

(typically patients with Axis I disorders). The challenge for psychiatrists and other professions will be to ensure that patients with chronic illness receive adequate (community) mental healthcare in the future.

## Reference

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### SPECIAL PAPER

# The teaching and training of psychiatry in Thailand

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In Thailand, we have only two programmes for residency training in psychiatry: one is general or adult psychiatry, which takes 3 years to complete; the other is child and adolescent psychiatry, which takes 4 years. There are nine institutes that offer residency training but only three medical schools have the capacity to offer training in both general and child psychiatry (Table 1).

The curriculum for training in adult psychiatry is similar to that in many other Asian countries. It is outlined in Table 2. Most residents learn psychiatry in both in- and out-patient settings simultaneously, although some institutes prefer to have their trainees initially learn in a psychiatric ward, during their first 3–6 months of training.

It is compulsory that all accredited training institutes arrange at least 2 hours of supervision per week. Trainees will meet one or two supervisors during the 3-month rotation. Most of them will have one supervisor who is in charge of the ward staff and another who supervises care of out-patients. The second- and third-year residents will have an extra supervisor specifically to supervise psychotherapy cases.

## Outline of the curriculum

Most institutes emphasise interviewing techniques and mental status examination during the first 3 months. The techniques are taught through lectures and observation. Thereafter they are practised throughout the programme, both individually with feedback by supervisors and in group sessions – ‘interviewing seminars’ – with feedback from peers and staff.

Trainees learn the concepts of psychological treatment largely from lectures, but also in book clubs and topic discussion sessions.

They have to manage at least two psychotherapy cases during the 3 years of training, including one of short-term therapy and another of long-term treatment. They normally review cases with their supervisor once a week and bring cases for discussion in a psychotherapy seminar once a month. Apart from psychotherapy, trainees must also study another psychological treatment method, such as behaviour therapy, cognitive therapy or family therapy. They are not

required to practise these methods, however, as there are too few skilled and certified therapists in those areas to supervise them.

For electroconvulsive therapy (ECT), trainees will listen to a lecture first. Then they will observe staff and/or senior

Table 1 Institutes that provide psychiatric residency training in Thailand

Medical school/institute	Province	General psychiatry	Child psychiatry
Siriraj Medical School	Bangkok	Yes	Yes
Ramathibodi Medical School	Bangkok	Yes	Yes
Phramongkutklo Hospital	Bangkok	Yes	No
Chulalongkorn Medical School	Bangkok	Yes	Yes
Chiang Mai Medical School	Chiang Mai	Yes	No
Prince of Songkla Medical School	Songkhla	Yes	No
Khon Kaen Medical School	Khon Kaen	Yes	No
Somdet Choapraya Institute of Psychiatry	Bangkok	Yes	No
Yuwapasart Waithayopatum Psychiatric Hospital	Samut Prakan	No	Yes

Table 2 General psychiatry curriculum in Thailand

Year of training	Topic	Duration
First year	General adult psychiatry	6 months
	Mental health hospital psychiatry	3 months
	Neurology	3 months
Second year	General adult psychiatry	6 months
	Child and adolescent psychiatry	3 months
	Consultation–liaison psychiatry	3 months
Third year	General adult psychiatry	6 months
	Addiction psychiatry	1 months
	Community psychiatry	1 months
	Forensic psychiatry	0.5 months
	Day hospital, juvenile court	0.5 months
	Electives	3 months

residents performing ECT and will eventually practise ECT by themselves.

In terms of management skills, they must take the role of chief resident at least for some period in the last year of training. They will also be involved in ongoing quality-improvement activities which are related to the hospital accreditation process.

## Research

In 1999 the National Board of Examiners requested that all residents submit research reports with their application for the national examination.

## Examinations

At the end of each year (in some institutes twice a year, mid-year as well as end of year), each institute sets examinations. There are three sections: a written paper, a case interview and an oral examination. The written paper consists of three parts: 150 multiple-choice questions, sat in 3.5 hours; six modified essay questions (MEQs), sat in 3 hours; and six short essays, sat in 3 hours (five of these relate to psychiatry and one to neurology). The pass mark is 50%.

For the case examination, trainees have to interview two psychiatric patients and evaluate one neurological case. They have 30 minutes to interview each patient and 45 minutes to summarise and answer questions. The pass mark is 60% for each case; marks are awarded by two independent examiners.

For their oral examination, trainees are assessed in 1 hour by three examiners in the following areas: knowledge,

attitude towards the profession, cultural considerations, ethics, judgement and emergency decision-making skills. The examiners grade each area A, B, C or F. Examinees will pass if they do not receive any Fs.

If trainees fail a case examination only, they will have a chance to resit within the following 6 months, but if they fail in written and case examinations they will have to resit the next year. After the examination, trainees are asked to provide feedback on the examination process to the National Board of Examiners.

Trainees who pass the National Board examination are qualified to apply to be Fellows of the Royal College of Psychiatrists of Thailand (RCPsychT). When their application has been approved by the executive committee of the College, they can use the letters FRCPsychT after their family names. As of 8 February 2007 there were only 407 Fellows.

## Conclusion

Psychiatric residency training in Thailand is at present offered for only general and child and adolescent psychiatry. Training in other sub-specialties, such as geriatric psychiatry or forensic psychiatry, is not yet available. The number of doctors who apply for training in psychiatry is increasing, which means a bright future for teaching and training in Thailand can be expected.

## Further reading

Udomratn, P. (2003) Psychiatric education in Thailand. *ASEAN Journal of Psychiatry*, 6, 102–106.

SPECIAL PAPER

# Self-harm by poisoning in Mauritius

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**S**uicide rates and rates of self-harm are high in Mauritius. This report concerns a comprehensive analysis of the incidence of self-poisoning on the island. The incidence of self-poisoning could be minimised if all the causative factors contributing to the practice were identified. Since this form of self-harm is influenced by demographic patterns, the social and economic environment, legal provisions and the healthcare system, a study specific to Mauritius will be of great relevance.

Self-harm is defined as a non-fatal act in which an individual deliberately caused self-injury or ingested a substance in excess of any prescribed or generally recognised dosage (Kreitman, 1977). The term self-poisoning is used when the

self-harm results from drug overdose or ingestion of other noxious agents and where there is no intention to die.

## Background

The Republic of Mauritius is a group of islands in the southwest of the Indian Ocean, east of Madagascar, with a population of about 1.2 million. The population is multi-racial and multi-ethnic, with origins from the continents of Asia, Africa and Europe: 68% of the population are Indo-Mauritians, 27% are Creoles, 3% are Sino-Mauritians and 2% are Franco-Mauritians. Around 24% of the population are