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THE UNDERGRADUATE TEACHING OF PSYCHIATRY AND MENTAL HEALTH PROMOTION

Ninth Report of the Expert Committee on Mental Health

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WORLD HEALTH ORGANIZATION

PALAIS DES NATIONS

GENEVA

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EXPERT COMMITTEE ON MENTAL HEALTH

Geneva, 13-17 June 1960

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THE UNDERGRADUATE TEACHING OF PSYCHIATRY AND MENTAL HEALTH PROMOTION

Ninth Report of the Expert Committee on Mental Health

The Expert Committee on Mental Health met in Geneva from 13 to 17 June 1960 to discuss the undergraduate teaching of psychiatry and mental health promotion. The meeting was opened by Dr M. G. Candau, Director-General, who pointed out that, in its first report, the Expert Committee on Mental Health recommended "the recasting of undergraduate medical education to ensure that it gives to the undergraduate an understanding of normal psychological development and of the origin and nature of common psychological disorders equal to that which is already provided in the organic field". However, a realistic effort to improve the teaching of psychiatry and mental health promotion should not be limited merely to proposing a set of principles. It ought at the same time, and in the most concrete way possible, to deal with the contents and methods of psychiatric teaching. It was hoped that the discussions of the Expert Committee would help to clarify these points and thereby provide the elements for an orientation of psychiatric and mental health teaching directed not only to the training of future psychiatrists but also, and even predominantly, to the preparation of the physician for general practice.

Dr H. Houston Merritt was elected Chairman and Dr T. Ferguson Rodger Vice-Chairman; Dr S. Lebovici and Dr D. G. McKerracher were elected Rapporteurs.

1. THE RELATIONSHIP OF PSYCHIATRY AND MENTAL HEALTH PROMOTION TO MEDICINE AND THE SCIENCES OF MAN

In the last few decades the need for reform of the medical curriculum has been the subject of much controversy, and the place of psychiatry in the curriculum has frequently been one of the focal points of discussion. Among the reasons for this two can be singled out. One is that psychiatry has become an independent scientific discipline with its own problems and

methods only in the course of the last century. The other is that general medicine has followed a development that has made psychiatry appear to be in a key position in the training of the future physician.

There were psychiatrists, of course, even before psychiatry was recognized as a branch of medicine worthy of being taught in medical schools. These early psychiatrists were mostly general clinicians who took a special interest in the diseases of the mind, and most of them worked in asylums for the insane, apart from the rest of their medical colleagues. It was only around the middle of the last century that medical schools began to accept psychiatry as a subject to be taught in the curriculum, although only as an appendix to general clinical medicine and usually with a certain neurological emphasis.

Later, psychiatry began to develop into a medical specialty. This was due to an increasing solidification of its scientific basis, to a growing wealth of clinical experience, and finally to considerable improvement in its possibilities for therapeutic and preventive action.

Advances in the understanding of the function of the central nervous system, derived from the work of neuro-anatomists, neurophysiologists and neuropathologists, all played their part in consolidating the scientific basis of psychiatry. In this connexion special importance has to be attributed to the development of cortical cytoarchitectonics, the discovery of electroencephalography, the analysis of reflex function and the detailed study of cortical syndromes such as the aphasias, apraxias and agnosias, and later on to the investigation of extrapyramidal functions and of the finer anatomy and physiology of the vegetative system, particularly at the cerebral level. It is hardly necessary to point out that the neurophysiological approach is still adopted in modern research, for instance in the fields of epileptology, cybernetics and brain chemistry.

Another source of progress can be discerned in research in medical psychology, which received decisive stimulus, among other valuable contributions, from psychoanalytic investigations. In this respect it may be worth mentioning that dynamic psychology sprang from the minds of people who had a keen interest in the dynamics of the nervous system, such as Hughlings Jackson and Sigmund Freud, and that this origin can still be recognized in its present development and in its ambition to reach a high degree of exactitude in its conclusions.

The growing wealth of clinical experience was partly the result of the patient work of clinical observers who from the time of Esquirol and Magnan elaborated ever finer differential descriptions of psychiatric disorders.

Perhaps even more significant was the acquisition of psychiatric experience in a field which had hardly found attention among the first psychiatrists but which gained great prominence under the influence of the psychotherapeutically inclined psychiatrists—that is, the province of the so-called

minor troubles, such as neuroses and behaviour disorders. In this field there were also the first solid acquisitions in respect of certain psychologically determined or co-determined entities of clinical medicine, in the beginning termed neuroses of organs and later psychosomatic affections.

The improvement of psychiatry's possibilities for therapeutic and preventive action is due partly to the development of effective somatic therapy, which began with the discovery of malaria therapy and continued with the introduction of insulin therapy, convulsivant treatment and finally specific psychopharmacological methods, and partly to the progress achieved in the field of psychotherapy. It is, of course, recognized that these advances are not yet sufficient to put psychiatry on as sound a basis as may be desired. Nevertheless they certainly legitimize its claim for a place of its own in the company of the older branches of medicine and for inclusion in the medical curriculum.

There has occurred at the same time, however, a development in medicine as a whole. All branches of medical science have advanced in the last few decades to a degree that would have been considered unbelievable a hundred years ago. With every discipline growing to a size that made it impossible for it to be taught in its entirety in the undergraduate course, specialization came more and more to the forefront. This has led to an increasing tendency to split up medicine into a collection of subjects separated from each other in more or less watertight compartments. The medical student has received an education less and less likely to show him that the human being has to be considered in his entirety and not thought of only as the carrier of a series of organs and organ systems to be dealt with by specialists. The student has even less opportunity of becoming acquainted with the contribution of the social sciences (sociology, social psychology, social anthropology and cultural anthropology) to the knowledge of man as a whole or to realize their importance for medical practice. Many leaders in the field of medicine complain of a "dehumanization" of medical practice and by implication medical teaching, and look for remedial measures.

In this way psychiatry has begun to play a new role in the over-all teaching of medicine. Since the psychiatrist is by his very calling more aware of the human being as a whole and by his interest in behaviour more conscious of the influence of social realities on the functioning of the human being, many have come to think that he should be given a role in reorienting medical practice and medical teaching.

Under these circumstances the status of psychiatry has begun to change. Besides being regarded as a fully developed specialty, it is also considered a sort of leaven permeating medicine as a whole. In some places this evaluation goes so far as to attribute to psychiatry the role of the philosophical department of compartmentalized medicine. In other areas it is recognized that psychiatry may be more of a catalyst that would help

specialists in other fields to bring the student to a better understanding of the human being as a whole.

This development has a special relevance for preventive psychiatry. The science of public health has at all times had a double aspect in so far as it is engaged in protecting people against the onslaught of pathogenic factors and in promoting "positive" health by strengthening their resistance to those factors. In mental hygiene a similar development has taken place. It was, however, realized at a very early date that, in this field, public health action was not entirely a medical matter but had important social implications. Therefore mental hygiene contributed very considerably to the development of a wider conception of the tasks of public health. Conversely, its own development was strongly influenced by the findings and points of view of social science and, in particular, social medicine.

It should, however, be recognized that in mental health practice the psychiatrist continues to have a leading role. First of all it must be admitted that primary prevention in respect of mental disorders is still very much in its beginnings, and secondary and tertiary prevention—that is to say early recognition and treatment and rehabilitation—are still of paramount importance. These measures, however, are to a very large extent a medical and, more specifically, a psychiatric task. Furthermore, there is evidence to show that with the advance of medicine in general the diseases mostly due to external factors have relatively decreased and those mostly due to internal, including personality, factors have increased proportionately. The growing field of so-called psychosomatic medicine is only one example of this development.

All this has contributed to strengthening the position of psychiatry and mental health promotion within the framework of the medical curriculum. It cannot be doubted that the time has come for an appraisal of the role within the curriculum of psychiatry as a specialty and of psychiatry as an over-all approach; this must be the main object of the present report.

