



Letter to the Editor

Proceedings of a Symposium on ‘Primary Care psychiatry’



A 3-day joint symposium on ‘Primary Care Psychiatry’ was conducted with theme “Training of Trainers and Primary Care Doctors” between 26–28th November 2018 at All India Institute of Medical Sciences (AIIMS), Rishikesh, Uttarakhand. It was organized by the Department of Psychiatry, All India Institute of Medical Sciences (AIIMS) Rishikesh and co-organized by Department of Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru & National Health Mission (NHM), Uttarakhand. Eighteen primary care doctors (PCDs) from Uttarakhand were deputed from National Health Mission, Uttarakhand as trainees who had no prior experience in psychiatry. Speakers were 10 PCDs who are already undergoing the one-year digitally driven Primary Care Psychiatry Program (PCP) being conducted remotely from Tele Medicine Centre, NIMHANS Bengaluru (Manjunatha et al., 2018; Kulkarni et al., 2018). This is an example of the ‘cascading model of Training the trainers’. Of course, the faculty members and senior residents of NIMHANS Bengaluru and AIIMS Rishikesh mentored the teachers. AIIMS Rishikesh (an institution of national importance) joined as strategic partner for this public health program with NIMHANS in view of its geographic advantage that helps in developing referral/cross referral system for these trainee-PCDs. Also, AIIMS Rishikesh could possibly takeover the mentorship of Uttarakhand DMHP from NIMHANS in the future.

Psychiatric illnesses are leading causes of all years lived with disability globally and the situation is especially alarming in the low-resource settings, where the treatment gap is as high as 90% (Demuyttenaere et al., 2004). Hence, training in the field of mental health and aiming towards integrating mental health services with primary health care to reduce the treatment gap is an pivotal step (Sharan et al., 2017). The objective of this symposium was to give an orientation towards the Primary care Psychiatry program (PCPP; Manjunatha et al., 2018). This symposium was designed to include initial two days of classroom training (CRT) and last one day of consultation based training (CBT). The topics were chosen based on commonly presenting six psychiatric disorders at primary care. The importance of Primary Care Doctors (PCDs) in identifying psychiatric illness such as depression had been previously demonstrated in few Asian studies (Indu et al., 2017; Chen et al., 2018).

There were 14 sessions of 45 min each during the first 2 days of CRT. Among which, 10 PCDs delivered for 10 sessions of 45 min each covered on highly prevalent 6 psychiatric disorders at primary care [Acronym TAP DAS: Tobacco Addiction, Alcohol, Psychotic, Depressive, Anxiety (Generalized Anxiety and Panic Disorders) and Somatization disorders]. In addition, 2 PCDs presented their experience of general practice before and after undergoing PCPP from NIMHANS. They spoke about how their earlier clinical practice of symptomatic treatment was replaced by the relatively better medical practice of rapid screening and initiation of first line treatment for psychiatric disorders. One PCD spoke on counselling in general practice. All PCDs were given 15 min to present their topics (consisting clinical features,

diagnostic criteria and treatment option available at primary care) followed by a video demonstration of their real own consultation conducted at their workplace. The video content showed entry to exit consultation including brief counselling. Contents of these presentations were vetted beforehand itself in order to ensure quality control. These sessions were chaired by two faculties one each from NIMHANS and AIIMS-R. In addition, Dr N Manjunatha, Dr C Naveen Kumar, Dr Ravi Gupta and Dr Suresh Bada Math spoke on ‘Clinical Schedule for Primary Care Psychiatry’ (CSP) Version 2.1 (Manjunatha et al., 2017), various DMHP activities, sleep disorders at primary care, and how to begin DMHP activities in a district respectively.

Focus on the third day was on CBT conducted at Psychiatry Outpatient Department of AIIMS Rishikesh. Trainee PCDs were divided into smaller groups and each group was attached with a trainer PCD who conducted live demonstration of diagnosis and treatment including prescription writing for randomly selected patients. This activity was supervised by faculties/senior residents of AIIMS-Rishikesh and NIMHANS Bengaluru. These consultations covered again above mentioned TAP DAS illnesses.

During the last session, different pathways for referral services and the documents that are needed were discussed in detail. Dr Vikram Singh Rawat, Associate Professor of Psychiatry, AIIMS-R discussed about the future agenda and role of NIMHANS in future of Uttarakhand PCPP. The newly designed referral forms were made available for all PCDs. Dr Ravi Gupta, Head of department of psychiatry AIIMS-R assured that Telepsychiatry unit will begin at AIIMS-R soon with mentorship from NIMHANS team to facilitate collaborative video consultations and tele-after care for Uttarakhand PCDs.

Overall, feedback from new batch of 18 doctors was very satisfactory and showed improved confidence in handling patients with psychiatric disorders in primary care. Confidence levels of 10 trainee doctors improved after TOT sessions. One of the participant doctor said ‘When one of my colleague learnt how to treat psychiatry patients, why can’t I learn psychiatry myself?’.

Valedictory function: Dr Anjali Nautiyal, Director National Health Mission, Uttarakhand, Prof. Prabha Chandra, Head, Department of Psychiatry, NIMHANS, Bengaluru, and Prof. Surekha Kishore, Dean (Academics) felicitated the participants. They encouraged more such activities and extended their support for upcoming such programs.

Dr Anjali Nautiyal Uttarakhand reported that the department was pleasantly surprised by the interest shown by the 10 PCDs who were undergoing training (with NIMHANS) for the last 9 months. She reported that anonymous user feedback from across the state (about the quality of services provided by these 10 PCDs as well as the satisfaction) was very positive. Based on these feedbacks, she reported that her department is mulling to take up similar tele-handholding for other health programs of Uttarakhand

Memorandum of understanding: During this symposium, NIMHANS team met Director of AIIMS Rishikesh Professor Ravi Kant,

and discussed about way forward to collaborate. A Memorandum of Understanding (MOU) was signed between AIIMS Rishikesh and NIMHANS Bengaluru with a proviso that NIMHANS Bengaluru would mentor AIIMS Rishikesh for a limited period after which, AIIMS could take over the mentoring of Uttarakhand DMHP. To further these tasks, a tripartite MOU is planned in the near future (AIIMS Rishikesh, NIMHANS, Bengaluru and Govt. of Uttarakhand)

To conclude, this symposium was a unique one in which trainee PCDs themselves become expert speakers for their colleagues where in a cascading model of TOT was shown possible. This demonstrated how PCDs can be experts for a resource starved state of Uttarakhand (particularly for mental health. This also demonstrated that trainee PCDs can learn skills in managing psychiatric disorders presenting to primary care. Both CRT and CBT were used in this symposium. AIIMS-R joined as a strategic partner in PCPP of NIMHANS. In this regard, a new beginning has started with bilateral MOU between NIMHANS and AIIMS-R to mentor AIIMS-R on PCP and telepsychiatry (http://www.aajkaaditya.in/2018/11/blog-post_194.html). AIIMS-R committed for referral/back-referral for PCDs. This entire program can act as a replicable model for the country, with centres of excellences acting as the hub to mentor PCDs in their respective states.

Declaration of interest statement

The authors have no competing interest to declare.

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