History of Psychiatric Education in Singapore

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Abstract

Psychiatry was largely a forgotten discipline in the first 75 years of the medical school. In the last 2 decades, there has been steady progress in the extension of teaching time and clinical postings. The focus of psychiatric education has shifted from the mental institution to the general hospital and primary care. Psychiatric teaching emphasises not just clinical skills, but also, the importance of communication skills in the doctor-patient relationship.

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Introduction

While medical education in Singapore has a hundred-year history, the teaching of psychiatry became salient only in the last quarter of the century. In the early years, medical education mainly focused on medicine, surgery, paediatrics, obstetrics and public health. Fortuitously, interest in psychiatry grew as a consequence of social changes or societal concerns, like drug addiction, suicide and stress.

From a few perfunctory lectures in the early years, psychiatry has become well entrenched in the undergraduate medical curriculum. In recent years, psychiatric education has expanded, with courses for the Master of Medicine (Psychiatry), Graduate Diploma for Psychotherapy, Master of Nursing (Psychiatry) and regular seminars for general practitioners.

Milestones in Psychiatric Education

The First 25 Years (1905 to 1929)

1905 The King Edward VII Medical College, built near the site of the Lunatic Asylum at Sepoy Lines, was opened. The psychiatric patients in the asylum were transferred to another ward at Pasir Panjang.

The evolution of psychiatric education was gradual in the early years of the medical school. There was, however, an interest in "exotic" transcultural syndromes like "amok".[1]

1908 Eugen Bleuler, a Swiss psychiatrist, coined the term "schizophrenia".

1910 Sigmund Freud's *Five Lectures in Psychoanalysis* were published in Vienna.

1914 A psychiatry course was started for medical students in Singapore.

1920 Melanie Klein conceptualised the developmental theory of psychoanalysis in Berlin.

1928 The Mental Hospital, or Woodbridge Hospital, was opened.

The Second 25 Years (1930 to 1954)

1938 First use of electroconvulsive therapy by Ugo Cerletti and Luigi Bini in Rome.

1942-1945 Woodbridge Hospital became the Japanese Civilian and Military Hospital.

1947 Electroconvulsive therapy was first used in Singapore.

1951 Lectures in psychiatry were introduced for final-year medical students.

1952 Delay and Deniker prescribed chlorpromazine for psychiatric treatment in Paris.

The Third 25 Years (1955 to 1979)

1955 Chlordiazepoxide, the first benzodiazepine, was synthesised.

Chlorpromazine was introduced in Singapore.

1957 The first antidepressant, imipramine, was used in Switzerland.

1958 Paul Janssen developed haloperidol, the first

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butyrophenone neuroleptic.

1968 Medical students were posted to Woodbridge Hospital.

The Fourth 25 Years (1980 to 2005)

1980 The Department of Psychological Medicine was established, with Associate Professor Tsoi Wing Foo as the Head. The department was based at the Singapore General Hospital. The undergraduate psychiatry course included lectures, tutorials and 2-week postings at Woodbridge Hospital.

1985 The first book on psychiatry for local doctors was written by Tsoi Wing Foo and Kua Ee Heok.[2]

1986 The Department of Psychological Medicine moved to the University campus at Kent Ridge. The first psychiatric unit in a general hospital in Singapore opened at the National University Hospital in July.

A postgraduate training programme for the Master of Medicine (Psychiatry) was started in collaboration with the Royal College of Psychiatrists (UK). The Chairman of the postgraduate training programme was Dr Teo Seng Hock.

1988 Prozac was introduced in North America.

1992 Publication of a 10-year follow-up study of schizophrenia in Singapore – the first long-term follow-up of patients in Asia.[3]

The epidemiology of dementia in elderly Chinese in Singapore was published – the research was part of a WHO international study.[4]

1993 Risperidone, an atypical antipsychotic medication, was introduced for the treatment of schizophrenia in Europe.

1994 The undergraduate psychiatry curriculum was reviewed, with an emphasis on providing a good foundation for primary care physicians. The posting was expanded to a 6-week clerkship and medical students were exposed to a wide spectrum of common psychiatric disorders, like depression and anxiety. Besides pharmacotherapy, they were also taught techniques of counselling and stress management.