2. AIMS OF THE UNDERGRADUATE TEACHING OF PSYCHIATRY AND MENTAL HEALTH PROMOTION

In stating the aims of the undergraduate teaching of psychiatry and mental health promotion consideration must be given to the double role of these disciplines, which has been outlined in the first section. The student must acquire a certain knowledge of them in so far as they are specialized approaches to the handling of strictly psychiatric problems. He must also absorb ideas and develop attitudes which are basic to his future role as a doctor.

Although this double aim doubtless has universal validity, it is very necessary to recognize that the relative importance to be given to one

or the other aspect may have to vary considerably in different surroundings. In an area where the general physician can at all times count on the help of specialists it will be necessary to give more weight to instruction on the opportunities and facilities available for consultation and referral. In other areas the general physician must be expected to deal himself with up to 95 per cent of the psychiatric cases proper; this of course presupposes that he is fairly well informed about the specialized approaches and techniques of psychiatry.

Another point that has to be taken into account in formulating the aims of the undergraduate teaching of psychiatry and mental health promotion is what might be called the cultural atmosphere of the medical school and the medical profession of an area. There are certain places where the compartmentalization of medicine has reached an excessive degree, and there the accent in teaching should be on the understanding of the whole personality of the patient. There are others where the teaching and practice of medicine is not de-personalized to the same degree and where the non-psychiatric teachers of medicine would rightly resent it if the psychiatrist were to assume the role of an apostle of humanism.

Furthermore, it should be recognized that the aims of the undergraduate teaching of psychiatry and mental health promotion may have to undergo changes. The changes may be conditioned by the socio-economic and cultural developments which are taking place in the area under consideration; this is particularly true of countries in process of rapid socio-economic and cultural development. They may also become necessary because of a change of attitude in the faculty of the medical school or in the students themselves which may lead to a shifting of the emphasis towards either the more specialized or the more generalized aims.

In any case the psychiatrist will do well constantly to examine his position in order to find out whether he is in danger of shutting himself up in an ivory tower or of committing unwarrantable territory invasions. The same soul-searching is of course also necessary on the part of those who plan the curriculum in its entirety.

Undergraduate teaching in psychiatry must of necessity aim at providing adequate instruction for the average student, who will not initially be interested in specialization and who later on may deal with all types of patients and problems whether it be in the consulting room or in the wider field of public health. The way in which this instruction is presented to him will, to a large extent, affect his attitude to psychiatry; if this can be done in such a way as to awaken his interest and if he can be given the opportunity to learn something of its specialized aspects, then he will come to acknowledge the status of psychiatry in medical science and may more readily be attracted to it as a specialty later on. With these principles in mind, certain minimal aims that should be achieved in undergraduate teaching can be formulated.

In the opinion of the Committee, the first of these is to teach the student to recognize the main forms of psychiatric disorder and the presence of psychiatrically important factors in diseases of the body. What this entails will be described in detail later on and the minimum subject-matter that must be covered by any medical student will be set out at the end of the relevant sections.

The aim of undergraduate teaching cannot be to teach the student the details of psychiatric pathology, but he should be given some knowledge of all those conditions which he will encounter in his practice, and of the therapeutic skills which he is likely to require.

It is particularly necessary to show the student to what extent his own attitude in dealing with patients and their families is a significant factor in his success or failure as a physician. He must learn that the history of a disease is only a small part of the life history of the sick person and that the manner in which the physician makes and communicates his diagnosis and prescribes and carries out his treatment always has an important influence on the mental state of the patient.

Finally, the student must be made to understand the physician's role as an agent of psychiatric prevention. The preventive possibilities of the physician derive mostly from his understanding of the human being as an individual and as a member of social groups. Therefore it must be an important aim of teaching to make the student aware of the fact that the human being is not simply a biological entity but has hopes and fears, goals and ideals. The medical student must be taught to appreciate his role as an educator in health matters, particularly where the promotion of mental health is concerned and in relation to family environment and community attitudes to mental disorders. Mental health promotion can never be made effective by the psychiatric specialist alone. The collaboration of many others (internists, paediatricians, public health officers, nurses, social workers, teachers, social psychologists, journalists, etc.) is urgently required, but nobody has more opportunities or more responsibility in this field than the general practitioner; it may well be said that mental hygiene will remain an empty promise if the general practitioner is not enabled to act as its main agent in the community.

3. THE TEACHING OF NEUROLOGY AND THE BIOLOGICAL SCIENCES IN RELATION TO PSYCHIATRY

It should be remembered that the purpose of a medical school is to train students towards a broad understanding of the field of medicine in general, and to foster an atmosphere in which those who have a particular interest or talent in one special field (as, for instance, psychiatry) can develop this interest or talent. The best introduction to psychiatry is

the presentation of the basic sciences by stimulating teachers who have an understanding of the relationship of these sciences to the maintenance of mental health and the nature of the disturbances which lead to mental disorders. For this reason, it is important that these basic sciences and especially neurology be taught in a dynamic fashion. We cannot be content with a routine recital of the anatomical structures and their fibre connexions. The students must be shown their importance for the phylogenetic and ontogenetic development and for the functioning of the nervous system, for the evolution and structure of behaviour, which would help them to an understanding of the symptomatology of nervous and mental disease.

The content of the curriculum in physiology should, for instance, emphasize such facts as the relationship of cortical, subcortical and brain stem structures to emotions and their expression; the relationship of cortical and subcortical structures, particularly the reticular formation, to different states of consciousness; the relationship of the hypothalamus, the autonomic nervous system and the hormones to the functioning of various organs and the disturbances in bodily function which result when the equilibrium of the nervous system is disturbed; the electrical activity of the cortex in relation to clinical electroencephalography; the role of conditioned reflexes in the learning process and in the creation of habits and the importance of the relationships of various parts of the cerebral cortex to the process of reasoning and to intelligence.

In the course in pharmacology, consideration should be given to the physiological effects of various therapeutic agents, drugs and toxins commonly used in the field of psychiatry, such as sedatives and hypnotics, analgesics, tranquillizers, psychic energizers, anticonvulsants, alcohol, and narcotics and other addiction-producing drugs.

A similar list of topics of special interest to the psychiatrist and also of equal interest and importance to all students of medicine could be enumerated for the course in the other laboratory sciences. It was the opinion of the Committee that a specific list need not be given here, since the examples quoted above may serve to illustrate the type of material that it is desirable and essential to present and the dynamic way in which it should be presented. A short statement of what the Committee considered to be minimum requirements, as far as subject-matter is concerned, in the teaching of neurology and the biological sciences in relation to psychiatry is to be found at the end of this section.

The Committee recognized the importance of the teaching of clinical neurology (including neurosurgery) in relation to clinical psychiatry, and therefore recommended that the student should be acquainted with the basic techniques in neurological examination and be familiar with the commoner neurological diseases. Organic neurological disease is present in a high percentage of the patients who are admitted to psychiatric hospitals or

who visit a psychiatrist in his office. The course should include a short clerkship in a neurological ward or out-patient department.

The Committee wished to emphasize that the neurological study of the patient should be approached from a functional viewpoint and that it should not be limited to a unilateral concern for a localization of lesions. Furthermore, close co-operation between the neurologist and psychiatrist is essential. Joint conferences between the two departments (where separate departments exist) and the assignment of consultants by one department to the other are methods by which close co-operation can be effected.

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Minimum Requirements for the Teaching of Neurology and the Biological Sciences in Relation to Psychiatry

In respect of the anatomy and physiology of the nervous system, it is essential that the student become acquainted with the fundamental mechanisms (spinal and cerebral reflexes, cortico-spinal connexions, synaptic relationships, transmission of the nerve impulse, etc.) and the anatomical structures which pertain to these mechanisms. In addition there should be special lectures or lecture demonstrations on certain other topics of particular importance to the understanding of mental processes. In the present state of our knowledge these should include :

- (1) Evolution and structure of the nervous system in relation to behaviour.
- (2) The importance of cortico-cortical, cortico-subcortical and cortico-hypothalamic connexions.
- (3) The relationship of cortical and subcortical structures to states of consciousness.
- (4) The relationship of brain and brain-stem structures to emotions (i.e., the limbic system, the rhinencephalon and related structures).
- (5) The electrical activity of the cerebral cortex as manifested in the electroencephalogram.
- (6) The role of the autonomic nervous system in the function of various organs and the disturbances in bodily function which result when the equilibrium of the nervous system is disturbed.
- (7) The influence of hormones and drugs on the function of the central nervous system and on behaviour.

