

PSYCHOLOGY AND PSYCHIATRY IN SPORTS

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Introduction

- **Population above 18 years is 72 million (55%)**
- **Over 12 million of adult population need mental health services**

Bangladesh: Psychiatric Morbidity

Service need for children population

- Population below 18 years is 59 million (45%)**
- Conservative assumption: Over 9 million children and adolescents need mental health services**

Magnitude of the problems

- **Around 15-20 %of Population in Bangladesh have mental health problem**
- **Severe enough to result in substantial distress or social impairment**
- **Warranting a psychiatric diagnosis, and warranting treatment too**

Psychiatry Training Need

- **To combat this problem, presently we need 45,000 (100,000 : 3) or 15,000 (100,000:1) or 7,500 (100,000:0.5) or at least 3,750 (100,000:0.25) psychiatrists for planned psychiatry service thereby need for such training provision!**
- **At the same time we need provision for training for the proportionate allied professionals for organized psychiatry teams!**
- **To established recognized systematic service we need to established huge number of training centers to produce required professionals !**

Bangladesh Psychiatry: Training & Teaching

- **Undergraduate Training:**
 - **Government Medical College: 15**
 - **Non-government Medical College: 36**
- **Postgraduate Training in Psychiatry:**
 - **Bangladesh College of Physicians and Surgeons**
 - **BSM Medical University**
 - **M A G Osmany Medical College, Sylhet**
 - **started Post graduate course in Psychiatry in 2003**

Undergraduate Psychiatry: Assessment and Barriers

- **Psychiatry is not compulsory in the formal assessment in Final Professional Examination**
- **Psychiatry is evaluated very flexibly and reluctantly as part of Medicine**

Postgraduate Courses

- **Fellow of College of Physicians and Surgeons (Psychiatry)-FCPS**
- **Doctor of Medicine (Psychiatry)**
- **Master of Philosophy (Psychiatry)**
- **Postgraduate enrollment: 15-20/ Year**

Psychiatry Teaching and Training

Present outcome

- Inadequate exposure in Psychiatry at Undergraduate level causes GPs low capability to meet the community need for Psychiatric care
- Postgraduate Psychiatric program is well standard to produce quality Psychiatrists but limited number of production of psychiatrists as facilities are very limited

Psychiatry Teaching and Training

Projected outcome

- From 1975 to 2008 only 115 psychiatrists produced
- Very optimistic projected outcome within 2050 at the highest further 420 psychiatrists could be added (@10 psychiatrist/year) for projected 250 million population!

Existing Psychiatry Services in Bangladesh

- **Psychiatry services restricted to tertiary hospitals**
- **Inadequate provision of psychiatry services in private hospitals**
- **Nonexistence - poorly organized MDT**
- **Little or no access for the vast effected population**

Existing Psychiatry Services in Bangladesh

- **Massive gap exists between need and service provision**
- **Severe shortage of resources, professionals**
- **Little prospects of meeting this need in near or fur future by developing systematic and planned professional services despite of willingness & ability to accept modernity and scientifically based service model**

Bangladesh Psychiatry

What should we do?

- **Should we go through the classical model of training and teaching for systematic psychiatry services- that practically not achievable?**
- **Should we go through alternative model that is possible and feasible?**

We have to decide now

Bangladesh Psychiatry : Basic consideration

- **Generating large number of well-trained psychiatrist for specialist services**
- **Emphasis on training for non-specialist psychiatry services**
- **Incorporation and training for non-health sector professionals**
- **Psychiatry service as integrated part of NHS**
- **Coordination between health, social & educational agencies**
- **Expanding training to the vast private sectors with governmental support**

Strategic Points for Psychiatry training in Bangladesh

- Expanding training centers with adequate facilities for offering training and supervision**
- Expanding quality of psychiatry training & teaching in both postgraduate and undergraduate level**
- Starting postgraduate training course in sub-specialties in psychiatry**
- Opening short term(1 Year) training course to meet the acute shortage of psychiatrist**
- Offering short training on mental health problems for non-specialist & non-health professionals**

Action Plan for Psychiatry training

Immediate action

Provision of training of the trainers for offering training and supervision by providing experts and advisors

Upgrading department of psychiatry of medical colleges with adequate teachers, professional and training opportunities

BSMMU to be given responsibility in collaboration with training agencies

BCPS, BSMMU to be given responsibility of opening quality courses in subspecialties, initially in child & adolescent psychiatry

NIMH to start MD psychiatry course, courses for allied professionals

Postgraduate psychiatry course to be opened in competent medical colleges

Reforming undergraduate medical education to incorporate expanded, structured training and evaluation in psychiatry

Action Plan for Psychiatry training

- Expanding training for GPs from NIMH to medical colleges, district hospitals and upazila health complex and vast private health sectors- **primary care psychiatry with adequate supervision**
- Opening courses with short term and need based training module in clinical psychology, counseling & psychotherapy, psychiatric social work , psychiatric nursing, occupational therapy- **for integrated general hospital psychiatry & community psychiatry**

Action Plan for Psychiatry training

- Provision for psychiatry training for non-health professionals involved in services related with psychiatric problems- **non health psychiatric service with integration & adequate supervision**
- Offering short training on mental health problems for “potential” manpower-,parents, teachers, health work staff, psychologists, social workers, counselors, religious leaders, volunteers- **health & non-health no specialist psychiatric services with adequate supervision**

Role of RCPSYCH: Few Suggestions

- **Facilitating Collaboration**
among members of the College in this region
- **Partnership**
in training for the trainers, quality postgraduate training & ultimate recognition, e.g., exchange of experts, examiners in research for feasible service & training
- **Coordinated Initiatives**
for training courses through College's Voluntary Assistance Programme
- **Special Assistance Program**
for supporting feasible action plans

Teaching and Training in Psychiatry in Bangladesh

CONCLUSION

- Vast gap between service need and service provisions
- Urgent need to develop need-based Psychiatry training policy and resource-based feasible programs
- Significant improvement recent years & room for further improvement
- Potential collaboration and networking among regional & international community
- Critical role of The RCPSYCH
 - Training, assistance, and collaboration

Let us work with love to offer –

“Quality Psychiatry for
more seek people”



Thank you