

# Innovative Educational Initiatives to Train Psychodynamic Psychiatrists in Underserved Areas of the World



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## KEYWORDS

- Psychodynamic psychiatry • Psychotherapy • Transcultural psychiatry
- Psychiatric education • Low-income and middle-income countries

## KEY POINTS

- Psychotherapy training is insufficient despite available standardized psychiatric residency curricula.
- Cultural adaptations of psychotherapy remain crucial and relevant in psychiatric training.
- Pedagogical innovations with international collaborations bridge educational gaps of psychodynamic psychiatrists in underserved countries.

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## INTRODUCTION

Although psychoanalysis is not commonly practiced in many areas of the world, psychodynamic perspectives and constructs enhance the standard of care of the more widely used supportive and cognitive-behavioral (CBT) psychotherapies. The multimodal integrative approach of balancing cognitive restructuring and correcting cognitive distortions, along with uncovering, interpretative, and supportive interventions, helps patients understand behavior and gain higher levels of functioning.

This article describes educational initiatives of the World Psychiatric Association (WPA) in collaboration with psychiatrists in Thailand, Indonesia, and Malaysia; and a psychotherapy training fellowship in Iran that emphasizes psychodynamic theory. Educators who are officers and members of the WPA sections (committees) on Psychoanalysis in Psychiatry and Education in Psychiatry and Psychotherapy, from Columbia University, Chulalongkorn University, the Royal College of Psychiatrists in Thailand, the Universitas Indonesia, University of Malaya, and the National University of Malaysia, designed a teaching and mentoring program to improve competency in psychodynamic psychotherapy.<sup>1</sup> The WPA project included a series of live workshops, followed by a semester of advanced psychotherapy courses using video conferencing and email moderated discussions, with the objective to train psychiatrists to become expert psychotherapists. Additionally, faculty development seminars were designed to engage course graduates to develop pedagogical skills. Also, a mentoring system was created to ensure self-sufficiency and enduring results. The Tehran University of Medical Sciences (TUMS) Psychotherapy Fellowship Program is also presented as an alternative advanced psychotherapy educational model that could be replicated in other countries.

Challenges affecting the implementation of educational models include limited psychiatric staffing resources, fulfilling public health needs, and considering cultural adaptations in psychotherapy training.

## PSYCHIATRIC STAFFING RESOURCES WORLDWIDE

Worldwide, psychiatric staffing resources are influenced by income disparities. Staffing is of essence to provide adequate clinical services, as well as allowing more flexibility for physicians to balance academia with clinical duties.<sup>2</sup> Currently, the psychiatry workforce rate in the world is 1.2 per 100,000 (psychiatrists per 100,000 population, with an SD of 6.07), although psychiatrists are vastly unequally distributed. Europe has 9.8 per 100,000 and the United States 15.2 per 100,000, whereas Africa has approximately 1800 psychiatrists to take care of a population of greater than 700 million (0.04/100,000). The 2 most populous countries in the world, China and India, have estimated rates of 1.53 per 100,000 and 0.3 per 100,000, respectively. The World Health Organization (WHO) Global Health Observatory (GHO) 2015 data<sup>3</sup> needs to be interpreted with caution because it tends to underreport.<sup>4</sup>

The World Bank classifies countries into 4 categories based on income. Using the gross national income (GNI) per capita as an economic indicator, low-income, lower middle-income, upper-middle-income, and high-income countries are defined as those with GNI per capita of \$1005 or less, \$1006 to \$3955, \$3956 to \$12,235, and \$12,236 or more, respectively. This article focuses on countries with low-income or lower-middle-income economies because 149 out of 195 countries in the world are in this category. In these countries, the workforce disparities are overwhelming because 10% of the global psychiatric labor force cares for two-thirds of the world population.<sup>4</sup>

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