The Committee preferred not to establish any minimum requirements for the teaching of clinical neurology and neurosurgery, since these subjects were, as such, outside its terms of reference.

In the teaching of biochemistry, bacteriology, pathological anatomy, and pharmacology, consideration should be given to the psychiatric implications of these subjects so that the student may acquire thorough knowledge of the intricate body-mind interaction.

4. THE TEACHING OF MEDICAL PSYCHOLOGY AND SOCIOLOGY

Psychology and sociology should be considered, like anatomy and physiology, as basic sciences for the teaching of psychiatry. It need hardly be said that, in view of the links between these two subjects, there should be a certain continuity in their teaching, which, in the opinion of the Committee, should run parallel to that of anatomy and physiology.

The teaching of these subjects should commence at a sufficiently early stage. Clearly, allowance must be made here for conditions in different countries. In some, psychology is taught, sometimes quite thoroughly, at least as regards its academic aspects, in the secondary school or college. In other countries medical students commence their studies without any previous psychological education. It is particularly in such cases that the teaching of medical psychology and sociology should be organized at the beginning of medical studies.

As a preparation for instruction in psychology, the teaching of the humanities should not be neglected, since this brings future medical students into contact with great literary works and the great civilizations, and can help them acquire a certain psychological sensitivity.

The teaching of medical psychology and sociology is generally inadequate in medical faculties. It may be noted in this connexion that social workers often receive a more extensive training in these subjects. Doctors cannot neglect social problems which are of great importance for the promotion of mental health. Medical students must learn to understand social work and to assume their proper part in relation to it, without encroaching on its field. This consideration, among others, justifies demonstrations of team-work in the study of medical psychology and sociology.

The objectives of training in these two subjects may be defined rather summarily as follows :

(1) The medical student should learn that the patient is not merely a case suffering from a given disease but also a human being and therefore worthy of respect.

(2) To the extent that preliminary study of anatomy and physiology has perhaps drawn his attention in an exaggerated degree to constitutional and somatic factors, the medical student should derive from his study of

psychology and sociology an appreciation of the plasticity of human personality and behaviour.

(3) The patient should always be viewed as a whole in which all his history and all his relationships find expression.

(4) Finally, the student should always bear in mind the patient's socio-cultural milieu and the community institutions in which he is involved.

If these objectives are achieved, the teaching of medical psychology and sociology will aid the medical student to understand mental patients as human beings and to recognize the multifactorial aspects of disease. Teaching should aim at the practice of what might best be defined as "comprehensive medicine". It should guide medical students and future practitioners towards that search for preventive action which is an essential attitude for the promotion of mental health. The members of the Committee emphasized the fact that progress in the field of mental hygiene doubtless depends more on the attitude of future practitioners than on that of specialized psychiatrists.

The teaching of these subjects should develop powers of observation, indispensable in all medical studies. In particular, instruction in psychology should teach students how to describe what they observe and how to listen to their patients objectively.

The teaching of medical psychology is particularly useful at a time when attention is being paid to minor mental troubles. It is often difficult to differentiate between the normal and the pathological. Although psychology was greatly enriched at the end of the last century by the contribution made by psychopathological studies, it is nevertheless necessary for doctors to have a wide knowledge of the psychology of the so-called normal man.

Finally, the study of medical psychology and sociology should enable the physician to understand his place in society and thereby to improve the quality of his medical practice.

In the teaching of psychology it is useful to distinguish four parts :

- (1) Introductory psychological training
- (2) Psychological testing
- (3) Dynamic psychology
- (4) Social psychology.

4.1 Introductory psychological training

Psychology should always be taught in its dynamic aspects and within the framework of studies of the development of man.

This training should be given in the medical faculties themselves, and in a very similar manner to that in which anatomy and physiology are

taught. Demonstrations should be given as far as possible, so as to make the knowledge acceptable at a moment when young students are fully aware of the scientific character of their training.

A considerable part of introductory psychological training should be devoted to physiological psychology, including reflexology. A limited part can be reserved for the introduction to the principal current concepts, a knowledge of which is essential in the field of psychopathology.

4.2 Psychological testing

An important part of this training should consist of making the student acquainted with technical terminology as used in descriptive psychology.

Although the clinical interview is the most important psychological examination, the student should also be given some information about the significance of tests in psychiatry. In this connexion, it should be kept in mind that it would be very dangerous to give the medical student the impression that the doctor can arrive at a psychiatric diagnosis only by using tests, in the hope that this recourse to paraclinical examinations will provide him with a firm diagnosis. What is required is that the medical student should have some knowledge of the tests used for judging intellectual abilities and that he should have some idea of the use of projective methods. This area of training falls within the clinical period of instruction.

4.3 Dynamic psychology

Dynamic psychology should be taught at a somewhat later stage. It belongs essentially to the clinical period of medical studies, although it can be introduced in the pre-clinical period. Its teaching should be primarily directed towards a clinical approach, incorporating the principle of teamwork, which is indispensable in psychiatric practice.

The present practice of medicine in some countries makes it more difficult for the family doctor to play a valid role in guidance. However, in many parts of the world families wish to submit problems to their doctor and he must help to solve them. In this present age, it is no longer possible to trust only to intuition or tact. It would, however, be a great mistake to give too extensive a training in depth psychology. The medical student should, above all, know facts and be therapeutically oriented; one should beware of giving too detailed accounts of the theories of the different schools.

The teaching of dynamic psychology should, in essence, help the doctor to consider the patient as a person. It should enable him to know what the patient expects from the doctor. This applies in particular to everything concerning those chronic diseases which respond poorly to medical treatment. The doctor should learn how to behave correctly when faced with

patients suffering from incurable or fatal diseases. He often has to deal with anxious subjects, suffering from a minor neurosis, which he himself must treat. He must also understand the emotional factors involved in the patient-doctor relationship and be aware of the fact that many patients are inclined to cast him for roles which have little to do with the current situation in the lives of the patients and the true meaning of which can only be grasped if their past is taken into account. Conversely, the doctor should understand the significance of his own attitudes. He should acquire at least a certain insight into the meaning of his reactions to the patient. The dynamic factors of the doctor-patient relationship should indeed be thoroughly two-way, and it should always be recalled that this relationship can have negative as well as positive aspects.

It should be added here that instruction in the basic facts of dynamic psychology enables the student also to learn the principles of psychotherapy. The Committee felt that to instruct a student in existing psychotherapeutic methods was useful only in so far as he would know what can be expected from them and in which cases they might be indicated. The Committee believed that the medical student should not be given systematic teaching in psychotherapy but that he should be made aware of the plasticity of the human personality and behaviour and of the necessity for a psychotherapeutic attitude. It considered that the common psychotherapy of the general practitioner should be based essentially on respecting the human dignity of the patient.

Skilful history-taking has psychotherapeutic value. The doctor should also learn at what moment and in what situations his actions will be particularly meaningful for the patient. He should know how to tolerate and manage the emotional reactions of the patient towards himself. He should learn the value of helping the patient to cope with his environment or to find a better one. Throughout his apprenticeship he should learn that all such interventions may have to be spread out over a long period of time.

The Committee saw a further advantage to be gained from an adequate teaching of dynamic psychology in the fact that it helps the medical student to understand the role of the emotions in the genesis of various diseases. In this respect, it is an introduction not only to psychopathology but also to the field of psychosomatic medicine.

4.4 Social psychology

Medical students should be given elementary instruction in group psychology, with some reference to sociometry. This apprenticeship, which should include some reference to community attitudes in respect of mental patients and the people professionally concerned with them, could best take place in small discussion groups.

While recognizing the great importance of modern psychology and in particular of dynamic psychology, the members of the Committee were alert to certain dangers which might arise from its teaching. Throwing light on the mechanisms of human conduct can, in certain cases, disturb medical students. This might create an aversion to psychotherapy and even psychiatry as a whole and contribute to their anxiety when faced with mental patients. The Committee considered it desirable that during their psychological training medical students should also learn to know themselves better, but it felt that any approach on these lines requires a great deal of subtlety and tact. In the same vein it stressed the usefulness of continuous methods of training in small groups and the value of the tutorial approach.