A new textbook, *Psychiatry for Doctors*, was published in Singapore.[5]

1996 The first National Mental Health Survey was conducted by the Department of Psychological Medicine, Faculty of Medicine.[6]

1999 The Graduate Diploma of Psychotherapy course was conducted by the Faculty of Medicine. This is a 1-year course for Dynamic Psychotherapy and Cognitive Behavioural Psychotherapy.

2000 The integrated curriculum of the medical school encouraged combined teaching sessions, with related disciplines like neuro-anatomy, neuro-physiology, pharmacology, psychology and neurology.

2003 Publication of a study on the declining rate of elderly suicide in Singapore.[7]

The first Asia Teachers' of Psychiatry (TOP) meeting was organised by the Department of Psychological Medicine, for the discussion of issues pertaining to curriculum and research.

2004 The Master of Nursing (Psychiatry) programme was started in the Faculty of Medicine.

There was a regular teaching module in psychiatry for general practitioners, in collaboration with the College of Family Physicians.

The Specialist Training Committee for Psychiatry reviewed the psychiatric traineeship programme and made recommendations for improvement.

Discussion

The scope of Medicine in general and Psychiatry in particular is very wide. Our responsibility to the medical students is not limited to simply teaching psychiatric syndromes, but also the broader issues of good doctoring. For example, it is not only important to teach students interviewing skills for examining patients. Communication skills, like establishing rapport and expressing empathy in the therapeutic alliance, are just as important. These communication skills will also be relevant in the future when the students work in multidisciplinary teams in hospitals or community clinics.

We introduced video feedback 15 years ago as a technique for teaching clinical skills. This is an excellent method of learning for the students because they are able to watch their own performance, which can be replayed, and any shortcomings can be rectified through discussions with the lecturer.

Psychiatric teaching emphasises not only the biological causality of an illness but also the significance of the patient's social environment, i.e., family or work, which may precipitate or perpetuate the illness. The focus is not just on molecular biology but also the wider aspects of psychological and social factors in health and illness – a holistic approach in the totality of care. For example, an elderly man might have severe depression as a result of biochemical changes in the brain, but the medical student will have to explore other factors, like physical illness, e.g., stroke, or conflict in family relationships, which may exacerbate the problem.

It is impossible to teach students about the whole spectrum of psychiatric disorders in their entirety. What is important is to focus on common disorders they will encounter in

primary care practice or even as specialists. For many years, the teaching of Psychiatry in Singapore was limited to just 2 weeks at Woodbridge Hospital, where students mainly examined psychotic patients with schizophrenia or mania. Such isolation only provided a skewed impression of psychiatry in healthcare. Most general practitioners will probably see just 1 or 2 cases of schizophrenia in a year, but every day they see patients with the common problems of depression and anxiety associated with stress, or other physical illnesses, like cancer or heart disease. Therefore, in the last 10 years, the focus of teaching has shifted from the mental institution to the general hospital and outpatient clinic.

There is an emphasis on self-learning, which is crucial after graduation, when continuing medical education becomes a personal responsibility. The lecturer also organises seminars where the students assume the teaching role and give critical analyses of medical literature, which helps students to evaluate scientific reports.

Psychiatric education will continue to evolve – in content and pedagogy. The repertoire of skills that doctors need to learn in order to treat common psychiatric disorders should not just be the judicious prescription of medications but also counselling techniques. The relevance of psychiatry in clinical medicine today is incontrovertible, although a century ago, psychiatry as a science was perceived with incredulity and cynicism. Psychiatric care, then, was sequestered in the asylum far away from the citizenry, with poor morale and pervasive pessimism. Psychiatry today has made inroads into the general hospitals and general practice, underlining the totality of health as not merely the absence of physical illness, but also the presence of mental well-being.

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