

WHY SOUTH AFRICA IS SHORT OF PSYCHIATRISTS

The answer is simple. There are too few psychiatrists being trained and the speciality is not attractive enough as a career. We must look in several places to see why this is so. The first important factor is the attitude which prevails in medical schools and teaching hospitals where the climate is often such that little is done to encourage the development and popularity of psychiatry. This is, to no small extent, due to the attitude of university administrators and senior physicians in other branches of medicine who, even in this day and age, give psychiatry but grudging approbation.

Psychiatry thus comes to be looked upon by medical students as one of the relatively minor subjects of secondary status in the curriculum, which is dwarfed in importance by such colossi as medicine, surgery, and gynaecology and obstetrics. However, psychiatry can no longer be denied importance since it is so patently and inextricably enmeshed in all the branches of medicine. It cuts across the boundaries of all specialities and in one form or another is part of the daily work of any doctor. Approximately 50% (some authorities say more) of all cases presenting in non-psychiatric practice show psychogenic disorder of some sort. Furthermore, the number of hospital beds for the mentally ill in South Africa is almost 50% of the total number of general hospital beds available.

The fact of the matter is that psychiatry is still the stepchild of medicine and, although it has expanded enormously in recent years within itself (there being a great increase of knowledge and therapeutic efficiency), the recognition accorded to psychiatry by other branches of the profession is still grudging and slow to come. This can be judged from the fact that in the five medical schools in South Africa there is but one full-time professor in psychological medicine. For the most part, the subject is taught part-time by psychiatrists who are in private practice, or by senior doctors from the mental hospital in the area. These men do their best, but they have heavy responsibilities coping with busy practices or administering large mental hospitals at the same time.

Psychiatry is a vast and difficult subject and calls for a full-time professor wherever it is taught. This professor must work in close association with his colleagues in the other branches of medicine, i.e. in gynaecology, medicine, obstetric units, children's wards, etc. It is the lack of such full-time posts that has hampered and curtailed the development of psychiatric services and the training of doctors in undergraduate and postgraduate psychiatry more than any other single factor, and it is considered a matter of urgency that the situation be rectified by medical schools.

The syllabus of undergraduate psychiatry should also be reconsidered. Why is so little time apportioned to psychiatry in certain schools in view of the fact that

psychiatric practice constitutes such a large portion of medical practice in general? Reasons of all sorts continue to be advanced to explain this, e.g. the medical course is already overloaded, and many other important subjects should also be apportioned more time, etc. However, the fact remains that more time is needed and the situation should be investigated to see how this could be achieved.

Psychiatry as a subject must also be made more attractive to the student if we are to kindle an abiding interest in psychiatry in him. This means providing the student with an adequate knowledge of those problems which he will meet with in everyday practice, that is, not only pathological states, but also a knowledge of normal personality structure and development, and an understanding of human behaviour.

To be successful, the training-experience of the student must provide him with insight into his own motives and attitudes, particularly in so far as they affect his relationships with other people. Psychiatry must be presented to him simply in the language of everyday usage, avoiding jargon and too much theory. More emphasis should be put on the useful art of psychotherapy which he will use all day long, and less on abstruse theories, 'deep' psychopathology, and a partisan approach to the many problems of modern psychology and psychiatry. Undergraduate training 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 will deal with all types of patients.

However, it is not only the universities who are blame-worthy in this regard, but also many senior members of the profession who, unfortunately, still regard psychiatric illness with suspicion. Psychiatry is even now not quite 'respectable' and they tend to perpetuate this attitude not only in the minds of their junior colleagues and students, but also among their patients — 'Why bother with the psychiatrist?', they say, 'you're as normal as I am!'