In view of the close relationship between psychology and sociology, the Committee felt that instruction in these two subjects should be closely linked. The teaching of social psychology may help in bridging a possible gap.

In the unanimous opinion of the Committee, the importance of adequate training in medical sociology cannot be overestimated, particularly in connexion with the teaching of mental health promotion. It was recognized, however, that this science is as yet in its beginnings and that it is therefore difficult to establish a clear-cut programme of teaching.

It is certainly necessary to show the medical student that illness is not only a personal but also a social condition, and to teach him to observe the patient within the framework of the inter-personal relationships with family and society. Beyond that the student should be made to realize the importance of the various social groups to which the patient belongs, with a view both to an understanding of the sociogenesis of mental disorder and to the possibilities of rehabilitation through social action. In many countries the medical student is, indeed, unfamiliar with the way of life of many of his future patients, and this circumstance combined with a more or less marked unawareness concerning his own social role often prevents him from properly assessing and adequately treating his patients. The Committee felt that these considerations apply to all sorts of cultural milieux and that therefore a certain instruction in the basic principles of social and cultural anthropology would be necessary in the medical schools of all parts of the world.

Another area in which the student should receive some basic teaching is that of the "epidemiology of mental disorder" (i.e., the study of the distribution and manifestations of mental disorders in differing conditions of life in human communities).

Finally, the student should learn to understand the functioning of those community institutions, such as schools, which play a part in personality development; and of those which are concerned with the maintenance and the establishment of mental health. In the latter respect he should acquaint himself with the concept of the "therapeutic community".

The Committee realized that many of these subjects belong to the province of social medicine and will often be dealt with very adequately by the teachers of that discipline. It felt, however, that the basic facts of medical sociology are of so fundamental a nature that they should be presented to the student at a much earlier stage than that usually foreseen for the teaching of social medicine, and that medical sociology might well merit being taught separately as a basic subject.

* * *

Minimum Requirements for the Teaching of Psychology and Sociology

A. PSYCHOLOGY (40 hours minimum)¹

Topics

1. Observation of behaviour in animals and man (at different ages) *
2. Innate behaviour patterns and reflexes *
3. Conditioned reflexes in animals and man *
4. Learning and maturation ; their integration *
5. Perception *
6. Intellectual functioning *²
7. Memory, forgetting, distortion in recall *
8. Emotions *
9. Elementary notions of psychological testing
10. Concepts of instincts (with some emphasis on psycho-sexual development)
11. Early object relationships and personality development
12. Theory of the unconscious and phantasy *
13. Means of expression and development of language
14. Communication (verbal and non-verbal levels)
15. Psychological conflict and defence mechanisms
16. Behaviour (with reference to character and personality structure)
17. Development of human relationships
18. Adaptation and adjustment
19. Influence of values and ideals
20. Relationships in groups and to groups *
21. Differential psychology of life epochs³

¹ In topics marked with an asterisk observation and experiment should be included whenever possible.

² The teaching of testing belongs to medical psychology, when taught during the specific psychiatric course.

³ If more time is available, the following topics should be given more attention : 1, 5, 11, 12, 13, 15, 21.

B. SOCIOLOGY (20 hours minimum)*Topics*

1. Demographic and social statistics
2. The family as a social institution
3. The school as a social institution
4. Social groups in childhood and adolescence
5. Rural, suburban and urban societies
6. Socio-economic and educational groups
7. Sociology of disease
8. Sociology of hospitals
9. Sociology of the health professions
10. Society and culture ; social and cultural anthropology.

5. CONDITIONS WHICH INFLUENCE THE CONTENT AND METHOD OF THE UNDERGRADUATE TEACHING OF PSYCHIATRY AND MENTAL HEALTH PROMOTION

The content and the method of teaching are interrelated ; a choice in the matter of content will inevitably have some repercussion upon method, and vice versa. There are, however, some general considerations which apply both to content and to method and which it may be well to review at the outset of the discussion.

The importance of adapting the curriculum to local conditions and needs has already been discussed in Section 2. Where the general physician has to treat psychiatric conditions himself without major opportunities for consultation and referral, he will, for instance, need better acquaintance with the usual treatment methods, and therefore a strictly clinical approach in immediate contact with patients will be particularly indicated methodologically. Where, on the other hand, his role is to be more that of an adviser limiting himself in many cases to the referral of patients to specialists or institutions better fitted for therapeutic tasks, it will be more necessary to acquaint him with the medical and social facilities available ; this will mean that, methodologically, the integration of his work with that of others should be stressed.

Among the conditions which will limit the free choice of content or method, the first is the quantity and quality of the facilities available. A teacher of psychiatry and mental health promotion who, for one reason or another, has only a sector of the psychiatric case material at his disposal for teaching purposes, or who has only a very restricted number of beds in his department, must often make up for these deficiencies by simply lecturing when he would perhaps prefer to use a more varied clinical material

and allow the student a more active participation in the teaching process.

This is even more likely when the medical curriculum does not give sufficient time for the extensive and intensive teaching which may be desirable. If the student starts the course on psychiatry without having received the necessary basic instruction in functional neuro-anatomy, neuro-physiology, medical psychology, medical sociology, etc., the teacher of psychiatry will have to devote some of his own time to laying these foundations. Furthermore, it will largely depend on the time available for psychiatry itself whether the professor will be able to cover fully the desired subjects, or to use teaching methods other than academic lectures.

The time problems of the professor of psychiatry can, to a certain extent, be solved if he has a staff of adequate size and training: if there is a sufficient number of well-trained collaborators, the head of the department may be able to dispense with some academic lectures and rely upon his staff to carry out the teaching in a less impersonal fashion.

Another way in which the professor of psychiatry can be relieved of the problems posed by shortage of time is through a favourable attitude on the part of other branches of the medical sciences. If, for instance, child psychiatry is adequately taught in the department of paediatrics, the professor of psychiatry need not insist too much upon it. Similarly, there will be no need to deal extensively with the problems of psychosomatic illness if this type of disorder is adequately covered in clinical medicine, surgery, and so on. The co-operation of the department of public health and hygiene, by taking over a large part of the teaching of mental hygiene and mental health, can relieve the professor of psychiatry of the need to devote much time to this subject. The most important help which can be given to the teacher of psychiatry and mental health promotion is, however, an understanding attitude on the part of the other departments. In too many schools the professor of psychiatry is losing valuable time through having to overcome the prejudices which the students bring to the psychiatric lecture room and which, at least to a certain extent, have been created by the teaching they have received in other departments.

It would, however, be unjust to say that these prejudices are only due to previous teaching in the medical school. Some of them are surely due to an inadequacy of secondary education, which often stresses the natural sciences to the detriment of the human approach to human problems. The most important factor is, however, that the students belong to their community and therefore reflect the attitudes of the community towards mental patients and psychiatry. Where these attitudes are inspired by fear and rejection the professor of psychiatry will often find it difficult to teach his subject with the amplitude and the methodological intensity which he would desire. Finally, it should be said that the attitude and quality of the professor himself is an important condition of the teaching of psychiatry and mental health promotion.

6. THE CONTENT OF TEACHING IN PSYCHIATRY AND MENTAL HEALTH PROMOTION

Since the physician will encounter in his practice every type of psychiatric illness, the Committee recommended a broad selection of case material for undergraduate teaching.

6.1 Source of material

Case material should include patients from non-psychiatric medical wards as well as from departments of psychiatry. Patients should also be drawn from such community sources as the practice of the family doctor, out-patient departments, child guidance clinics, homes for the aged, welfare agencies and from adult and juvenile courts. Patients referred directly by non-psychiatric physicians impress the student with the need for collaborative action and provide examples for co-ordinated teaching. Examples of depressive illness from a department of gynaecology or a senile disorder from a medical floor may initially make a greater impact on the organically oriented student than would similar examples from a psychiatric hospital. Similarly, examples of mental disorders in children should be known to come not only from the child guidance clinics but also directly from the paediatrician and the family doctor. Occasionally the teacher of psychiatry should present patients with whom he has had personal contact over an extended period. This will give the student not only the "longitudinal" perspective which he needs in view of the usual prevalence of "cross-sectional" case presentation but also an opportunity for observing the nature and quality of the teacher's contact with the patient.

