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PRINCIPLES OF PLANNING III
(Staff Requirements)

by

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Broad principles of mental health planning are that the services must be comprehensive and accessible to the local population. There should be continuity of service and due attention should be paid to prevention. To ensure continuity of care we need multi-disciplinary teams which include doctors, psychiatric nurses, social workers and occupational experts.

The shortage of professional and skilled personnel needed for the care and treatment of mentally ill is a very serious problem in the field of mental health today. This shortage constitutes a problem for nearly every society, in the face of rising demand for mental health care, but the problem is most acute in the rapidly developing countries. The planning in this respect is discussed under the following headings :

1. Categories of staff
2. Role of staff
3. Training of staff

1. CATEGORIES OF STAFF

The main problem in establishing efficient psychiatric hospitals and services is the non-availability of the trained medical and nursing staff, owing to scarcity of psychiatrists and psychiatric nurses. The psychiatric team in addition to doctors and nurses also includes psychologists, social

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workers and occupational therapists. All these services concerned with the different stages of mental health care should be fully integrated for making the most efficient use of the existing personnel and to ensure continuity in treatment from prevention and diagnosis to full social rehabilitation. Integration and continuity of treatment are necessary in all branches of medicine; especially so in psychiatry since it is particularly meant to exert a unifying influence on medicine in general.

The importance of mental health personnel working together as a team has been emphasized in a number of WHO publications and meetings. In countries now developing their services, a team comprising of one or two psychiatrists, two social workers, a nurse with some training in psychiatry and a psychologist may well form a basic psychiatric service before provisions are made for the development of more elaborate facilities.

(a) Staff Structure in a Psychiatric Unit of a General Hospital

The proposed staff for such a unit within a district general hospital consisting of twenty-five to thirty beds as recommended by the tri-partite committee is as follows:

1.	Consultant Psychiatrist	1
2.	Senior Registrar	1
3.	Registrar (Psychiatrist in training)	1
4.	Social Workers	2
5.	Occupational Therapist	1
6.	Psychologist (Part-time)	1

This committee consisted of members from British Medical Association, Royal College of Psychiatrists and Ministry of Health. The report has been published by the British Medical Association.

(b) Staff Structure in a Psychiatric Unit of a Mental Hospital

An expert committee comprising of psychiatrists from various parts of West Pakistan proposed the following staff in 1970 for a psychiatric unit of 250 beds in a Mental Hospital:

1.	Psychiatrist	1
2.	Assistant Psychiatrist	1
3.	Senior Registrar	1
4.	Registrars	3 (2 Males and 1 Female)
5.	Clinical Psychologist	1
6.	Psychiatric Social Workers	2 (1 Male and 1 Female)
7.	Nursing Superintendent	1
8.	Nursing Sisters	4
9.	Staff Nurses	25
10.	Ward Servants/Bearers (Nursing Aides)	30

2. ROLE OF STAFF

The trend away from custodial to therapeutic regimes in mental hospitals, from institutional to community care, and from hierarchical to functional responsibility of staff from different disciplines within the psychiatric team, has led to alterations in the roles of personnel.

These developments in patient care are important not only because of their bearing on staff training, but also with regard to the allocation of staff responsibilities.

The general shortage of manpower in the mental health services throughout the world, calls for careful consideration of existing roles and functions, and of the possibilities for substitution where feasible. The developing countries should assign more than one particular responsibility to the staff and experiment, where possible, to get one worker to take several roles.

The importance of the roles played by various members of the therapeutic team will vary according to the stage of illness.

(a) The Psychiatrist

The original concept of the psychiatrist as a psychopathologist is changing to that of leader of a complex team, generally co-ordinating measures to promote mental health rather than working directly against disease, as was his original task. He might have to change his role as physician treating mental illness for that of organizer of mental health services in the broad sense.

The psychiatrist not only has to master modern concepts of mental illness, its etiology and treatment, but also to understand the conditions required for maintaining, protecting and improving mental health. This involves an interdisciplinary approach with co-ordination of the methods used in psychology, sociology, anthropology, the epidemiology of mental illness, health statistics and the promotion of mental hygiene itself.

(b) The Psychiatric Nurse

There is a growing awareness that many of the basic principles of mental health and psychiatric nursing apply to all patients whatever their illness may be. This has important implication for nurse training. The idea of the psychiatric nurse working only in the mental hospital is becoming out-dated; and the nurse will have an increasing important role as the community mental health services develop.

(c) Psychiatric Social Worker

Up till a few years ago, the emphasis in social work was placed on direct services through case work and group work. Although the treatment of the acute cases must always remain important, there is now a growing demand for social workers trained for a wider field of activity, including co-operation

with various groups of voluntary workers and non-professional people interested in the social welfare of their communities.

A key function of the social worker is to identify and remove obstacles arising between the client and his family, the client and his work or the client and the facilities which the community has to offer for his assistance. The efforts of social worker should focus therefore on the patient, the family, or other key figures, such as teacher, family doctor, public health nurse, or employer. The patient, and often the family are helped to understand the meaning of mental illness, to accept the need for treatment, and to make use of their own potential to strengthen their efforts towards recovery and rehabilitation.