It must of course be realized that they are not entirely to blame because they 'grew up' medically and were educated in an era in which a rather dry and dehumanized classificatory psychiatry existed. They were largely taught about major mental illnesses, most of which are uncommon in ordinary practice, e.g. general paralysis of the insane, schizophrenia, presenile psychoses, etc., but received little instruction about those conditions which constitute the bulk of present-day psychological medicine, i.e. the emotional disturbances of everyday people, personality problems, problem-drinking, absenteeism in industry, the management of retarded children, marriage-guidance counselling, the psychological problems of industrial workers, the emotional disturbances of lonely old people, the handling of disturbed behaviour in children, the guidance of adolescents, and so on. The answer to all this, quite simply, is re-education, for

instance by means of refresher courses. These courses should be encouraged by all possible means, since the field of mental health, more than most other specialities, has undergone enormous expansion in the last few years.

There are several other reasons why young doctors are not attracted to psychiatry, and it is felt that there are several measures that could be taken by the State mental hospital service to improve matters. The mental hospitals have always trained doctors 'in service' for their own institutional needs, but have been satisfied to let it rest at that. They have not really been concerned to train men for work outside of their service, or to serve the public in private practice.

Much could be done if a forward-looking policy were instituted to encourage this. Scholarships and opportunities to study for higher degrees, and preparation for a wider field of activity, would redound to their own direct advantage as well as providing more psychiatrists to serve the public. This is becoming all the more important because the expanding needs of a community psychiatric service — the psychiatry of the future — will demand large numbers of highly trained psychiatrists. It is no longer enough to provide only for certifiable inpatients; we also have to look to the ever-increasing number of certifiable cases outside mental hospitals.

Furthermore, the mental hospital service, which is by far the largest single employer of psychiatrists in South Africa, has certain disadvantages for the young doctor wishing to make it a career. This is shown by the fact that without the considerable number of temporary staff appointments that have had to be allowed because of the shortage of suitable permanent staff, the service would hardly be able to staff its various hospitals. Young doctors are discouraged by the fact that the service has tended, all too often, to become detached from the main stream of medicine. For example, mental hospital psychiatrists do not always have the stimulation of professional contacts that comes to their colleagues who work in psychiatric departments of general hospitals. Much would be gained in attractiveness if it were possible for these men to move freely into various other hospitals and posts. At present the division of responsibility for health services between the State and the Provinces makes

this impossible. There is, for instance, a difference in salary scales. There is therefore much to be said for any scheme which makes it possible for psychiatrists to move freely from say, a mental hospital, to a psychiatric ward in a general hospital, a community psychiatric service, a child guidance clinic, or a specialized provincial hospital such as Tara. Important changes in the administration of the mental hospitals and the treatment of mental illness (including the establishment of outpatient clinics at the mental hospitals) are however envisaged in terms of the Mental Disorders Amendment Bill which, at the time of writing, is being debated in Parliament.

It would also be an incentive if certain posts in mental hospitals were put on a part-time basis, thereby allowing psychiatrists in private practice a much greater opportunity (as far as hospital appointments are concerned) and increasing the scope and interest of their work.

Other measures that would assist in drawing medical practitioners to psychiatry are a series of scholarships to pay for postgraduate studies, and the encouragement of universities to provide training for the Diploma in Psychological Medicine (the University of the Witwatersrand is the only university that provides this course). More advantage should be taken of the newly-instituted course for the D.P.M. by the College of Physicians, Surgeons and Gynaecologists of South Africa. Universities and teaching hospitals could assist by providing courses of instruction to prepare students for this examination. The establishment in South Africa of facilities for the training of psychoanalysts is also necessary, since there is a dearth of such experts and several promising young men have left the country in order to obtain this training which is not available here. A certain number of suitable persons might also be drawn to the speciality if a course to train child psychiatrists were instituted somewhere in South Africa.

The urgent need to train non-White psychiatrists should also be borne in mind. The situation is bad enough as regards the Europeans, but it is infinitely worse when the position in the whole of the Union of South Africa is considered. There is not one such trained person to cater for the needs of the non-White population. The recruitment and training of non-White psychiatrists must therefore be regarded as a matter of extreme urgency.

OPLEIDING IN DIE PSIGIATRIE

Dit het al gebruiklik geword in Suid-Afrika om die eerste week in Maart van elke jaar te beskou as geestesgesondheidsweek. Gedurende dié week word daar dan besondere pogings aangewend om die mediese en maatskaplike aspekte van die probleme van geestesongesteldheid onder die aandag van geneeshere en ander lede van die publiek te bring.