In some cultural environments it has been found possible and useful to use as "case material" the students themselves, but the Committee wished to emphasize the dangers of the injudicious study of the feelings, experiences, problems and conflicts of the medical student, since this can lead to harmful introspection or to rejection of psychiatry by the student.

6.2 Diversity of diagnostic categories

Medical students should see examples of every diagnostic category, including the major psychoses, mental retardation, the psychoneuroses, adult and child behaviour problems, addiction and psychosomatic disorders. Not only do the major psychoses attract the student's interest, but properly demonstrated they arouse his sympathy. This will allay many student anxieties about mental illness and demonstrate that the human dignity of the mentally sick person is entitled to maximum consideration. While studying the major psychoses the student should see some long-term cases

of chronic mental illness. In particular, he should also have an opportunity for getting acquainted with the emergency situations which sometimes arise in respect of the major disorders so that he may administer "psychiatric first aid".

It has sometimes been suggested that undergraduate teaching in psychiatry should concern itself entirely with the minor psychiatric disorders which lie at the opposite pole from the major psychoses. It is argued that since these are the psychiatric cases which are within the sphere of the general practitioner, all the emphasis should be put upon them in the instruction. This approach, however, also has certain disadvantages. Unless the student sees patients with severe mental disorder in the mental hospital he may continue to believe that psychiatric illnesses are comparatively trivial affairs with which he need not concern himself too earnestly, and he may remain in ignorance of the very great toll of incapacity and suffering which mental illness continues to exact from the community. He will also be prevented from seeing the most striking results of psychiatric treatment and may not realize his own potentialities as a practitioner in tackling the problems presented by the psychoses.

Examples of neurotic disorders help to prepare the student for the management of those anxieties which arise from the threats of organic illness. Similarly, the student can grasp more easily the emotional effects of such family stresses as marital discord, separation and death. Other common emotional conditions properly demonstrated will include tension headache, enuresis and some sexual maladjustment. Patients with "psychosomatic disorders" provide an opportunity for collaborative teaching. Children with psychiatric difficulties underline the need for the doctor-to-be to learn something about the advantages, as well as the difficulties, of prevention and mental health promotion. Here, for example, the threat to the family's equilibrium raised by the mentally defective child or by psychosis in a parent gives a helpful demonstration of the genesis of anxiety in the family.

6.3 Importance of multifactorial concepts

Psychiatric disorders can provide clear-cut examples of the multifactorial etiology of disease. The student should know that mental disorders emerge as a result of many forces both from within the patient himself and from his environment. In this connexion it will be useful to compare the psychiatric approach with that adopted in other branches of medicine—for instance, in tuberculosis, arterial hypertension, and certain skin diseases. Such an understanding should clarify for the student some of the diagnostic and therapeutic confusions which arise in psychiatry. This again should help to present with truth and simplicity the current limitations in our techniques of diagnosis and treatment.

Having shown the multifactorial origins of psychiatric disease, the teacher can also demonstrate the need to treat the "whole" patient, emphasizing the many different legitimate approaches to this problem. An understanding of the multifactorial elements in psychiatric disease will, indeed, enable the student to appreciate the necessity for some eclecticism in psychiatric treatment and for physicians to apply a wide variety of treatment for the same disorder. This is equally applicable to psychiatric prevention, where the need for the simultaneous use of social and individual approaches and of psychological and somatological techniques is generally recognized.

6.4 Diagnosis

The Committee considered that the student should understand that every physician bears responsibility for the diagnosis as well as for the treatment of many psychiatric disorders arising among his patients. He should learn something of the historical origins of psychiatric terminology and be told that current diagnostic groupings spring rather from a study of symptoms than from an understanding of cause. Yet even though appreciating the necessity for classification, he should have an honest understanding of its limitations and its need for future revision.

Instruction in psychiatric diagnosis will begin with history-taking and will include the techniques of psychiatric examination. The student must know that in psychiatry the therapeutic opportunities commence with the initial steps of the investigation.

Finally, in teaching the language of the symptom the professor must make the student aware of such tragically important signals as those which indicate depression and suicidal dangers.

6.5 Treatment

The student must learn that he will have significant responsibility for the psychiatric treatment of his patients; this is especially important in those geographic regions where psychiatric consultants are scarce.

The Committee recommended that the student be taught the basic elements of psychiatric treatment, including psychotherapy, somatic therapies and environmental manipulation. The training of the medical student in psychotherapy is really an extension of the doctor-patient relationship. It should result in attitudes and skills in the general physician which show due regard for the patient's rights and human dignity. Since timing is so important in the psychotherapeutic efforts of the general physician, the medical student must know how to speak the right word at the right time. He must be alerted to the psychotherapeutic opportunities which occur from moment to moment in his relationship with patients,

especially at times of crisis—the impending death of a relative, the birth of a child, the imminence of a major operation. He should know, too, that even the hard-pressed general practitioner can often find time for effective psychotherapy and a deepened relationship with his patient by making use of the odd moments—for instance while he waits for a local anaesthetic to take effect or while he sits with the family or the patient during confinement.

The student must learn of the new trends in the drug treatment of mental illness but he need be familiar only with drugs of proven worth. He should be thoroughly conversant with the advantages and the dangers of the major drugs used in psychiatry.

He should also be given some understanding of those somatic treatments, for example electro-convulsive and insulin therapy, which normally he would not be called upon to utilize.

The student must be prepared to help lower the environmental tension surrounding his patients. He must know who in the community can aid him in this task: for instance, the public health nurse, the social worker, and the clergyman.

He must also be familiar with the specialized psychiatric services in his community, including the consultant psychiatrists, the mental health and child guidance clinics and the special schools, and must know about the procedures for referral to these. In respect of his community's mental hospitals he should be aware of their strength and weaknesses and of the historical explanations for these conditions.

Just as certain psychiatric problems require special diagnostic aptitudes, so certain psychiatric emergencies require special training in their management for the medical student. These include the care of the acutely disturbed and suicidal patients and what, in general, has been described as psychiatric first aid.

Since psychiatric cases fairly often set legal problems it will be necessary to give the student some notions on the law of the land, especially concerning commitment procedures, penal and civil responsibility, and matrimonial problems.

The student must know that the management of psychiatric patients in a medical practice is time-consuming and he must understand the need to establish priorities and budget his time. Finally, the student must be taught about the realistic limitations of psychiatric therapy. He must be informed that he will have to “carry” many emotionally sick patients for indefinite periods with little apparent sign of improvement.

6.6 Prevention

[The student should be taught the theoretical advantage of prevention over treatment in handling psychiatric disorders, just as in any other illness. However, his expectations of success in prevention must be kept in check,

else he will become disillusioned here also. So he must understand the current limitations in our techniques for preventive psychiatry.

He should be taught how judicious management of a patient after an accident, or during a debilitating illness, may prevent extended neurotic invalidism. At the same time he should be shown that it is his responsibility to avoid inducing anxiety reactions in his physically ill patients. He must know that psychiatric illness can sometimes arise as an indirect result of legitimate therapeutic effort, as in the administration of sedatives or in the use of some forms of hormone therapy.

6.7 Miscellaneous content

The Committee felt that the student should learn something about the historical background of psychiatry and of its progress towards acceptance as a medical discipline. This can help the student consider psychiatry on the same level as other branches of medical knowledge (which have in turn had similar trials). On the other hand, the student should be honestly told the great number of unanswered questions in the field of mental disorder. While these limitations in our knowledge should not be over-emphasized, a proper understanding would not only allay some early feelings of mistrust and resentment but in many instances create in the medical student a healthy sense of challenge.

* * *

Minimum Requirements for the Teaching of Psychiatry and Mental Health Promotion

Minimum requirements for the formal teaching of psychiatry and mental health promotion : 60 hours.

