non-medical staff are needed at these teaching centres.

Psychiatric Social Workers and community psychiatric nurses, in tandem with medical professionals and clinical psychologist can be instrumental in training workers at primary health centres in the basic concepts of mental health care. Sadly, community psychiatric nursing and psychiatric social work are very much neglected and without more attention to these key professionals most psychiatric teaching centres will find it difficult to provide training and supervising experience to health workers of the primary health centres.

Most teaching centres are finding it difficult to meet the existing teaching and service commitments. The feasibility that these centres will or can take up the new and challenging roles of leader and planner of mental health services in their catchment areas as recommended by the National Mental Health Programme appears remote. These centres, at the moment, do not appear to be in a position to offer their postgraduate trainees adequate experience and skills in the spheres of education, training and supervision of non-medical health professionals at primary heath centres.

Therefore, in the pertinent context of the National Mental Health Programme, the objective of providing competency based yet comprehensive training in psychological medicine to postgraduate psychiatric students seems to be like chasing a rainbow. This implies that without significant alterations in staffing structure and teaching programme, the trainee psychiatrist would not gain skills necessary to meet his job requirements as envisaged.

References

KULHARA, P. (1984). General Hospitals in Postgraduate Psychiatric Training and Research, Indian Journal of Psychiatry, 26, 281-285.

NATIONAL MENTAL HEALTH PROGRAMME FOR INDIA (1982), New Delhi.

SETHI, B. B. & CHATURVEDI, P. K. (1984), National Mental Health Plan and General Hospital Psychiatry, Indian Journal of Psychiatry, 26, 253-258.