Dit is goed dat hierdie gebruik ontstaan het, want dit bied die geleentheid om by herhaling en vernuwing sommige van die moeilikste probleme waarvoor ons as enkelinge sowel as 'n gemeenskap te staan gekom het, onder die soeklig van kritiese beskouing te plaas. In hierdie uitgawe van die *Tydskrif* plaas ons dan ook 'n aantal spesiale artikels waarin verskillende fasette van die probleme van geestesongesteldheid en geestesgesondheid gestel word.

Dit is nie ons doel om hier te probeer om die hele

probleemgebied in hierdie verband te dek nie. Dit sou trouens ook nie moontlik wees nie. Wat ons egter wel wil doen is om een kardinale probleem te noem en na die implikasies van die beduidendheid daarvan te verwys.

Die probleem waarna ons wil verwys is naamlik die kwessie van die psigiatriese opleiding — veral die voorgraadse opleiding — van mediese studente in die algemeen. Dat daar op hierdie gebied 'n ernstige skroef los is — en dit geld vir al ons mediese skole — ly geen twyfel nie. Die feit van die saak is dat ons in ons opleiding aan ons mediese skole *nie* daarin slaag om die belangstelling by mediese studente vir die psigiatrie te wek nie. Meer belangrik en meer ernstig is die feit dat ons gedurende die loop van die mediese kursus studente, wat met 'n belangstelling in die psigiatrie begin, so afskrik dat hulle vir die res van hul lewe wye draaie om die vak loop.

Die stelling wat nou net gemaak is, het ernstige implikasies en dit werp natuurlik ook ernstige refleksies op die opleiding van studente op hierdie gebied. Die stelling is egter onweerlegbaar omdat dit berus op die persoonlike getuienis en ervaring van senior studente en dokters wat onlangs gekwalifiseer het. Die feit van die saak is dat hierdie ongelukkige saak 'n feit is!

Ons kan die toestand van sake slegs die hoof bied as ons ons hele benadering tot die psigiatrie verander. In die eerste plaas moet die psigiatrie ontwortel word uit sy *asielatmosfeer* en geïntegreer word met die algemene medisyne en die moderne praktyk.

Tweedens moet die nodige en noodsaaklike *atmosfeer* vir die vak geskep word. Daar moet 'n leerstoel in die psigiatrie aan elkeen van ons universiteite geskep word met 'n professor aan die hoof, wat dan verantwoordelik moet wees vir die skepping van so 'n akademiese atmosfeer dat dit die verbeelding van studente sal prikkel ten opsigte van die probleme van die psigiatryse praktyk.

Derdens moet die hele instelling van voorgraadse

psigiatryse opleiding radikaal verander word. Dit is tyd dat eens en vir altyd halt geroep word aan die erbarmlike pseudo-Freudiaanse en pseudoanalitiese geploeter. Ons moet ophou om hiërdie gekkemans-bedrog (almal outentieke voorbeelde) aan studente oor te dra: dat die beeld van saailande beteken dat 'n pasiënt verlang na sy moeder se geslaghare; dat teensinnigheid om op 'n roltrap te ry 'n vrees vir geslagsgemeenskap verraai; dat 'n hol klip 'n vroulike geslagsimbool is, ens., ens. *ad infinitum* en *ad nauseam*.

Ons moet studente bekendstel met die soort psigiatryse probleme wat hulle sal teenkom en wat hulle sal moet hanteer — op 'n praktiese vlak en op die basis van gesonde verstand. Ons moet al daardie elemente drasties weer uit ons psigiatryse opleiding, wat die psigiatrie en die psigiater tot spot van alle mense met insig en oordeel gemaak het. Dan kan ons die vak psigiatrie as wetenskap en as praktiese kuns opbou en dan sal ons daarin slaag om die verbeelding van studente aan te gryp en aan te vuur.