Minimum requirements for clinical clerkship : 1 month full-time, which should include actual case work with both in- and out-patients.

Subjects to be covered

1. History taking (techniques of the psychiatric interview including consideration of its therapeutic significance)
Psychiatric examination and diagnostic method
2. Symptomatology, including concept of normality and identification and assessment of symptoms and subtle and gross signs of abnormal behaviour
3. Etiology of mental disorder, giving balanced presentation of its multifactorial causation (genetic, somatic, psychological and social)

4. Types of mental disorder :¹

- Major psychoses
 - affective psychoses
 - schizophrenias
 - organic psychoses
 - senile psychoses
 - symptomatic psychoses including toxic psychoses
- Mental retardation and psychiatric aspects of epilepsy
- Behaviour disorders
 - “sociopathic” personalities
 - alcoholism
 - drug addiction
- Psychoneuroses
- Concept of psychosomatic diseases
- Children’s behaviour problems
- Adaptation difficulties of the aged

5. Principles of psychiatric treatments :

- Psychotherapy
- Somatic treatment (including drug therapy)
- Socio-therapy
- Use of community resources
- “Psychiatric first aid”

6. Notions of psychiatric prevention and mental health promotion :

- Prevention of mental disorder (primary, secondary and tertiary)
- Mental health promotion in modern society
- Role of the family physician in mental health promotion, especially in childhood
- Child guidance and school mental health
- Concept of iatrogenic disease
- Role of the general practitioner in mental health education of the public

7. Notions of forensic psychiatry

Suggested additional experience

- Child guidance clinics
- Collaborative out-patient and in-patient case studies
- Community services including domiciliary services
- Psychological testing
- Group work
- Participation in research activities.

* For each type of disorder the symptomatology, etiology, treatment and management should be presented.

7. METHODS OF TEACHING PSYCHIATRY AND MENTAL HEALTH PROMOTION

Effective teaching should result in the student's learning relevant material and skills and also developing certain changes in attitude, behaviour and thinking. This latter aspect cannot be over-emphasized if the broader concept of human biology is to be taught, if the student is to recognize the importance of the doctor-patient relationship and, moreover, if he is to acquire understanding and some skill in psychotherapy. To this end great pains should be taken to overcome the student's resistance to psychiatric teaching, not only during the initial phase, but throughout the entire course.

The methods used should be designed to stimulate the student to learn intelligently and constructively and should enable him to use the acquired knowledge and skills as a basis for future learning and development under varying situations.

In order to attain these results, careful consideration should be given to the effective utilization of available resources in terms of teaching material selected on a broad basis, teaching facilities and the use of various teaching techniques. The growing interest in collaborative teaching not only is an indication that modern psychiatry is becoming an integral member of the medical faculty but also can be regarded as an effort to improve teaching techniques by full utilization of available resources. Collaborative teaching is used here as a descriptive term, covering both horizontal and vertical forms of comprehensive and integrated teaching.

Arguments in support of collaborative teaching as opposed to teaching by independent specialties may be thus summarized :

(1) Collaborative teaching encourages the cross-fertilization of the thoughts and experiences of teachers of different disciplines. For psychiatric illnesses, the nature of which is complex, this multidisciplinary team approach holds indisputable advantages.

(2) It gives an excellent opportunity to recognize the importance of psychosocial factors in diseases that have previously been regarded as of a purely somatic nature.

(3) It provides a broader selection of case material, since this can be drawn from non-psychiatric as well as from psychiatric departments.

(4) It avoids unnecessary repetitions ; this will permit a better coverage of more essential subjects.

However, there are also certain disadvantages and dangers inherent in this method : it is very expensive in money and manpower, and there is a risk that too many teachers of different views may confuse the students.

The success of collaborative teaching depends largely upon the presence of some strong over-all authority to hold the various departments together. It may be added that this form of teaching can best be employed in the fields of psychosomatic medicine, child psychiatry and community mental health services.

As to the actual order of presentation of the material to the students, the Committee was of the opinion that basic subjects should be taught first, but that when it came to clinical psychiatry, the order in which the material should be presented would be influenced by local conditions and local personalities. A strong case could be made for awakening the interest of the students in psychiatry by first presenting the psychoses, since the student recognizes the psychotic patient as an obviously sick person, and the illness is more spectacular and clear-cut. Yet the danger may exist here that the student will come to regard psychiatry as a specialty the scope of which lies outside that of general medical practice, or that he will find the experience traumatising.

A case could also be made for presenting the student first with the neuroses, since these are the manifestations of mental illness with which he will be called upon to deal most frequently in his practice. Moreover, an easier transition can be effected between the teaching of this subject and that of the doctor-patient relationship than if the psychoses are presented first.

The recognition of the symptoms of the patients, whether neurotic or psychotic, should precede the dynamic interpretation of the symptoms as well as the theoretical formulation of the possible etiology.

The other important considerations in discussing methods, apart from the order of presentation of the material, are the teaching techniques to be employed.

7.1 The lecture

The lecture, supplemented by case demonstrations, is the most prevalent method of instruction in psychiatry. The usefulness of this method lies in its possibilities for systematic and balanced presentation of the material, particularly in schools where a few teachers have to deal with a large number of students. The Committee agreed that lectures given by inspiring and accomplished professors can be very stimulating and effective in imparting well formulated knowledge to the student. In the matter of formulation the Committee felt that excessive use of psychiatric jargon should be avoided by teachers both in lectures and in other forms of instruction. The inherent limitation, however, of the traditional lecture is that the student may become a passive partner in the teacher-student relationship and may merely acquire superficially memorized knowledge without effecting a long-lasting change in thinking or attitude. Several

devices may be used to make the class-room lecture more interesting and challenging: the presentation of patients, the use of panel discussion, in which several teachers participate, the use of audio-visual aids such as one-way screens and films. The Committee pointed out an added advantage in the use of films to demonstrate the rarer conditions, examples of which might not be readily found in a hospital population.

7.2 Small group teaching

This is an effective method of teaching because it provides the student with opportunities for learning through active participation. It can be used effectively both in theoretical and in practical teaching, in the form of seminars, discussion groups, and case conferences both in the wards and in out-patient departments. The Committee felt that every effort should be made to take a longitudinal approach in the clinical teaching. The main advantages of small group teaching for students are:

- (1) Its more challenging atmosphere will stimulate the student to think independently and to seek for further knowledge.
- (2) It provides opportunities for discussion and questions; issues can be clarified which might have been left unsolved in formal teaching.
- (3) It promotes an understanding of group processes which increases the student's social confidence, maturity and ability to work in a team.
- (4) It gives more opportunity for close contact with the teacher, and thereby for the student to learn through example.

Successful group teaching requires special skills, experience and personality in the leader. He should have a thorough understanding of group processes. Through becoming acquainted with group methods of work the students should be able to increase their competence to organize and adjust to groups of patients and their ability to collaborate in team-work.

7.3 Individual clinical work with patients (clerkship)

This should constitute an essential part of psychiatric training. Although the student should be given the opportunity of working in the capacity of physician, close supervision is indispensable in order to clarify and enrich his clinical experiences. The work should cover history-taking, examination and diagnostic assessment, and the formulation of treatment principles. The Committee expressed its concern about giving the student responsibility for treatment, particularly in psychotherapy, without the most careful supervision. This clinical work should include both in-patients and out-patients in order to provide students with the opportunity of dealing with

a large variety of patients and problems. Whenever possible, follow-up studies of patients over a period are regarded as most desirable. The Committee also recommended that the student should have some experience of group psychotherapy, as an observer.

7.4 Tutorial teaching and preceptorship

Assignment of one or two students at a time to a member of the staff as tutor has helped to solve student problems and to accelerate learning. Another solution has been to assign students for a period of time to practising physicians for observation and sharing of their daily activities.

These are valuable forms of teaching if a sufficient number of interested instructors are available.

