

CURRICULUM OF BEHAVIOURAL SCIENCES AND PSYCHIATRY FOR MEDICAL STUDENTS OF PAKISTAN: AN OUTLINE

Zahid Nazar, Muhmmad Irfan, Muhammad Shafique

ABSTRACT

Mental, behavioral and social health problems are an increasing part of the health burden on all part of the globe. Countries like Pakistan are most affected because they are plagued by infectious diseases and chronic medical conditions. At the same time they are being afflicted by growing burden of mental health diseases and new social pathologies. Equally disastrous scenario is that we have great shortage of psychiatrists, which is not going to change in near future. In the light of above findings a curriculum of behavioral sciences including psychiatry for undergraduate medical students of Pakistan is outlined here.

Key words: Mental Health, Behavioral Sciences, Curriculum, Primary Physicians

INTRODUCTION

Mental health problems impose a heavy burden of sufferings at many levels the individual their families their communities and the health services¹. A report by the world bank in 1993 concluded that mental health problems world- wide accounted for 8.1% of the global burden of disease(as measured by disability adjusted life years)². The loss of productivity and the economic costs of psychiatric disorders are enormous. Despite this immense burden of psychiatric ill health, mental health education and services are often neglected and poorly resourced in Pakistan. Like most of the non-western countries there is a great shortage of psychiatrists. Few that we have are largely based in the cities and it is not expected that this scenario will change significantly in the near future.

Primary care physicians are the one who can effectively prevent, identify, treat, and intervene the disease at community level^{3,4}. As a short term policy it will be a cost effective approach for peculiar needs of Pakistan. But it is ironic that the prospectus of majority of Medical colleges of Pakistan is conspicuous by the absence of behavioral sciences curriculum.

Table 1 shows is an outline of curriculum and topics to be divided in various professionals of M.B.B.S course according to Pakistan Medical and Dental Council of Pakistan. The emphasis in this curriculum is on collaboration and integration with various Departments. This will make the communication easier which will be helpful in generating consensus about mental health and its implications.

At the end of 2nd year, students will appreciate the biopsychosocial model of health and disease. The bio-

Zahid Nazar, Assistant Professor, Department of Psychiatry, PGMI, Lady Reading Hospital, Peshawar, Pakistan

Muhammad Irfan, Department of Psychiatry, PGMI, Lady Reading Hospital, Peshawar, Pakistan

Muhammad Shafique, Professor, Shafique Psychiatric Hospital, Peshawar, Pakistan

Correspondence:
Dr. Zahid Nazar

Table 1
1st and 2nd Year Course of Behavioural Science and Psychiatry Respectively

| | Behavioural Sciences | Psychiatry |
|----------|--|---|
| 1st Year | <ol style="list-style-type: none"> 1. Human Development 2. Perception and awareness 3. Learning, thinking 4. Motivation and emotions 5. Individual behavior and personality 6. Biological correlates and behavioral medicine <p>A minimum of 25 hours should be allotted to these topic.</p> | <ol style="list-style-type: none"> 1. Introduction to mental health 2. Conflict, adjustment and mental health 3. Psychopathology (mechanism, frustration) <p>(Medicine, dermatology, psychiatry; 33 hrs)</p> |
| 2nd Year | <ol style="list-style-type: none"> 1. Communication and interaction 2. Group process 3. Family and community 4. Socio-cultural patterns 5. Human eco-system 6. Health care system <p>During second year following areas should be taught to be covered in 25 hours</p> | <ol style="list-style-type: none"> 1. Personality assessment 2. Intelligence assessment 3. Counseling <p>(Medicine, dermatology, psychiatry (70 hrs)</p> |

logical system emphasis the anatomical, structural and molecular substrate of disease and its effect on the patients biological functioning. The psychological system emphasis the effects of psychodynamic factors, motivation and personality on the experience of illness and the reaction to it, and the social system emphasizes cul-

tural, environment and familial influences on the expression and the expenses of illness⁵.

Following is an outline of topics to be covered in clinical years (3rd Final Year) MBBS.

A. CURRICULUM OF PSYCHIATRY THIRD YEAR

1. Introduction to psychopharmacology of central nervous system drugs (C.N.S).
2. Forensic psychiatry.
3. Mental health portion of community medicine. (Medicine, dermatology, psychiatry; 143 Hrs)

These topics will be prepared in collaboration with concerned basic sciences departments. With the help of Dept; of pharmacology, it will generate sound prescribing behavior of psychotropic medicine among students. With the help of forensic department topics of forensic psychiatry will be prepared after which students will appreciate the practice of psychiatry in relation to law. With collaboration of Community Medicine Department, students will understand the importance of mental health in community and its preventive aspects.

B. CURRICULUM OF PSYCHIATRY FOURTH YEAR

1. Prevalence, etiology, classification of psychiatric illness.
2. Clinical interview.
3. Delirium, dementia.
4. Schizophrenia.
5. Affective disorder
6. Neurotic disorder.
7. Personality disorder
8. Drug dependence and rehabilitation
Medicine, dermatology, psychiatry; 255 Hrs)

At fourth year apart from theoretical aspects of psychiatry, training in ward should be compulsory for all students.

C. CURRICULUM OF PSYCHIATRY FINAL YEAR

- i) **PSYCHIATRIC PROBLEMS IN GENERAL HOSPITAL**
 1. Psychological reaction to physical illness.
 2. Organic causes of psychiatric disorder.
 3. Organic causes of affective disorder.
 4. Puerperal psychiatric disorder.
 5. Attempted suicide (as psychiatric emergency)
 6. Genetic/HIV counseling.
 7. Delirium
 8. Hypochondriasis
 9. Dismorphophobia.

10. Factitious disorder, malingering, sick role and illness behavior.

- ii) **SUBSTANCE ABUSE**

1. Pre-operative mental state and early outcome.
2. Mutilating surgery

- iii) **EATING DISORDERS**

1. Mental retardation
2. Nocturnal enuresis, school refusal, child abuse

In final year these topic should be covered with the help of department of surgery, medicine, pediatrics and gynecology and obstetrics. The students will appreciate the importance of consultation and liaison psychiatric services in general hospital and later in general practice. The involvement of these departments will not only help the students to appreciate psychiatry and mental health problem in overall medical context, but will also help other departments to be involved closely in mental health care.

At the end of their MBBS training these adequately trained primary care physicians will identify and manage primary psychiatric disorder. They will be able to intervene skillfully in situations of domestic violence, suicidal behavior or substance abuse, all of which are more common in primary care settings¹. With more comprehensive treatment approach to family network and community they can avoid harmful medicalization of social problems. For example, diagnosis a women with major depression and treating it with a medication is inadequate if a drug depended husband is contributing to her distress as drugs are expensive component of out patient treatment, it will also improve the psychotropic drug prescribing behavior of physicians. Many neuropsychiatric are chronic conditions associated with significant disability such as impaired occupational and social functioning with the help of family physicians affordable, humane and effective community based psychosocial rehabilitation programs can sustain patients in family and work setting¹. They will prove to form a significant bridge between general health status and mental health system.

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