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## Guest Editorial: Promoting psychiatry as a career for medical students

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The last few decades have witnessed a growing interest in the field of mental health and the speciality of Psychiatry has expanded at a great pace with high projections for mental health morbidity (1). The need for more emphasis on mental well-being is equally highlighted by current epidemiological literature that indicates an increasing number of mental health problems all over the globe (2). Mental disorders are no doubt highly prevalent and are causing considerable suffering and disease burden all over the world. To compound this health problem, many individuals with psychiatric disorders remain undiagnosed and untreated although effective treatments exist. The public health impact of mental disorders is profound as the estimated disability-adjusted life years attributable to mental disorders have been shown to be very high (3).

Despite the growing evidence about the impact of mental illnesses, mental health care continues to show big gaps. While areas like policies and practices are important, the issue of lack of manpower and capacity building makes the situation even worse. Globally, fewer mental health professionals, scarcity of mental health resources and the now often additional problems of migration of trained psychiatrists and mental health professionals to already resource rich countries makes the situation even worse (4).

The issue of manpower development and capacity building in mental health care unfortunately remains a forgotten area, and as per WHO's description the number of mental health professionals is far below the desired strengths. It is a pity that despite the importance of this focus the worldwide data still show that the median distribution of psychiatrists per 100 000 population in the world is 1.2, with a variance of 0.04/100 000 population in Africa to 9.8/100 000 population in Europe. Resources are especially scarce in low- and middle-income countries and wherever resources are available, these are distributed unequally. A similar picture emerges with other mental health professionals including nurses, social workers, psychologists and community mental health workers (5).

It is true that there is a prevailing enthusiasm and optimism in the field of mental health, but finding the most appropriate way of integrating the wealth of new scientific knowledge and information, especially in the teaching and training curriculum in psychiatry, continues as a major challenge (6). Concomitant with this new growth and educational tasks, special difficulties of resources add further limitations in this area. Some programmes, mainly found in developed countries, can easily afford to deal with the challenges of faculty resources, availability of educational equipment and tools, access to computers and libraries and affordability of the required length of training. However, the situation in low resource countries makes it difficult to have even the basic curriculum modifications, adaptations and expansion of teaching programmes to meet the evolving changes in acquiring new knowledge (7).

Psychiatry remains much less than desirable in the list of choices for future careers in many countries (8). There is no doubt that medical students' educational experience of psychiatry plays a great role in determining whether they choose a future career in psychiatry, however, stigmatic attitudes about this speciality among the medical profession lessen the importance of this branch of medicine and makes it unattractive for many aspiring medical students. Students also develop misconceptions about mentally ill patients. Some feel that psychiatry is unscientific, lacks evidence and treatment is not effective for most of the illnesses. Similarly, the notion that the mentally ill are generally unpredictable and can be dangerous to others makes this field even more unpopular (8,9).

It is a fact that the large majority of medical students will not become psychiatrists; for them a psychiatry clinical placement will be the only experience of psychiatric practice before they begin to work as doctors (10). The fact is that the traditional teaching methods used in psychiatry are directed more towards imparting knowledge than changing the attitudes of students. The training experience in many places does not address the management of common mental disorders, suicide, self-harm, violence, substance misuse, psychopharmacology, nor the treatment of those patients who have comorbid medical and psychiatric illnesses (11,12). More recently, there has also been an emphasis on well-being and population health, and how to ensure that positive emotional states are protected and nurtured in the workplace and in family life (13).

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There is thus a strong need for supporting a well-acknowledged place for psychiatry in the undergraduate medical teaching programmes (14). The undergraduate curriculum needs to be modified so that students acquire attitudes like empathy: learning to respect patients and understanding their feelings along with developing therapeutic relations (15).

Newer teaching and assessment techniques need to be used to bring about attitudinal changes and develop interest among medical students (16). Case-based and problem-based learning, small group teaching, simulated patients, using movies, multidisciplinary seminars, integrated teaching, attitude questionnaires, objective structured clinical examinations etc., should be introduced into the curriculum to achieve this objective. The tasks should prioritize imparting knowledge and stimulating interest, as well as removing any stigma surrounding psychiatry and psychiatrists. This would also help toward increasing recruitment to psychiatry (17).

As people are living longer there is an increased level of comorbidity of mental and physical disorders. Furthermore, rates of some psychiatric illnesses are rising and presentation of illnesses is changing too. In addition, although there is still a lot of stigma around, more people are becoming aware of mental illness. Therefore, the role of psychiatrists is highly important in reducing the burden of mental disorders. This is particularly relevant as psychiatrists play different roles ranging from being physicians, clinicians and mental health experts to teachers, researchers, public mental health specialists and advocates for people with mental illness. This obviously makes a good case for having a well-resourced workforce in psychiatry (18). Therefore not only do we need to ensure that across undergraduate curricula psychiatry is taught and assessed appropriately, but also to make increased efforts to encourage and improve the number of students choosing psychiatry as their future career.

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