7.5 Research activities

The Committee recognized that advancement of knowledge in research is an integral part of the responsibility of all medical schools and that teaching reaches its highest levels when the spirit of research pervades all departments of the medical school. It is important, therefore, that research be carried out in the department of psychiatry of all medical schools. This would of necessity require that the size of the staff be sufficiently large to allow enough time for the various members to participate in research. In addition, departments of psychiatry should have personnel who are able to spend the major portion of their time in the pursuit of research. The presence in the department of psychiatry of neurophysiologists, neuropathologists, neuroendocrinologists, neurochemists, neuropharmacologists, psychologists, social scientists and anthropologists, who participate in teaching medical students, will be a great stimulus to the research activity and, ultimately, to the clinical work of the department of psychiatry.

There are many different ways of achieving the same teaching results. The choice of method should be decided by the individual teacher according to his own teaching experiences. It was emphasized by the Committee that the decisive factor leading to the success of a teaching programme was the quality of the teacher, his ability, enthusiasm and personal and scientific integrity.

The teaching of psychiatry ideally should be done in well-equipped departments of psychiatry in close connexion with general hospitals with in- and out-patient facilities, as is the case in most well-established schools. A useful contribution to the teaching is also to be made by good mental hospitals. The mental hospital can be used to supplement the university department of psychiatry because of the opportunities it affords for demon-

strating long-term treatment and the possibilities and techniques of rehabilitation. In view of the chronicity of psychiatric disturbances, the Committee stressed the need for providing students with a longitudinal perspective of mental illnesses by means of follow-up studies of patients.

The evaluation of the effectiveness of a teaching programme or of a single teaching technique was felt by the Committee to be of great importance for future improvement and the part that examinations play in this evaluative process was recognized. In view of the lack of objective criteria, periodic review of the teaching programme by the entire teaching staff would greatly aid such an assessment. The performance by students and their reactions during and after the course, as well as the degree of enthusiasm on the part of the teaching staff, can be regarded as useful data for the review. Objective surveys by qualified research personnel were felt to be most desirable.

8. THE PLACE OF PSYCHIATRY AND MENTAL HEALTH PROMOTION IN THE CURRICULUM

The place which psychiatry will occupy in the curriculum will depend, as has been pointed out, on the aims which are to be followed, and these in turn will depend on the needs of the community which the future practitioners are to serve. If the practitioner is to make an effective contribution to mental health, his training will involve an appreciation of the importance of the personal relationship which he establishes with his patients and an understanding of the ways in which group processes, social structure and community institutions affect the morale of the population and ultimately the mental health of individuals.

Some of these aspects of the training of medical students concerned with mental health promotion will best be undertaken by other departments of the faculty, but the teacher of psychiatry should exert his influence to see that they are properly carried out.

Where the humanistic tradition in medicine is strongly emphasized, the student can be expected to acquire an understanding of the doctor-patient relationship by the example of his teachers. On the other hand, where there is reason to fear that the impact of technological advances in medicine has begun to distort the student's understanding of this fundamental aspect of the doctor's role, it may be necessary to give explicit instruction in this topic.

Mental health promotion as an aspect of community health and welfare services need not be included in psychiatric teaching if the department of public health or social medicine gives adequate instruction in this field.

8.1 Pre-clinical teaching

It is customary to include in the pre-clinical period a course of lectures in normal psychology, which is given along with instruction in physiology and anatomy. The inclusion of this course is held to be justified on several grounds :

(1) The initial instruction of the student, which emphasizes solely the physical structure and the function of organ systems, imparts a bias which it is hard to resolve during the period of clinical teaching when the student has to re-acustom himself to the normal approach in which patients are seen as persons.

(2) Instruction in physiology which deals solely with part-processes and does not include consideration of the integrated action of the organism at the psychological and emotional level is unsatisfactory.

(3) Preliminary training in psychology is necessary as a foundation for and introduction to the teaching of psychiatry during the clinical phase.

The inclusion of psychology should be justified on the same grounds as other subjects at this stage—namely, that it is a basic discipline which is intended to complement the teaching of organ processes and to relate these to the development of personality and psychological function.

It would be an advantage if existing courses could be extended to include demonstrations of psychology as a laboratory science. This might serve to diminish the medical student's difficulty with what he conceives to be a vague subject by permitting him to appraise some of its findings in the experimental setting with which he is already familiar. The course should also pay attention to the psychology of learning, in which the student has a topical vocational interest, and to the means of assessing personality, including the use of tests. The emphasis in teaching psychology should, nevertheless, be on the development of personality and should include a discussion of the problems of individuals in the process of achieving emotional maturity. Recognition of the value of the discipline will to some extent depend on how far the student sees the relevance of his instruction in terms of his own experiences, but attempts to centre teaching on personal problems should be avoided.

But this is not the only aspect of basic science which needs emphasis during the pre-clinical period. It is at this stage that attention should be paid to training in sociology and in physiology at the behavioural level, so that the student is equipped to understand the relations between psychological, somatic and social processes in health and disease. Where psychology and sociology are to be introduced, the Committee's opinion was that some 40 hours should be devoted to the teaching of psychology and 20 hours to the teaching of sociology.

8.2 Clinical period

8.2.1 *Introductory phase*

The introductory phase, in which the student first comes into contact with patients and begins to feel that he is at last engaged in his real apprenticeship in the profession of medicine, provides an opportunity to lay the foundations of psychiatric training. So far the student has been under the influence of laboratory science and with this kind of knowledge at his disposal he will tend to be most sympathetic with those aspects of clinical work which use similar methods. He will be uncertain about his capacity to use an alternative approach and specially doubtful about his ability to engage in a personal approach to the patient. It is important therefore that during this introductory phase he should be provided with the best possible example of a personal approach to the patient's problems. A good clinician, whether he be a physician or a surgeon, will be conscious of the need to stress this approach, and the first clinical instruction does as a rule emphasize the need for careful history-taking, elucidation of the patient's complaint, and the value of accurate observation and examination without the use of instruments.

It is a fairly general practice in medical teaching to emphasize the delineation of syndromes and the relation of symptoms and signs to underlying structural changes. Consequently, there is often a tendency to avoid presenting material in which no satisfactory relationship between symptomatology and pathological anatomy can be established. Thus personal and social factors in the history which may be felt to be of only indirect etiological relevance will be neglected.

If a psychiatrist is a member of the clinical team at this stage he should use the material which is available in the wards of internal medicine and surgery. He should amplify the clinical approach, "making the patient come alive", by presenting the illness, with its attendant emotions, as an event in the life-history of a person. He will be able to point out the complexities of etiology even in organic illness and the relevance of emotional and social situations. He will also enlarge the student's conception of his own future role as a doctor and will encourage him to face his responsibilities as a person vis-à-vis his patients as persons.

Although the obvious solution might be to employ several general practitioners as teachers, a number of advantages are to be gained if psychiatrists undertake this role during the introductory phase. Their teaching would illustrate the value of the mental health approach towards patients who do not present a psychiatric complaint; it would form a bridge for the student between his previous and still recent instruction in normal psychology and the later more specialized but still broadly similar approach to patients with psychiatric complaints. Further, it would

provide a systematic formulation of the doctor's role in taking cognizance of the emotional situation and social milieu of the patient, so that he may be better able to tackle the complex problems which assail him as a general practitioner.

8.2.2 *Later clinical phase*

It is only when the student has been adequately trained in the clinical approach and has sufficient knowledge of the processes of diagnosis, whereby symptoms are related to an underlying structural change, that he can fully benefit from specialized instruction. If little attention has been paid in the introductory phase to personal and social factors he will, inevitably, tend to regard their later inclusion as in some sense a betrayal of his role as a medical scientist and he may view the subject of psychiatry as "vague", "unscientific" or even "non-medical". He may have been left with the idea that he can choose to disregard it without peril to his future as a practitioner. This attitude will be reinforced if the subject is given too little time in the curriculum and especially if it is dealt with by a teacher in a remote mental hospital which lacks the status of the student's teaching hospital.

It is for these reasons that psychiatry should be brought into the centre of the medical arena and that instruction should be given on in-patients and out-patients within the teaching hospital.

