## WPA Position Statement on Recruitment in Psychiatry

The problem of recruitment in psychiatry is universal. There are very few countries where this problem does not exist. Variations have to be seen in the context of health care systems, training options and educational systems.

The World Health Organization has set a target of one psychiatrist per 10,000 population globally. While this target is met in most European countries, North America and Japan, just under half of the world population live in countries with less than one psychiatrist/100,000 population. The rates are extremely low throughout Africa, and low in South America, Southeast Asia and Subcontinental Asia, with high urbanrural disparity.

Despite the relatively high numbers of psychiatrists, many high-income countries are suffering from a perceived "recruitment crisis". In many countries vacancy rates in training posts remain over 10%. To complicate matters further, often international medical graduates who may see psychiatry as popular take up much of the slack, contributing to "brain drain" from their countries of origin.

Who chooses psychiatry, and what influences their choice? Many students choose medicine for the specific purpose of doing psychiatry, but some change their mind during their training. Others see the process through. Some students fall into psychiatry either passively or choose it actively. The reasons are often complex<sup>1-11</sup>.

Most of the studies have focused on understanding issues in Europe and the US. As duration of undergraduate training in psychiatry varies from 2 to 8 weeks, it is important to explore and understand these variations. WPA studies have shown that female doctors are slightly more likely to choose psychiatry. A personal or family history of mental illness increases the likelihood of choosing psychiatry.

Medical students with undergraduate exposure to psychology or social sciences are more likely to choose psychiatry. Having a positive experience of psychiatry teaching and placement with clinical activities and exposure to psychotherapy during medical school, and/or additional exposure through clinical electives, also influence the choice of psychiatry.

What factors negatively influence recruitment? A fall in levels of interest in psychiatry during undergraduate training can be attributed to poor exposure to teaching, a lack of psychiatric facilities and limited clinical exposure.

Furthermore, the quality of mental healthcare in many parts of the world is extremely poor, and largely inpatient, with little opportunity for exposure to community-based psychiatry or other specialities. As such, students may be turned off psychiatry by what they witness during placements.

The relative lack of financial reward can also affect career choice. Other factors are stigma against the psychiatric profession and against mental illness in general, resulting in perception of psychiatry as unscientific, ineffective, or apart from mainstream medicine. There is a perceived lack of respect from colleagues in other specialities and a poor public image.

Furthermore, misconceptions and prejudices against the mentally ill themselves may make psychiatry an undesirable proposition. The stereotypes of psychiatric patients being dangerous or unpredictable and chronicity of psychiatric disorders can also put medical students off psychiatry.

How can recruitment be improved?

- By increasing the availability and quality of psychiatric care, especially in lowand middle-income countries (LMICs), with a focus on training in communitybased structures.
- By increasing the quantity and quality of psychiatric teaching and clinical attachments within medical schools, especially in LMICs, and making psychiatry an examinable part of the curriculum at par with other specialities. Psychiatry should be an inherent part of medical school curriculum from day one. Integrating physical and mental

health teaching with better focus on public mental health is important.

- By reducing stigma against mental illness through public education campaigns and educational projects aimed at school-age students, and by challenging media representation of mental illness and focusing on eliminating discrimination against individuals with mental illness.
- By increasing representation of mental health professionals on medical school interview panels where possible and selecting candidates with attributes likely to guide them towards psychiatry.
- By an increased and better involvement of psychiatrists in medical school curriculum development, healthcare policy development, healthcare lobby groups, and medical accreditation bodies.
- By encouraging and supporting the development of extra-curricular "enrichment" opportunities that give medical students additional teaching and clinical exposure during their training. These may include a psychiatry society or special interest group, elective and residency programmes, early experience programmes, special study modules, using medical humanities in the curriculum and developing local solutions.

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# The WPA website: newly designed with state-of-the-art features, carrying out the mission of WPA

Electronic communication is paramount in today's world, its importance rising day by day. The WPA website (<u>www.wpanet.org</u>) has now been thoroughly re-designed with state-of-the-art features and with useful, attractive and up-to-date content, utilizing the latest technology.

The website currently has a responsive design, which means that the size and dimensions of its pages now get automatically modified so as to make them properly fit the screens of various devices like smart phones and tablets<sup>1</sup>. The website is also integrated with Google Translate, which can automatically translate its content to 103 different languages<sup>2</sup>. The site is also integrated with popular social media sites.

The home page prominently displays the latest news from WPA Member Societies, Scientific Sections, Zonal Representatives, and Affiliated Associations. WPA position papers on various issues can be downloaded from the site. Their translations in several languages are also available. Past issues of the WPA Newsletter, from way back in 1997, are available for download. The E-Learning section features more than 30 educational videos of clinically relevant presentations by some of the leaders in psychiatry today. The Public Education Gallery has articles on the most common mental disorders. The Education section features downloadable materials such as the WPA Template for Undergraduate and Graduate Psychiatric Education and the Essentials of the WPA International Guidelines for Diagnostic Assessment.

One of the most popular sections of the website is that including *World Psychiatry*, the WPA official journal. The new impact factor of the journal is 20.205. It ranks now no. 1 among psychiatry journals world-wide! Issues of the journal, from way back in 2002, are provided for free download, along with translations in Spanish, Russian, Japanese, Romanian, French, Polish, Chinese, Turkish and Arabic.

Recent additions to the website include the WPA Position Statements on Spirituality and Religion in Psychiatry<sup>3</sup>, on Gender Identity and Same-Sex Orientation, Attraction and Behaviours<sup>4</sup>, on Europe Migrant and Refugee Crisis, and on Intimate Partner Violence and Sexual Violence Against Women; as well as the WPA Curriculum on Intimate Partner Violence and Sexual Violence Against Women, and updates on WPA Scientific Sections<sup>5,6</sup> and publications<sup>7,8</sup>.

The relevance and attractiveness of the site's contents are proven by the fact that it now has a Google Page Rank of 6, a measure of how many other important websites have provided links to its pages<sup>9</sup>.

The usage data from January 1 to October 24, 2016 reveal that the site has been visited from 199 countries and 7023 cities across the world. The total number of visitors has been 67,947, and the total number of page views has been 263,742.

In tune with the changing times, more exposure will be given in the future to the site's content, for both the professional and lay audiences, in the social media<sup>10</sup>. Provision will be developed for live stream-

ing of various WPA programs, so that our activities can reach a much larger audience without delay, and with minimal additional expenses. The WPA Secretary General as the Editor of the website, with the collaboration and help of the WPA Executive Committee and with the assistance of the WPA Secretariat<sup>11</sup>, remain committed to this goal.

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The future may also involve conducting WPA sponsored self-paced (on-demand) or timed classes on the website. Webinars might also be one area for the WPA to tap into. A low bandwidth live streaming webinar could provide an array of discussions on a topic of relevance from experts in that area. Of potential interest is also the development of a WPA app, which would definitely add to the ease of accessing the contents on the website and also keep the user up to date with the events and news from the world of psychiatry. These are some of our plans for the future!

#### Roy Abraham Kallivayalil

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### **Update on WPA Operational Committee on Scientific Publications**

The WPA Operational Committee on Scientific Publications has been quite active in the last year, meeting several times via conference call and at various WPA meetings. The WPA has the aim to provide easy access to up-to-date psychiatric information and research for clinicians and researchers from all over the world<sup>1,2</sup>. To achieve this, under the leader-