(d) The Psychologist

Beside his work in administering and interpreting psychological tests, the psychologist often takes an active clinical role as therapist. The contribution of the psychologist is already firmly established and includes research and the rehabilitation of the mentally disabled patient.

(e) Occupational Therapist

He plays an important role in the treatment and rehabilitation of mentally ill. The occupational therapist in the past used to be largely concerned only with the organization of occupational and industrial therapy within the hospital. It is now becoming increasingly recognized that the purpose of treatment is to prepare the patient to return to employment or other active life outside hospital, wherever possible, and not simply to pass time.

3. TRAINING OF STAFF

(a) Training of Psychiatrist

For planning, the WHO Expert Committee stressed the importance of giving the training of skilled personnel the first priority. Shortage of skilled manpower in varying degrees, exists almost in all categories of personnel. However, a serious shortage of qualified psychiatrists exists throughout the world, more so in the developing countries. The effects of overall shortage of psychiatrists are further aggravated by the strong tendency of professional people to congregate in urban areas. In Pakistan more than fifty per cent of the psychiatrists are practising in one big city, i.e., Karachi.

There are no facilities available for providing psychiatric training in most of the developing countries. They send their doctors to overseas for training in psychiatry, where they receive excellent training for working in the health services of the host country but this may not be the best preparation for their future work in their own countries. The health services may not prove the most appropriate model for the provision of medical and social cover in the developing countries - perhaps new type of services attuned to the local socio-cultural conditions, may have to be created instead. In a recent WHO group meeting on mental health which was held in Alexandria in September 1972 it was strongly recommended that:

i. the young graduate should not begin specialized training without the experience of a few years of general practice in his own country;

ii. entrants to the speciality should receive an initial period of basic clinical training under the supervision of senior

psychiatrists in their own country, before being seconded for more advanced post-graduate training abroad;

iii. governments should only sponsor such advanced training in centres abroad, which have demonstrated a special interest in the mental health problems of developing countries.

In this group meeting it was hoped that ultimately centres within the Region should be able to offer theoretical as well as clinical training to the great majority of trainees in psychiatry.

This point has been fully illustrated by Professor G.M. Carstairs, past President, World Federation of Mental Health, in his Morison Lecture in May 1972. According to him,

"The only justification for our relying so heavily on the service of overseas trainees is that we can offer them better theoretical and clinical instruction than is yet widely available in their own countries. We are, however, rendering them a disservice if we fail to include in their curriculum a consideration of the special problems which complicate psychiatric care in their several countries. We are also falling short if we give them the idea that good psychiatric practice can only be deployed in the particular settings, and with the type of personnel which we have inherited or evolved in the N.H.S.

(b) Training of allied Professionals

It has been felt strongly that for many years to come the numbers of professionally qualified psychiatrists, psychologists, psychiatric social workers and psychiatric nurses would not be sufficient for them to offer mental health care and mental health education direct to the population as a whole. These tasks would have to be shared with members of other profession. In WHO Meeting (1972) the group further recommended that teaching on mental

health and personality development should be given an important place in the basic training not only of all doctors but also of all psychologists, social workers, nurses and teachers and that these subjects should also be included in programmes for Adult Education in general and Parents' Education particularly.

(c) Training of Nurses

In view of the extreme shortage of trained nurses especially psychiatrically trained nurses, the following objectives should have priority:

i. the training of psychiatric nursing educators;

ii. the inclusion of teaching and experience in psychiatric nursing in the teaching programmes of general nurses and nursing assistants.

The group recommended the creation of one or more hospital departments of psychiatric nursing education each associated with a psychiatric hospital and a medical school.

ROLE OF WHO

An exchange programme between developed and developing countries could be organized through the WHO assistance, so that consultants and teachers in Psychiatry and allied subjects from developed countries be seconded to developing countries and vice versa. WHO could also assist in holding frequent Regional Seminars on "Mental Health Problems in Developing Countries" and follow up the progress of these countries in this respect.

CONCLUSIONS

In conclusion it may be said that the most serious problem facing the field of mental health today is general dearth of trained personnel. The problem is most acute in the developing countries due to lack of facilities to provide psychiatric training.

The planning of mental health services in developing countries should keep in view the socio-cultural factors and other limitations e.g. money and manpower, and thus develop their services accordingly.

The psychiatric services in the West have evolved out of a particular socio-economic and cultural set-up. We do not have the peripheral support they derive from well organized medical, social and voluntary services.

The teaching and training of personnel in developing countries will have to be somewhat different from the one practiced in developed countries. The Western training and grafting will not serve our purpose even in the most modern community psychiatric services model.

The staff should be trained locally so as to equip them to deal with problems peculiar to developing countries. Mental Hospitals and Mental Clinics in developing countries should also be used for the in-service training of the nurses and other personnel.

The shortage of professional staff in developing countries can be solved by developing a concept of multi-purpose paramedical staff. It may thus be possible for one worker to take several roles, and such short cuts may give rise to interesting experiments.

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