It will be necessary to include a formal course of instruction in clinical psychiatry; this should consist both of lecture demonstrations, in which suitable case material is presented, and also, where circumstances permit, of small group teaching. In the Committee's view a minimum of 60 hours needs to be allocated to this part of the training. Such theoretical teaching is not sufficient in itself and opportunity must be given for students to learn from actual experience by engaging in case-history taking and through participation in the management of patients. This, in the Committee's opinion, is best done by a full-time clinical clerkship lasting not less than one month. Where rotating internships occupy the last year of undergraduate training, an opportunity should also be given for students to spend part of this time in the psychiatric wards.

8.3 Examinations

Students, like other human beings, are imperfect, and since they have a very great deal of work to cover during their course, they will husband their efforts for those subjects in which success or failure will determine their progress towards eventual qualification. Only if their curiosity is aroused will they spend much time on a subject in which they are not to be examined. Once an examination in a subject is an accepted part of the

curriculum it takes its place with others in the same category. There is no evidence that a subject is less popular because it is associated with a compulsory examination, but until a subject is made compulsory in this way the tendency is to allot it a very minor place in the curriculum.

While the Committee was strongly in favour of a compulsory examination in psychiatry and mental health, it recognized the need for arranging such an examination in accordance with local conditions and habits.

9. STAFF REQUIREMENTS

As psychiatry begins to take its proper place in undergraduate teaching, the need for an adequate academic staff becomes apparent. In most countries the first step in creating the requisite teaching department will be to appoint as head of the department someone who will devote himself full time to the development of teaching.¹ He is likely to have to devote a good deal of his energies to developing the clinical facilities in psychiatry so that they do not compare unfavourably in standards of investigation and treatment with those provided in other departments. This is a slow process and psychiatric teaching departments in many parts of the world are still in the developmental phase. During this phase the department is involved in a disproportionately heavy commitment in clinical services and it is difficult to find time for the primary task of teaching and its related task of research. An industrious department will create many new tasks for itself and will be subjected to many demands from the community and from authorities who require guidance and active participation in the development of mental health services. New posts of clinical responsibility will be created and will draw off promising teachers. In some countries a special problem arises through the financial opportunities presented by private practice, and everywhere the exacting requirements of continuous study and research will discourage entrants into academic psychiatry when less responsible but equally and often more rewarding posts are available elsewhere. It is important, therefore, that the working conditions and the financial rewards attaching to psychiatric teaching should be not less favourable than those provided in other branches of medical practice.

The composition and number of the staff will depend, as has been said, on factors other than teaching requirements, but it is desirable that the representation in terms of experience and the required disciplines should be adequate. For a class of 40-50 students, besides the professor, who is head of the department, there should be at least two senior lecturers

¹ In the opinion of the Committee, a full-time appointment does not necessarily exclude the possibility that the professor might have a moderate consultant practice.

or associate professors who will carry clinical responsibilities and who may represent divergent theoretical interests. Where two are appointed, one might specialize in the psychological and psychotherapeutic approach to the patient and collaborate in teaching rounds in medical wards. The other might be well versed in the neurological and organic aspects of psychiatry and be able to play his part in the required basic science training. At the next level there should be three or four lecturers or clinical assistants, junior in experience, again chosen if possible for the particular contribution which each can make to teaching and research. There should be an adequate staff of clinical psychologists, not only to undertake the routine psychological work of the clinical unit but to reinforce the teaching capability and to act as members of research teams. A social worker of academic bent should be employed to prepare the social work contribution to case demonstrations and to participate actively in seminar discussions on community aspects of mental health. It would be very desirable to include in the staff a physician properly trained in the public health aspects of medicine and perhaps a (part-time) biostatistician, unless this specialty is well represented in another department of the medical school.

This outline of the staff required leaves out of account the staff for research activities. In the present stage of development of the subject, and in view of its importance, the need for greatly increased research is obvious. The prestige of the subject will be raised if it is known that it offers great opportunities for the inquiring mind, and this should be apparent in the work of the department. The initiation of research programmes is, however, much more difficult than in the more developed medical disciplines, where each innovation in laboratory technique suggests a plenitude of useful investigations. Those who finance research should accept the fact that in clinical psychiatry useful research is still required at a level long since passed by the other disciplines, but such research can be costly, especially in terms of clerical help. It is important, therefore, that a university department should have adequate resources for research, not only in regard to material facilities but also in terms of personnel.

9.1 Selection and training of teachers

In choosing a teacher for a medical school a primary consideration should be his capacity to sustain the interests of his students by his personality and ability to communicate. These capacities can be best assessed by performance at the junior level, and junior members of staff should be carefully fostered as potential material for academic promotion and be given the benefit of a carefully planned apprenticeship in teaching, including experience in group discussions and other demonstrations of the group process.

The full implementation of the recommendations of this report will demand a greatly increased supply of suitable teachers, who are already in short supply. This makes the task of selection and recruitment doubly important.

10. THE ROLE OF THE WORLD HEALTH ORGANIZATION IN ASSISTING THE DEVELOPMENT OF UNDERGRADUATE TEACHING OF PSYCHIATRY AND MENTAL HEALTH PROMOTION

To prescribe a pattern for the undergraduate teaching of psychiatry and mental health promotion is normally the province of the faculty of each medical school, which will find it desirable to weigh all the advantages and disadvantages and to arrange the over-all curriculum and the teaching programme of any specialty according to its own requirements and preferences. Indeed, it would not be justified to set up fixed patterns, because in different areas the needs and possibilities vary considerably, quite apart from the fact that the general cultural environment must always be taken into account in planning the curriculum, particularly at university level. Finally, every head of a university psychiatry department will claim the indisputable privilege of teaching his specialty according to his own considered judgement of what is needed in his own school and how it should be presented. Doubtless it is a good thing that it should be so, since it would be deplorable if valuable differentiations were made to disappear. What is in the foreground of our interest today might well be less significant tomorrow, and vice versa.

These considerations do not exclude, of course, the possibility of referring to the advisability of integrating the variety of contents and methods in an appropriate way and of assuring the fulfilment of certain minimum requirements. The foregoing report tries to do this in a way that would allow medical schools and departments of psychiatry to plot their own road towards an appropriate education of the medical student in the field of psychiatry and mental health promotion.

Beyond that WHO could certainly contribute considerably to bringing about a locally appropriate integration and to indicating a minimum level of teaching, by making it possible for experienced and future teachers to obtain the fullest possible information about the development of this teaching in areas other than their own. Interregional conferences and regional seminars on the subject of psychiatric teaching are necessary and should be sponsored, and WHO would be ideally placed to organize them.

Another way of obtaining the same result would be to enable teachers of psychiatry and younger scientists to make study tours or to stay for some time in one teaching centre to become acquainted with new aspects and methods of teaching. In some other cases it may also be indicated to give them an opportunity of judging with their own eyes the advantages of some of the older aspects and methods. Needless to say, WHO would also be of assistance to medical schools and psychiatric teachers by making printed information available, including publications that might be brought out under the WHO imprint.

Another way in which WHO could be of assistance to the undergraduate teaching of psychiatry and mental health promotion might be by making teaching personnel available for periods of varying length or by arranging for the exchange of teaching personnel between medical schools of different areas.

WHO could in some instances also help in the provision of adequate library facilities in psychiatric teaching departments.

Furthermore, the possibility should be envisaged of devoting meetings of an expert committee or of specially appointed study groups to the consideration of areas of undergraduate teaching that are not sufficiently developed. One point that struck the Committee during this meeting was the relative lack of knowledge about medical sociology and its impact on the teaching of psychiatry and mental health promotion, and the wish was expressed that this topic might find consideration in future programmes of WHO. Mention has also been made of the need for a more precise evaluation of the best ways of achieving co-operation between psychiatrists and non-medical persons—for instance, social workers—engaged in mental health work, particularly from the point of view of making full use of their knowledge without creating confusion in the mind of the medical student.

The Committee felt that an evaluation of the content and method of the undergraduate teaching of psychiatry and mental health promotion should be undertaken at regular intervals. WHO might have an important role both in stimulating national authorities and individual medical schools to undertake such evaluation themselves, perhaps with the use of standards and methods that could be prepared by the relevant units of the Organization, and by occasionally carrying out international evaluation projects of its own.